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IDA/R2019-0355/1

December 24, 2019

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<p><b>Closing Date: Wednesday, January 15, 2020 at 6:00 p.m.</b></p>
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FROM: Acting Vice President and Corporate Secretary

**Chad – Sahel Women Empowerment and Demographic Dividend Project**

**Additional Financing**

**Project Paper**

Attached is the Project Paper regarding a proposed additional grant to Chad for the Sahel Women Empowerment and Demographic Dividend Project(IDA/R2019-0355/1), which is being processed on an absence-of-objection basis.

Distribution:

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Report No: PAD3606

INTERNATIONAL DEVELOPMENT ASSOCIATION

PROJECT PAPER

ON A

PROPOSED ADDITIONAL IDA GRANT

IN THE AMOUNT OF SDR 6.6 MILLION  
(US\$9.0 MILLION EQUIVALENT)

TO THE

REPUBLIC OF CHAD

FOR THE

ADDITIONAL FINANCING FOR  
SAHEL WOMEN EMPOWERMENT AND DEMOGRAPHIC DIVIDEND

December 20, 2019

Health, Nutrition & Population Global Practice  
Africa Region

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## CURRENCY EQUIVALENTS

Exchange Rate Effective November 30, 2019

Currency Unit = CFA Francs

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CFA 595.34 = US\$1

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CFA 1 = US\$0.00168

### FISCAL YEAR

January 1 - December 31

Regional Vice President: Hafez M. H. Ghanem

Country Director: Deborah Wetzel

Regional Director: Amit Dar

Practice Manager: Magnus Lindelow

Task Team Leaders: Christophe Lemiere, Djibrilla Karamoko, Margareta  
Norris Harrit

## ABBREVIATIONS AND ACRONYMS

AF	Additional Financing
AFCRI	Regional Integration - Africa
CAMES	African and Malagasy Council for Higher Education ( <i>Conseil Africain et Malgache pour l'Enseignement Supérieur</i> )
CFA	Financial Cooperation in Central Africa ( <i>Coopération Financière en Afrique centrale</i> )
CCT	Conditional Cash Transfer
CERC	Contingent Emergency Response Component
DD	Demographic Dividend
DLI	Disbursement Linked Indicator
EA	Environmental Assessment
ECOWAS	Economic Community of West African States
FM	Financial Management
GBV	Gender Based Violence
GPCL	Good Practices for Pharmaceutical Quality Control Laboratories
GRM	Grievance Redress Mechanism
IBRD	International Bank for Reconstruction and Development
IDA	International Development Association
IFAC	International Federation of Accountants
IFR	Interim Financial Reports
IP	Implementation Progress
ISA	International Standards on Auditing
ISR	Implementation Status and Results Report
MS	Moderately Satisfactory
NGO	Non-governmental Organization
PBA	Performance Based Allocation
PDO	Project Development Objective
PIU	Project Implementation Unit
PPSD	Project Procurement Strategy for Development
RMNCHN	Reproductive Maternal Neonatal Children Health and Nutrition
S	Satisfactory
SBCC	Social and Behavior Change Communication
SDR	Special Drawing Rights
SRH	Sexual and Reproductive Health
SWEDD	Sahel Women Empowerment and Demographic Dividend
UCT	Unconditional Cash Transfer
UNFPA	United Nations Fund for Population
USD / US\$	United States Dollar
WAHO	West African Health Organization
WHO	World Health Organization

**Republic of Chad**

**Additional Financing for Sahel Women Empowerment and Demographic Dividend**

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**BASIC INFORMATION – PARENT (Sahel Women's Empowerment and Demographics Project - P150080)**

Country Western Africa	Product Line IBRD/IDA	Team Leader(s) Christophe Lemiere		
Project ID P150080	Financing Instrument Investment Project Financing	Resp CC HAFH2 (9322)	Req CC AFCRI (7960)	Practice Area (Lead) Health, Nutrition & Population

Implementing Agency: Ministere de l'aménagement du territoire et de la population, Ministere de la Population

Is this a regionally tagged project?  No	
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Bank/IFC Collaboration  No
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Approval Date 18-Dec-2014	Closing Date 31-Dec-2023	Expected Guarantee Expiration Date	Original Environmental Assessment Category Not Required (C)	Current EA Category Not Required (C)
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**Financing & Implementation Modalities**

<input type="checkbox"/> Multiphase Programmatic Approach [MPA]	<input type="checkbox"/> Contingent Emergency Response Component (CERC)
<input type="checkbox"/> Series of Projects (SOP)	<input type="checkbox"/> Fragile State(s)
<input type="checkbox"/> Disbursement-Linked Indicators (DLIs)	<input type="checkbox"/> Small State(s)
<input type="checkbox"/> Financial Intermediaries (FI)	<input type="checkbox"/> Fragile within a Non-fragile Country
<input type="checkbox"/> Project-Based Guarantee	<input type="checkbox"/> Conflict
<input type="checkbox"/> Deferred Drawdown	<input type="checkbox"/> Responding to Natural or Man-made disaster
<input type="checkbox"/> Alternate Procurement Arrangements (APA)	

**Development Objective(s)**



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.

Ratings (from Parent ISR)

	Implementation					Latest ISR
	03-May-2017	20-Nov-2017	05-Jun-2018	19-Dec-2018	27-Jun-2019	19-Dec-2019
Progress towards achievement of PDO	MS	MS	MS	MS	S	S
Overall Implementation Progress (IP)	MS	MS	MS	MS	MS	MS
Overall Safeguards Rating	—	—	—	—	—	—
Overall Risk	S	S	S	S	S	S

BASIC INFORMATION – ADDITIONAL FINANCING (SWEDD Additional Financing for Chad - P172604)

Project ID	Project Name	Additional Financing Type	Urgent Need or Capacity Constraints
P172604	SWEDD Additional Financing for Chad	Cost Overrun	No
Financing instrument	Product line	Approval Date	
Investment Project Financing	IBRD/IDA	15-Jan-2020	
Projected Date of Full Disbursement	Bank/IFC Collaboration		
31-Dec-2023	No		
Is this a regionally tagged project?		Country (ies)	



Yes	Burkina Faso, Benin, Cote d'Ivoire, Mali, Mauritania, Niger, Chad
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**Financing & Implementation Modalities**

<input type="checkbox"/> Series of Projects (SOP)	<input checked="" type="checkbox"/> Fragile State(s)
<input type="checkbox"/> Disbursement-Linked Indicators (DLIs)	<input type="checkbox"/> Small State(s)
<input type="checkbox"/> Financial Intermediaries (FI)	<input type="checkbox"/> Fragile within a Non-fragile Country
<input type="checkbox"/> Project-Based Guarantee	<input type="checkbox"/> Conflict
<input type="checkbox"/> Deferred Drawdown	<input type="checkbox"/> Responding to Natural or Man-made disaster
<input type="checkbox"/> Alternate Procurement Arrangements (APA)	
<input type="checkbox"/> Contingent Emergency Response Component (CERC)	

