



THE HUMAN CAPITAL PROJECT IN AFRICA

STORIES OF PROGRESS



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THE HUMAN CAPITAL PROJECT IN AFRICA

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FOREWORD

Africa Can Reclaim the 21st Century

In this deeply interconnected digital world, the 21st century will be defined by rising generations of skilled young African men and women. Approximately 11 million young Africans are expected to enter the labor market each year for the next decade. Make no mistake: Africa's greatest source of wealth, and its greatest contribution to the global economy, is its people.

Enabling Africans from all walks of life reach their full potential—physically and intellectually—opens the door to a more prosperous world. Investing in human capital through education and health is proving to be the critical driver of a country's growth and prosperity. These highly cost-effective investments can boost a country's resilience and its capacity to adapt to rapid change, such as that happening now in technology. Africa has already shown through the spread of mobile phone technology that it's possible to leapfrog development and deepen inclusion.

The World Bank is at the forefront of helping the region strengthen its human capital by providing financial support and extensive knowledge. We are helping countries close gaps in child and maternal health, stunting and malnutrition, and access to quality education. The results are yielding healthier, higher-skilled societies.

One could argue that the human capital indicators in Africa are bleak. However, we have seen several African countries make progress, and we share their stories, demonstrating that it's possible to turn things around and provide a better future for coming generations. That is why the World Bank is launching the Human Capital Project, which will help countries scale up their efforts to boost human capital—the bedrock for propelling Africa into staking its claim on the 21st century.



HAFEZ GHANEM

Vice President for Africa
World Bank







THE HUMAN CAPITAL PROJECT IN AFRICA

Human capital—the sum of a population’s health, skills, knowledge, and experience—accounts for the largest share of countries’ wealth globally. Human capital enables people to reach their full potential and is increasingly recognized as a primary driver of a nation’s economic growth.

The World Bank’s Human Capital Project is a new global effort designed to accelerate human capital accumulation by identifying and encouraging more efficient and effective policies and investments. The project will support countries to strengthen their human capital, improve measurement and evidence, and promote knowledge exchange.

The Human Capital Project places special emphasis on working with countries and partners across sub-Saharan Africa to help them meet their human capital goals. It recognizes that investing in Africa’s people is central to ensuring the continent’s future prosperity and full participation in global markets.

This overview explains why investment in human capital in Africa is critical, how some countries in Africa have advanced the human capital agenda, and how the Human Capital Project will support countries to improve human capital outcomes.

HUMAN CAPITAL MATTERS: FOR ECONOMIES, PEOPLE, AND SOCIETIES

Human capital is a primary factor in propelling economic growth and enhancing competitiveness. Countries invest in the health and education of their populations because of the intrinsic value of these outcomes: they are core elements of well-being and human development. Human capital is also a critical driver of a country's growth and prosperity. Studies show that 10 to 30 percent of the differences in per capita income between countries can be attributed to human capital.¹ Looking forward, globalization and the digital economy will make human capital even more critical to strengthening countries' competitiveness.

Human capital affects people's potential throughout life. Poor health, chronic malnutrition, and the lack of proper stimulation and security in infancy and childhood can have lifelong effects on both physical health and cognitive capacity. This can hamper school performance and productivity. Child deaths—still far too common in Africa—represent the ultimate and tragic loss of potential to a family and to a country. Inadequate schooling directly impacts students' knowledge and skills, and hence their ability to compete and be productive in the labor market later in life. Health also matters, with illness or disability requiring costly medical care, reducing productivity and, potentially, resulting in an incapacity to work. Throughout life access to basic services, coupled with protection from extreme poverty and vulnerability, provides a foundation for building human capital. Deprivations that undermine human potential are not spread equally—inequalities in human capital investments are a key factor behind the deep inequalities in social and economic outcomes that are observed in many countries.

Investments in human capital are among the most cost-effective investments governments can make. Scaling up priority nutrition interventions can generate sizeable returns—as high as \$18 for every \$1 invested in promoting exclusive breastfeeding, and \$13 for every \$1 invested in preventing anemia.² In turn, better nourished children earn between 5 to 50 percent higher incomes as adults. Investments in health have the potential of generating handsome economic benefits, both from the intrinsic value of lives saved and from higher income. Similarly, each additional year of schooling typically raises an individual's earnings by 8 to 10 percent.³ The quality of education also matters; increasing teacher quality can raise children's lifetime income. Providing families and societies with adequate social protection can help manage risks and protect investments in human capital.

