



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

Appraisal Stage | Date Prepared/Updated: 10-Aug-2018 | Report No: PIDISDSA23150



BASIC INFORMATION

A. Basic Project Data

Country Senegal	Project ID P161332	Project Name Senegal Investing in the Early years for Human Development in Senegal	Parent Project ID (if any)
Region AFRICA	Estimated Appraisal Date 13-Aug-2018	Estimated Board Date 27-Sep-2018	Practice Area (Lead) Education
Financing Instrument Investment Project Financing	Borrower(s) Republic of Senegal	Implementing Agency Ministry of Governance and Protection of the Child	

Proposed Development Objective(s)

Improve delivery of selected services that promote early childhood development in underserved areas of Senegal

Components

- Child nutrition and early stimulation in the first 1,000 days
- Quality early learning
- Child protection and system strengthening
- Project management and technical assistance

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	75.00
Total Financing	75.00
of which IBRD/IDA	75.00
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	75.00
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IDA Credit	75.00
Environmental Assessment Category	
B-Partial Assessment	
Decision	
The review did authorize the team to appraise and negotiate	

B. Introduction and Context

Country Context

- Senegal is a stable democracy located in the western-most part of Africa’s Sahel region.** The current population is estimated to be 15 million, with a 2.9 percent population growth rate. Approximately half of the population lives in urban areas, with 23 percent of the total population living in the greater Dakar region (the capital city).
- After many years of economic volatility, Senegal’s growth performance has started to improve, with gross domestic product (GDP) growth reaching 6.7 percent in 2016.** Internal and external factors contributed to inconsistent and weak economic growth in the last two decades, including: drought, flooding, the international food price crisis, oil shocks and poor governance. From 1990-2005, real GDP per capita increased by only 17 percent in Senegal, compared to an average of 45 percent across Sub-Saharan Africa (SSA) and 134 percent across emerging and developing countries. The economic outlook is favorable with progressively higher growth rates expected in the coming years.
- Key human development outcomes have improved in Senegal in the last decade.** The prevalence of stunting was reduced from 30 percent in 2000 to 17 percent in 2016 (now the lowest in SSA). Under-5 mortality has declined annually since 1998 and is 47 for every 1,000 births (as of 2016) compared to an average of 78/1000 for SSA and 38/1000 for middle-income countries (data.worldbank.org, 2018)). Outcomes in the education sector have been improving but are still sub-optimal. The primary completion rate is low, at 57% (compared to an average of 69 percent for SSA), and 37% of school-age children remain out of school¹ (LSMS and DHS). For those children who are in school, learning outcomes are low. By the time children reach Grade 4, just 60% can read and comprehend grade-level text and only 32% reach minimum proficiency in math and science (PASEC, 2010).
- Poverty and inequality pose significant challenges to development in Senegal.** Senegal continues to be in the lowest quintile of the Human Development Index with a ranking of 162 in 2016 and nearly half the population lives in poverty (SCD, 2016). Inequality is slightly lower than the SSA average, with pronounced geographic disparity. Almost two-in-three people in rural areas live in

¹ A significant proportion of children attend Koranic schools (Daaras) instead of, or in addition to, formal primary schools, which complicates the interpretation of education data.



poverty, compared to one-in-four in Dakar. Young children are disproportionately represented among the poor: more than 85 percent of the poorest households have children below the age of 5 (SCD, 2016).

Sectoral and Institutional Context

5. **Improving Early Childhood Development (ECD) outcomes could dramatically improve human capital in Senegal and address many of the current constraints to economic and social development. Too many children’s earliest years, however, are filled with missed opportunities that undermine their future potential.** Children’s outcomes are poor across a range of different human development indicators, and efforts to improve outcomes are constrained by a fragmented and ineffective system of service delivery and coordination.

6. **The recently developed Investing in the Early Years Conceptual Framework (Figure 1) provides a useful illustration of the interventions children need to reach their full potential – and how improved development in the early years can contribute to countries’ prosperity.** This framework, developed by World Bank staff, provides a starting point to consider the cross-sectoral landscape that influences children’s development in their early years. The framework is grounded in three pillars:

- i. Children are well nourished and healthy, especially in the first thousand days
- ii. Children receive early stimulation and learning opportunities from birth onwards
- iii. Children are nurtured and protected from stress

Figure 1: Investing in the Early Years Conceptual Framework



Constraints to Optimal Child Development in Senegal

7. **Children lack access to essential health, nutrition and early stimulation throughout their “first thousand days.”** For many children in Senegal, disadvantage begins even before birth with poor maternal nutrition and inadequate access to pre- and post-natal care. Adolescent childbearing is very



common in Senegal, with 40 percent of women having given birth before the age of 20 years. Maternal mortality, one of the most fundamental determinants of optimal child development, is 315 per 100,000 in Senegal; while this is less than half of the average in West and Central Africa (679), it is almost double South Asia (182). Utilization of health services among pregnant women remains low: only 54 percent of women had at least four antenatal care (ANC) visits.

8. **Recent data indicate that 64 percent of infants are not exclusively breastfed during their first six months and 93 percent of children aged 6-23 months do not benefit from a minimum acceptable diet.** Other indications of child malnutrition are equally precarious, with 7 percent of children suffering from acute malnutrition (wasting), 15-20 percent from low birthweight, and 66 percent from anemia. Preventable and treatable childhood infections take a toll on children's health: only 35 percent of cases of acute respiratory infections are treated.

9. **During the first thousand days of life, nutrition and health are necessary for survival, but to thrive, children also need early stimulation.** This early stimulation is as simple as parents and caregivers playing, talking, singing and reading to infants and toddlers. While some NGOs promote early stimulation through community programs, there are no reliable data on parental engagement in early stimulation and no programs operating at scale to promote this cost-effective and simple intervention.

10. **During children's "next thousand days" (from 24 months to 60 months of age), early learning opportunities are important to prepare them to succeed in primary school.** Access to early learning, which is critical to promote children's cognitive and socio-emotional development, is low, with just 17 percent of children enrolled in some form of early childhood education. This low access to early learning and the relatively low quality of available early learning mean that many children arrive to primary school unprepared to succeed. This lack of readiness is likely a significant contributing factor to poor outcomes in basic education.