**Disbursement Summary (from Parent ISR)**

Source of Funds	Net Commitments	Total Disbursed	Remaining Balance	Disbursed
IBRD				%
IDA	295.00	152.18	132.92	53 %
Grants				%

**PROJECT FINANCING DATA – ADDITIONAL FINANCING (SWEDD Additional Financing for Chad - P172604)**

**FINANCING DATA (US\$, Millions)**

**SUMMARY (Total Financing)**

	Current Financing	Proposed Additional Financing	Total Proposed Financing
<b>Total Project Cost</b>	205.00	9.00	214.00
<b>Total Financing</b>	205.00	9.00	214.00
<b>of which IBRD/IDA</b>	205.00	9.00	214.00
<b>Financing Gap</b>	0.00	0.00	0.00



**DETAILS - Additional Financing**

**World Bank Group Financing**

International Development Association (IDA)	9.00
IDA Grant	9.00

**IDA Resources (in US\$, Millions)**

	Credit Amount	Grant Amount	Guarantee Amount	Total Amount
<b>Chad</b>	0.00	9.00	0.00	9.00
National PBA	0.00	3.00	0.00	3.00
Regional	0.00	6.00	0.00	6.00
<b>Total</b>	<b>0.00</b>	<b>9.00</b>	<b>0.00</b>	<b>9.00</b>

**COMPLIANCE**

**Policy**

Does the project depart from the CPF in content or in other significant respects?

Yes  No

Does the project require any other Policy waiver(s)?

Yes  No

**INSTITUTIONAL DATA**

**Practice Area (Lead)**

Health, Nutrition & Population

**Contributing Practice Areas**

**Climate Change and Disaster Screening**

This operation has been screened for short and long-term climate change and disaster risks



**PROJECT TEAM**

**Bank Staff**

Name	Role	Specialization	Unit
Christophe Lemiere	Team Leader (ADM Responsible)	co-TTL	HAFD2
Djibrilla Karamoko	Team Leader	co-TTL	HAFH3
Margareta Norris Harrit	Team Leader	co-TTL	HAFH2
Haoussia Tchaoussala	Procurement Specialist (ADM Responsible)	Procurement	EA2RU
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Abdoulaye Gadiere	Environmental Specialist	Environment	SAFE1
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Batouly Dieng	Team Member	ACS	AFMMR
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Evelyne Huguette Madozein	Team Member	Procurement	AFMCF
Fatime Mahamat Adoum	Team Member	ACS	AFMTD
Haoua Diallo	Team Member	ACS	AFCF2
Hocine Chalal	Social Specialist	Environment	SSAE1
Leandre Yameogo	Environmental Specialist	Environment	SAFE1
Ndolassem Christabelle Mbairo	Team Member	ACS	AFMTD
Oumou Coulibaly	Team Member	ACS	AFCF2
Paulette C.E. Aida Thioune Zoua	Team Member	ACS	AFCF1
Salimata Bessin Dera	Team Member	ACS	AFMBF
Sameera Maziad Al Tuwajri	Team Member	Reproductive health	HHNDR
Sariette Jene M. C. Jippe	Team Member	Operations	HAFH3
Suzane Kabore Rayaisse	Team Member	Procurement	AFMBF
Zeinabou Bizo Hassane	Team Member	ACS	AFMNE
<b>Extended Team</b>			
<b>Name</b>	<b>Title</b>	<b>Organization</b>	<b>Location</b>



## I. BACKGROUND AND RATIONALE FOR ADDITIONAL FINANCING

### A. Background

1. This Project Paper seeks the approval of the Executive Directors to provide additional financing (AF) for the Sahel Women Empowerment and Demographic Dividend (SWEDD/P150080) project in the form of an IDA grant in the amount of US\$9 million equivalent to the Republic of Chad. The parent project (P150080) was approved by the Board on December 18, 2014 and became effective (in Chad) on May 22, 2015.
2. The current Project Development Objective (PDO) of the parent project 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. The project was restructured in January 2019 to extend the closing date for 48 months from December 31<sup>st</sup>, 2019 to December 31<sup>st</sup>, 2023 and revise the results framework for all participating countries.
3. The SWEDD is a regional project, currently including Benin, Burkina Faso, Chad, Côte d'Ivoire, Mali, Mauritania and Niger, as well as Economic Community of West African State (ECOWAS) (through its health agency, the West African Health Organization (WAHO)).
4. The parent project has three components.
  - a. **Component 1 (Improve Regional Demand for Reproductive Maternal Neonatal Child Health and Nutrition (RMNCHN) and Increase Empowerment for Women and Adolescents)** seeks to generate demand for reproductive health commodities and services, by promoting social and behavioral change and empowering women and adolescents.
  - b. **Component 2 (Strengthen Regional Capacity for Availability of RMNCHN Commodities and Qualified Health Workers)** seeks to strengthen regional capacity to improve supply of reproductive health commodities and qualified personnel.
  - c. **Component 3 (Foster Commitment and Capacity for Policy Making and Project Implementation)** seeks to strengthen high level advocacy and policy dialogue, strengthen capacity for policy making and project implementation.
5. The parent project for Chad consists of an IDA grant in the amount of SDR 18.1 million (US\$26.7 million equivalent).
6. The proposed AF seeks to cover the financing gap due to cost overruns. The AF will support completion of some of the activities of the parent project which cannot be completed without the AF.

### B. Project Performance

7. **Overall Project Performance.** The PDO rating was upgraded from moderately satisfactory (MS) to satisfactory (S) in June 2019; IP rating has been MS for the past 2.5 years, due in large part to: (i) delays in procurement processes; and (ii) the specific delays faced by the SWEDD in Burkina Faso and Niger. The parent project is fully compliant with all legal covenants.



8. Overall, across countries, project implementation continues speeding up, as reflected by the increase in the regional disbursement rate (currently at 51 percent, including Benin which joined the project only in 2019). All the major procurement processes (especially the contracts with non-governmental organizations (NGOs) in charge of implementing girls' empowerment activities) have been completed and are being implemented. Remaining funds in several countries are already committed through these contracts, paid in tranches contingent on the delivery of services.

9. As for Chad, disbursement rate has reached 97 percent, with the balance being allocated to a special commitment for United Nations Fund for Population (UNFPA). The Chad Project Implementation Unit (PIU) has been fully functional since mid-2016.

