



**WORLD BANK GROUP**

# **Sahel Women Empowerment and Demographic Dividend Project**

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# Outline

- Key features of the project
- Background
- Project components

# **KEY FEATURES OF THE PROJECT**

# Key aspects of the project (1)

- In November 2013, President Issouffou called for action to improve women's reproductive health and girls' education in the Sahel, so as to reap economic gains from the demographic dividend.
- UN Secretary-General Ban Ki-moon and WBG President Jim Yong Kim agreed to provide a regional and joint response.
- The project covers 5 countries (and very soon Burkina Faso): Chad, Côte d'Ivoire, Mali, Mauritania and Niger.
- Total IDA amount: \$170.2m (\$205m with Burkina Faso).
- Project objective is
  - (i) to increase women and adolescent girls' empowerment and their access to quality reproductive, child and maternal health services, and
  - (ii) to improve regional knowledge generation and sharing as well as regional capacity and coordination.

## Key aspects of the project (2)

### *Why a regional approach ?*

To provide cost-effective solutions to bottlenecks faced by countries:

- **Generating and sharing regional knowledge**, on what works, what does not and why, in gender and reproductive health.
- **Setting up regional mechanisms for increasing accountability** to results on demographic dividend issues:
  - e.g. a regional data platform and forum to monitor policies, expenditures and results of countries in relation to demographic dividend.
- **Benefiting from scale economies:**
  - A regional procurement mechanism so as to obtain lower prices for health products.
  - Two regional centers of reference for pooling resources to train high-quality midwifery faculty.

# Key aspects of the Project (3)

## *Project implementation relies heavily on partners*

### **Regional partners:**

- West African Health Organization (WAHO, part of ECOWAS) is helping with harmonization of drug procurement and midwifery training.
- CERPOD (part of the CILSS, *Comité Inter-Etats de Lutte contre la Sécheresse au Sahel*) will be in charge of supporting capacity building on population analysis.
- UNFPA (West Africa office) is the key partner and is in charge of regional coordination.

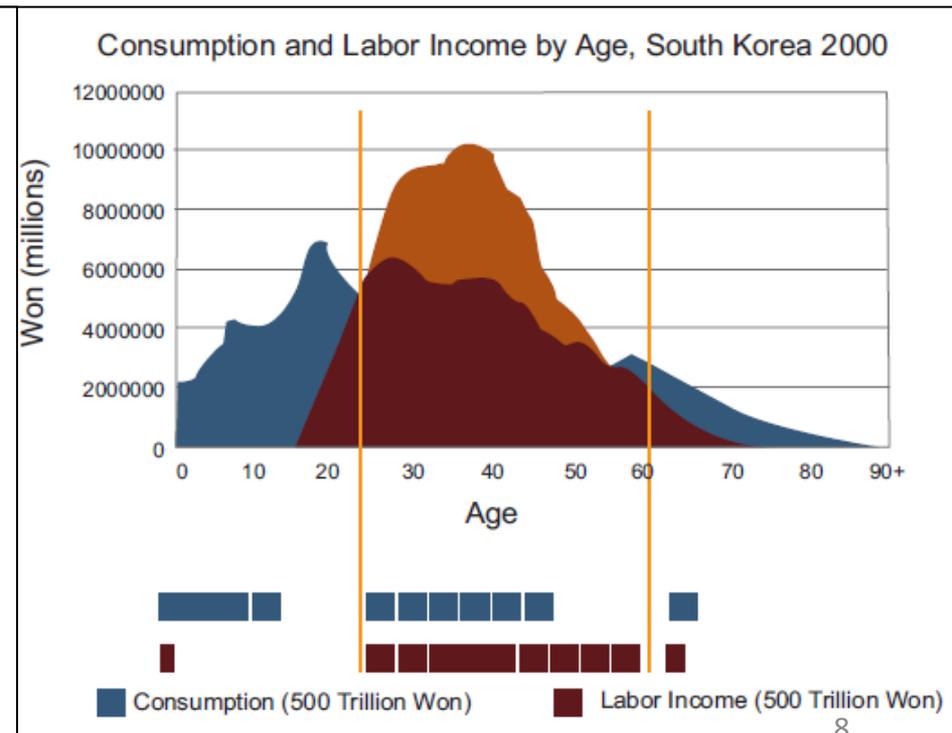
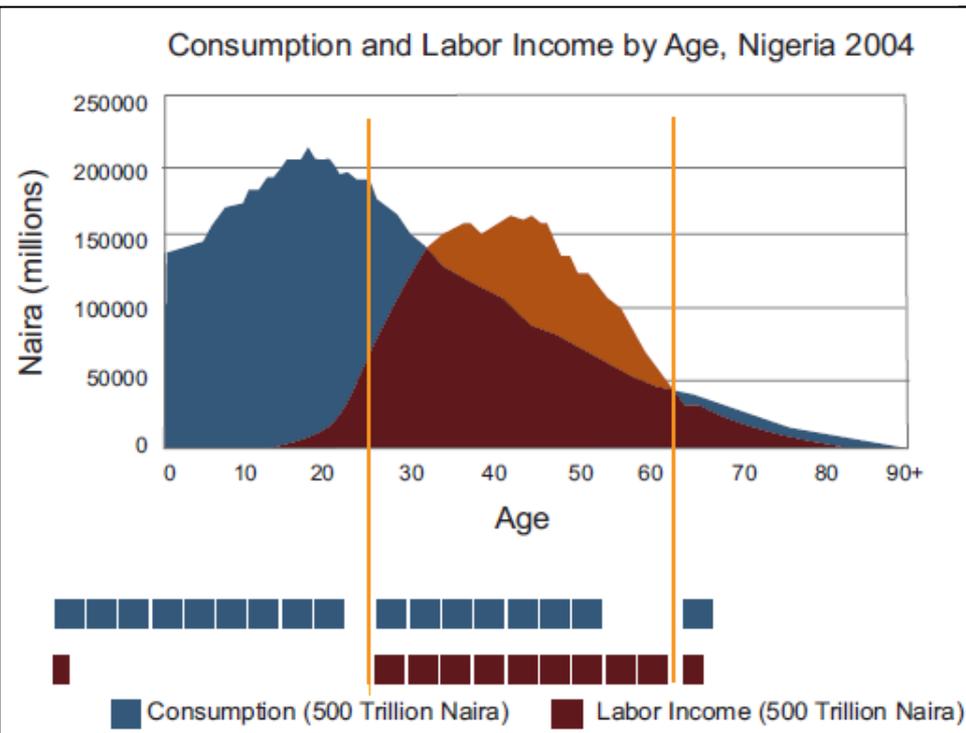
### **International partners:**