11. **Low enrollment in early learning programs is likely due to a combination of demand-side factors (limited parent understanding of the potential benefits of early childhood education) and supply-side factors (limited availability of affordable and accessible quality programs).** Low public investment in early learning compromises the quality and availability of early learning; as a result, early learning services are largely dependent on non-state actor financing, placing a financial burden on poor households. There are a number of different types of early learning services offered, including: preschool classrooms attached to public primary schools, preschools managed by the National Agency for Early Childhood Development (ANPECTP), as well as private preschools and community-based preschools. In addition, a large- but unconfirmed- percentage of children enroll in community-based Daaras (Koranic schools), frequently from as young as 3 years of age. While some Daaras offer some school readiness content to promote cognitive and socioemotional development, most Daaras focus exclusively on learning the Koran through memorization.

12. **The quality of early learning programs needs to be improved to promote children's cognitive and socioemotional development.** No formal teacher training track exists for preschool, which results in teachers without the skills and understanding needed to effectively teach young children. Quality



teaching and learning materials are in short supply, the curriculum needs an update, the quality assurance system is not robust and 30 percent of centers in the country require rehabilitation.

13. **Throughout their early years children are exposed to toxic stress² and violence.** Risks associated with poverty, including poor nutrition, excessive stress and lack of stimulation have negative consequences for brain development and often co-occur and amplify each other (Engle et al, 2011). Domestic violence and violent discipline are key issues affecting young children, as well as pregnant mothers, with relatively high levels of abuse throughout the country. Birth registration is a critical child protection service – but nearly one-third of all children in Senegal are not registered. Without a birth certificate, children’s access to basic and essential services is limited (children without birth certificates, for example, are unable to take the examinations required to complete basic education). Registering a child generally involves both direct costs (fees) and indirect costs (time off from work, travel expenses), and both costs affect the poor disproportionately.

14. **One of the principle challenges facing efforts to promote ECD in any country is how to effectively coordinate across different entities engaged in delivering ECD services.** In Senegal, different institutions are involved in the promotion of ECD; the roles and responsibilities of each institution are not clearly defined and mechanisms for collaboration and communication are underdeveloped. The fragmentation in the current system is a major constraint to improving child development outcomes. Existing community-level and local government institutions³ which could be used to promote child development are under-utilized, leading to missed opportunities to maximize returns for young children through more coordinated interventions.

Progress to date and opportunities for improving child development in Senegal

15. **Despite the sub-optimal access to essential services during early childhood, there are many existing service delivery mechanisms that reach children and their families and could be leveraged to promote child development.** The Government of Senegal’s approach to promoting holistic child development has historically been oriented towards building physical centers, most famously the Case des Tout-Petits (CTP), which began as a presidential initiative in 2002 to build large concrete structures, through which ECD services (initially mostly preschool programs) could be delivered. But the CTP approach is just one of several existing programs that could be used to improve child development outcomes. Other key structures include community-based nutrition programs, local School

² An explanation of Toxic Stress from the Harvard Center on the Developing Child: Some degree of stress is normal and learning how to cope with adversity is an important part of healthy child development. During stressful periods, heart rate, blood pressure, and stress hormones, such as cortisol, can all be elevated. When a young child’s stress response systems are activated within an environment of supportive relationships with adults, these physiological effects are buffered and brought back down to baseline. The result is the development of healthy stress response systems. However, if the stress response is extreme and long-lasting, and buffering relationships are unavailable to the child, the result can be damaged, weakened systems and brain architecture, with lifelong repercussions. This kind of extended, unbuffered stress is referred to as “Toxic Stress,” which could be caused by violence, insecurity or other deficits.

³ Nutrition and ECD are delegated responsibilities of local governments, but sectors have been slow in transferring this responsibility.



Management Committees (SMC), religious leaders and Daaras, and the various structures that exist at the local government level for planning and budgeting.

16. **Senegal is celebrated as a nutrition success story due to its success reducing stunting rates for young children through community-based nutrition efforts; these same platforms can be leveraged to promote more holistic child development.** A multi-sectoral coordination unit was set up under the Prime Minister's Office (*Cellule de Lutte contre la Malnutrition, CLM*) in 2001 and various programs on community nutrition, micronutrients, food security and maternal health and nutrition have been rolled out since then. Today, more than 80 percent of children aged 0-59 months are reached with quarterly screening and community management of acute malnutrition and 43 percent of children aged 0-23 months with monthly growth monitoring and promotion activities. This progress can be built upon to promote the early years agenda, through: (i) expansion of the growth monitoring and promotion services that are essential in the first 1,000 days window of opportunity; (ii) integration of early stimulation within the key family practices promoted through the nutrition platforms; and, (iii) improved coordination with other sectors to address the underlying causes of malnutrition.

17. **In the education sector, the Bank's Quality Improvement and Equity in Basic Education Project (PAQEED) has pioneered an approach to provide performance-based financing to Daaras to "modernize" the education offered to include math and French.** This same mechanism has strong potential to improve the early learning activities in Daaras to more closely resemble preschools or playgroups that promote children's cognitive and socioemotional development. Working with local Imams (religious leaders) to promote community understanding of the importance of ECD and the potential role parents and caregivers can play could be a critical lever of influence. Another approach built through the PAQEED is providing SMCs with per capita student funding; this same mechanism could be used to increase both supply and demand for quality early learning through parent education and the launch of community-based playgroups or early learning activities. The Government is in the process of finalizing a new education sector plan for 2018-2030, which includes a commitment to one year of compulsory and free preschool, quality assurance related to curriculum, training of staff and mechanisms to coordinate ECD services across sectors. The SNIEYHD Project can provide inputs to this reform process which can then be taken forward through national policy and scale-up.

18. **In the Social Protection sector, there are several mechanisms which can be used to promote ECD.** The Programme National des Bourses de Sécurité Familiale (PNBSF) is a national safety net program reaching approximately 20% of the population, with a focus on the poorest and most vulnerable. The PNBSF regularly convenes the most vulnerable families in Senegal; these meetings and the network of social operators that deliver services could be supported to provide better and more intensive information and services to families to promote ECD by equipping parents with the necessary skills to give their children a better start in life.

19. **In 2017, the Government announced that the newly-formed Ministry of Governance and Child Protection (MBGPE) would be the institutional anchor to coordinate ECD efforts in the country moving forward.** This decision has the potential to improve coordination and address current fragmentation. At community, district and regional level, there are mechanisms which could be used to improve



coordination to promote child development. Careful attention is needed to clarify roles and responsibilities of key stakeholders at all levels of the system and promote investment in the most cost-effective interventions. Given the geographic, socioeconomic and cultural diversity across Senegal, diversified service provision will be necessary to improve ECD outcomes.