10. **Detailed Project Performance:** The project performance by component, as well as financial management (FM), procurement and safeguards, is described below:

**(a) Component 1 (Improve Regional Demand for RMNCHN and Increase Empowerment for Women and Adolescents) (US\$14.2 million equivalent for Chad)**

**i. Sub-component 1.1: social and behavioral change communication (SBCC) (US\$0.78 million)**

11. This component supports two types of SBCC activities: mass media and community-based approaches. Both types of interventions focus on delivering messages about girls' empowerment and birth spacing.

12. In Chad, two national campaigns have been launched (in 2017 and 2018), including in conflict areas (such as the Lake region). These campaigns were arranged as "caravans," which also provided both information and reproductive health services (with mobile clinics). This approach has reached more than 244,000 persons.

13. SBCC was also provided through mass medias, especially community-based radios, which have broadcasted 1364 spots. Overall, these mass media activities have reached about 5.9 million persons.

**ii. Sub-component 1.2 (girls' empowerment) (US\$13.4 million)**

14. The mechanisms of change underlying projects within this component include: (i) empowering girls and women with knowledge and skills to effectively achieve their desired fertility; (ii) widening the set of educational and economic opportunities available to girls and young women such that there are increased incentives and demand to delay marriage and pregnancy; and (iii) creating a supportive community environment in which girls and women can pursue opportunities and exercise choice concerning their family formation decisions. The types of interventions that have been effective in improving the above outcomes can be categorized into three broad categories:

- a. Enhanced access to secondary education for girls
- b. Economic empowerment interventions
- c. Strengthened provision of reproductive health education and life skills



### **Sub-project 1: Ensuring access and retention of girls in secondary schools**

15. In the four project areas (Lake, Salamat, Hadjer-Lamis and Kanem), several interventions have been put in place, including (i) payment of school fees (10,000 girls); (ii) distribution of school kits (10,000 girls); (iii) food provision (1,000); (iv) school uniforms (3,000); (v) setup of 24 community-run accommodation centers (600 girls); and (vi) creation of 37 school-based safe spaces (1,850 girls). Various sensitization efforts have also been conducted among teachers and local leaders, to overcome reluctance to send girls to (secondary) school. In compliance with the target value, a cohort of 10,000 vulnerable girls has been identified and has benefited from the above-mentioned interventions.

16. In the four project areas, girls' enrollment in secondary school has increased by 16 percent since 2017. In addition, the retention rate has been drastically increased from 94.5 percent (2015 baseline) to 98.83 percent in 2019. These figures suggest that the SWEDD has been highly impactful for girls' (secondary) education.<sup>1</sup>

### **Sub-project 2: Providing skills (including literacy and business skills), capital and equipment to increase incomes of out-of-school girls and women**

17. The project has identified more than 5,300 women economic groups in the four selected areas. These groups (or members of these groups) have benefited from various types of support, including short-term training on cash crops, tractors or small equipment. Advocacy activities have also been carried out to ensure these women's groups could receive additional land.

18. Young women have also benefited from short-training on renewable energy, allowing them to provide installation and maintenance services.

19. In total, close to 21,000 girls and women have benefited from these interventions. In some project areas, the land area cultivated by women's groups has increased by a factor of 9, thanks to the availability of tractors and the advocacy efforts.

### **Sub-project 3: Equip girls with life skills and reproductive health knowledge through "girls-only safe space clubs"**

20. 360 community safe spaces have been created by the project, reaching 11,900 girls. Similar efforts have been provided through youth centers (for 27,900 girls).

21. Overall, as shown in Table 1 below, for Component 1, target values in terms of beneficiary numbers have been mostly achieved. However, conversely, most of the qualitative target values are not achieved yet (although on track).

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<sup>1</sup> Data collected by the PIU in the field.



**Table 1: Progress for indicators related to Component 1**

	<b>Actual (for Chad)</b>	<b>Target (for Chad)</b>	<b>Comments</b>
<b>PDO level</b>			
Percentage of retention of adolescent girls in secondary schools in targeted areas (Percentage, Custom)	98.83%	85%	Achieved
Percentage of girls, women and men that are beneficiaries of safe spaces and husbands' school interventions and that have adequate knowledge on child marriage, early pregnancy and birth spacing (Percentage)	58%	85%	Requires continuation of the interventions
Percentage of beneficiaries satisfied with the women and girls' empowerment interventions in the intervention areas (Percentage)	N/A	70%	Indicator introduced in 2019. Data will be available in early 2020.
<b>IO level</b>			
Number of girls who benefited from schooling interventions (transportation services, accommodation, food, school supplies, additional courses, Unconditional Cash Transfer (UCT) or CCT) (Number)	10,000	10,000	Achieved
Number of young women (16-19) participating in life-skills or livelihood interventions (Number)	12,463	15,000	On track
Percentage of adolescent girls and men that have been beneficiaries of interventions in safe spaces and husbands' schools and that have completed the corresponding training (Percentage)	52%	80%	Requires continuation of the interventions
Number of adolescent girls and women that have been beneficiaries of interventions for economic empowerment (professional training, credit, productive asset grant) (Number, Custom)	20,909	20,000	Achieved

**(b) Component 2 (Strengthen Regional Capacity for RMNCHN Commodities and Qualified Health Workers) (US\$8.8 million equivalent for Chad)**

**i. Sub-component 2.1 (pharmaceutical harmonization and quality control) (US\$1 million)**

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



23. In late 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.

24. This process is complemented by the strengthening of quality control laboratories which are considered able to reach a “World Health Organization (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. In Chad, the national quality control laboratory has been fully equipped by the project and is receiving technical assistance.

**ii. Sub-component 2.2 (pharmaceutical supply chain) (US\$0.5 million)**

25. There is strong evidence that stockouts of health 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 health commodities supply chain. Following much delay, thanks to joint UNFPA and WB efforts, appropriate consultants have finally been found.

26. In Chad, the study has been completed and is being implemented through a pilot.

**iii. Sub-component 2.3 (human resources for health) (US\$7.3 million)**

27. 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.

28. A key constraint in the implementation of rural pipeline strategies and the production of a 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 clinical skills in the region.

29. Following a rigorous evaluation process led by WAHO, UNFPA, and African and Malagasy Council for Higher education (*Conseil Africain et Malgache pour l’Enseignement Supérieur*, 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 started in November 2018 and include a module on adolescent health and gender-based violence, including Female Genital Mutilation (FGM) and child marriage. Chad has sent 21 students in 2018 and another cohort of 21 in 2019.



30. Seven health schools have been strengthened (with equipment and training). Forty-five midwives have been recruited to provide mentorship to midwifery students. That helped improving quality of training for 1,187 midwifery students.

