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Tracks:

What Does Your Abstract Address:

**Title: Seizing Collective Action and Cooperation across the Sahel to Harness the Demographic Dividend: Partnership between the Sahel Countries, World Bank and UNFPA**

### Significance (200 words)

Marked by high poverty incidence, food insecurity, and multiple factors of fragility and instability, an underlying factor for Sahelian countries is the inability to translate high GDP growth into the greater prosperity and wellbeing of its population. The slow demographic transition is thus preventing countries from harnessing the benefits of a demographic dividend. It is with this in mind that Six countries (Burkina Faso, Chad, Côte d'Ivoire, Niger, Mali and Mauritania) that share similar vulnerabilities and challenges have individually and jointly come together to seize collective action to harness the demographic dividend across their region.

There is a clear need to attend to the deep-set structural stresses of rapid population growth, urbanization and increasing competition for scarce natural resources. With shared cultural and social patterns, common traditional practices, family norms, and women's status, most countries of the Sahel face common social and political challenges in bringing about a change in their population dynamics. Conversely, the shared challenges across the region also constitute an opportunity for concerted dialogue and action to catalyze faster demographic change, as argued by the forthcoming (2014) World Bank report on Population and Development in West Africa: Opportunities and Challenges.

### Program Intervention (100 words max)

The goal of the project is to accelerate the demographic transition (i.e. reduced fertility and child mortality) and thus achieve the broader goals of triggering the demographic dividend (i.e. economic gains) and reduce gender inequality in the Sahel region.

Interventions are based on addressing challenges effectively and efficiently through national and regional approaches. The project's focus is on enhancing supply and demand to increase women and girls' access to maternal and reproductive health services, strengthening human capital and creating effective policy environments and simultaneously strengthening regional coordination to reduce transactional costs, generate spill-over effects and more effectively address social sensitivities

### Methodology (200 words max)

The 4-year (2015-2018) project targets six countries (Burkina Faso, Chad, Côte d'Ivoire, Niger, Mali, and Mauritania), in collaboration with regional institutions including Economic Community of West African States (ECOWAS) and the West African Health Organization (WAHO), supported by the United Nations Fund for Population (UNFPA) Regional Office for West and Central Africa (WCARO), regional offices of

the World Health Organization (WHO), the Reproductive Health Supplies Coalition, as well as partners such as the government of France, USAID, Bill and Melinda Gates Foundation (BMGF) under the Ouagadougou Partnership.

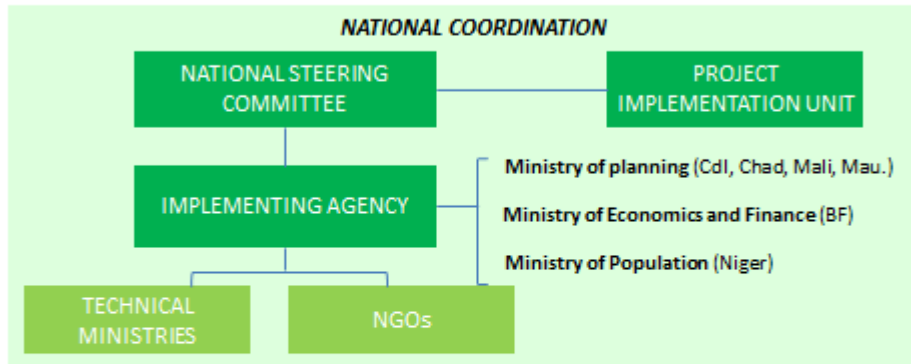
The project is primary targeting women and girls as beneficiaries in the selected countries. It is organized around 3 components. Component 1 seeks to generate demand for reproductive, maternal, neonatal and child health and nutrition (RMNCHN) commodities and services, by promoting social and behavioral change and empowering women and adolescents. Component 2 seeks to strengthen regional capacity to improve supply of RMNCHN commodities and qualified personnel. Component 3 seeks to strengthen high-level advocacy and policy dialogue, and strengthen capacity for policy making, project implementation and monitoring and evaluation.

<b>6</b>	<b>COUNTRIES</b> BURKINA FASO, COTE D'IVOIRE, CHAD, MALI, MAURITANIA, NIGER
<b>2</b>	<b>PARTNERS</b> UNFPA, WAHO
<b>5</b>	<b>YEARS</b> 2015 – 2019
<b>3</b>	<b>COMPONENTS</b> I. DEMAND GENERATION BY SOCIAL/BEHAVIOURAL CHANGE AND WOMEN/GIRLS EMPOWERMENT II. REGIONAL CAPACITY FOR AVAILABILITY OF RMNCHN COMMODITIES AND QUALIFIED HEALTH WORKERS III. POLITICAL COMMITMENT AND POLICY MAKING ON THE DEMOGRAPHIC DIVIDEND, AND PROJECT IMPLEMENTATION