20. **The SIEYHD Project will leverage existing sectoral entry points to promote integrated child development** -- focusing on nutrition, early learning and child protection⁴. These three areas were agreed by the Project's multi-sectoral government working group through assessment of current gaps and opportunities for greatest impact. The Project will build on approaches that are working, improve quality across a range of different service delivery models and promote integrated approaches across sectors, supporting coordination with the broader system.

C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

21. **The development objective of the Project is to improve delivery of select services that promote early childhood development in underserved areas of Senegal.**

Key Results

22. **The proposed outcome indicators of the PDO are:**
- i. Children 0-23 months benefiting from early stimulation activities through community-based health and nutrition platforms
 - ii. Early learning enrollment rates of children 3-5 years
 - iii. Birth registration rate of children 0-5 years
 - iv. National survey implemented to measure cognitive and socioemotional development in early childhood

D. Project Description

23. **This project will build on existing mechanisms that promote child development and support the GoS to build a more coordinated system to support child development.** The Project includes four components:

- i. Child nutrition and early stimulation in the first 1,000 days
- ii. Quality early learning
- iii. Child protection and system strengthening
- iv. Project management and technical assistance

24. **The project is designed to increase coverage of key interventions, improve quality of services**

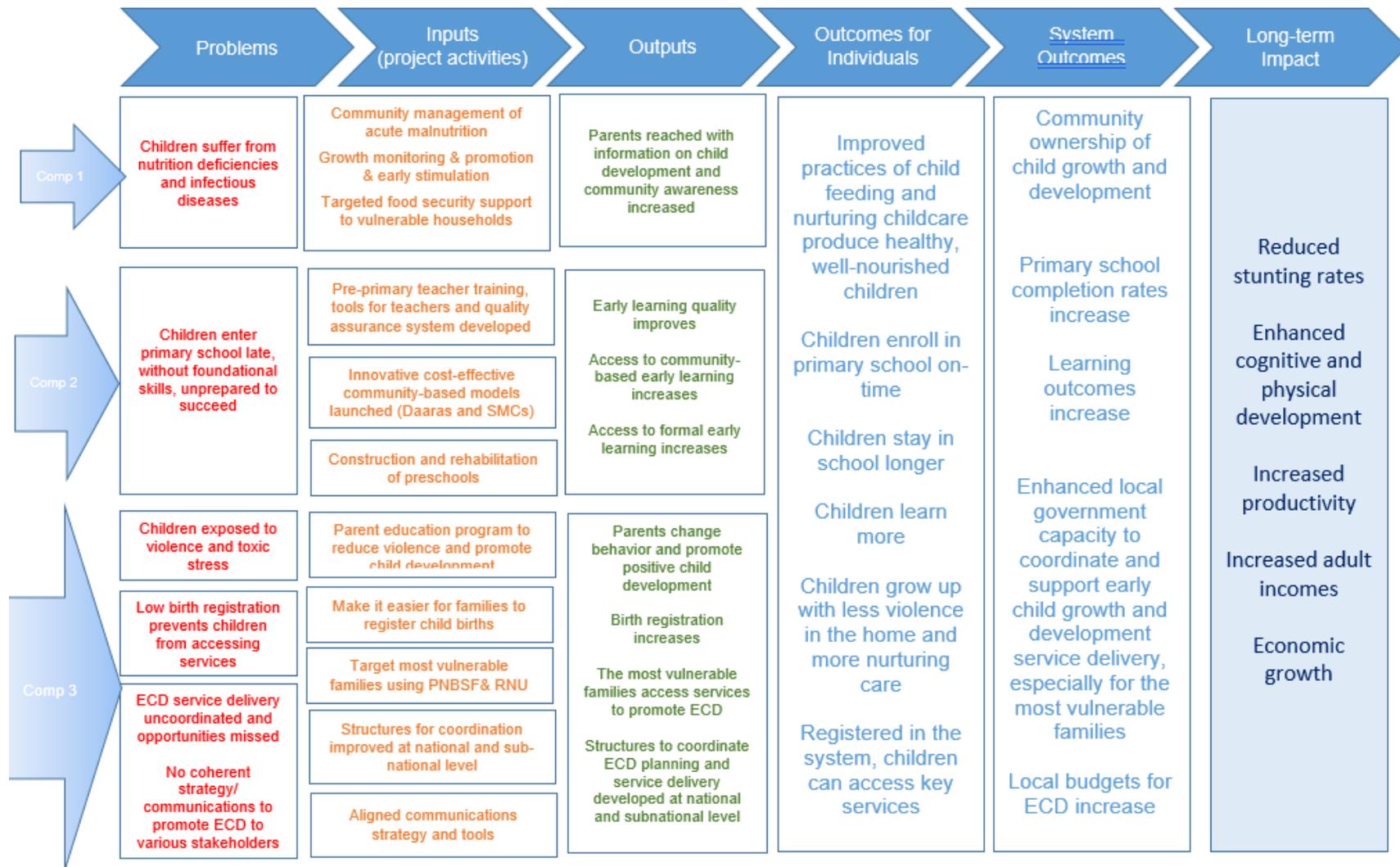
⁴ The areas of child, maternal and adolescent health, while critical, are addressed within the existing HNP portfolio and pipeline and the Early Years project will ensure synergies with the Maternal and Child Health Project (P162042), the pipeline HNP project to be financed by the Global Financing Facility for Every Woman, Every Child.



and address fragmentation at the national, regional and local level through more coordinated design of interventions, collaborative planning and empowerment of local communities. The Project has identified existing platforms which can be modified to better promote ECD and achieve scale rapidly and cost-effectively working through community nutrition platforms, community preschools and Daaras and the civil registration system. The project activities address the most pressing constraints to optimal child development and form a package of complementary interventions that will promote holistic child development so that more children are healthy, well-nourished, nurtured and ready to succeed when they enter primary school. The Project activities in Components 1, 2 and 3 are all related and build on each other. At the local level, families will benefit from multiple services as their children age (and because they are likely to have several children of different ages). Improvements in local-level planning processes will result in more coordinated service delivery. The content of Project activities which are transversal in nature (especially communications and parent engagement) will be developed through cross-agency work within Component 3 to ensure that the messages parents and other stakeholders receive are coordinated and complementary in nature, regardless of the implementing agency or service delivery platform.