**Table 2: Progress for indicators related to Component 2**

	<b>Actual (for Chad)</b>	<b>Target (for Chad)</b>	<b>Comments</b>
<b>PDO level</b>			
Number of countries with a health commodities last-mile distribution model that is deemed functional according to a checklist (Number)	3	7	This is a regional indicator. Chad is not yet part of the three countries, because of some delays in implementing this sub-component.
Number of midwives in targeted areas that have completed their training with the harmonized regional curriculum on reproductive health (Number)	1,187	1,100	Achieved
<b>IO level</b>			
Number of labs that have achieved Good Practices for Pharmaceutical Quality Control Laboratories (GPCL) compliance	1	1	This is regional indicator. The GPCL compliant lab is the one in Abidjan.
A regional framework is in place for purchasing health commodities (Yes/No)	0	1	This is also a regional indicator, expected to be achieved in 2020.
Number of students registered in the regional hubs (for retraining as a midwifery faculty) (Number)	21	42	On track (see above)

**(c) Component 3 (Foster Commitment and Capacity for Policy Making and Project Implementation) (US\$3.7 million equivalent for Chad)**

31. The purpose of this component is to strengthen the countries’ policymaking and analytical capacity on demographic dividend (DD) issues. Each country will host a DD observatory, while regional coordination of these observatories will be carried out through UNFPA. These observatories will: (i) collect data related to population issues; (ii) analyze these data; and (iii) prepare annual reports/briefs for policymakers. To carry out these tasks, the project will fund: (i) data collection; (ii) capacity building (training and equipment); and (iii) dissemination events.

32. Chad has set up its DD observatory, which is fully functional. It has also revised its national development plan in introducing a focus on achieving a DD.



33. In addition, 1,310 traditional and religious leaders have been trained on DD and girls’ empowerment. SBCC activities have also been carried out by these leaders (including the female preachers).

**Table 3: Progress for indicators related to Component 3**

	Actual	Target	Comments
<b>PDO level</b>			
Number of countries with a DD observatory which is functional and part of the regional observatory network	6	7	This is a regional indicator. All SWEDD countries (including Chad) have achieved the target value, except Benin (which joined SWEDD in early 2019)
<b>IO level</b>			
Number of countries having developed a national or subnational strategy taking into account the concept of DD (Number)	6	7	Same as above.
Number of community and religious leaders engaged in interventions on DD and RMMCHN (Number)	1,310	750	Target achieved

**(d) Financial Management and Procurement**

34. **Procurement.** The SWEDD PIU is responsible for the procurement of works, goods, non-consulting services and consulting services and the agency has been working to ensure compliance with the World Bank’s requirements. Overall the SWEDD PIU’s procurement procedures and its contract management practices are reliable, transparent, efficient but require some corrective actions with regard to adequate contract management (including better archiving and use of contract templates). The latest procurement performance assessment was conducted in early 2019 and rated the performance “moderately satisfactory.” The procurement risk has been rated as “moderate.”

35. **Financial Management.** The current FM arrangements meet the minimum fiduciary requirements under World Bank Policy and Directive for Investment Project Financing subject to the implementation of the mitigation measures documented below. The most recent FM supervision mission in September 2019, identified internal control deficiencies in the implementation of the parent project that required immediate attention from the project implementation team. The FM performance rating of the parent project was downgraded to “moderately unsatisfactory” mainly to do the following deficiencies identified: a) ineligible expenditures incurred by an implementing NGO not yet reimbursed; b) significant delays in the recording of transactions in the accounting system and weaknesses in the management; and c) safeguard of assets acquired with Project’s funds. The PIU (with the support of the State’s Inspector General) is actively working to obtain from the NGO the reimbursement of the ineligible expenditures incurred. In order to address the control deficiencies identified, the PIU is currently reviewing the allocation of responsibilities among its fiduciary staff, reviewing all payments made to NGOs, and strengthen internal control procedures. Particularly procedures relating to the timely recording of transactions, management and safeguard of assets, and payment to suppliers and service providers. Significant progress has been noted. Procedures have been



updated. A new allocation of responsibility has been proposed and is expected to be implemented by January 30, 2020.

**(e) Monitoring and Evaluation**

36. The responsibility for monitoring and evaluating the activities of the project lays with the SWEDD PIU. These functions are performed in accordance with the indicators presented in the results framework. The SWEDD PIU has a dedicated monitoring and evaluation specialist with relevant experience. The PIU has been submitting annual reports to the World Bank on the progress implementation status and the results achieved. The monitoring and evaluation activities of the parent project are deemed satisfactory.

**(f) Environmental and Social Safeguards**

37. The project will remain under the former World Bank Safeguards policies as the AF is only a continuation of the parent project and there will be no change in activities. It thus remains a Category C project and conserves the environmental assessment that was conducted for the parent project. The project will mostly fund consulting, communication costs, training services, as well as some equipment. No civil works are contemplated or envisaged. As part of the technical assistance, appropriate support is given to beneficiary institutions regarding sound management of medical waste and obsolete drugs. The AF **will not finance** the procurement of drugs.

38. According to the climate and disaster risks screening done under the parent project, the primary climate and geophysical hazards that may impact the project are shorter and more erratic rainy seasons in the future leading to increased opportunity for drought and instability in target populations livelihood stability. In the case of any potential effects of increased drought, the project will contribute to the improvement in the availability and quality of health services for the targeted population, including nutritional services.

39. As for social risks, the project does not trigger any policy and will remain a category C project. However, the project does not have yet a functional Grievance Redress Mechanism (GRM). The issue has been discussed with the project task team from the World Bank as well as the counterpart to correct the issue as soon as possible and no later than the end of the calendar year. Also, by end of January 2020, the project will also have to prepare, publish and implement an action plan against Gender Based Violence (GBV).

**II. DESCRIPTION OF ADDITIONAL FINANCING**

**A. Rationale for the Proposed Additional Financing**

**(a) Cost Overruns and Underestimation**

40. The project has a shortfall of US\$9 million equivalent (including US\$2 million in contingences), which is primarily due to the underestimation of costs during the preparation of the project, exacerbated by the persistent security risk concerns since the approval of the parent project.

41. Costs overruns were incurred in several areas:



- a. First, the budget for activities within Sub-component 1.1 (SBCC) was underestimated. Extra costs related to sending “caravans” in conflict areas (such as the Lake province) were not accounted for at the time of project preparation. Overall, for an initial budget of about US\$700,000, the final cost turned out to be US\$1.2 million.
- b. Similarly, very limited budget was initially allocated to advocacy activities (especially with religious leaders), leading to additional overrun for about US\$1.2 million.
- c. Project management costs were also underestimated. At project preparation, these costs were estimated at a low level of US\$983,000 for four years (2016-2019). Current costs are slightly above US\$2 million. A major reason for this inflated cost was the unforeseen need to hire dedicated (national) technical assistants for several of the sub-components (especially the girls empowerment sub-components), so as to fill in for focal points from sector ministries (whose involvement was weak).
- d. As the project includes an impact evaluation process, a baseline survey was carried out in 2017 but turned out to be more expensive than budgeted. A mid-line survey is planned for early 2020.
- e. Finally, the project has experienced a strong depreciation in US\$ amount, with the overall budget having been reduced from US\$26.7 million in 2014 (at Board approval) to US\$24.85 million (currently), or about a shortfall of US\$2 million.

