Combined Project Information Documents / Integrated Safeguards Datasheet (PID/ISDS)

Appraisal Stage | Date Prepared/Updated: 15-Nov-2018 | Report No: PIDISDSA24817
### BASIC INFORMATION

**A. Basic Project Data**

<table>
<thead>
<tr>
<th>Country</th>
<th>Project ID</th>
<th>Project Name</th>
<th>Parent Project ID (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western Africa</td>
<td>P166813</td>
<td>SWEDD Additional Financing for Benin</td>
<td>P150080</td>
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<table>
<thead>
<tr>
<th>Parent Project Name</th>
<th>Region</th>
<th>Estimated Appraisal Date</th>
<th>Estimated Board Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sahel Women's Empowerment and Demographics Project</td>
<td>AFRICA</td>
<td>05-Nov-2018</td>
<td>20-Dec-2018</td>
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<table>
<thead>
<tr>
<th>Practice Area (Lead)</th>
<th>Financing Instrument</th>
<th>Borrower(s)</th>
<th>Implementing Agency</th>
</tr>
</thead>
</table>

#### Proposed Development Objective(s) Parent

The development objective is to increase women and adolescent girls’ empowerment and their access to quality reproductive, child, and maternal health services in selected areas of the participating countries, including the Recipients’ territory, and to improve regional knowledge generation and sharing as well as regional capacity and coordination.

#### Components

- Improve Regional Demand for Reproductive, Maternal, Neonatal, Child Health and Nutrition (RMNCHN) Services and Increase Empowerment for Women and Adolescents
- Strengthen regional capacity for availability of RMNCHN commodities and qualified health workers
- Foster Commitment and Capacity for Policy Making and Project Implementation

### PROJECT FINANCING DATA (US$, Millions)

#### SUMMARY

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
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<tbody>
<tr>
<td>Total Project Cost</td>
<td>45.00</td>
</tr>
<tr>
<td>Total Financing</td>
<td>45.00</td>
</tr>
<tr>
<td>of which IBRD/IDA</td>
<td>45.00</td>
</tr>
<tr>
<td>Financing Gap</td>
<td>0.00</td>
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</tbody>
</table>
B. Introduction and Context

Country Context

I.1. Background

This Project Paper (PP) proposes two major changes for the Sahel Women Empowerment and Demographic Dividend (SWEDD) project (P150080):

- A restructuring of the parent project, which includes: (i) closing date extensions; (ii) reallocation of funding across components and disbursement categories; (iii) a revision to the result framework; (iv) change in legal covenants; (v) change in implementation arrangements; and (vi) change in disbursement estimates to account for the longer implementation period.

- An additional financing (AF) of US$45 million equivalent, to include Benin in the SWEDD initiative.

The Sahel Women's Empowerment and Demographics Project (SWEDD) was approved in December 2014 for US$170.2 million, originally covering five Sahelian countries: Chad (US$26.7 million), Côte d'Ivoire (US$30 million), Mauritania (US$15 million), Mali (US$40 million), and Niger (US$53.5 million). In addition, a US$5 million grant was provided to the West African Health Organization (WAHO), the health arm of ECOWAS. These countries were selected because they have the highest fertility rates in the world. In April 2015, a first additional financing (AF) for US$34.8 million was processed to include Burkina Faso. The project is implemented by the six countries and two agencies, the United Nations Population Fund (UNFPA) and WAHO. To facilitate regional coordination and to provide technical support at the national level, a convention is signed between each of the Participating countries and UNFPA. WAHO receives a direct grant from IDA and technical assistance agreements are signed between the organization and countries that request their support.

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1 Of which three are classified as fragile, conflict and violence situations: Côte d’Ivoire, Chad and Mali.
2 Burkina Faso: 5.4; Chad: 6.1; Côte d’Ivoire: 4.9; Mali: 6.1; Mauritania 4.7; Niger: 7.3.
The project development objectives are:

- to increase women and adolescent girls’ empowerment and their access to quality reproductive, child and maternal health services in selected areas of the participating countries, and
- to improve regional knowledge generation and sharing as well as regional capacity and coordination.

Sectoral and Institutional Context

This project inherently reflects implementation of the IDA 18 Special Themes of Gender and Development; Governance and Institutions. It also underpins the objectives of the Human Capital Project.

The demographic dividend is characterized by a period in a country’s demographic transition when the proportion of working age population is higher compared to the number of dependents. This period can correspond to an extra economic boost through increased savings and private investments. Triggering such a demographic dividend requires two ingredients: (i) a decreased dependency ratio which is made possible only when fertility is declining more rapidly than mortality; and (ii) adequate policies to foster human capital, employment and investments to ensure that the additional working-age population can get jobs.