25. **Figure 2 presents the results chain for the Project, showing the expected outputs for each component and anticipated outcomes at the individual (child) and system levels.** In summary, the project will improve the life chances of a child born in the intervention regions so that when she is born, she benefits from proper nutrition and early stimulation, has multiple opportunities for early learning prior to primary school and that she is protected from violence and stress and recorded in the civil registration system to ensure her access to key services and opportunities throughout her life.

Figure 2: Results Chain for the SNIEYHD Project (next page)





Component 1: Child nutrition and early stimulation in the first 1,000 days (US\$37 million)

26. **The objective of this component is to improve child nutrition and early stimulation, especially in the first 1,000 days.** This component includes two subcomponents: (i) early stimulation and community-based growth monitoring and promotion; and (ii) multi-sectoral coordination for nutrition. The implementation of this component will be led by the CLM. This component has recently been allocated an additional US\$15 million to contribute to the GoS effort to reduce stunting. Based on need and complementary support through the pipeline health operation (P162042) under preparation, this component will support activities beyond the seven regions targeted in the rest of the Project to an additional four regions (St. Louis, Louga, Thies and Dakar).

27. **This component will build on the results achieved over the past 15 years by the GoS through CLM's Nutrition Enhancement Program (*Programme de Renforcement de la Nutrition, PRN*) by scaling up proven interventions to improve child growth and nutrition in the first 1,000 days.** A key aspect of this component will be the integration of parent education into the existing package of community-based nutrition activities to leverage the existing high coverage and strong community networks to build parent understanding and capacity to promote their children's cognitive and socio-emotional development. Through the CLM and with support from UNICEF, the GoS has piloted the integration of early stimulation and parental education within community-based nutrition at a small scale. The experience has been positive and the lessons learned will be applied in replicating the experience at scale. This component will also build upon the progress the GoS has made to leverage other sectors beyond Human Development (HD) to improve nutrition outcomes through participatory development of multi-sectoral nutrition strategies and action plans at the local level (including agriculture, water and sanitation, etc). All activities related to communication, behavior change and parent engagement will be closely aligned with related activities that will be carried out through Components 2 and 3.

Subcomponent 1.1: Early stimulation and community-based growth monitoring and promotion (US\$27 million)

28. **The objectives of this subcomponent are to: (i) integrate early stimulation and parenting education within community-based nutrition interventions; and (ii) expand the coverage and utilization of the integrated, community-based growth monitoring and promotion package.** The focus is national except for three regions, Sédhiou, Kédougou and Ziguinchor, which will be supported through the health operation (P162042) under preparation.

29. **This subcomponent will use the existing platforms for nutrition outreach to promote early stimulation and learning through household and community activities aimed at enhancing child development through play, dance, song and talk using local materials.** In coordination with other project stakeholders (and activities proposed in Component 3), context-appropriate tools will be developed to train and support community members to develop the skills and knowledge necessary to promote early stimulation through parenting education. Given the existing scale of community-based nutrition platforms through the PRN (80 percent of children aged 0-59 months reached with quarterly screening and community management of acute malnutrition and 43 percent of children aged 0-23



months reached with monthly growth monitoring and promotion activities), this subcomponent offers an opportunity to rapidly scale up parent education and promotion of early stimulation relatively quickly using the cost-effective and proven delivery platforms of the CLM. Other existing platforms that will be used include the CTP and the safety net social operators, which both currently deliver some programming which could be enhanced to promote better outcomes in the first thousand days (through integration of early stimulation, parenting education or other activities).

30. This subcomponent will also increase overall access to high-impact nutrition interventions through the scale up of the integrated, community-based growth monitoring and promotion packages across all the targeted areas. The activities in the package will include (i) growth promotion and monitoring for children between 0 and 23 months in communities through monthly weighing of children and counseling of care providers; (ii) behavioral change communication activities, such as the promotion of infant and young child feeding practices, proper sanitation practices and optimum care to the child; (iii) detection of malnutrition and home-based care and referral for sick/malnourished children, regular screening for malnutrition and community treatment of moderate acute malnutrition; and, (iv) preventive measures such as micronutrient supplementation, quarterly deworming and household food diversification.

Subcomponent 1.2: Multi-sectoral coordination for nutrition (US\$10 million)

31. The objective of this subcomponent is to improve cross-sectoral coordination to promote nutrition, especially during a child's first 1,000 days. The GoS has improved multi-sectoral coordination for nutrition and identified potential mechanisms to achieve impact. Based on the highly participatory development of the new strategic plan for nutrition, as well as prior experience with multi-sectoral collaboration at the local level, this subcomponent will support the identification and mobilization of sectoral solutions to deep-rooted nutrition problems and as needed amend and co-sponsor programs to render them nutrition-sensitive. These activities will largely consist of consultations, joint planning and monitoring, supervision, training, studies, information sharing and tool development for the local level of implementation as well as planning at the central level.

32. Child stunting is a result of inadequate food intake (both in terms of quantity and quality) and repeated and untreated infections such as diarrhea, acute respiratory illness or malaria. 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. There are many different sectors and entry points to address these risks and constraints; this subcomponent will support local policy planning and strategy work to use other sectoral entry points to improve child nutrition. In health, for example, this means strengthening adolescent sexual and reproductive healthcare to delay first pregnancy, increasing access to prenatal care to protect pregnant women against malaria and micronutrient deficiencies (notably iron) and exclusive breastfeeding and improving delivery care through delayed cord clamping and early initiation of breastfeeding and postnatal care to check on infants' health and lactational performance. In agriculture,



notably food production, the finetuning of the management of value added production schemes can promote better nutrition outcomes. In water and sanitation, the association with nutritional vulnerabilities can alter the targeting, reach, and utilization of water, sanitation and hygiene (WASH) services. The idea is not that this subcomponent will provide all of these services. Instead, it will influence these services so that community-based activities become nutrition-sensitive and more effective and integrated. This is critical for Senegal which will need to address these multi-sectoral challenges and opportunities to make further progress in reducing the prevalence of stunting among children.

Component 2: Quality early learning (US\$22 million)

33. **The objective of this component is to expand access to quality early learning services. With this component, the GoS aims to improve children’s cognitive and socio-emotional development and facilitate children’s on-time transition to primary school through quality early learning interventions.** This component includes four subcomponents: (i) early learning quality enhancement; (ii) parent engagement in early learning; (iii) performance-based financing for Daaras; and, (iv) construction and rehabilitation of public preschool classrooms, public Daaras and CTPs. The implementation of this component will be led by the **Ministry of Education (MEN)**, with participation by ANPECTP.