## **B. Description of Additional Financing**

42. The activities to be financed by the AF are consistent with the original scope of the project and with the World Bank Group’s Country Partnership Framework for Chad for the period FY16-20December 10.

43. Project components and activities supported by the AF will be the following:

*(i) Component 1 (Improve Regional Demand for RMNCHN Services and Increase Empowerment for Women and Adolescents): AF US\$5.8 million IDA equivalent for Chad*

44. The components activities (especially SBCC and girls’ empowerment) will be continued one more year. A mid-line survey will be conducted. The project will also carry out additional analyses regarding issues on land access for women.

45. Contingencies (US\$2 million of IDA). The contingency amount will cover unforeseen cost escalation that may arise during the implementation of the activities supported by the proposed AF. For instance, third party monitoring may be needed as the result of increased security risk in the project areas.

*(ii) Component 2 (Strengthen Regional Capacity for Availability of RMNCHN and Qualified Health Workers): AF US\$1.9 million IDA equivalent for Chad*

46. On pharmaceutical aspects, the AF will support the completion of the supply chain pilot. On Human Resources for Health (HRH), the project will fund the second and last cohort of midwives to be trained in one



of the three centers of excellence on reproductive health. Additional support will also be provided to health schools.

*(iii) Component 3 (Foster Commitment and Capacity for Policy Making and Project Implementation): AF US\$1.3 million equivalent IDA for Chad*

47. The AF funds will cover operational costs as well as continued SBCC efforts carried out by religious groups.

### C. Proposed Changes

48. There are no changes in the design of the project, including the PDO, project components and activities. The original project implementation arrangements, including FM and procurement will be maintained for the proposed AF, and the SWEDD PIU will continue to implement the activities financed by the AF. The project did not trigger any safeguards policies and was rated Category C; the same safeguards arrangements apply to the AF. An updated ISDS has been disclosed on November 23<sup>rd</sup>, 2019. However, GBV risks will be assessed during implementation.

49. The results framework and monitoring remains unchanged as included in Section VIII below, except the addition of an Intermediate Outcome indicator on citizen engagement (“Percentage of grievances registered that are actually addressed”). The closing date of the AF will be the same as the original financing i.e. December 31, 2023.

### D. Project Cost Summary

50. Table 4 below sets out the budget of the proposed AF.

**Table 4: Comparison of Revised versus Original Costs (in US\$ million)**

Project component	Original total project cost (US\$ million equivalent)	Additional financing	Revised total project cost (US\$ million equivalent)
		IDA funding of cost overruns in (US\$ million equivalent)	
Component 1: Improve Regional Demand for RMNCHN Services and Increase Empowerment for Women and Adolescents	14.2	5.8	20.0
Component 2: Strengthen Regional Capacity for Availability of Health Commodities and Qualified Health Workers	8.8	1.9	10.7
Component 3: Foster Commitment and Capacity for Policy Making and Project Implementation	3.7	1.3	5.0
<b>Total</b>	<b>26.7</b>	<b>9.0</b>	<b>35.7</b>



51. Table 5 presents a comparison of the budget allocation under the parent project and the proposed AF.

**Table 5: Original Financing and Proposed AF Eligible Expenditure Category:**

Category	Parent Project	Additional Financing
	Original IDA allocation (SDR)	Revised IDA allocation (SDR)
(1) Goods, non-consulting services, consultants' services, operating costs, workshop and training under the project	16,700,000	22,500,000
(2) Conditional Cash Transfers (CCT). UCTs, In-Kind Cash Transfers under Component 1(d) of the project	1,400,000	2,200,000
TOTAL	18,100,000	24,700,000

### III. KEY RISKS

52. Overall risks for both the SWEDD Project and this Chad AF are substantial. However, Chad faces unique challenges that are described below.

53. **Political and governance risk for Chad is rated substantial.** Political instability, vulnerability to terrorist attacks, security risks, and limited governance mechanisms are all substantial challenges. Close monitoring of project implementation, clear reporting arrangements, and third-party monitoring arrangements as well as compliance with all security procedures are required.

54. **Macroeconomic risk is rated as high.** The macroeconomic environment in Chad is highly unstable and unpredictable and therefore assessed as high-risk. The World Bank is providing support through a Development Policy Operation (DPO) to support Chad's economic recovery. The Government has shown strong commitment to fiscal consolidation and discipline where two thirds of the overall fiscal adjustment in 2015 and 2016 was achieved through consolidation and only one third through financing.

55. **Risk associated with sector strategies and policies is high.** Regarding the sectors involved in the project, the key ministries (health, population, education, etc.) who will implement the project may sometimes lack adequate ownership and commitment to a shared regional strategy, and there may be lack of clarity on their specific roles and responsibilities. The regional implementation arrangement through the Regional Steering Committee, WAHO and UNFPA as well as the World Bank close engagement have helped the emergence of a common vision.

56. **The risk related to the technical design of the project remains substantial.** In the June 2018 ISR (confirmed in the December 2019 ISR), the risk rating for the "technical design of the project" in the parent project was reduced from High to Substantial as the high complexity of the project is now fully internalized



and mastered by the stakeholders in the parent project. Moreover, the steps that slowed down implementation at the beginning are now overcome.

57. **The institutional capacity for implementation and sustainability risk is rated substantial.** For the Component 1 (especially girls' empowerment activities), local NGOs have been recruited, thus ensuring some degree of sustainability in activities. However, NGO performance remains sometimes weak and has required close supervision and quality control by the PIU. Also, sustainability is still a significant risk for some activities, such as the supply chain pilot (to be assessed at pilot's completion), the recruitment of midwifery trainers and the DD observatory. Discussions are ongoing with the Government to take over the funding of the last two activities.

58. **Fiduciary risk is rated high.** A weak control environment with a high susceptibility of fraud and corruption, as well as procurement challenges, and low capacity of implementing entities at regional levels constitute a high fiduciary risk in Chad. A systemic risk in Chad is the low ceiling for procurement which can significantly delay project activities. Any contract above 10 million CFA francs (roughly US\$20,000) needs to go through the entire signature circuit which ends at the Presidency and includes the Ministry of Finance. Recent history shows that many projects have experienced significant implementation delays due to this systemic issue that task teams are cognizant of and have been working with the authorities to resolve. The many nodes in this circuit also increase the fiduciary risk of the project. The proposed FM arrangements for this project are considered adequate subject to the implementation of the mitigation measures and meet the minimum fiduciary requirements under World Bank Policy and Directive for Investment Project Financing.

