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Project Information Document/ Integrated Safeguards Data Sheet (PID/ISDS)

Concept Stage | Date Prepared/Updated: 05-Mar-2017 | Report No: PIDISDSC20980



BASIC INFORMATION

A. Basic Project Data

Country Cote d'Ivoire	Project ID P161770	Parent Project ID (if any)	Project Name Multisectoral Nutrition and Child Development Project (P161770)
Region AFRICA	Estimated Appraisal Date Nov 13, 2017	Estimated Board Date Jan 18, 2018	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Republic of Cote d'Ivoire	Implementing Agency Permanent Technical Secretariat of the National Nutrition Council	

Proposed Development Objective(s)

The development objective is to increase the coverage of early childhood nutrition and development interventions in selected areas in the Recipient's territory.

Financing (in USD Million)

Financing Source	Amount
International Development Association (IDA)	50.00
Miscellaneous 1	10.00
Total Project Cost	60.00

Environmental Assessment Category B-Partial Assessment	Concept Review Decision Track II-The review did authorize the preparation to continue
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Have the Safeguards oversight and clearance functions been transferred to the Practice Manager? (Will not be disclosed)

No

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Other Decision (as needed)

B. Introduction and Context

Country Context

1. After almost two decades of strong economic growth, Côte d'Ivoire experienced a series of economic and political crises (2002 – 2007, 2010 - 2011) which culminated in a short war following the 2010 elections. The crises resulted in widespread deterioration of living standards. Economic growth was among the lowest in Sub-Saharan Africa (SSA) (on average -1.6% between 1999 and 2003; 1.3% between 2004 and 2008, and -0.8% from 2009 to 2011), and per capita Gross Domestic Product (GDP) fell to 1960's levels. Since mid-2011, stability has been restored and economic growth has resumed with GDP increasing by 9.8% in 2012, 8.4% in 2015. Strong continued growth is expected in the coming years as a result of: (i) recovery in key agricultural sectors; (ii) improved fiscal performance; and, (iii) debt sustainability which was achieved following Heavily Indebted Poor Countries (HIPC) completion point.

2. Côte d'Ivoire's economic development has been built on agriculture, but it is also emerging as an oil-rich country. Agriculture accounts for 22% of GDP, over three quarters of non-oil exports, and provides incomes for two thirds of all households. The sector, especially cocoa (with cocoa nuts and cocoa paste constituting the first and third top exports, respectively) cashew, cotton, rubber and oil palm, has an enormous potential for growth. Since 2002, however, crude oil production has quadrupled, and the value of petroleum products dramatically increased; the value of exports reached US\$900 million in 2010 (accounting for 7.1% of total exports and 4% of GDP).

3. Despite economic growth, poverty remains high. In fact, since the 1980's, and following successive economic shocks and political instability, poverty has continued to increase. In 2015, about 46.3% of the population was classified as poor compared to 10% in 1984. A large proportion of the population lives in high vulnerability without any social protection. According to the 2015 UNDP Human Development Report, the incidence of poverty declined only marginally between 2008 and 2011, but the depth and incidence increased in a number of regions, including the North, Center North, and North East. Low human capital stock remains one of the key challenges in reducing poverty and achieving greater socio-economic equity. The Human Development Index (HDI) showed Côte d'Ivoire ranked 172st out of 187 countries, with a value of 0.462.