34. **This component builds upon successful interventions developed through the most recent basic education project, PAQEEB (P133333), which supported the Government’s Quality and Equity of Basic Education (PAQUET).** Successful approaches used in PAQUET to improve basic education will be adapted to promote early learning, including working with Daaras and SMCs. The SNIEYHD Project is closely aligned with the Additional Financing (AF) (P163575) for PAQEEB. Many of the innovations in early learning that will be integrated into this Project will be implemented in additional regions through the AF (for example the early years project will develop content on early learning for SMCs; this approach will be scaled up in all regions of the country through the AF).

35. **The component will leverage both formal and community-based opportunities to expand access to early learning and includes demand-side and supply-side interventions, targeting parents and SMCs, engaging Daaras and constructing and rehabilitating new public preschool classrooms through MEN and ANPECTP.** Current constraints to quality service delivery will be addressed at both the classroom and system level. The community preschools that will be created in subcomponent 2.2 and the Daara preschools that will be created in subcomponent 2.3 will provide a critical bridge for children age 3-5 to prepare them for primary school. These community-based programs will allow high coverage with adequate quality and low-cost, while the GoS simultaneously continues to expand higher cost formal preschool options.

Subcomponent 2.1: Early learning quality enhancement (US\$8 million)

36. **The objective of this subcomponent is to improve the quality of early learning interventions.** This subcomponent will develop consistent materials which can be used across the different modalities



of early childhood education that currently operate. The content developed by this subcomponent will be scaled beyond the project's seven intervention regions by the PAQUET and the AF of PAQEEB (P163575). Key activities include: (i) improving the curriculum materials and developing guides for teachers; (ii) improving the system for ECD teacher training and subsequent deployment; (iii) improving the quality assurance system for early learning; and (iv) launching a national survey on Measuring Early Learning Quality and Outcomes (MELQO) to generate information on child development and the quality of preschools to help the government build systems to monitor and improve the quality of early learning. One of the major outcomes of this subcomponent will be to design new pre- and in-service teacher training for preschool teachers (currently there is no formal training for preschool teachers on child development). The MELQO study will provide national-level data on child development in Senegal, for the first time, linked to existing DHS surveys, providing rich information on child outcomes and parent practices and perceptions. This information can be used to further improve and target interventions to promote ECD. MELQO will also allow the GoS to monitor improvement over time, as the survey is expected to be repeated at 3-year intervals. Senegal will be the first country in Africa with this level of information on children's development.

Subcomponent 2.2: Parent engagement to promote early learning (US\$2 million)

37. **The objective of this subcomponent is to increase access to early learning through engagement with SMCs.** This subcomponent will build upon the existing engagement of SMCs through PAQUET and integrate early learning into SMC functions. All SMCs receive per capita student grants; this subcomponent will support SMCs to launch community-based early learning programs using the per capita grant funding (extending access beyond the limited number of locations in which the Project will be able to finance construction and rehabilitation). Key activities will include: (i) developing materials for use by SMCs to launch preschools (teacher guides, training for SMC members and community volunteers); (ii) developing a strategy for national outreach to SMCs through regional and local government and the federation of SMCs; and, (iii) engaging communities and local governments in early learning to build understanding of the importance of early learning and demand for services. As with subcomponent 2.1, the content and approaches that will be developed through this component will be institutionalized and scaled nationally through the PAQUET and PAQEEB. All materials related to parent engagement in early learning will be developed in close collaboration with other implementing agencies and stakeholders to ensure that the messages and approaches are aligned with the parent engagement activities that will be implemented in Component 1 and 3.

Subcomponent 2.3: Performance-based financing for Daaras (US\$2 million)

38. **The objective of this subcomponent is to promote higher quality early learning activities in Daaras.** This subcomponent will leverage and work with Daaras that are part of PAQEEB, which financed the integration of foundational skills (reading and numeracy) into an initial 100 Daaras through a performance-based contract (PBC) mechanism. Under the AF, the approach will be expanded to an additional 300 Daaras.



39. **The subcomponent will finance three activities: (i) development of an ECD activity guide for Daaras; (ii) training for Daara teachers and Daara management committees; and, (iii) performance-based financing for Daaras to support preschool activities.** The same teachers who are currently teaching basic reading and numeracy (supported by PAQEED) will be trained to conduct early learning activities using an activity guide designed to ensure children in Daaras benefit from 10 hours of programming each week to promote cognitive and socioemotional development. The activity guide, training and ongoing monitoring will all promote a pedagogically appropriate play-based approach. The Imams heading the Daaras will also receive training on child development so they understand what developmentally appropriate early learning activities should look like and are equipped to support quality early learning. This subcomponent will support approximately 90 Daaras located in the seven regions targeted under the proposed Project. The AF will scale the approach beyond these 90 Daaras to the entire group of Daaras that will be covered through the AF.

Subcomponent 2.4: Construction and rehabilitation (US\$10 million)

40. **The objective of this subcomponent is to increase access to early learning through construction and rehabilitation of preschool structures.** This subcomponent will contribute to expanding access to early learning by ensuring the number of formal, public-sector, early learning locations are increased through construction and rehabilitation of preschool classrooms attached to primary schools, CTPs and public Daaras. Key activities will include: (i) construction of public ECD structures; and (ii) rehabilitation of existing ECD structures (including spaces for early stimulation). The Project plans to build and equip 150 public preschool classrooms, 66 CTPs and 14 public Daaras. The construction of public Daaras will be a new activity for the GoS, building from existing pilots supported by UNICEF, and is aligned with the recently passed Law on the reform of the Koranic school status (Loi portant sur la réforme du statut des écoles Coraniques). As part of this process, the existing architectural plans and models used by both MEN and ANPECTP will be assessed for quality and cost-effectiveness and adjusted as needed.

Component 3: Child protection and system strengthening (\$11 million)

41. **The objective of this component is to expand coverage of services to protect children and build system capacity to coordinate and promote child development.** This component includes three subcomponents: (i) birth registration; (ii) social mobilization and behavior change; and, (iii) system strengthening. The implementation of this component will be led by the MBGPE and the Project Implementation Unit (PIU). Through efforts to engage stakeholders across levels of government (horizontal and vertical) and communities, this component will address the current fragmentation and promote more coordinated service delivery. Through work with beneficiaries of the PNBSF within sub-component 3.2, the Project will target services and information to those most in need.