59. **Environment and social.** The environmental risk is considered as **moderate** as the AF will finance the exact same activities as the parent project. The AF will mostly fund consulting, communication costs, training services, as well as some equipment. No civil works are contemplated or envisaged. As part of the technical assistance, appropriate support is given to beneficiary institutions regarding sound management of medical waste and obsolete drugs. However, GBV risks will be assessed during implementation of this AF.

60. **Stakeholder. Substantial.** Politicization may lead to a targeting of less vulnerable beneficiaries or an imbalance between budget allocations that satisfy short term interests versus long term results. For example, one-off public events that inform communities about harmful practices and urge them to abandon these practices have proven to be ineffective in changing behavior. Successful interventions include sustained, ongoing dialogue with leaders and community members to encourage them to critically examine traditions and help identify and address the factors that contribute to poor outcomes. To optimize budget allocations, the project relies heavily on rigorous evidence.

61. **Other risks (security). High.** Overall, the security threat environment presents a challenge. Several localities covered by the parent project and the proposed AF are within the conflict areas in Lake Chad. The implementation of the activities of the parent project has also been impacted by criminals (e.g. assault of a SWEDD team and theft of vehicle). Mitigation: The project will continue operating with local NGOs and in fostering strong relationships with religious and traditional leaders. Working closely with the Niamey-based Country Security Specialist, assessments and updates on the security arrangements will be provided on a biannual basis throughout the implementation of the AF. Contingencies included in the project will be used for the implementation of third-party monitoring of the implementation progress, as needed. Finally, the



World Bank and the Government will consider alternative localities, if the threat level becomes too high to be effectively mitigated.

#### **IV. APPRAISAL SUMMARY**

##### **A. Economic and Financial (if applicable) Analysis**

62. Given the nature of this proposed AF, there is no change in the economic analysis carried out for the parent project.

##### **B. Technical**

63. The rationale in the technical analysis aligns with that of the parent project, given that the type of activities to be funded by Chad remain strictly the same.

64. In the Sahel region, women still report having high wanted fertility. Evidence suggests that in many rural and impoverished areas this is due to: a) insufficient knowledge and understanding of contraceptive methods and reproduction; b) gender norms and practices that encourage women to maximize fertility and begin childbearing at an early age; and c) a narrow set of opportunities—including educational and economic—that are available to women and girls. Poor parents living in rural areas often see marriage as a way to keep their daughters safe. Getting a daughter settled in her new home is an important moral duty of parents and marriage is considered the primary avenue to secure her future. Once married, there is a common social expectation of family formation.

65. A range of global examples of SBCC programs in diverse regions of the world have shown positive results. Mass media approaches have been implemented and evaluated in several countries, including Ethiopia, the Gambia, Tanzania, Mali and Côte d'Ivoire. These programs have significantly increased knowledge and improved attitudes about family planning, approval of family planning, family planning self-efficacy, use of modern family planning methods, and use of reproductive health services. Rigorous evaluations of programs in Senegal, Bangladesh and India indicate that community-based approaches have been effective and have resulted in increases in: awareness of family planning and reproductive health, use of modern family planning methods, discussions with husbands about family planning and continuation of method use.

66. The evidence base also indicates that empowerment interventions targeting adolescent girls and their communities can be effective in improving outcomes both within and beyond the health sector. Some of the interventions that have proven to be most effective for improving the above-mentioned outcomes among adolescent girls include the following three broad categories: (i) life skills and reproductive health knowledge (including negotiation, refusal techniques, problem solving and healthy gender dynamics); (ii) economic empowerment (e.g., skills training on production resources, vocational training, entrepreneurial training as well as financial literacy); and (iii) continued education for girls.

67. Establishing “safe spaces,” or girls-only meeting places where participants feel comfortable and can express themselves openly, has been proven to be an acceptable and effective way to reach and empower



vulnerable adolescent girls. The ability to move freely in the community often becomes limited at the onset of puberty, so girls' opportunities to build social networks, exchange information and develop skills are also restricted. In this context, safe spaces are intended as inclusive and supportive environments enabling adolescent girls to engage with one another, build friendships, and be exposed to female role models in their community. Safe spaces also provide a platform to reach girls with various interventions and educational topics, most commonly aimed at improving girls' soft skills and knowledge of sexual and reproductive health.

68. Skills development can grow girls' aspirations for the future and offer a positive alternative to early family formation. Nevertheless, evidence on the effect of livelihood interventions on Sexual and Reproductive Health (SRH) outcomes has been limited. This may be partly explained because changing behaviors and improving health outcomes takes longer than the period observed by existing studies. When economic empowerment interventions have been successful, it seems to have been because beneficiaries were enabled to envision better prospects for themselves and adjust their behavior in line with their new career and life aspirations.

69. Finally, programs that support girls' schooling may have an immediate impact on the likelihood of child marriage and early childbearing. There are well-documented examples of school vouchers, CCTs, payment of school fees, provision of uniforms and supplies, and life skills training that managed to delay marriage and childbearing for school girls. In many communities, the economic, cultural, and social environment does not provide viable alternatives to marriage for adolescent girls. Once girls drop out of school, which often happens because of poor quality or high cost for the poor in the education provided, it is difficult for parents not to have their daughter married. In those communities, improving the provision of quality and affordable primary and secondary education may be one of the best ways to delay marriage because parents often see schooling as a viable alternative to marriage for their daughters.

### C. Financial Management

70. **FM arrangements.** The Financial Procedures manual will be updated by the PIU to strengthen internal controls and update the allocation of responsibilities among the PIU fiduciary staff. All other FM arrangements, including budgeting, accounting, disbursements, reporting and auditing will remain unchanged.

71. **Financial Reporting Arrangements.** Unaudited interim financial reports (IFRs) will be prepared every quarter and submitted to the World Bank within forty-five (45) days of the end of the quarter. The frequency of IFR preparation as well as its format and content will remain unchanged.

72. **Auditing arrangements:** the annual audited financial statements and audit reports (including Management Letter) will be submitted by the PIU to the World Bank no later than six (6) months from the end of the fiscal year. The audit will be carried out in accordance with the International Standards on Auditing (ISA) issued by the International Federation of Accountants (IFAC). The auditor will be an independent external auditor with qualification and experience satisfactory to IDA.