Many countries are investing too little in human capital, are not achieving the results they should, and risk leaving the poor behind. Governments, households, and the private sector all invest in human capital. However, governments often underestimate the returns to investing in people and prioritize other sectors. In many cases, spending is plagued by inefficiency and governance challenges, and fails to reach those that need it most, thereby missing the broader societal benefits of strong human capital.

Households, notably poor households, also tend to under-invest in human capital, often because they are unable to mobilize the resources needed or are not certain of how behaviors impact long-term outcomes. Where the public capacity to deliver services is weak or absent, governments can play an important regulatory role, but often do not fully harness the capacity of non-state actors to reach those who are not receiving essential services. The consequence is that both countries and people fail to realize their potential to grow and thrive, or to address key questions of equity, and are too often poorly prepared for the future.

MEASURING HUMAN CAPITAL: A FOCUS ON AFRICA

The World Bank Group's new Human Capital Index focuses on how human capital contributes to the productivity of the next generation of workers. One of the pillars of the Human Capital Project is the development of an index that measures the health and the quantity and quality of education that a child born today can expect to have had by the age of 18 (Box 1). Countries' performance on the Human Capital Index (HCI) is expected to draw in the high-level political attention needed for transformative action at the country level. Despite strong progress in some countries in Africa, many are lagging behind in the three components of the index: survival, school, and health.

Box 1. The Human Capital Index (HCI)

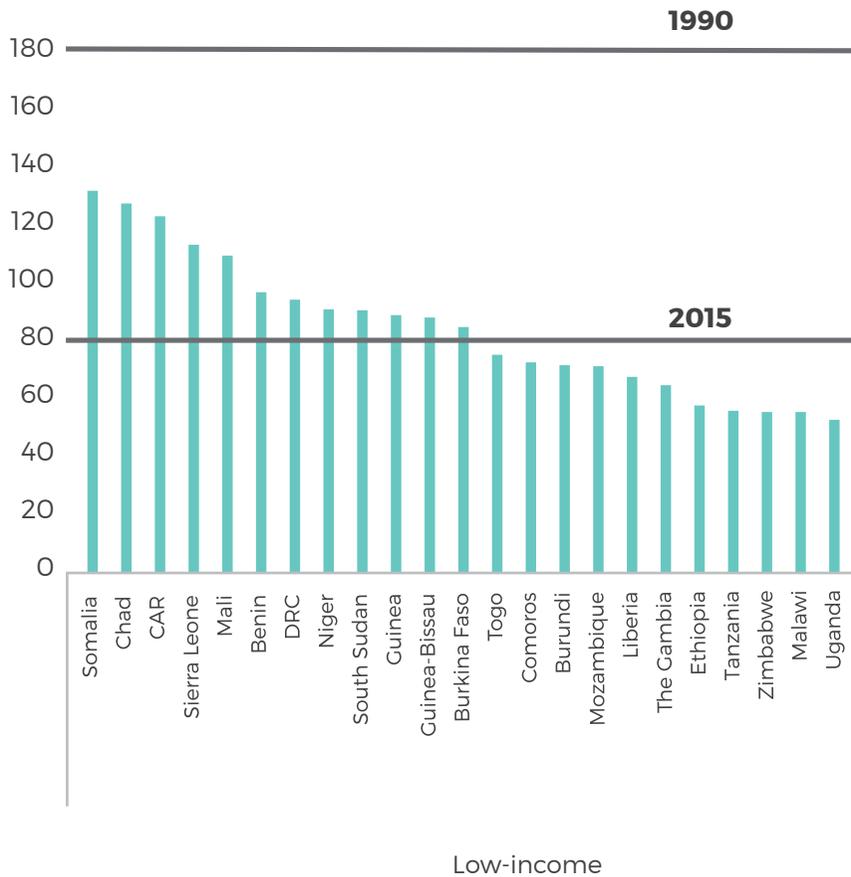
The HCI measures countries' performance on key building blocks of human capital of the next generation. It includes three components that are closely linked with the Sustainable Development Goal targets for health, education, and nutrition:

- **Survival:** Will children born today survive to school age?
- **School:** How much school will they complete and how much will they learn?
- **Health:** Will they leave school in good health, ready for further learning and/or work?