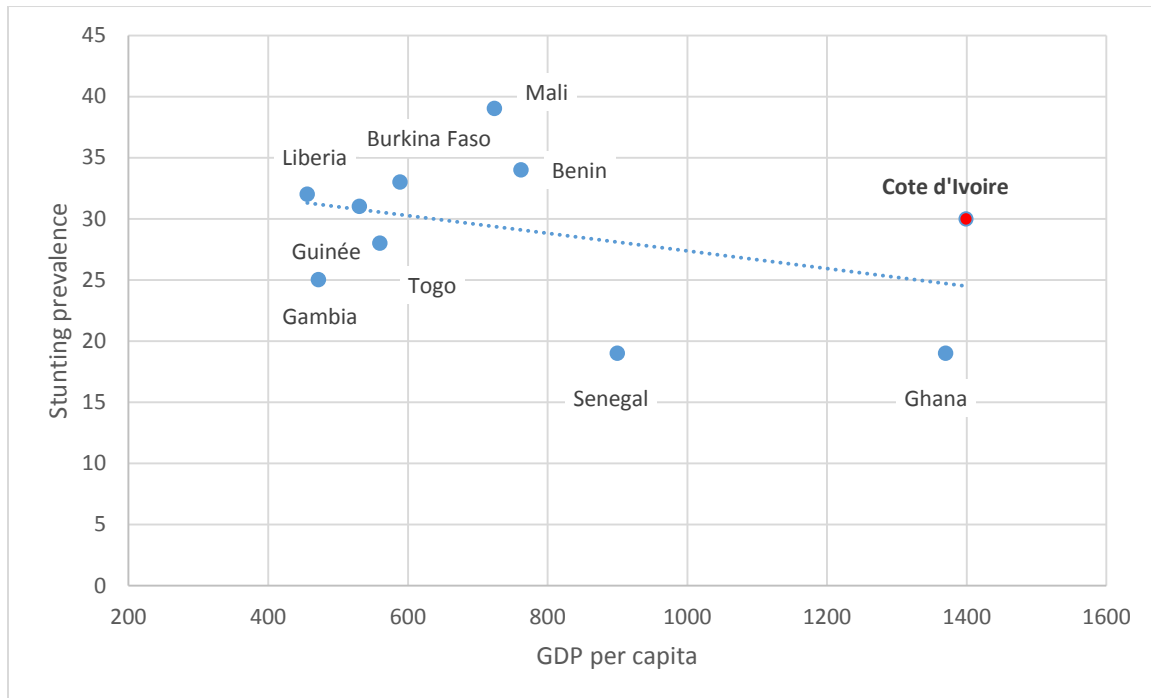
Sectoral and Institutional Context

4. In addition to the loss of human life, the political crises of the 1990s and 2000s left close to 200,000 people displaced in and outside the country. Vulnerability has increased dramatically, particularly in the rural areas of the northern and western parts of the country mainly as a result of food insecurity due to loss of income and food price inflation, poor sanitation and poor access to basic health care. Children have been particularly vulnerable to the direct and indirect effects of the political turmoil and economic downturn. Even though child mortality has declined over the past decade, under 5 mortality remains high (93 per 1,000 in Cote d'Ivoire, compared with 89 in Burkina Faso, 70 in Liberia, and 62 in Ghana). More importantly, declines in mortality rates in Cote d'Ivoire since 1990s have been substantially smaller than in any of the neighboring countries (40% compared to 55% in Mali, 56% in Burkina Faso, 60% in Guinea, and 70% in Liberia). Child malnutrition, an underlying cause of up to 45% of under 5 deaths, has emerged as one of the key markers of poverty and vulnerability as well as one of the key challenges in ensuring optimal accumulation of human capital in the country.



5. Global evidence demonstrates that stunting in childhood (a manifestation of chronic malnutrition), is associated not only with increased risk of illness and death, but also with poor cognitive development, lower educational attainment, lower productivity, wages, and income in adulthoods, and costs countries in Africa and Asia between 4% and 11% of GDP annually. In Cote d'Ivoire, the prevalence of stunting remains alarmingly high. According to the most recent DHS survey (2011-2012), 30% of all children in the country are stunted. While national stunting prevalence is lower than in some other countries in the region, it is considerably higher than would be expected following Cote d'Ivoire's per capita income level (see Figure 1).

Figure 1: Stunting prevalence and GDP per capita in selected West African countries



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6. This national average masks considerable regional variation. While stunting prevalence is relatively low in Abidjan (18%), it substantially exceeds the national average in 5 out of 11 regions. In two regions, North and Northeast, stunting prevalence reaches nearly 40%. This variation is a reflection of and further perpetuates the pronounced socio-economic inequities between the north and the south and between the rural and urban areas (in particular Abidjan). Other indications of child malnutrition are equally precarious, with 8% of children suffering from acute malnutrition (wasting), 14% from low birthweight, and 75% from anemia. Estimates suggest that chronic malnutrition costs the economy of Cote d'Ivoire every year about US\$970 million (SitAn, 2015).