### D. Procurement



73. The Procurement for the proposed AF will be carried out in accordance with the World Bank's new procurement framework and Procurement Regulations for IPF Borrowers dated July 2016, revised November 2017 and August 2018; the 'Guidelines on Preventing and Combating Fraud and Corruption in Projects Financed by IBRD Loans and IDA Credits and Grants (revised as of July 1, 2016)'; and the provisions stipulated in the financing agreements.

74. A Project Procurement Strategy for Development (PPSD), including a risk and market analysis, has been prepared by the PIU. The PPSD analyzes that the national, regional and international markets have the experience and capacity to support the implementation of the proposed AF. The PIU has demonstrated its mastery of competitive bidding process. Given that this AF builds on the on-going project implementation, some activities will be implemented via amendments of existing contracts. The World Bank has rated the procurement performance of the original project as Moderately Satisfactory during the most recent supervision mission, and the procurement risk is Moderate. The manual on administrative, financial, and accounting procedures of the parent project will be updated to include the new AF.

75. The procurement plan for the implementation of the AF activities has been prepared and cleared by the World Bank. The PP will be updated annually and as required to reflect the project's actual implementation needs and any enhancements to institutional capacity. Any updates of the PP should be submitted to World Bank for approval.

76. All procuring entities as well as bidders, and service providers, i.e. suppliers, contractors and consultants, shall observe the highest standard of ethics during the procurement and execution of contracts financed under the project in accordance with paragraph 3.32 and Annex IV of the Procurement Regulations.

#### E. Social (including Safeguards)

77. Like the parent project, the proposed AF does not trigger any social safeguard policies. The project remains a Category C. The project will not finance any activities requiring involuntary land acquisition, involuntary resettlement of people and/or loss of (or access to) assets, means of livelihoods or resources. However, GBV risks will be assessed during implementation.

78. **Citizen engagement.** Citizen engagement gives citizens a stake in decision-making with the objective of improving the intermediate and final development outcomes of any intervention, and also helps beneficiaries hold service providers accountable for results. It is understood that communities with a participatory stake in the delivery of a services are more likely to use and support them than those who do not participate. For this reason, the SWEDD project throughout its activities promotes citizen engagement designed to make communities more aware of the project activities, more involved in its delivery, better able to communicate with service providers and, in turn, feel more responsible for the successful implementation of the project. Considering the focus on adolescent girls, the project has included in its result framework an indicator measuring the satisfaction of beneficiaries regarding the girls' empowerment intervention they are benefitting from. Furthermore, implementing NGOs and religious leaders will incorporate beneficiary feedback into their implementation and intervention designs, which already includes dialogue with the communities surrounding the girls benefitting from the interventions. In addition, the PIU will report monthly on the effectiveness of its GRM system, once established.

#### V. WORLD BANK GRIEVANCE REDRESS



79. Communities and individuals who believe that they are adversely affected by a World Bank (WB) supported project may submit complaints to existing project-level grievance redress mechanisms or the WB's Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed in order to address project-related concerns. Project affected communities and individuals may submit their complaint to the WB's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of WB non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond. For information on how to submit complaints to the World Bank's corporate Grievance Redress Service (GRS), please visit <http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service>. For information on how to submit complaints to the World Bank Inspection Panel, please visit [www.inspectionpanel.org](http://www.inspectionpanel.org).



**VI SUMMARY TABLE OF CHANGES**

	Changed	Not Changed
Results Framework	✓	
Components and Cost	✓	
Implementing Agency		✓
Project's Development Objectives		✓
Loan Closing Date(s)		✓
Cancellations Proposed		✓
Reallocation between Disbursement Categories		✓
Disbursements Arrangements		✓
Safeguard Policies Triggered		✓
EA category		✓
Legal Covenants		✓
Institutional Arrangements		✓
Financial Management		✓
Procurement		✓
Implementation Schedule		✓
Other Change(s)		✓

**VII DETAILED CHANGE(S)**

**COMPONENTS**

Current Component Name	Current Cost (US\$, millions)	Action	Proposed Component Name	Proposed Cost (US\$, millions)
Improve Regional Demand for Reproductive, Maternal, Neonatal, Child Health and Nutrition (RMNCHN) Services and Increase	165.00	Revised	Improve Regional Demand for Reproductive, Maternal, Neonatal, Child Health and Nutrition	170.80



Empowerment for Women and Adolescents			(RMNCHN) Services and Increase Empowerment for Women and Adolescents	
Strengthen regional capacity for availability of RMNCHN commodities and qualified health workers	60.00	Revised	Strengthen regional capacity for availability of RMNCHN commodities and qualified health workers	61.90
Foster Commitment and Capacity for Policy Making and Project Implementation	70.00	Revised	Foster Commitment and Capacity for Policy Making and Project Implementation	71.30
<b>TOTAL</b>	<b>295.00</b>			<b>304.00</b>

**Expected Disbursements (in US\$)**

Fiscal Year	Annual	Cumulative
2015	0.00	0.00
2016	15,458,144.64	15,458,144.64
2017	17,817,343.24	33,275,487.88
2018	44,621,991.87	77,897,479.75
2019	49,856,276.69	127,753,756.44
2020	30,000,000.00	157,753,756.44
2021	45,000,000.00	202,753,756.44
2022	35,000,000.00	237,753,756.44
2023	45,000,000.00	282,753,756.44
2024	21,246,243.56	304,000,000.00

**SYSTEMATIC OPERATIONS RISK-RATING TOOL (SORT)**

Risk Category	Latest ISR Rating	Current Rating
Political and Governance	● Moderate	● Substantial
Macroeconomic	● Moderate	● High
Sector Strategies and Policies	● Substantial	● High



Technical Design of Project or Program	● Substantial	● Substantial
Institutional Capacity for Implementation and Sustainability	● Substantial	● Substantial
Fiduciary	● Moderate	● High
Environment and Social	● Low	● Moderate
Stakeholders	● Substantial	● Substantial
Other	● Low	● High
Overall	● Substantial	● Substantial

**LEGAL COVENANTS – SWEDD Additional Financing for Chad (P172604)**

**Sections and Description**

No information available

**Conditions**



**VIII. RESULTS FRAMEWORK AND MONITORING**

**Results Framework**

**COUNTRY: Chad**

**SWEDD Additional Financing for Chad**

**Project Development Objective(s)**

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.