42. **This component will promote complementarity and consistency of project activities across key implementing agencies so that, for example, parents are receiving consistent and complementary information on early stimulation at nutrition programs, in health posts and in early learning centers.**



This component will include activities that are transversal and related to communications strategies and community engagement across all components. The content and strategy will be developed within this component (in collaboration with key implementing agencies), but most services will be delivered within Component 1 and Component 2.

Subcomponent 3.1: Birth registration (US\$2 million)

43. **The objective of this subcomponent is to increase birth registration.** The subcomponent builds off of successful pilots in several regions and will address constraints to birth registration through targeted activities, including: (i) supplying mayor's offices with forms, registers and lockers to facilitate collection and storage for birth registration; (ii) engaging Imams and providing them with birth books in which they can record all relevant information for birth registration to be transmitted to the mayor's office or the local child protection local committees; and, (iii) supporting birth registration campaigns. Local health posts will collect initial information following a child's birth, and then, with the mayor's office, Imam, and local committee all equipped, families would have adequate options to complete the birth registration following the child's naming ceremony, which usually occurs seven days after birth. The project will also finance capacity building, training and sensitization for birth registration officials to reduce the practice of levying fees on families. This design will address current constraints, including accessibility and transport, and will engage local political and religious leaders to mobilize communities. This component will be coordinated with support from the health operation under preparation (P162042) which will focus on the role of health centers to collect the basic information needed for birth registration.

Subcomponent 3.2: Social mobilization, communication and behavior change (US\$5 million)

44. **The objective of this subcomponent is to design and implement an integrated communication strategy for advocacy, social mobilization and social and behavior change, which will be used across all project activities and components.** This will ensure aligned, complementary and consistent messages across different project activities and increase the likelihood of retention and action. The delivery of the messages will be implemented by different agencies through subcomponents 1.1 (early stimulation and community-based growth monitoring and promotion), 2.2 (engaging parents in early learning) and 3.1 (birth registration). Behavior change communication is at the heart of the Project and this subcomponent will support the capacity building of community agencies and actors to effectively engage in interpersonal and behavior change communication activities including: one-on-one counseling, club formation, group facilitation, community animation and home visits. As many behaviors are embedded in sociocultural norms and values, the communication strategy will also be designed to target traditional, religious and community leaders through community dialogue and extended family members (particularly mothers-in-law and grandmothers). The subcomponent will develop different guides and tools and support their roll-out, including: (i) a parent-child quality interaction guide; (ii) a father-centered guide to be used by the participating religious leaders during their Friday sermons and prayers and other public events; and, (iii) supervision tools for various government agencies and community committees. These materials will be translated into local



languages in the selected regions and will use content that is relatable to the local communities. The comprehensive communication strategy will include mass media such as rural radio and local drama groups, social marketing and mobilization, community initiatives and communication campaigns.

45. **This subcomponent will also allow targeting the most vulnerable families through partnership with the PNBSF.** Working through the PNBSF structure, “mother leaders” will be recruited within the group of PNBSF beneficiaries and given training and a small stipend to work with a group of peers to encourage child development through group sessions, home visits and participation in other community activities. The mother leaders will share information and provide coaching to change behavior and encourage uptake of other key project interventions, including nutrition, early learning and birth registration. Because this activity will build off the existing PNBSF structure, it offers an opportunity to reach those most in need, at minimal cost and with relatively limited additional administration. The PIU will contract directly with the same community service providers contracted by the PNBSF to support this additional level of service provision.

Subcomponent 3.3: System strengthening (US\$4 million)

46. **The objective of this subcomponent is to strengthen systems for coordinated service delivery.** Taking advantage of the decentralized governance structure in Senegal, this subcomponent will strengthen the coordination of multi-actor involvement at regional, department and commune levels and the technical coordination at the national level. The subcomponent will: (i) coach local authorities to provide leadership for the early years activities; (ii) train local actors on integrated planning and monitoring; and, (iii) support monitoring and supervision of the activities.

47. **Where relevant, the subcomponent will strengthen the capacity of ministries that are part of the multi-sectoral technical and operational coordination at the national, regional and sub-regional levels as well.** At the local level, the focus will be on coordinated and integrated delivery of nutrition, early learning and child protection services supported by the Project as well as other relevant services. At the central level, tools will be developed to improve coordination for integrated service delivery across agencies, programs and projects.

48. **This subcomponent will also cover the cost of strengthening the monitoring capacity of the subnational and national institutions involved in the management and implementation of ECD 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.

Component 4: Project management and technical assistance (US\$5 million)

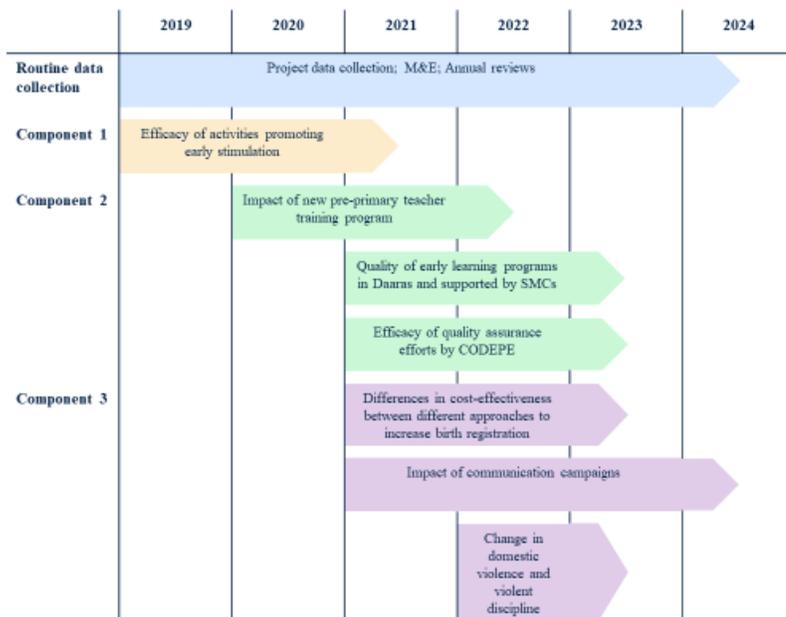
49. **The objectives of this subcomponent are to strengthen the management capacity of MBGPE, ensure smooth project implementation and ensure evaluation and adaptive learning across the**



project activities. This component will be led by the PIU and MBGPE. Capacity building for the MBGPE will cover the areas identified by the Ministry for support, including: M&E, financial management, procurement, communication and organizational development. This component will finance project management costs, including staffing of the PIU, training for PIU staff, supervision, evaluations, project audits, monitoring and evaluation and other operating costs associated with the running of the PIU. Capacity assessments, and other types of research and analytic activities needed to support service delivery and project management will be carried out, including joint diagnostics, joint work plans, M&E framework and knowledge management systems.