- Bill and Melinda Gates Foundation (BMGF) is supporting the project through a Trust Fund for project preparation.
- WHO will provide technical support (component on health workforce).

# **BACKGROUND**

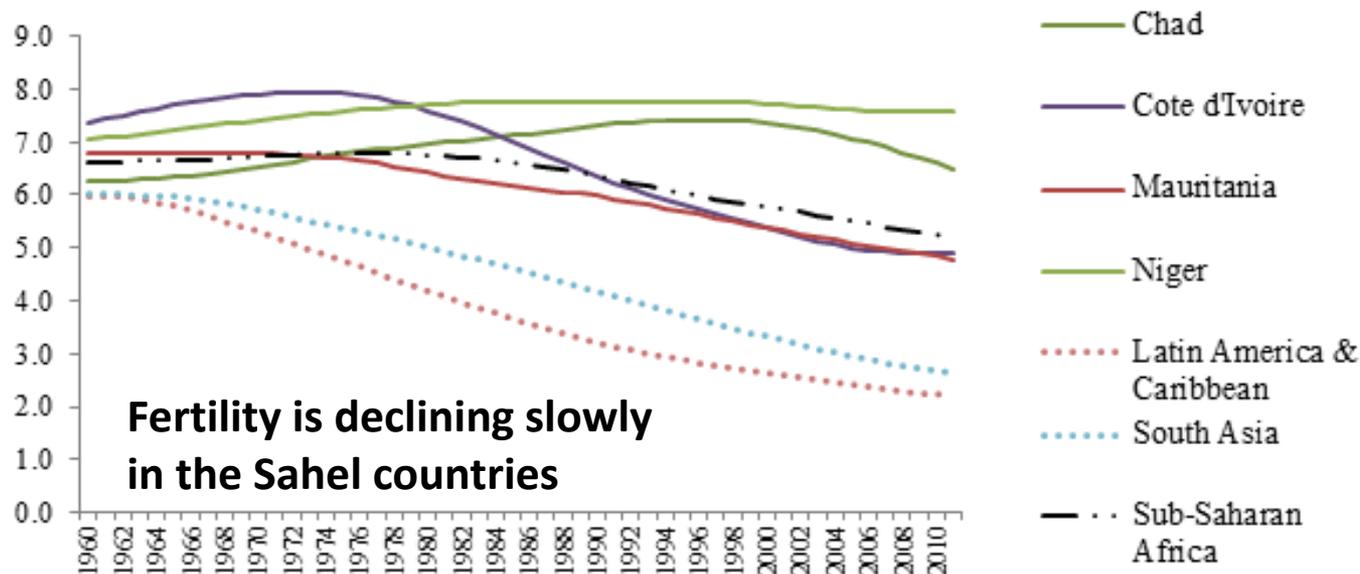
# What is the “demographic dividend” ?