Countries	per capita-GDP	Total fertility rate (TFR)	Age at marriage <sup>a</sup>	Age at first birth <sup>a</sup>	Adolescent fertility rate <sup>b</sup>	Contraceptive prevalence rate, modern (CPR) <sup>c</sup>	Maternal mortality ratio	Under-5 mortality rate	Malnutrition prevalence: stunting	Child dependency ratio	Density in midwives
	US\$ Est 2014 CIA The World Fact Book	(# children/woman)	(yrs, median)	(yrs, median)	(births per 1,000 women age 15-19)	(% married women 15-49)	(modeled, per 100,000 live births)	(per 1,000 live births)	(% of children under 5)	(pop'n < age 15 as % of working-age population)	(per 5,000 women in repr age)
Burkina Faso	1700	5.8	17.8	19.5	115	15	300	108	35	89	1.5
Chad	2600	7.1	16 <sup>1</sup>	18.2	152	2	1084	150	16	104	0.6
Côte d'Ivoire	2900	5.0	19.7	19.6	130	13	614	108	30	88	2.3
Mali	1600	6.1	16.6	18.9	112	7	464	96	38	94	0.9
Mauritania	3400	4.8	17.1	20.7	73	5	510	87	23	72	1.6
Niger	1000	7.6	15.7	18.6	205	12	590	120	55	105	1.3
SSA avg		5.1	-	-	108	24	500	98		80	
LIC avg		4.0	-	-	93	37	410	82	37	69	

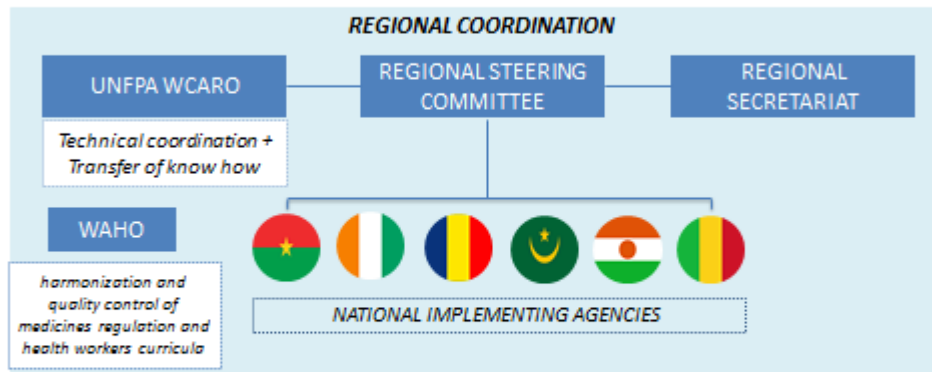
<sup>1</sup> Data for 2004 for Chad.

## INSTITUTIONAL AND IMPLEMENTATION ARRANGEMENTS



- At country level, a **national steering committee** and a **project implementation unit** are set up for managing project activities
- The **implementing entity** will be Ministries of Planning (Chad, Mali, Mauritania, and Côte d'Ivoire), the Ministry of Economics and Finance (Burkina Faso) and the Ministry of Population (Niger).
- The **implementing agency** will function as an "umbrella ministry", in charge of coordinating implementation of the various components by **technical ministries**

## REGIONAL INSTITUTIONAL AND IMPLEMENTATION ARRANGEMENTS



- Project implementation will be coordinated by the UNFPA regional office (WCARO)
- Regional coordination will be done through a Regional Steering Committee, whose secretariat will be run by UNFPA
- The Regional Steering Committee will include representatives of involved Ministries from all the 6 countries

## Results and Findings: (250 words)

The overall result of the effective advocacy so far achieved is the:

- Commitment of the 6 Sahel country governments to take loan to address the population dynamics, and gender inequality through women and girls empowerment to benefiting from demographic dividend. To date, four countries already signed the loan agreement with WBG and UNFPA is the core implementing partner of the project;
- Approval by the Executive board of the World Bank Group to provide the funding to the six countries;
- Agreement amongst the participating countries to adopt an integrated approach to address the demographic dividend, accepting therefore to invest for long terms benefits. The project will be financed through International Development Association credits and grants, as well as a national allocation (Mauritania).

Long-term transformational changes expected include:

- Strengthened provision of reproductive health education and life skills;
- Improved economic empowerment of out-of-school girls and women
- Enhanced access of girls to secondary education
- Economic empowerment through literacy, jobs skills and business or livelihood training, and financial assets;
- Regional evaluation mechanism to increase regional knowledge sharing and to scale up young women's and girls' empowerment programs across the Region
- Established a regionally-pooled procurement mechanism for RMNCHN commodities and regional technical hub aimed at enhancing the performance of the supply chain
- Strengthened regional capacity to increase availability and quality of health workers with midwifery skills in rural parts of the Sahel
- Strengthened advocacy and political commitment on RMNCHN at regional and national levels
- Strengthened the countries' policymaking and analytical capacity on demographic dividend issues

## Programme implication/Lessons learned (250 words)

**Ample global evidence suggests that four areas of investments need to be prioritized in policies and programs to accelerate the demographic transition: reproductive health (including family planning), child health and nutrition, girls' education and age of marriage.**

Some of these investments have been made on a small scale in a few countries in the Sahel but not on a large enough scale to make a substantive dent

- With respect to reproductive health:
  - integrating family planning education and services into broader reproductive and child health activities is a cost-effective strategy;
  - initiatives to reduce cost to client have increased uptake of family planning;
  - various social and behavior change strategies increase demand for and uptake of services

- To improve maternal, neonatal and child health outcomes, proven strategies include:
  - the provision of health supplies at the community level;
  - Postpartum education and peer groups around infant health care;
- For improvements in education outcomes, a number of lessons have surfaced from global experience:
  - policy changes around mandatory years of schooling, financial incentives;
  - Improving availability of schools with quality teachers.
- Age at marriage can be affected through a number of channels:
  - providing health education to adolescents (including family planning);
  - strengthening social supports;
  - holding community discussions;
  - engaging families either formally or informally;
  - Pairing individual interventions with community-based interventions.
- As some of the countries are fragile states, the proposed focus on women empowerment fits well with the recommendations of the 2011 World Development report.