**Project Development Objective Indicators by Objectives/ Outcomes**

Indicator Name	DLI	Baseline	End Target
<b>To increase women and girls' empowerment</b>			
1.1. Percentage of retention of adolescent girls in secondary schools in targeted areas (Percentage)		70.00	85.00
1.2. Percentage of girls, women and men that are beneficiaries of safe spaces and husbands schools interventions and that have adequate knowledge on child marriage, early pregnancy and birth spacing (Percentage)		32.00	85.00
1.3 % of beneficiaries satisfied with the women and girls’ empowerment interventions in the intervention areas (Percentage)		0.00	70.00
<b>To increase women and girls' access to RMNCHN services</b>			



Indicator Name	DLI	Baseline	End Target
2.1. Number of countries with a health commodities last-mile distribution model that is deemed functional according to a checklist (Number)		0.00	7.00
2.2. Number of midwives in targeted areas that have completed their training with the harmonized regional curriculum on reproductive health (Number)		0.00	6,491.00
<b>To improve knowledge generation and sharing as well as regional capacity and coordination</b>			
3.1 Number of countries with a Demographic Dividend observatory which is functional and part of the regional observatory network (Number)		0.00	7.00

**Intermediate Results Indicators by Components**

Indicator Name	DLI	Baseline	End Target
<b>1. Generate demand for RMNCH services by promoting behavioral changes and empowering women and girls</b>			
Number of girls who benefited from schooling interventions (transportation services, accommodation, food, school supplies, additional courses, UCT or CCT) (Number)		0.00	131,865.00
Number of young women (16-19) participating in life-skills or livelihood interventions (Number)		0.00	210,000.00
Percentage of adolescent girls and men that have been beneficiaries of interventions in safe spaces and husbands schools and that have completed the corresponding training (Percentage)		0.00	80.00
Number of adolescent girls and women that have been beneficiaries of interventions for economic empowerment		0.00	56,760.00



Indicator Name	DLI	Baseline	End Target
(professional training, credit, productive asset grant) (Number)			
Percentage of grievances registered that are actually addressed (Percentage)		0.00	100.00
<b>Action: This indicator is New</b>			
<b>2. Strengthen regional capacity for availability of RMNCHN commodities and qualified health workers</b>			
Number of labs that have achieved GPCL compliance (Number)		0.00	1.00
A regional framework is in place for purchasing health commodities (Yes/No)		No	Yes
Number of students registered in the regional hubs (for retraining as a midwifery faculty) (Number)		0.00	378.00
Number of midwives in targeted areas that have completed their training with the harmonized regional curriculum (Number)		0.00	6,491.00
<b>3. Foster political commitment and capacity for policy making on demographic dividend</b>			
Number of countries having developed a national or subnational strategy taking into account the concept of Demographic Dividend (Number)		0.00	7.00
Number of community and religious leaders engaged in interventions on Demographic Dividend and RMMCHN (Number)		0.00	5,860.00

**Monitoring & Evaluation Plan: PDO Indicators**

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
1.1. Percentage of retention of adolescent girls in secondary schools in targeted areas		annual	routine data	Routine data collected by NGOs in charge of the implementation of sub-projects on girls' education	UNFPA
1.2. Percentage of girls, women and men that are beneficiaries of safe spaces and husbands schools interventions and that have adequate knowledge on child marriage, early pregnancy and birth spacing		annual	survey	LQAS approach (Lot Quality Assurance Sampling)	UNFPA
1.3 % of beneficiaries satisfied with the women and girls' empowerment interventions in the intervention areas	To assess satisfaction, a survey will be conducted by an independent body supervised by UNFPA every nine months of implementation. The results will serve to inform adaptations to the interventions.	every 9 months	special survey	UNFPA survey	UNFPA
2.1. Number of countries with a health commodities last-mile distribution model that is deemed functional according to a checklist		annual	routine data	Routine data after country assessment according to selected criteria (existence of a document describing the distribution system, establishment of the list	UNFPA



				of products to be distributed, information on stockouts during the last 6 months)	
2.2. Number of midwives in targeted areas that have completed their training with the harmonized regional curriculum on reproductive health		annual	routine data	Routine inventory data collected by the Project Coordination Units	UNFPA, PIU
3.1 Number of countries with a Demographic Dividend observatory which is functional and part of the regional observatory network	Number of demographic dividend observatory in the 6 countries which are functional (they collect data on population, analyze these data and produce annual reports) and part of the regional observatory network (network of the 6 national DD observatories).	yearly	Project records	Routine data after country assessment based on country reports on DD	UNFPA and PIU

**Monitoring & Evaluation Plan: Intermediate Results Indicators**

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
Number of girls who benefited from schooling interventions (transportation services, accommodation, food, school supplies, additional courses, UCT or CCT)	Number of girls in the 7 countries who benefit from schooling interventions under component 1.2 sub-projects (transportation services, accommodation,	annual	Project records	Routine data collected by NGOs in charge of the implementation of sub-projects on girls' education and safe school spaces	country PIUs



	food, school supplies, additional courses, UCT or CCT).				
Number of young women (16-19) participating in life-skills or livelihood interventions		annual	routine data	Routine data collected by NGOs in charge of implementing safe spaces and schools for husbands and future husbands	UNFPA
Percentage of adolescent girls and men that have been beneficiaries of interventions in safe spaces and husbands schools and that have completed the corresponding training		annual	routine data	Routine data collected by the NGOs in charge of the implementation of sub-projects on the economic empowerment of women and girls	UNFPA
Number of adolescent girls and women that have been beneficiaries of interventions for economic empowerment (professional training, credit, productive asset grant)		annual	routine data	Assessment according to WHO pre-qualification and / or accreditation according to the 17025 (2017) standard	UNFPA, PIU
Percentage of grievances registered that are actually addressed	This indicator will be monitor by the SWEDD PIU, using the GRM system data.	Monthly			PIU SWEDD
Number of labs that have achieved GPCL compliance	Number of labs that are deemed by WHO as compliant with Good Practices for National	annual	Project records	Routine data after evaluation of countries following required criteria	country PIUs



	Pharmaceutical Control Laboratories. It is expected that at the end of the Project, one of the labs will have reached this international standard.				
A regional framework is in place for purchasing health commodities		annual	routine data	Routine data after an assessment of the availability of the framework document, its content and adoption at regional level	UNFPA
Number of students registered in the regional hubs (for retraining as a midwifery faculty)	Number of individuals who have received a training (short or long term) according to new midwifery/RMNCH curricula as harmonized at the regional level.	annual	Project records	Routine enrollment data from centers of excellence	UNFPA and country PIUs
Number of midwives in targeted areas that have completed their training with the harmonized regional curriculum		annual	routine data	Survey data on the engagement of community and religious leaders in the fight against child marriage and early pregnancy	UNFPA and PIUs
Number of countries having developed a national or subnational strategy taking into account the concept of Demographic Dividend		annual	routine data	Routine data collected as part of an evaluation of DD policy and strategy documents following the developed guide	UNFPA and PIUs



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Number of community and religious leaders engaged in interventions on Demographic Dividend and RMMCHN		annual	routine data	routine data	UNFPA and PIUs