Child Survival

In the past 25 years, countries in Sub-Saharan Africa have seen major reductions in under-five mortality, but the region is lagging behind other parts of the world. The expansion of critical interventions, such as vaccinations, the treatment of fever and diarrhea, and the use of bed nets have contributed to the reduction of mortality. Yet, 2.9 million children under the age of five still die in Sub-

Figure 1. **In spite of important improvements, under-five mortality in Sub-**

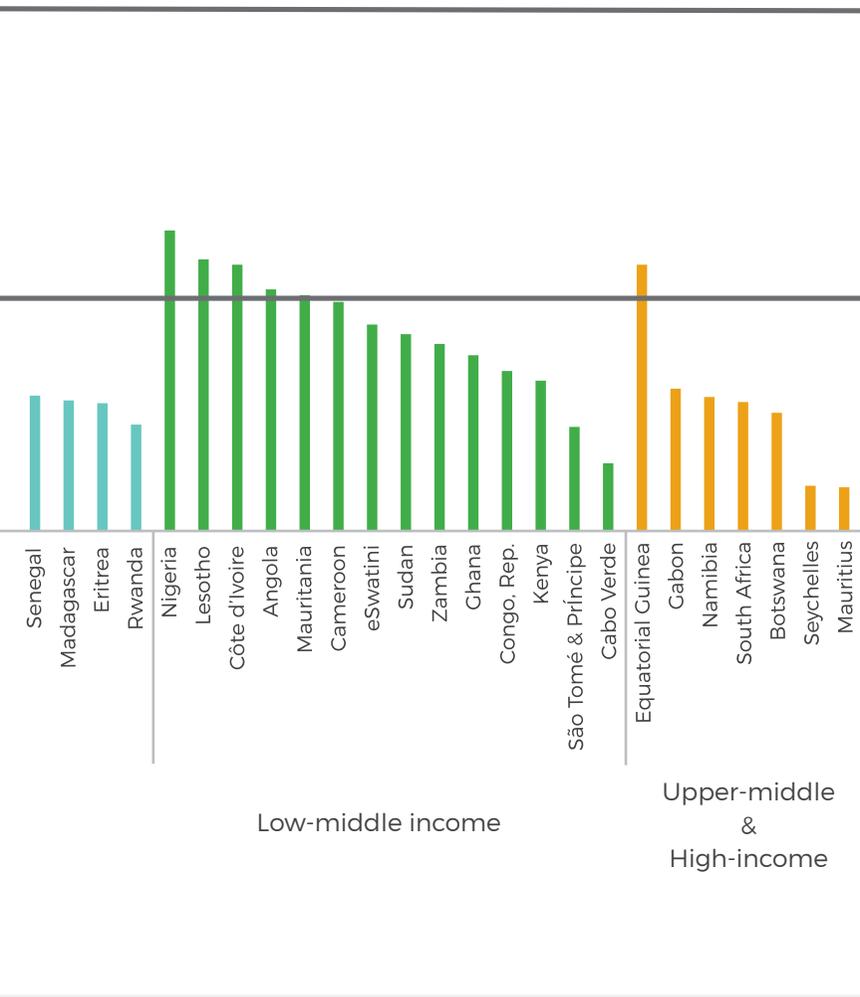


Source: World Development Indicators, 2017.

Saharan Africa every year, mostly from avoidable causes, such as complications related to respiratory infections, diarrhea, or malaria. In many countries, reductions in child mortality fell short of the Millennium Development Goals (MDG) targets, and achieving the Sustainable Development Goals (SDG) targets represents a daunting challenge. Some countries in the region—Somalia, Chad, Central African Republic, Sierra Leone, Mali, and Nigeria—struggle to reduce child mortality rates that are still above 100 deaths per 1,000 live births, some of the highest in the world (Figure 1).

The persistently high levels of child mortality in the region reflect the widespread lack of access to essential goods and services, such as water and sanitation, basic health care, and adequate shelter. Despite improvements in access to services, wide disparities remain within countries, especially for access to more complex interventions, such as skilled birth attendance and treatment for severe illnesses. Even for more routine services such as immunizations, very few