50. **This component will include extensive technical assistance and research and evaluation activities.** Adaptive learning will be a key element of this component and adjustments will be made to activity implementation on an ongoing basis. Figure 3 presents the timeline of proposed studies and evaluations related to each component. This work will be carried out with technical assistance from the World Bank’s Strategic Impact Evaluation Fund (SIEF) and will include rapid-cycle and process evaluations to yield information to improve Project Activities.

Figure 3: Timeline and proposed topics for evaluation



51. **Learning exchange visits and cross-country learning will also be covered in this Component.** Given Senegal’s place as an “early adopter” in the Human Capital Project and as a “first wave” country in the investing in the Early Years Initiative, there will be many opportunities for government officials to participate in cross-country learning events virtually and face-to-face.



E. Implementation

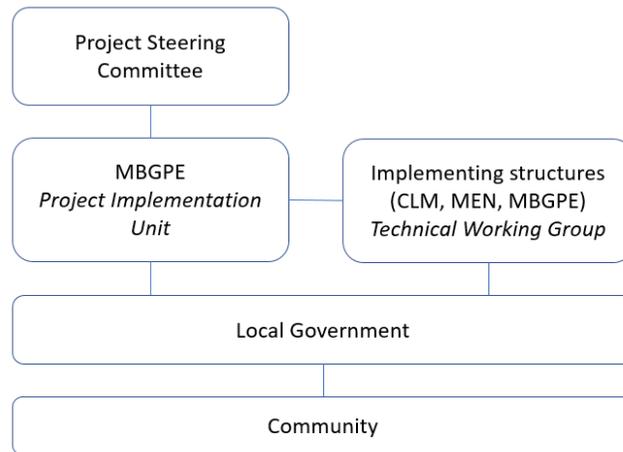
Institutional and Implementation Arrangements

52. **The Project will be implemented by a dedicated PIU.** The PIU will be newly established and housed in the MBGPE and report to the Minister of Good Governance's Office and established no later than three months after effectiveness. The PIU will have the overall FM responsibility will consist of a Project Coordinator, a Financial Management Officer, a Procurement Officer, an Internal Auditor, Technical Officers for Nutrition, Early Learning and Child Protection, a Monitoring and Evaluation Officer, a Communication Officer, an Engineer, bookkeepers and support staff. The MBGPE has no prior experience with Bank projects but the Project has the advantage of having the CLM among the implementing structures. The CLM has successfully implemented Bank projects in the past. As needed, the CLM can provide technical assistance to the PIU for project management, particularly during the first year of project implementation.

53. **The multi-sectoral nature of the Project requires inputs from different sectors that are directly involved in project implementation, namely the CLM, the MEN and the MBGPE (including the ANPECTP).** Accordingly, a multi-sectoral technical working group will be set up to provide technical inputs to the PIU. This technical working group will be chaired by the Minister's Chief of Staff of the MBGPE and include technical officers of the three implementing structures and the PIU. The technical working group will work with the PIU to prepare the annual work and budget plans, which will be formally approved by the Project Steering Committee. The Project Steering Committee will be established no later than three months from project effectiveness and will include members from the core government entities involved in project implementation, as well as other related Ministries and stakeholders.

54. **The activities will be implemented by the three national structures that implement the relevant policies that address the early years:** (i) the CLM which is responsible for the implementation of activities under Component 1; (ii) the MEN through the Directorate of Preschool Education, the Directorate for Education Reform and Plan, the Directorate for Human Resources, the Directorate for Teacher Training and Communication and the Inspectorate of Koranic schools, which is responsible for implementation of activities under Component 2 (in collaboration with ANPECTP); and, (iii) the MBGPE through the Directorate of Early Child Protection, the Directorate for Monitoring and Evaluation and the ANPECTP, which together are responsible for the implementation of Component 3. At the implementation level, the planning and monitoring of activities will be coordinated by local governments and administrative authorities. The Project will work through existing coordination structures for nutrition and child protection at the different levels of local government as much as possible. A diagram of the simplified implementation arrangements is shown in Figure 4.

Figure 4: Implementation arrangements for the SN-IEYHD



55. Before the effective date, the Government will have to prepare a Project Implementation Manual (PIM), containing detailed arrangements and procedures for: (i) institutional coordination and Project implementation; (ii) the roles and responsibilities of all involved stakeholders; (iii) Project budgeting, accounting, disbursement and financial management; (iv) procurement; (v) safeguards; (vi) monitoring, evaluation, reporting and communication; and, (viii) other such administrative, financial, technical and organizational arrangements and procedures.

56. The Project will build on and work with four other World Bank funded projects. Table 1 summarizes the synergies and collaboration areas.

Table 1: Areas of synergies and collaboration with other World Bank supported projects

World Bank supported projects	Area of synergy and collaboration
Investing in Maternal and Child Health Project (P162042; pipeline)	<ul style="list-style-type: none"> Strengthen the management of acute malnutrition Harmonize preventive measures for maternal nutrition and child growth Strengthen demand for health services Share content on early stimulation
Senegal Safety Net Project (P133597)	<ul style="list-style-type: none"> Strengthen the accompanying measures of unconditional cash transfers through training in areas where the two projects are not co-located and through the nutrition sites of the PRN where the projects co-locate Improve the social promotion activities with parental education content
Quality Improvement and Equity in Basic Education (P133333) and its Additional Financing (P163575)	<ul style="list-style-type: none"> Jointly work on early childhood development tools and material Strengthen early child development and preschool skills among primary education teachers Mainstream preschool education in modernized Koranic schools Strengthen School Management Committees capacity to deliver pre-primary services Jointly develop parent engagement programs
Building Resilience to Food and Nutrition Insecurity Shocks Project (P155475)	<ul style="list-style-type: none"> Enhance geographical overlap with food security and diversification measures



	<ul style="list-style-type: none"> • Strengthen the platform for multi-sectoral coordination of service delivery at community level • Share content on parental education to prevent child neglect in a context of food and nutrition insecurity shocks
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F. Project location and Salient physical characteristics relevant to the safeguard analysis (if known)

The project will operate in targeted areas in seven regions of the country, prioritized due to high poverty levels, poor nutrition outcomes and the lowest rates of enrollment in early learning.