Benin is a pre-demographic dividend country due to its high fertility, declining mortality and young age structure. Like other countries in the Sahel region, Benin is lagging far behind in its demographic transition, with rapid population growth (2.8%) resulting from falling mortality and continued high fertility. The total fertility rate increased from 4.9 children per woman in 2011/12 to 5.7 children per woman in 2017/18 with large disparities between districts and the gap between women with no education and higher education has increased to a difference of 3.2 children. Benin’s population is predominantly rural (55.4%) and consists of (67%) young people under 25 years old. One of every five maternal deaths is a young mother under 18 years of age. The high levels of mortality and fertility are partly explained by the lack of access to the reproductive health service, the persistence of certain harmful practices such as early marriage and teenage pregnancies. Regulations prohibit child marriage (under 18 years), yet one in 10 girls is married by age 15 and 33% of girls are married before the age of 18. Benin’s level of educational development ranks number 166 out of 187 countries in UNDP’s Human Development Index and education gender gaps are much wider in Benin as compared to Sub-Saharan Africa averages at secondary and tertiary levels. In terms of attendance, 45% of girls of lower secondary school age are out of school (compared to 28% of boys). If this demographic dynamic continues, Benin's population could double over the next 30 years, leading to increased pressure on social and economic expenses and the risk of further delaying a demographic transition and the achievement of the Sustainable Development Goals (SDGs).

Male authority based on patriarchy and gerontocracy structure relations between men and women and relegate women to the background. According to the "Program and Plan of Action for the Implementation of the National Policy for the Promotion of Gender in Benin, 2010-2015," men dominate almost all dimensions of social life, including education or schooling of children, health, sexuality, family planning, political, social or economic activity.

Adolescent health and autonomy is still poor in Benin. Adolescents and their decisions have implications for harnessing the demographic dividend. Adolescent fertility rates in rural areas have changed little since
the 1990s and is approximately double that in urban areas. Moreover, adolescent fertility is almost three times higher among poorer households than the wealthiest (153 births annually per 1000 women versus 45).

**Benin is already actively engaged in activities for achieving a demographic dividend (DD).** There is strong commitment at Presidential level and across the government. The Minister of Planning and Development (Minister of State) oversee the project preparations. Benin’s already ongoing priorities include investments in women empowerment as well as in the training of midwives and in improving the supply chain of contraceptives. Benin has also participated in the engagement of religious leaders. However, most of the ongoing activities are still at small scale. Furthermore, their design has not benefited from the strong technical assistance and rigorous review of the existing global evidence base for adolescent girls programming that current SWEDD countries have benefitted from. For these reasons, in March 2017, the Government of Benin officially requested to join the SWEDD. The SWEDD regional steering committee (which gathered in Bamako in February 2018) have confirmed their support of the inclusion of Benin in the regional SWEDD project.

**The proposed AF would expand the impact and development effectiveness of the SWEDD** by adding another country to the current six countries supported by the Project. A change in fertility dynamics is necessary for the economic transformation of the Sahel region. The regional feature of the project is perceived as useful to expand the political economy among multiple influential stakeholders for the project objectives in the Sahel. Furthermore, the implementation of similar interventions across countries and specifically in border areas that the project countries share, offer a unique opportunity to innovate, measure and compare results on what works to achieve desired results in target communities.

### C. Proposed Development Objective(s)

**Original PDO**
The development objective is to increase women and adolescent girls’ empowerment and their access to quality reproductive, child and maternal health services in selected areas of the participating countries, including the Recipients’ territory, and to improve regional knowledge generation and sharing as well as regional capacity and coordination.

**Current PDO**
The project development objectives are:
- to increase women and adolescent girls’ empowerment and their access to quality reproductive, child and maternal health services in selected areas of the participating countries, and
- to improve regional knowledge generation and sharing as well as regional capacity and coordination.

**Key Results**
The following PDO level indicators will be used to measure progress.
- Percentage of retention among adolescent girls registered in secondary schools in project targeted areas (Percentage)
- Percentage of adolescent girls, women and men who are beneficiaries of safe spaces and husband school interventions who have good knowledge on the dangers of child marriage and teen pregnancy a (Percentage)
- Number of countries with a functional model for last-mile delivery RMNCHN products (Number)
D. Project Description

To benefit from the experience of the regional exchanges, the technical design will remain the same in Benin as in the other member countries. Namely, the additional financing is structured around the three original project components:

- Component 1: Improve Regional Demand for Reproductive, Maternal, Neonatal, Child and Adolescent Health and Nutrition (RMNCAHN) Services and Increase Empowerment for Women and Adolescents
- Component 2: Strengthen regional capacity for availability of RMNCHN commodities and qualified health workers
- Component 3: Foster Commitment and Capacity for Policy Making and Project Implementation.