Saharan Africa remains high

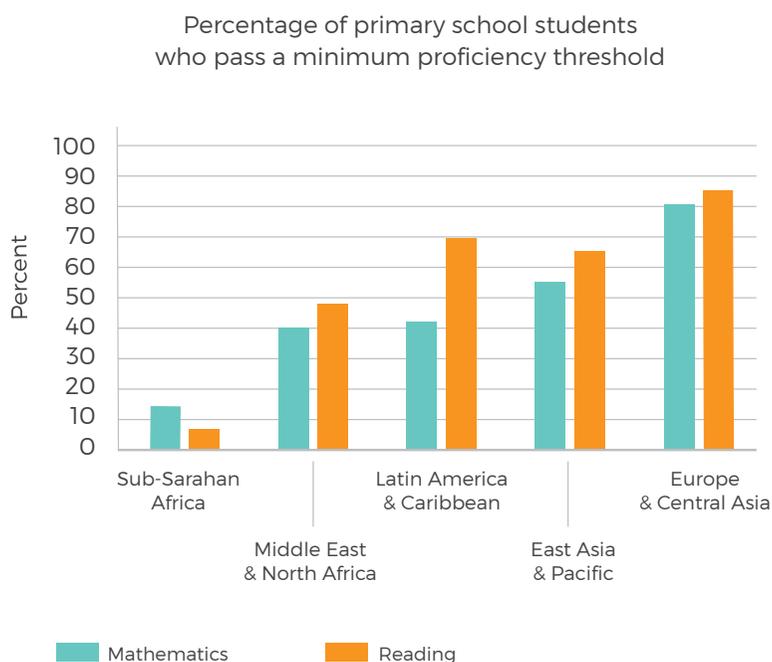


countries are achieving universal coverage. This often compounded by the poor quality of care, reflected in deficits of essential drugs and the availability of medical equipment, and in the training and practices of frontline health workers.

School

Africa has the largest return on education of any continent, with each additional year of schooling raising earnings by 11 percent for males and 14 percent for females. But issues of access and quality loom large: about 50 million children remain out of school. Africa is also the only region of the world where the number of out-of-school adolescents has risen in recent years, partly because of rapid population growth among the poorest, who also have the lowest access to education.

Figure 2. **Levels of Learning are low in many Sub-Saharan countries**



Source: World Development Report, 2018.

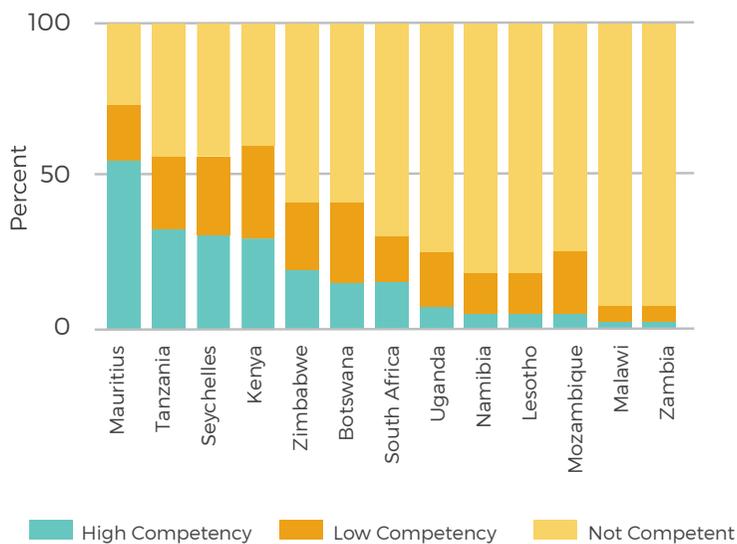
Completing the unfinished agenda of universal basic education is essential, but schooling on its own is not enough: learning levels across the region are very low (Figure 2). In some African countries, over 85 percent of primary (elementary) school students are unable to read proficiently. The most disadvantaged fare worst both in access to education and success in learning. Ensuring that all children learn will require bold efforts to eliminate gaps in access to quality education.

There is plenty of proof that Africa can do better. Many countries have done so already through the reorientation of their education systems, largely by adopting new initiatives, such as measuring and tracking student learning outcomes, acting on the substantial evidence available on what works for all learners, using cash transfers to promote access for the poor, and developing a sense of urgency among key actors to address the changes needed.

Health

Good health is essential for children to be able to prosper in school and in the labor market. One proxy for chronic malnutrition and childhood development that forms part of the Human Capital Index is childhood stunting, usually assessed through a measure of