- The *demographic dividend* (DD) corresponds to a 20-30 year period in a country’s demographic transition when the proportion of working age population compared to the number of dependents increases rapidly.
- This change in the age structure can lead to an extra economic boost through increased savings and private investments (e.g. one third of economic growth in east Asia).



# Sahel countries could benefit from a demographic dividend (DD), provided the right policies are urgently put in place

- To reap the benefits of demographic dividend (DD), the DD must be triggered and this can be done only through a rapid fertility decline.
- The fertility decline in Sahel countries is very slow:
  - A major reduction in child mortality has already been achieved.
  - But contraceptive prevalence has not ramped up.



# In Sahel countries, contraceptive prevalence remains low

	Total fertility rate (TFR)	Adolescent fertility rate	Contraceptive prevalence rate, modern (CPR)	Maternal mortality ratio
	(# children/woman)	(births per 1,000 women age 15-19)	(% married women 15-49)	(modeled, per 100,000 live births)
Burkina Faso	5.8	115	15	300
Chad	7.1	152	2	1084
Côte d'Ivoire	5.0	130	13	614
Mali	6.9	176	7	540
Mauritania	4.8	73	5	510
Niger	7.6	205	12	590
SSA avg	5.1	108	24	500
LIC avg	4.0	93	37	410

- The 5 targeted countries have the lowest contraceptive prevalence rates and – unsurprisingly – the highest fertility rates (including among girls).
- It contributes to their high maternal mortality ratios.

# PROJECT COMPONENTS

## To speed up the fertility transition, three strategies can be combined:

1. Increasing demand for reproductive health (RH) services, mainly through women and girls' empowerment
2. Improving supply of RH services, with:
  - more efficient procurement and better distribution of products.
  - improved quality and availability of qualified health workers.
3. Strengthen capacity and accountability of policymakers on population issues.

# Demand for reproductive health services remains low in the Sahel, mostly because of gender inequalities

	Unmet needs for contraception	Age at marriage	Youth literacy rate (male)	Youth literacy rate (female)	Gender Inequality Index (GII)
	(% of women of reprod. age)	(yrs, median)	(% 15-24)	(% 15-24)	(rating, rank out of 152 countries)
Burkina Faso	24.5	17.8	47	33	0.607 (133 <sup>rd</sup> )
Chad	28.3	16.0	54	42	0.707 (150 <sup>th</sup> )
Côte d'Ivoire	27.0	19.7	67	44	0.645 (143 <sup>rd</sup> )
Mali	27.6	16.6	56	39	0.673 (148 <sup>th</sup> )
Mauritania	32.0	17.1	72	66	0.644 (142 <sup>nd</sup> )
Niger	16.1	15.7	52	23	0.709 (151 <sup>st</sup> )

- Our regional analyses have found that:
  - “Unmet needs” for contraception are rather low (and even lower for birth limitation).
  - Low demand is driven by the low status of women and especially girls.

## Component 1 will address gender inequalities through a multisectoral approach

- Through a regional call for proposals, the project will fund sub-projects on:
  - Girls' education (e.g. community accommodation, cash transfers...).
  - Life-skills (incl. literacy and business skills) training for out-of-school girls and vulnerable women.
  - Social and behavior change communication (“safe space” for girls, “husbands’ schools”, clerics-run communication...).
- These sub-projects will be part of rigorous regional evaluations, so as to generate badly needed evidence on what works in women and girls empowerment.

## Component 2 will improve the supply of quality products for reproductive health (RH)

- Sahel countries are still facing heavy transaction costs for procuring RH products.
  - The project will support the set-up of a regional pooled procurement mechanism for these products.
- Another bottleneck is the weakness of the “last-mile delivery” segment of the supply chain.
  - The project will support a regional cooperation between countries to test and replicate successful approaches for improving “last delivery” (such as the “informed push model”, currently piloted in Senegal, Togo and Burkina Faso).

## With component 2, a “rural pipeline” approach will also improve the quality and availability of qualified health workers

- Women’s access to RH services is severely constrained by:
  - the lack of qualified health workers in rural areas, and
  - health workers’ limited knowledge on contraceptive methods.
- The project will support the regional roll-out of a “rural pipeline” strategy, which includes:
  - A focus on students and health workers with a rural background.
  - A decentralization of recruitment and deployment policies.
- Two regional centers for excellence in midwifery

## Component 3 will strengthen capacities and accountability of policymakers regarding population issues

- To foster commitment and accountability on the demographic dividend, the project will set up a regional forum for policymakers, civil society and religious leaders to discuss population issues and monitor Government budgets.
- To increase capacities of policymakers, the project will also support the creation of a regional network of “observatories” for the Demographic Dividend, so as to collect, analyze, compare and report data on population and gender issues.

**THANK YOU**