



## DOCUMENT OF THE WORLD BANK

## RESTRUCTURING PAPER

## ON A

## PROPOSED PROJECT RESTRUCTURING

## OF

## SAHEL WOMEN'S EMPOWERMENT AND DEMOGRAPHICS PROJECT

APPROVED ON DECEMBER 18, 2014

## TO

GOVERNMENT OF NIGER, GOVERNMENT OF MALI, GOVERNMENT OF COTE D'IVOIRE, GOVERNMENT OF  
CHAD, GOVERNMENT OF BURKINA FASO, GOVERNMENT OF MAURITANIA

HEALTH, NUTRITION &amp; POPULATION

AFRICA

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**I. BASIC DATA**

**Product Information**

Project ID P150080	Financing Instrument Investment Project Financing
Original EA Category Not Required (C)	Current EA Category Not Required (C)
Approval Date 18-Dec-2014	Current Closing Date 31-Dec-2019

**Organizations**

Borrower  Government of Niger, Government of Mali, Government of Cote d'Ivoire, Government of Chad, Government of Burkina Faso, Government of Mauritania	Responsible Agency Ministere de l'aménagement du territoire et de la population, Ministère de la Population, Ministry of Planning, Ministry of Economy and Development Planning, West African Health Organization (WAHO), Ministry of Health, Ministry of Economics and Finance
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**Project Development Objective (PDO)**

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.

**Summary Status of Financing**

Ln/Cr/Tf	Approval	Signing	Effectiveness	Closing	Net		
					Commitment	Disbursed	Undisbursed
IDA-56280	23-Apr-2015	21-May-2015	30-Nov-2015	31-Dec-2019	23.20	8.67	14.46
IDA-D0520	23-Apr-2015	21-May-2015	30-Nov-2015	31-Dec-2019	11.60	4.22	7.41
IDA-55690	18-Dec-2014	23-Mar-2015	14-Oct-2015	31-Dec-2018	53.50	17.65	32.71



IDA-55700	18-Dec-2014	03-Apr-2015	31-Jul-2015	31-Dec-2018	40.00	21.69	16.12
IDA-55710	18-Dec-2014	02-Apr-2015	31-Jul-2015	30-Jun-2019	20.00	10.19	8.80
IDA-D0180	18-Dec-2014	02-Apr-2015	31-Jul-2015	30-Jun-2019	10.00	4.02	5.44
IDA-D0190	18-Dec-2014	11-Mar-2015	22-May-2015	31-Dec-2018	15.00	8.54	5.70
IDA-D0200	18-Dec-2014	07-Apr-2015	22-May-2015	31-Dec-2018	26.70	17.70	7.65
IDA-D0240	18-Dec-2014	29-Apr-2015	29-Oct-2015	31-Dec-2018	5.00	3.40	1.35

**Policy Waiver(s)**

Does this restructuring trigger the need for any policy waiver(s)?

No

**II. SUMMARY OF PROJECT STATUS AND PROPOSED CHANGES**

The purpose of this proposed extension of five credits/grants by 6 months, from December 31, 2018 to June 30, 2019, is to ensure continuity of the ongoing project until the additional financing to add Benin and further restructuring, part of which will align the closing dates for all SWEDD countries, will be presented to the Board in January 2019. The Borrowers’ requests for extension and the mentioned reallocation of funds between components will be addressed as part of the restructuring presented to the Board in January 2019.

**I.1. Background**

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.

Although key and essential design features led to a significant delay in getting the project off the ground, they are no longer slowing down the project. The impediments were: (i) the need to conduct regional calls for proposals to define activities in components 1.2 (girls’ empowerment) and 2.2 (supply chain), two components that account for more than 60% of the overall budget; (ii) the technical assistance provided by UNFPA that had to be funded from each of the six countries’ IDA allocation (instead of a regional IDA grant), which required effectiveness of financing agreement and signing of MOUs in order to release the funds to UNFPA; and (iii) and fund flows between UNFPA regional level vs national level, slowing down needed day-to-day technical assistance in countries.