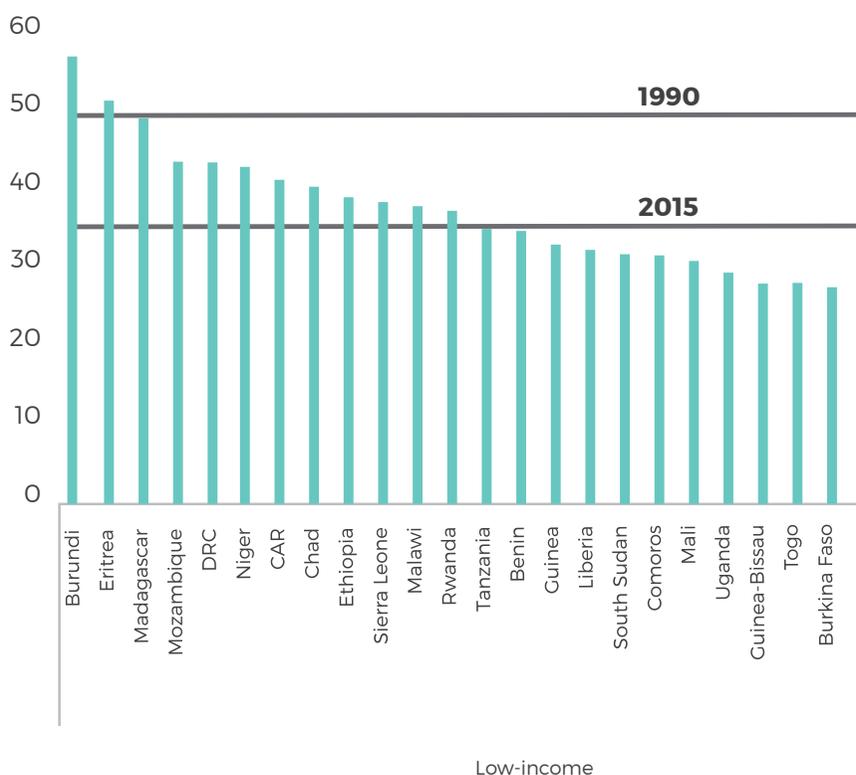
Competency level in mathematics from 2007,
Southern and Eastern Africa Consortium
for Monitoring Educational Quality



a child's trajectory in height relative to his or her age. Stunting is a strong determinant of cognitive capacity and adult health, as well as future productivity. Sub-Saharan Africa reports the world's highest rates of stunting among children (Figure 3). This means children fall sick more often, miss opportunities to learn, perform less well in school, and grow up economically disadvantaged and more likely to suffer from chronic diseases in adulthood. As a result of high levels of fertility and only modest reductions in stunting, the actual number of stunted children in the region increased by 12 million between 1990 and 2015 and is likely to keep rising unless these issues are addressed.

The good news is that a few countries—including low income countries—have managed to reduce the rate of stunting substantially. Although progress on reducing stunting in Africa has been slow, some countries, such as Senegal, Lesotho, and Malawi, have made notable progress. These improvements have been achieved by creating awareness of the problem and implementing evidence-based programs for pregnant women and infants that provide key interventions, including the provision of folic acid and other micronutrients, the promotion of breastfeeding and appropriate infant stimulation and feeding practices, access to essential health services, and improvements in water and sanitation. Concerted action of this kind is needed; evidence from Africa shows that growth in income and a reduction in poverty on their own have only modest impacts on the level of chronic malnutrition.

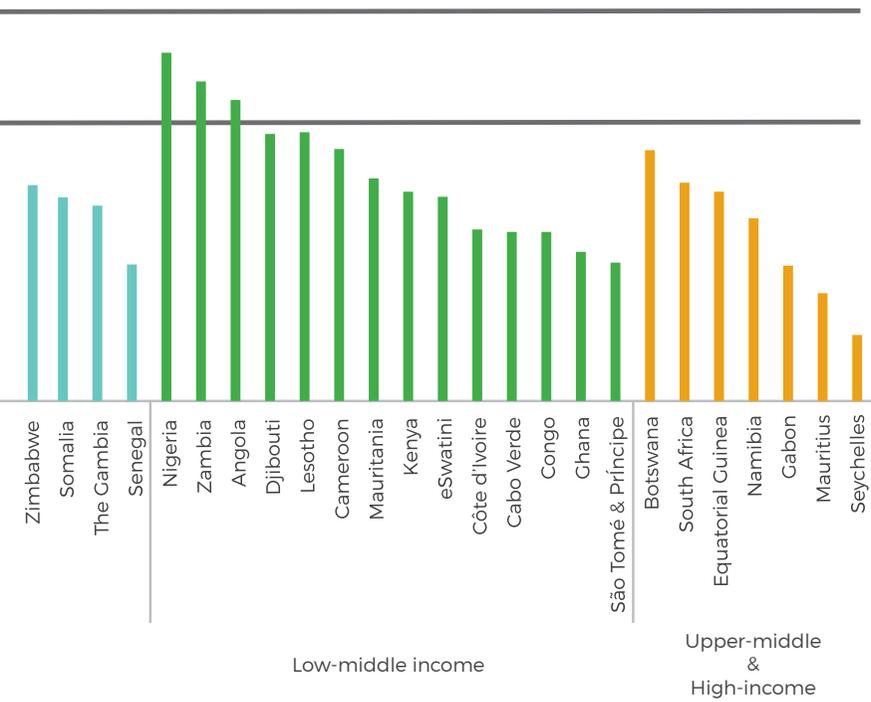
Figure 3. **Stunting in Sub-Saharan Africa remains high**



Source: UNICEF/WHO/World Bank joint child malnutrition estimates: stunting. May 2018.