7. This nutritional crisis results from a combination of factors. Most directly, child stunting is a result of inadequate food intake (i.e. inadequate quantity and quality of diet) and repeated and untreated infections such as diarrhea, acute respiratory illness, or malaria. Recent data indicate that over 20% of the population in Cote d'Ivoire do not reach minimum daily caloric intake recommended by the WHO and that for the majority of the population the bulk of intake comes from food types of low nutritional value (low content of protein and micronutrients) (SitAn, 2015). The proportion of children aged 6-23 months benefitting from a minimum acceptable diet (a composite indicator of feeding frequency and diversity of food) was only 7% with the lowest proportions in the northern and western parts of the



country. The proportion of children 0-6 months exclusively breastfed is just 12% (DHS 2011-2012), among the lowest in sub-Saharan Africa with an average of 34%, and substantially lower than any of Cote d'Ivoire's neighbors (52% in Liberia (UNICEF, 2013); 20.5% in Guinea (UNICEF 2012) 52.3% in Ghana (UNICEF, 2014); 50.1% in Burkina Faso (UNICEF, 2014); 33.8% in Mali (UNICEF, 2013). At the same time, prevalence of preventable and treatable childhood infections is high. Based on the most recent DHS, prevalence of diarrhea is about 30%, which is alarming given that about 25% of all cases of stunting in Cote d'Ivoire have been attributed to recurrent episodes of diarrhea (Tchekly et al., 2009). Prevalence of other illnesses contributing to the risk of stunting, such as acute respiratory infections and malaria is also high (18% and 4%, respectively; DHS 2011-12). This high prevalence is associated with inadequate utilization of basic services aimed at prevention and treatment: only 51% of children under 5 years of age have received complete vaccination (with vaccination rates as low as 37% and 33% in the north and the north-west, respectively). Only 27% of children suffering from acute diarrhea received treatment. Similarly, only 38% of cases of acute respiratory infections, and only 18% for malaria in children under 5 are treated.

8. More distant factors underlying the risk of childhood stunting comprise food insecurity including low availability and low diversity of foods, poor health and nutrition status of mothers and, more generally, low levels of maternal education and low status of women in households and communities, and unsanitary behaviors and environments. In Cote d'Ivoire, about 13% of household live in chronic food insecurity, with rates exceeding 20% in several regions, particularly in the north and the northeast. Persistent food insecurity results from poor productivity, high prices of agricultural inputs, especially those that assure high quality nutrition (e.g. pulses, vegetables, animal source protein) and low capacity to conserve food after harvest, with post-harvest waste reaching 30%-40%.

9. Maternal mortality in Cote d'Ivoire is high (645 per 100,000) while utilization of health services among pregnant women remains low: only 44% of women had at least 4 antenatal care (ANC) visits and only 30% have had their first visit during the first trimester of pregnancy; only 18% of women received antimalarial prophylaxis – an intervention that reduces a risk of low birth weight and stunting in early childhood. More fundamentally, gender inequality, insufficient empowerment of women within households and communities, low level of knowledge and education, and harmful traditional practices (e.g. avoiding certain nutritious foods or avoiding gaining weight during pregnancy) contribute both to poor health status of women and to mothers' inability to ensure adequate nutrition for their children (SitAn, 2015).

10. Finally, in addition to low availability of water infrastructure, unsanitary behaviors are a major contributor to the high prevalence of diarrhea and parasitic infections and, consequently, to child malnutrition in Cote d'Ivoire. Over 33% of the population practices open defecation and only 47% of mothers report hygienic disposal of children's stool (only 28% in rural settings) (DHS 2011-12).

11. Reducing child malnutrition in Cote d'Ivoire requires addressing both its direct and underlying causes mentioned above through a strong government engagement in multisectoral actions. Since 2012, new efforts are underway to build a comprehensive nutrition policy agenda. Recognizing the impact of malnutrition on human development and economic growth, the Government identified the fight against malnutrition as a priority in the national strategy for poverty reduction and economic development. In June 2013, Cote d'Ivoire joined the global Scaling Up Nutrition (SUN) movement with a letter of commitment from the Prime Minister. The deputy Chief of Staff at the Prime Minister's office was appointed as the SUN Focal Point. A multisectoral National Nutrition Council (CNN) was established under the Prime Minister's Office by Presidential decree on July 16, 2014, affirming the recognition of the multisectoral nature of food and nutrition policies and programs. The operational arm of the CNN is the Permanent Technical Secretariat (STP), which includes full time staff recruited from relevant sectors and line ministries. In recognition of this high-level political commitment, the former Prime Minister Duncan was invited as a key speaker to the human



development summit focusing on early child nutrition and development, which was held in October 2016 in Washington DC and was hosted by the President of the World Bank.