Despite the initial delay in disbursements, the participating country governments have displayed strong, multi sector political commitments to advance the project objectives. Some examples include (i) the revision of the national population and development policies to consider the demographic dividend in at least four countries, and (ii) the implication of multiple decisions makers, including the first ladies, religious and traditional leaders, non-state actors and prominent academic institutions.

## I.2 PROJECT PERFORMANCE

### A. Overall Implementation

Since May 2017, the project has been rated MS (both for PDO and IP). The reason for these ratings is that the slow rate of disbursements in the first two years of project implementation and the concerns regarding the adequacy of the technical assistance provided at the country level by UNFPA have been overcome. Countries have finalized the technical preparation and related procurements that upheld the community-based interventions destined to empower adolescent girls.

Progress has been achieved toward dimensions of the PDO, particularly in relation to regional knowledge generation, capacity and coordination, which is essential to the theory of change. The project has created a multisectoral community of practice across countries. This upfront work is now helping to accelerate implementation of challenging actions/innovations in countries. Other dimensions of the PDO, i.e., to increase women and adolescent girls' empowerment and access to quality services, are now also underway. To date, 48% of the overall funding has been disbursed.

There are no major financial management or procurement issues.

### B. Achievements by component

Component 1 (Social and behavioral communication for change and girls' empowerment)

Sub-component 1.1 (social and behavioral communication for change/SBCC). On track after delays to define the SBCC strategy.

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. SBCC activities can be categorized into two primary types – mass media and community-based approaches:

- The regional SBCC campaign (including messaging on girls' socio-economic empowerment, continued schooling for girls, family planning and fight against female genital mutilation) was launched in October 2017 by the First Ladies of ECOWAS + Mauritania, extending the potential reach of the campaign beyond the SWEDD countries. The campaign leverages several types of media including television, radio and theater.

- National campaigns in local languages complement regional action and focus on community-based action. Religious and traditional leaders with influence in the project's zones of intervention are integrating messages related to the project objectives in their Friday/Sunday prayers and conduct community dialogue in rural areas. Sustained community dialogue is also facilitated by specialized non-state actors.

Sub-component 1.2 (girls' empowerment) Progressing well after delays

Girls and women in all participating countries are facing gender inequality issues that constrain their agency, influence their fertility preferences, and reduce demand for contraception. Addressing these gender gaps early on is critical, as low levels of empowerment and unproductive employment are especially detrimental for adolescent girls.



The types of interventions that have been effective in improving the above outcomes can be categorized into three broad categories:

- (i) Strengthened provision of reproductive health education and life skills
- (ii) Economic empowerment interventions
- (iii) Enhanced access to secondary education for girls

Interventions destined to reach more than 100,000 vulnerable girls are being rolled out across all countries, a standard, coordinated curricula tailored to low literacy learners and adolescent girls in low-resource settings has been adopted by the project countries. Impact evaluations will produce new evidence for the region.

#### Component 2 (Pharma and Human Resources for Health)

Sub-component 2.1 (pharmaceutical harmonization and quality control) On track.

The component aims at setting up the pre-requisites for a regionally-pooled procurement mechanism for RMNCAHN commodities. To that effect, the component fosters regional harmonization of registration and quality control of RMNCAHN Commodities.

In 2017, all 15 ECOWAS countries approved the use of Common Technical Documents (CTDs), to jointly register drugs (including contraceptives). In other words, this approval allows the registration of one drug in any ECOWAS country to be automatically registered in the other ECOWAS countries. This paved the way to set up a procurement mechanism for ECOWAS, a key objective to reduce the price of drugs (including contraceptives) in the sub-region. This process is complemented by the strengthening of quality control laboratories which are considered able to reach a “WHO prequalification” status by the end of the project. This status will allow ECOWAS laboratories to control quality of new drugs without resorting to a non-ECOWAS laboratory.