The Human Capital Index also focuses on adult survival as a proxy for the overall health environment and the range of fatal and non-fatal health outcomes that a child born today would experience as an adult.

Adult survival rates in Africa are very low relative to other regions, with substantial variation across countries. Communicable diseases and pregnancy-related complications are still the continent's biggest killers, but the burden of non-communicable disease is increasing rapidly. More than 700,000 people died from HIV/AIDS related causes in 2016, and as many from tuberculosis. Malaria remains an important cause of death, in particular for children. Africa is the region with the highest level of maternal mortality, with 500 mothers dying per 100,000 live births. This translates into 200,000 deaths annually. At the same time, non-communicable diseases are on the rise, primarily due to lifestyle factors: smoking rates are high and, in some cases, increasing. More sedentary lives and poor diets also contribute. As a result, high blood pressure, diabetes, and other conditions are rapidly becoming more prevalent, but often go undiagnosed and untreated.



Although health outcomes in Africa are concerning, success stories from the region and a growing momentum towards Universal Health Coverage provide cause for optimism.

The region has seen massive increases in the coverage of antiretroviral therapy over the last 15 years. Coverage of other interventions have also increased, albeit less dramatically, and some countries have seen impressive progress. Eight countries achieved more than a 60 percent reduction in maternal mortality between 1990 and 2015—Cabo Verde, Ethiopia, Eritrea, Equatorial Guinea, Mozambique, Rwanda, Tanzania, and Zambia. Equally important, several countries are starting to implement policies and programs aimed at improving access to health care and addressing health risks, such as outbreaks of disease and chronic diseases, including the rising epidemic of obesity in Africa.

HUMAN CAPITAL FOR INCLUSIVE GROWTH AND SHARED PROSPERITY: WHAT WILL IT TAKE?

How can African governments realize the gains from improving human capital outcomes?

Countries must find their own path to advance the human capital agenda. A key aim of the Human Capital Project is to support the development and implementation of country-owned action plans, as well as to facilitate cross-country learning. Business as usual and incremental reforms are unlikely to deliver the results that are needed in the region, however. Progress will require political leadership and concerted action on several fronts:

- **Expand government investment in social services.** Human capital does not materialize on its own: it requires collective action by households, governments, members of the private sector, and non-governmental actors. The state has a more central role in providing public goods, addressing externalities, ensuring equity, and regulating service provision. Leaving this entirely to individuals is a missed opportunity for realizing the broader gains that human capital can foster. Yet, many countries in Africa are underinvesting in health, nutrition, education, social protection systems, and other drivers of strong human capital outcomes. Mobilizing domestic resources for human capital investment calls for work on improving tax systems, finding better approaches to managing natural resource wealth, and improving financial administration.
- **Introduce reforms and innovation to improve service delivery.** Allocating more resources to human capital is only one piece of the puzzle. Governments must also focus on increasing returns to those investments, including improving the efficiency of current spending and the quality of services delivered to their populations. In many contexts, this will require the fundamental reform of systems for delivering key services, with a focus on enhancing governance and transparency, and strengthening accountability for results.

The promise of technology and the marketplace of ideas gives African countries the opportunity to do things differently. Many are already leading the way. In Rwanda, RapidSMS, a cellphone-based technology, has saved the lives of pregnant women through the routine surveillance of their health by community health workers. Sierra Leone and Tanzania are using spatial statistical modeling to generate poverty maps to inform the expansion and harmonization of social safety net programs.⁴ In Nigeria's commercial capital of Lagos, even short exposure to eReaders with curriculum content, significantly increased the learning of students without paper textbooks.

- **Commit to equity and inclusiveness.** Gaps in levels of health, education, and nutrition mirror poverty gaps, with the poorest people usually having the lowest levels of human development. Poor families often struggle to allocate the time and resources



needed to build the human capital of their children, to access health and nutrition services, and to invest in their own skills to enhance productivity. Pregnant women and young children are often voiceless in national and global debates, and hence likely to be excluded. Health and education systems can be designed with this in mind, making sure that quality services are available for disadvantaged groups. A large body of evidence drawn from social protection programs shows that providing poor and vulnerable households with income support can improve their access to services that enhance human capital, as well as a wide range of human development outcomes.⁵

Households living in contexts affected by fragility and conflict are particularly vulnerable.⁶ The basic systems for building and sustaining human capital are likely to have been disrupted; deprivation is compounded by the impact of the socio-emotional stress borne by families and children. Working closely with stakeholders to provide essential services and strengthen resilience can prevent conflicts from spilling over and help bridge the humanitarian–development divide.