12. The CNN has steered the development of the national nutrition policy, which has been adopted in 2014. It has also lead the development of the new Multi-Sectoral National Strategic Plan (PNMN), which was adopted by the council of ministers in 2016. The adoption of the PNMN was a culmination of a process that re-focused national policy around chronic malnutrition as one of the key challenges for Cote d'Ivoire's human and economic development. Côte d'Ivoire opted for the community convergence strategy for the implementation of nutrition interventions at community level. The strategy promotes a geographic and operational convergence based on the complementarity and synergy of nutrition specific and sensitive interventions, a multisectoral approach and an effective collaborative work of the various stakeholders towards common objectives in the same village and same sub-prefecture to address malnutrition of under five children. This strategy permits the decentralization of child nutrition and development interventions by promoting the collaboration among and coordination of the various stakeholders at the level closest to the communities by strengthening responsibility through their implication in addressing malnutrition. An organizational and institutional assessment identified the sub-prefectural level as the best platform to institute the operational coordination.¹ Therefore, sub-prefectures constitute the planning, implementation, coordination, and monitoring units of multisectoral interventions for community nutrition.

13. Other developments that have improved the political commitment for the early years include the existence of a coordinating body (although not ratified on paper) for the development of young children (DIJE) since 2009. Together with UNICEF, it works on the development of a national strategy for Early Childhood Development, which will be launched in 2017 or 2018.

14. Implementation remains a challenge and one of the greatest impediments rolling out the multisectoral interventions is the limited human resources at the administrative regional as well as at the sub-prefectural levels, characterized by the limited presence of sectoral services in the sub-prefectures and compounded by the scarcity of high capacity Non-Governmental Organizations (NGO).

15. Another major bottleneck is the fragmentation and lack of coordination among key players in different sectors (horizontal coordination) and across the national, regional, and local level (vertical coordination). Currently, interventions and programs are implemented in sectoral silos which impedes their impact and results in significant inefficiencies. Virtually all sectoral programs are planned and managed at the central level, with no meaningful involvement from the regions, and most importantly, local communities. Consequently, the interventions have no community ownership and are not responsive to community needs.

16. In sum, key challenges impeding the effectiveness of the national efforts to improve child nutrition and development outcomes include: (i) low coverage and utilization of key high impact nutrition and health interventions as well as interventions aimed at increasing food security of households; and (ii) poor coordination across sectors at the central, regional, and local level results in centralized and fragmented programming that is not responsive to community needs. The Project aims at addressing those challenges by providing financing to improve utilization of community-level interventions and strengthening coordination across different governance levels but with a particular emphasis on the community-driven responses. The Project will be based on two innovative principles underlying the PNMN, namely, convergence and decentralization. The key value added of the Project is enhancing the synergy between nutrition interventions in different sectors, which normally are planned and implemented in isolation, by having them converge towards a common objective in the same community.

¹ The country is administratively divided in 12 Districts, 31 Regions, 108 Departments and 510 sub-Prefectures.



Relationship to CPF

17. The proposed operation is fully aligned with the Country Partnership Framework (CPF) FY16-FY19. The CPF identifies building human capital as one of two key pathways to achieve the goals of eliminating extreme poverty and boosting shared prosperity in Cote d'Ivoire. Through strengthening human capital accumulation, the CPF aims at increasing the consumption of the poorest 40% of the population and building household capacity and improving their productivity through higher level of human capital development and increased resilience. The CPF calls for investments improving the delivery of quality health, nutrition, and water services. The proposed operation directly supports those objectives: its central goal is to strengthen human capital accumulation and growth by ensuring that the children benefiting from the investment achieve their full physical and cognitive potential and that communities are resilient and protected from food insecurity.