G. Environmental and Social Safeguards Specialists on the Team

Fabienne Anne Claire Prost, Environmental Safeguards Specialist
Mame Safietou Djamil Gueye, Social Safeguards Specialist

SAFEGUARD POLICIES THAT MIGHT APPLY

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	This operation triggers the Environment Assessment policy due to constructions and/or rehabilitation of facilities, and other small scale subprojects supporting ECD activities. The negative environmental and social impacts of these small-scale activities can be mitigated and are expected to be low to moderate, and site specific. Since the location of the intervention sites are not known, an Environmental and Social Management Framework (ESMF) has been prepared by the borrower. The ESMF is consulted upon and disclosed in-country and at the at the Bank website prior to appraisal.
Performance Standards for Private Sector Activities OP/BP 4.03	No	The project will not undertake any investments that may impact on performance standards for private sector activities.
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 project will support small scale community gardening which may require pest management. The ESMF will include an annex on pest management.
Physical Cultural Resources OP/BP 4.11	Yes	The Project will not support any activities that would adversely impact any known physical cultural resources as defined in OP 4.11. However, due to potential impacts on Physical Cultural Resources associated with civil works, the ESMF include provisions of “Chance Finds” to ensure that these aspects will be taken into account in ESIA/EMPs to be developed under the ESMF and will be part of the TOR for contractors.
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	Yes	The project has a goal of human development and quality. However, components 1 and 2 allude to a possible rehabilitation of the sanitary facilities within Koranic schools and the construction of day care/kindergartens (referred to as Case des tous petits) for the very young. If the construction option is confirmed during preparation, a Resettlement Policy Framework will be prepared by the counterpart, consulted upon and published per Bank guidelines. If construction sites are known, considered definite and no other OP 4.12 related impacts are expected throughout the project, the counterparts may prepare Resettlement Action Plans, per Bank Guidelines. If during the course of the project preparation and studies, it is demonstrated that the project no longer requires site construction and no other OP 4.12 impacts are expected, the trigger of OP 4.12 may be reviewed accordingly
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.



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 is classified as Category B (partial assessment) as per the World Bank's operational policy on Environmental Assessment (OP/BP 4.01) and has triggered OP/BP 4.12 (involuntary resettlement) to address the potential social impacts due to the construction and/or rehabilitation of public pre-school classrooms and CTPs, and small-scale subprojects supporting community-based activities. The negative environmental and social impacts of these small-scale activities can be mitigated and should be low-to-moderate and site-specific. Since the location of the intervention sites is not confirmed an Environmental and Social Management Framework (ESMF) and a Resettlement Policy Framework (RPC) has been prepared by the borrower, reviewed and cleared by the Bank. In addition, the Project will support small-scale community gardening, which may require pest management. The ESMF includes an annex on pest control. Both safeguard documents have been consulted upon and disclosed in the country and on the Bank's website.

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

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

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.

Since the location of the intervention sites are not known, an Environmental and Social Management Framework (ESMF) has been prepared by the borrower. The ESMF has been consulted upon and disclosed in-country and at the at the Bank website. The ESMF includes provisions of "Chance finds" and an annex on pest control. In addition, a Resettlement Policy Framework has been prepared by the counterpart, consulted upon and to be published per Bank guidelines. Physical Cultural Resources (OP/BP 4.11) and Pest Management (OP 4.09) are also triggered because excavations that could occur during construction works and the small-scale community gardening which may require pest management.

Prior to its implementation, as soon as a subproject is selected, it will be processed through the environmental and social screening procedure detailed in the ESMF and the RPF, and the cost of the required specific mitigation measures will be included in the sub-project. The environmental and social mitigation measures summarized in both the ESMF, as well as the specific mitigation measures that will be approved for the subprojects, will be executed, monitored and reported in: (i) a specific Safeguard Monitoring Report; and (ii) the Environmental and Social Safeguards section of the overall project periodic reports. An Environmental and Social Safeguard Specialist (ESSS) will be established at the PIU level to adequately handle the implementation of social and environmental aspects. The protocol and mechanisms to imbed environmental and social aspects into subproject set in the ESMF will part of Project Operational Manual.

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



B. Disclosure Requirements

Environmental Assessment/Audit/Management Plan/Other

Date of receipt by the Bank	Date of submission for disclosure	For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors
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"In country" Disclosure

Resettlement Action Plan/Framework/Policy Process

Date of receipt by the Bank	Date of submission for disclosure
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"In country" Disclosure

Pest Management Plan

Was the document disclosed prior to appraisal?	Date of receipt by the Bank	Date of submission for disclosure
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"In country" Disclosure

If the project triggers the Pest Management and/or Physical Cultural Resources policies, the respective issues are to be addressed and disclosed as part of the Environmental Assessment/Audit/or EMP.

If in-country disclosure of any of the above documents is not expected, please explain why:



C. Compliance Monitoring Indicators at the Corporate Level (to be filled in when the ISDS is finalized by the project decision meeting)

OP/BP/GP 4.01 - Environment Assessment

Does the project require a stand-alone EA (including EMP) report?

Yes

If yes, then did the Regional Environment Unit or Practice Manager (PM) review and approve the EA report?

Are the cost and the accountabilities for the EMP incorporated in the credit/loan?

Yes

OP 4.09 - Pest Management

Does the EA adequately address the pest management issues?

Yes

Is a separate PMP required?

No

If yes, has the PMP been reviewed and approved by a safeguards specialist or PM? Are PMP requirements included in project design? If yes, does the project team include a Pest Management Specialist?

OP/BP 4.11 - Physical Cultural Resources

Does the EA include adequate measures related to cultural property?

Does the credit/loan incorporate mechanisms to mitigate the potential adverse impacts on cultural property?

OP/BP 4.12 - Involuntary Resettlement

Has a resettlement plan/abbreviated plan/policy framework/process framework (as appropriate) been prepared?

Yes

If yes, then did the Regional unit responsible for safeguards or Practice Manager review the plan?

The World Bank Policy on Disclosure of Information

Have relevant safeguard policies documents been sent to the World Bank for disclosure?



Have relevant documents been disclosed in-country in a public place in a form and language that are understandable and accessible to project-affected groups and local NGOs?

All Safeguard Policies

Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?

Have costs related to safeguard policy measures been included in the project cost?

Yes

Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?

Yes

Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents?

Yes

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