- **Address fertility and gender issues to harness a demographic dividend.** Africa has by far the highest level of fertility in the world—nearly 5 births per woman, compared to between 1.8 and 2.8 in other regions. At present, close to half of the population in Sub-Saharan Africa is under 15 years old; by 2050, the region will be home to all ten of the world’s countries with the youngest populations.⁷ Harnessing the demographic dividend requires an acceleration of the fertility transition, which would reduce dependency ratios and free up resources to invest in the human capital of today’s workforce and that of the next generation’s. This calls for expanding access to comprehensive family planning, improving maternal and child health and nutrition, and investing in girls’ education.

Accelerated progress in building human capital is possible but will require strong political leadership and coordinated action across sectors. A whole-of-government approach can help coordination across sectoral programs, sustain momentum across political cycles, and promote evidence-based policy making. Engaging partners, private sector actors, and civil society can support accountability and advocacy, as well as open channels for effective service delivery.

THE HUMAN CAPITAL PROJECT: MOVING FORWARD IN AFRICA

The Human Capital Project seeks to build commitment for effective reforms and investments that will transform human capital outcomes for the greater good of people, societies, and economies.

In Africa, the Human Capital Project will provide dedicated support to countries in the region to prioritize more and

better human capital investments. The project will highlight the importance of human capital, help identify gaps in potential human capital, track service delivery and human capital outcomes, and adopt evidence-based policy reforms to improve services and outcomes. This work is multi-sectoral and will count on the support of many partners, spanning government ministries, the private sector, and civil society.

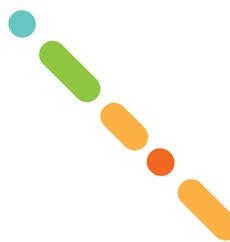
The Human Capital Project involves three pillars:

- **The Human Capital Index is an entry point into an important conversation about the economic payoffs of investing in human capital.** It quantifies countries' distance to the frontier—the gap between their people's wellbeing today and a future in which everyone is equipped to reach his or her full potential. It helps countries assess how much income they are foregoing because of gaps in human capital, compare their rates of progress, and gauge how much faster they can reach the frontier by strengthening human capital outcomes. Through this, the Human Capital Index aims to draw the high-level attention needed for transformative action at the country level.
- **A focus on research and measurement of human capital will create public goods to understand how to improve outcomes most effectively.** To complement the Human Capital Index and improve the quality of data for its future calculations, country participation in international assessments (for example, of student learning) and national surveys (such as, the quality of service delivery) will better track its progress on human capital investments and their outcomes. This will help identify relevant policy levers to address the constraints critical to improving human capital, including the need for reforms, innovative programs, and for strengthening existing systems. Building this evidence base can also inform resource allocation, especially for domestic resources, to achieve greater efficiency and effectiveness in spending.
- **Well-coordinated, long-term, evidence-driven country engagement will help tackle the greatest challenges that constrain people's health, education, and resiliency.** Many countries have already become early adopters of the Human Capital Project and are prioritizing human capital investments and reforms. The World Bank is working with early adopter countries to help them define their vision to accelerate human capital development for current and future generations and plan their strategy on how that vision will be achieved. The World Bank Group will support the achievement of these visions and plans through an integrated menu of indicators and interventions that are evidenced-based, feasible, and cost-effective to implement. The World Bank Group will also emphasize peer learning. Knowledge sharing will be prioritized to exchange ideas and build communities of practice, not only across Africa, but also by leveraging the World Bank Group's global engagement. Through broadening initiatives, the project can ensure that future generations in Africa are well placed to learn, earn, innovate, and compete.



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The image features a solid green background. In the top right corner, there is a cluster of white, rounded rectangular shapes of various sizes and orientations, some overlapping. A similar, though less dense, cluster of these shapes is located in the bottom left corner. Centered in the middle of the page is the text "STORIES OF PROGRESS" in a white, uppercase, sans-serif font.

STORIES OF PROGRESS

EAST AFRICA

CURBING THE SPREAD OF COMMUNICABLE DISEASE

Sharing resources and know-how, East African nations are working together to prevent the spread of communicable disease. Public health officials network through 41 upgraded laboratories in Burundi, Kenya, Rwanda, Tanzania, and Uganda.