18. In addition, the CPF identifies two crosscutting issues to be emphasized in all WBG investments in Cote d'Ivoire: 1) strengthening governance and institutional capacity and 2) reducing spatial inequalities (inequalities between urban and rural areas; inequalities between the southern and northern regions). The proposed operation directly addresses those issues by, first, including governance strengthening as one of the key project components and, second, by prioritizing rural and peri-urban regions in the north of the country.

19. Finally, the proposed operation reflects the CPF's strong emphasis on gender: it focuses on women as the key target group and supports activities aimed at strengthening women's empowerment and economic autonomy, changing harmful social practices and gender roles that lead to suboptimal health and nutrition status of women and children, and fostering women's engagement in community-level decision-making.

20. It also should be noted that Cote d'Ivoire is a priority country under the World Bank's "Investing in Early Years" corporate agenda and the proposed operation is also a key contribution to this initiative. This Agenda, to which Prime Minister of Cote d'Ivoire committed during the 2016 Annual Meetings, is focused on significantly increasing investments that support interventions from pregnancy to six years of age given the importance of good early child development outcomes on longer-term development and productivity. The World Bank has committed to contributing to a measurable increase in funding by 2020 in this key area.

C. Proposed Development Objective(s)

Note to Task Teams: The PDO has been pre-populated from the datasheet for the first time for your convenience. Please keep it up to date whenever it is changed in the datasheet.

21. The development objective is to increase the coverage of early childhood nutrition and development interventions in selected areas in the Recipient's territory.

Key Results (From PCN)

22. The Project will contribute to enhanced child nutrition and development outcomes, including a reduction of stunting, anemia and acute malnutrition as the most pressing nutritional disorders. Therefore, the project will focus on public health nutrition service delivery and health environment, social and behavior change at the community level,



household food security, and governance of nutrition policies and programs. The main outcome indicators were identified based on the four major expected results areas.

23. The proposed outcome indicators of the project development objective are as follows:

- Percentage of pregnant women attending 4 prenatal care visits in the interventions areas
- People who have received essential health, nutrition, and population (HNP) services [Core]
- Number of mothers of children under 5 years or age and pregnant women who have been trained by the project and engage in the production or processing of diversified and micronutrient-rich foods
- Infants 0–5 months of age who are fed exclusively with breast milk
- Number of households with handwashing facilities/stations
- Number of progress reviews of the nutrition program

Table 3 shows the chain of outcome indicators, expected results and impact, which will be the basis for the results framework of the project.

Table 3: Expected results and outcome indicators

Impact	Expected Results	Outcome indicators
Enhanced early childhood nutrition and development	Enhanced governance of child nutrition and development policies and programs	<ul style="list-style-type: none"> • Number of progress reviews of the nutrition program
	Improved service delivery of direct nutrition and nutrition-sensitive maternal-child health services, and health environment	<ul style="list-style-type: none"> • Percentage of pregnant women attending 4 prenatal care visits • People who have received essential health, nutrition, and population (HNP) services [Core]
	Improved household food security	<ul style="list-style-type: none"> • Mothers of children under 5 years or age and pregnant women who have been trained by the project and engage in the production or processing of diversified and micronutrient-rich foods
	Social and behavior change for improved child nutrition and development	<ul style="list-style-type: none"> • Infants 0–5 months of age who are fed exclusively with breast milk • Number of households with handwashing facilities

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24. The final selection of indicators and targets for the proposed project will be fully aligned with the results framework of the National Multisectoral Nutrition Plan. A monitoring and evaluation assessment will be conducted to determine data verification and institutional arrangements that improve quality and timely use of data for decision-making.

D. Concept Description

25. In supporting the Government of Cote d'Ivoire with the implementation of the PNMN and selected early childhood development interventions, this project will have three components that together will address key challenges impeding the effectiveness of national efforts to enhance child nutrition and development outcomes are. These challenges are: (i) low coverage of high impact nutrition and stimulation interventions including interventions aimed at improving maternal and child health outcomes and increasing food security of households; and (ii) weak governance of multisectoral programs for enhanced child growth and development resulting in poor coordination at



the central, regional, and local level, and centralized and fragmented programs that are not responsive to community needs.