Sub-component 2.2 (pharmaceutical supply chain). Progressing after delays

There is strong evidence that stockouts of RMNCAHN commodities at the end user level may not be the result of a lack of commodities at national level but rather the result of a weak distribution (especially for the “last-mile” distribution). This “last-mile” issue is especially frequent for reproductive health products. It is also especially prevalent in rural and cross-border areas, which are usually far from the national or regional drug warehouse. Therefore, the component supports technically and financially requests from countries to improve the distribution part of their RMNCAHN commodities supply chain.

Sub-component 2.3 (human resources for health). On track.

So-called “rural pipeline” strategies can improve rural job uptake and retention of health workers, as well as improve competence and motivation, by decentralizing education to rural areas, focusing on the selection of students from rural areas, emphasizing practical and applied learning in rural environments, delivering new courses for the development of alternative cadres with specific rural expertise and providing on-site mentoring and support following rural placements. A key constraint in the implementation of rural pipeline strategies and the production of a RMNCAHN workforce lies in overall capacity constraints of education institutions. Regional assessments of the pre-service education of midwives across the Sahel identified key technical, organizational and physical capacity constraints related to midwifery education in the region (WHO, WAHO, UNFPA 2014), hampering progress on improving the availability and quality of health workers with RMNCAHN skills in the region.

- So far, 400 schools have been strengthened and 2,000 nurses and midwives have been trained to increase skilled human resources for health rural pipeline.
- Following a rigorous evaluation process led by WAHO, UNFPA, and CAMES, three centers of excellence in midwifery (Abidjan, Bamako, and Niamey) were identified to set up masters-level training to be provided in midwifery.



The first master-level classes will start in November 2018 and include a module on adolescent health and gender-based violence, including Female Genital Mutilation (FGM) and child marriage.

Activities under this component (pharmaceutical and human resources) are entirely focused on building a regional capacity to buy drugs (at a cheaper price) and training high quality nurses and midwives without resorting to external (i.e., non-ECOWAS) resources or institutions.

Component 3 (capacity strengthening on demographics). Progressing well.

The component will strengthen the countries' policymaking and analytical capacity on demographic dividend issues.

- All countries, including Benin, have produced their DD profile using the National Transfer Account (NTA) methodology.
- Demographic Dividend observatories are set up or reinforced in Ministries of Finance or Population to oversee analysis of data from line ministries and facilitate its translation to policy briefs.
- Thanks to this massive advocacy, several countries have revised or prepared their national development plan with a focus on achieving a DD. This includes Mauritania, Chad, Mali and Côte d'Ivoire.

#### C. Disbursements Across Countries

Across countries, disbursement rates vary greatly. Overall disbursement rate is 48% as of end-November 2018. In several countries, including for example Côte d'Ivoire, Chad and Mauritania, commitments made through contractual arrangements commit more than 80% of the project funds.

### III. DETAILED CHANGES

#### LOAN CLOSING DATE(S)

Ln/Cr/Tf	Status	Original Closing	Revised Closing(s)	Proposed Closing	Proposed Deadline for Withdrawal Applications
IDA-55690	Effective	31-Dec-2018		30-Jun-2019	30-Oct-2019
IDA-55700	Effective	31-Dec-2018		30-Jun-2019	30-Oct-2019
IDA-55710	Effective	30-Jun-2019		30-Jun-2019	30-Oct-2019
IDA-56280	Effective	31-Dec-2019		31-Dec-2019	30-Apr-2020
IDA-D0180	Effective	30-Jun-2019		30-Jun-2019	30-Oct-2019
IDA-D0190	Effective	31-Dec-2018		30-Jun-2019	30-Oct-2019
IDA-D0200	Effective	31-Dec-2018		30-Jun-2019	30-Oct-2019
IDA-D0240	Effective	31-Dec-2018		30-Jun-2019	30-Oct-2019
IDA-D0520	Effective	31-Dec-2019		31-Dec-2019	30-Apr-2020



**The World Bank**

Sahel Women's Empowerment and Demographics Project (P150080)

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