Project objectives, technical activities, and implementation arrangements will be the same as in the other countries with national adaptations of the technical activities, that cater to the specificities of Benin. Benin will adopt the revised results framework.

Main beneficiaries are adolescent girls aged 10-19 who are victims or at risk of early marriage, early pregnancy and early school drop-out. As girls are rarely sole decision makers in regards to their life choices, communities must be engaged to change harmful behaviors and create an enabling environment for their empowerment. Therefore, the project will also target boys, mentors, teachers, parents, customary and religious authorities, administrative and political authorities, agents of health services, education, social action, law enforcement and community leaders.

Given the regional nature of the project, interventions will focus on cross-border areas as well as areas where child marriage and early pregnancy are common. All the project countries are neighbors and are experiencing significant inter-country migration. Migration flows create major challenges to governments for providing basic services (including education and health). The project will therefore focus on these cross-border areas, thus maximizing the spill-over effects among them. In Benin, interventions will focus on the eight provinces of Atakora, Alibori, Borgou, Couffo, Collines, Donga, Plateau and Zou.

E. Implementation

Institutional and Implementation Arrangements

At the regional level
Benin is the seventh country to benefit from the regional SWEDD project in the Sahel. As the regional coordination of the Project is ensured by the Regional Office of UNFPA through a Regional Steering Committee, Benin will comply with the provisions already in place. The West African Health Organization (WAHO) will provide support for the harmonization and quality control and regulation of reproductive health, maternal, newborn, child and nutritional products and services.

**At the national level**

The institutional framework for implementing the project allows to involve all stakeholders and to define the responsibilities of multiple actors at all levels. Given the weight that the Government of Benin accords to the project and its national and regional scope, this framework comprises three levels namely the Steering Committee, the National Technical Committee and the National Management Unit.

**F. Project location and Salient physical characteristics relevant to the safeguard analysis (if known)**

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

**G. Environmental and Social Safeguards Specialists on the Team**

Hocine Chalal, Social Specialist  
Fatou Fall, Social Specialist  
Abdoulaye Gadiere, Environmental Specialist  
Leandre Yameogo, Environmental Specialist  
Mahamadou Ahmadou Maiga, Social Specialist

**SAFEGUARD POLICIES THAT MIGHT APPLY**

<table>
<thead>
<tr>
<th>Safeguard Policies</th>
<th>Triggered?</th>
<th>Explanation (Optional)</th>
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<tbody>
<tr>
<td>Environmental Assessment OP/BP 4.01</td>
<td>No</td>
<td></td>
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<tr>
<td>Performance Standards for Private Sector Activities OP/BP 4.03</td>
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<tr>
<td>Natural Habitats OP/BP 4.04</td>
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<tr>
<td>Forests OP/BP 4.36</td>
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<tr>
<td>Pest Management OP 4.09</td>
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KEY SAFEGUARD POLICY ISSUES AND THEIR MANAGEMENT

A. Summary of Key Safeguard Issues

1. Describe any safeguard issues and impacts associated with the proposed project. Identify and describe any potential large scale, significant and/or irreversible impacts:
   The project will not finance any activities necessitating involuntary land acquisition resulting in: (i) Involuntary resettlement of people and/or loss of (or access to) assets, means of livelihoods or resources; or (ii) the involuntary restriction of access to legally designated parks and protected areas resulting in adverse impacts on the livelihoods of the displaced persons. The project will mostly fund consulting, communication costs, training services, as well as fund drugs, medical supplies, and some equipment. No civil works is contemplated or envisaged. It is advised however to ensure that as part of the technical assistance, appropriate support be given to beneficiary institutions regarding sound management of medical waste and obsolete drugs. Consequently the project is classified as category C and no environmental and social safeguards instrument is required.

2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area:
   N/A

3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts.
   N/A

4. Describe measures taken by the borrower to address safeguard policy issues. Provide an assessment of borrower capacity to plan and implement the measures described.
   N/A

5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people.
   N/A

B. Disclosure Requirements (N.B. The sections below appear only if corresponding safeguard policy is triggered)
C. Compliance Monitoring Indicators at the Corporate Level (to be filled in when the ISDS is finalized by the project decision meeting) (N.B. The sections below appear only if corresponding safeguard policy is triggered)

**CONTACT POINT**

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Christophe Lemiere  
Program Leader

Margareta Norris Harrit  
Senior Operations Officer

**Borrower/Client/Recipient**

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Government of Burkina Faso

Government of Benin

Government of Mauritania
Government of Mali

Government of Chad

Government of Cote d'Ivoire

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20-Nov-2018