26. The proposed project will target those specific bottlenecks by focusing on strengthening the delivery or basic nutrition interventions at the community level (Component 1) and strengthening governance at central, regional, and local level (Component 2) using an integrated “convergence” approach. A simplified logic model is included in Annex 1. Priority will be given to strengthening the coordination mechanisms at the operational level and build the system from the ground upward. The interventions comprise selected nutrition (sensitive) interventions on maternal and child health, household food security, community-based water-sanitation-hygiene, embedded in and supported by social and behavior change communication. In total, the proposed project will comprise three components:

27. **Component 1: Early child nutrition and development interventions** (estimated financing US\$49 million: IDA US\$40.8 million, PoN US\$8.2 million). This component will support the scaling up of selected interventions to improve child growth, nutrition and development. This component will consist of four sub-components: 1) Community-based nutrition and stimulation; 2) Nutrition service delivery; and 3) Results-based financing for public health nutrition (community-based and/or demand-side). This component will target the northern regions where malnutrition is concentrated, starting with the North and North East, followed by the North West, Center West and Center East (or South West). This component would typically finance activities like training, supervision, monitoring, reproduction and distribution of communication materials, social marketing, material and equipment, supplies (basic pharmaceutical inputs, seeds, small ruminants and poultry), and community subprojects by local implementation agencies essentially for the implementation of subcomponent 1.1.

28. **Subcomponent 1.1: Community-based nutrition and stimulation.** This subcomponent will be implemented by local implementation agencies which will be recruited to implement subprojects for community-based interventions at the level of the Sub-Prefecture (or *Département* depending on the context). These subprojects typically support community mobilization for child nutrition and development action centered on child growth promotion and cognitive development, infant and young child feeding practices, community management of acute malnutrition and childhood illnesses, and food diversification in terms of production, transformation and utilization. These activities will be implemented by setting up so-called *Foyers de Renforcement des Activités de Nutrition Communautaire* (FRANC, or Community Nutrition Activity Enhancement Hearths), which are essentially groups of community members engaged in nutrition promotion activities. Many of these activities involve social and behavior change communication including community-based promotion of key family and community practices that promote health and nutrition needs of pregnant women and adolescents; child survival, growth and development; cognitive stimulation and social support to young children; hygiene and sanitation; household food diversification; and health care seeking behaviors. The project will use delivery models with proven effectiveness such as the Alive and Thrive or the Community-led Total Sanitation, adapted to the context of Cote d’Ivoire. Emphasis will be given to community ownership and solidarity through community planning, accountability, peer support, small grants and revolving mechanisms where appropriate.

29. **Subcomponent 1.2: Nutrition service delivery.** The financing under this subcomponent will serve to ensure adequate supply of quality primary-level services related to: (i) maternal and child health and nutrition with a special focus on high impact nutrition interventions including antenatal, delivery and postnatal care; (ii) agricultural extension on household food production, conservation and transformation to promote dietary diversification as well as address the debilitating effects of recurrent household food insecurity on child care and feeding practices; and (iii) safety nets for poor and/or vulnerable women and children. In the case of maternal and child health and nutrition, the objective is to improve the quality and coverage of essential services. The project will support intensified outreach and (complementary) supplies. Project support for agricultural extension will include intensified outreach as well as supply



of productive inputs, such as seeds and small animals. This project will not finance actual cash transfers, however, strong collaboration with the World Bank supported productive safety net project will be established to maximize joint coverage. Other public services will also be considered including community-based preschool education, life skills education for young people, and women literacy training. These services will be identified at the operational level through a consultative process at sub-prefectural level where planning and implementation will be coordinated based on joint results frameworks. There is scope under this subcomponent to support small rehabilitation works of primary health centers, community preschool facilities, and community storage and transformation facilities.

30. **Subcomponent 1.3: Results-based financing (RBF) for public health nutrition.** This subcomponent will complement the performance-based financing (PBF) component under the Health Systems Strengthening and Ebola Preparedness Project (HSSEPP; P147740). The PBF under the HSSEPP aims to increase the volume and quality of health and nutrition services, with a specific focus on maternal, neonatal and child health and nutrition interventions, through PBF in selected regions. The experience so far includes facility-based supply-side PBF in selected regions that do not overlap with the regions of this project. This subcomponent will complement this experience by: (i) introducing the same facility-based supply-side PBF, likely with fewer and more nutrition relevant-indicators, in the regions where community nutrition interventions are being implemented; and (ii) piloting community-based and/or demand-side RBF at small scale. The RBF pilot will be based on the lessons learned from the implementation of PBF in the HSSEPP as well as the experience in The Gambia, which has been pioneering innovative approaches to community-based and demand-side RBF approaches that are showing impact already after 18 months of implementation.

31. **Component 2: Nutrition governance and management** (estimated financing US\$8 million: IDA US\$6.7 million, PoN US\$1.3 million). This component will provide financing to cover costs in developing and strengthening the capacity of multisectoral technical and operational coordination platforms for investments and operations on early child growth, nutrition and development at the national, regional and sub-regional levels. Operating costs of the coordination structures of nutrition activities at the central, regional, and local levels are part of this and can be supported through this project. This component will also cover the cost of strengthening the monitoring capacity of the subnational and national institutions involved in the management and implementation of nutrition activities. This will involve strengthening of data collection and reporting systems, piloting innovative data collection and reporting methods (e.g., using mobile technology for data collection and reporting at the community level) and expanding analytic capacity within national monitoring and evaluation (M&E) units in the relevant ministries. Similarly, this component will support research and evaluation activities such as operational research, process and impact evaluations, capacity assessments, and other types of research and analytic activities needed to support service delivery, project management and policy development. Other important activities include institutional communication, advocacy, study and learning exchanges, joint monitoring, sector reviews, and technical assistance.

32. Key strategic approaches in the PNMN and of this project are convergence of actions and decentralized management. Therefore, the project will strengthen joint planning, implementation and monitoring at all levels. In line with the strategic approaches, this component aims to strengthen the operational coordination capacity at sub-prefectural level, the technical coordination capacity at regional level and the policy coordination capacity at central level as the basis for a new/innovative platform for service delivery and community action, using existing structures, but developing operational coordination mechanisms. The sub-prefectural level was identified as the ideal level to institute operational coordination. However, an organizational and institutional assessment also found organizational presence and capacity to vary considerably between sub-Prefectures. The project will need to be flexible to accommodate these variations. For example, in case of weak capacity at sub-Prefectural level, the project may seek to engage with Local Implementing Agencies at the level of the *Département*. The project will support institutional evaluations in each of the project *Département* to assess the capacity and determine which approach to adopt.



33. The project will also strengthen the stewardship capacity of the STP of the CNN to implement the PNMN through a decentralized management structure and the application of the convergence strategy. Adaptive learning will be a key element under this component, which in addition to operational research and process evaluation can include learning exchange visits and events. Typical outcomes under this component are joint diagnostics, joint work plans, M&E framework, knowledge management system, exchange visits, evaluation, resource tracking system, and study reports, etc.

34. And finally, the Project will build on and work with three other World Bank funded projects. Table 5 summarizes the synergies and collaboration areas:

Table 5: Areas of synergies and collaboration with other World Bank supported projects

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World Bank supported projects	Area of synergy and collaboration
Health System Strengthening and Ebola Preparedness Project (P147740)	Introduce (nutrition-focused) performance-based financing in the regions where the HSSEPP is not located
Productive Safety Net (P143332)	Pilot community and/or demand-side results based financing Strengthen the accompanying measures of the unconditional cash transfers through training in areas where the two projects are not co-located and through FRANCS where the projects co-locate
Education Service Delivery Enhancement Project (P163218; pipeline)	Enhance geographical overlap through the pipeline additional financing Enhance geographical overlap with community preschool education interventions Jointly work on early childhood development (ECD) tools and material Jointly evaluate the effectiveness of parental education through different service delivery platforms

35. **Component 3: Project management** (estimated financing US\$3 million: IDA US\$2.5 million, PoN US\$0.5 million). This component will finance the costs associated with the day-to-day project management including the costs of strengthening and running the Project Implementation Unit (PIU) and the Project Steering Committee. The PIU already exists and is currently managing the HSSEPP (P147740). This unit will be in charge of managing the fiduciary aspects as well as the monitoring and evaluation of the proposed operation.

Note to Task Teams: The following sections are system generated and can only be edited online in the Portal.

SAFEGUARDS

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

The project will support community-based interventions and nutrition service delivery as well as overall governance and management capacity. Part of the governance and management support will involve the national and regional levels nation-wide. However, the support for strengthening the operational coordination structures will prioritize the regions where the community-based interventions and nutrition service delivery will be scaled, that is, the northern regions with highest level of stunting, starting with the North and North East, followed by the North West, West and Center regions.



B. Borrower’s Institutional Capacity for Safeguard Policies

The Recipient has several years of experience in applying and implementing World Bank projects. There are considerable legal and institutional frameworks in the country to ensure compliance with World Bank safeguards policies triggered by the proposed project. In Cote d’Ivoire, the Ministry of Sanitation, Environment, and Sustainable Development (MINSEDD) is responsible for setting policy guidelines on environmental issues and ensuring compliance with national environmental standards. It has different departments among which the National Agency of Environment (ANDE, Agence Nationale de l’Environnement) in charge of national regulatory compliance of all projects in the country. The unit is well staffed and its capacities are acceptable. With regard to the PIU, capacity building efforts to support project implementation will be done by implementing recommendations contained in the safeguards instruments prepared for the project. The project will also receive guidance from the Bank’s environmental and social safeguard specialists in the Project team.

C. Environmental and Social Safeguards Specialists on the Team

Abdoul Wahabi Seini, Social Safeguards Specialist
Abdoulaye Gadiere, Environmental Safeguards Specialist

D. Policies that might apply

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Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	This project is planning to finance small works (refurbishing, repairs), small community grants and/or subprojects (see component 1). Based on all potential adverse impacts which may be moderate, small scale and manageable on an acceptable level, the project is rated as a category B project. While the exact locations of these investments are not yet known, the proper safeguard instrument to be prepared in compliance with this policy is an Environmental and Social Management Framework (ESMF). This ESMF will be reviewed, consulted upon and disclosed both in Cote d’Ivoire and at the World Bank’s Website prior to the Decision meeting.
Natural Habitats OP/BP 4.04	No	The project will not undertake any investments that may impact on natural habitats.
Forests OP/BP 4.36	No	It is not anticipated that forests will be impacted by the project.
Pest Management OP 4.09	Yes	The sub-component 1.1 aims at diversifying and increasing household food production. That means even if the project does not purchase fertilizers and agro-chemicals directly, it may induce the use of those chemical products by farmers for pest and disease management. Consequently, the pest management measures will be mentioned in and part of the ESMF.



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Physical Cultural Resources OP/BP 4.11	Yes	Activities supported by the ongoing bank’s funded operation such as small works (refurbishing, repairs), small community grants and/or subprojects could involve excavations with possibilities to underscore Physical cultural resources. Then the ESMF will include a specific section to serve as guidance/guidelines on how to handle chance finds or cultural assets within the project area.
Indigenous Peoples OP/BP 4.10	No	There are no indigenous people as defined by the policy in the project areas.
Involuntary Resettlement OP/BP 4.12	No	The project will not undertake any investments that may impact on involuntary resettlement.
Safety of Dams OP/BP 4.37	No	The project will not finance dams nor rely on dams.
Projects on International Waterways OP/BP 7.50	No	The project is not expected to affect international waterways.
Projects in Disputed Areas OP/BP 7.60	No	The project will not be located in a disputed area.

E. Safeguard Preparation Plan

Tentative target date for preparing the Appraisal Stage PID/ISDS

May 31, 2017

Time frame for launching and completing the safeguard-related studies that may be needed. The specific studies and their timing should be specified in the Appraisal Stage PID/ISDS

Time frame for launching and completing the safeguard-related studies that may be needed. The specific studies and their timing should be specified in the PAD-stage ISDS. The following safeguard instruments are expected to be prepared during the preparation phase: i) an Environmental and Social Management Framework (ESMF); and ii) a Pest Management Plan (PMP). All these safeguard documents will be reviewed consulted upon and disclosed by the Government of the Republic of Cote d’Ivoire, and by the World Bank’s Website prior to the Decision meeting.

CONTACT POINT

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Republic of Cote d'Ivoire



Implementing Agencies

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APPROVAL

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Note to Task Teams: End of system generated content, document is editable from here.