In 2010, officials in East Africa recognized their health systems were ill-prepared to deal with multidrug-resistant tuberculosis (TB) and outbreaks of diseases such as Ebola, Marburg, and yellow fever. Underinvestment in their laboratories had contributed to misdiagnosis and prevented health officials from detecting public health threats quickly and accurately. It was compromising patients' care and resulting in the greater transmission of disease and higher health care costs.

To tackle this, a network of 41 laboratories in five countries received \$128 million in IDA financing. Each serves as a center of excellence in a specialized area, piloting innovations, fostering efficiency in preparedness and response, and sharing good practice.

For example, performance-based financing in Rwanda has served as a model for other countries. In 2013, the Uganda TB Reference Laboratory qualified as a Supranational Reference Laboratory of the World Health Organization (WHO), only the second of its kind in Africa. It now supports over 20 countries on the continent.

By 2017, 96 percent of the facilities reached two-star rating in a regionally recognized, WHO-endorsed quality

improvement scheme toward accreditation, and four laboratories were awarded the gold standard ISO 15189 level of accreditation.

State-of-the-art GeneXpert machines in locations such as Mbale Regional Referral Hospital close to Uganda's border with Kenya, have facilitated the faster, more accurate, cross-border diagnosis of multidrug-resistant TB. GeneXpert tests have been conducted network-wide, providing results within hours rather than the months taken for culture results.

"Before I visited Mbale Hospital, I had been receiving treatment for fever and flu at a clinic near my home without any sign of recovery. I thought it was HIV," says Aliyi Mwanika, a motorbike taxi driver. The GeneXpert machine correctly diagnosed his illness as multidrug-resistant TB, and he was put on the right treatment. "After six months I was able to go back to work," he says.

There has been an 80 percent increase in the confirmation of pathogens, and more regional collaboration, with cross-border committees, joint investigations, tabletop simulations for diseases like Ebola, and a mobile phone reporting

system for the timely sharing of information on outbreaks of disease.

Through training, the pool of qualified assessors, lab managers, disease

surveillance officers, and operational researchers has expanded to 13,000, generating new evidence and knowledge to help inform public policy and shape it.



ETHIOPIA

MANAGING THE IMPACT OF DROUGHT

Ethiopia routinely supports members of its population during droughts, with the World Bank helping fund programs that focus on long-term practical measures to prevent famine.

Across the vast, flat plains of southeastern Ethiopia, plumes of dust whirl like mini tornados. Local people say they signal the onset of rain but, from 2015 to 2017, rain failed to come in many places. The Government of Ethiopia is no stranger to drought. Since 2003, it has faced five serious droughts affecting millions of people. This has forced it to think how it can anticipate, plan, and respond.

Each year, the drought is given a name by the people most affected by it. Some called this one “Sima,” the “great leveler” in the Somali language spoken by many in southeastern Ethiopia, suggesting everyone will suffer, rich or poor. Studies have shown, however, that droughts make the poor even poorer. In this drought, people’s livestock holdings fell by nearly 50 percent. Often it takes as many as four years for households to recover.

In 2016, the Ethiopian government’s response was its largest-ever, providing 18.2 million people—about 20 percent of the country’s total population—with food or the cash to buy it. On the frontline of this was the Productive Safety Net Program (PSNP), one of the world’s largest safety net programs. Run by the

government, it pools money from 11 donors, including the World Bank Group’s International Development Association (IDA).

The PSNP provides regular cash or food transfers and its food-for-work component supports public works that are usually related to landscape restoration, irrigation, and agroforestry. The government runs two approaches in parallel: the safety net program and the distribution of humanitarian aid.

Halimo and Mariama Ali are neighbors in Kabribayah woreda (district). Unlike Mariama, in 2016, Halimo had only just been included on the list of beneficiaries for humanitarian aid. “I had to depend on the generosity of my neighbors to tide me over,” says Halimo, the bread-winner for eight children. She had a small plot, but nothing had grown on it. On paper there is very little to distinguish between who becomes a beneficiary and who does not, but the PSNP does not have enough funds to include everyone. The best it can do is to coordinate better so that food and water reaches not just its beneficiaries but the “transitory food insecure,” such as Halimo’s household.

The safety net program is about a decade old but has an entire system at its disposal from kebele (the smallest administrative unit) to district and national level. The government has full-time staff working on it and, over the years, has been able to improve its targeting of beneficiaries. When asked, most beneficiaries prefer PSNP over emergency humanitarian aid because it is dependable, predictable, and regular. The government is now putting in place a framework that brings together the PSNP and emergency aid. This framework sets out the operational procedures they will use, extending and adopting each other's procedures.

"Droughts are a regular occurrence in Ethiopia," says Carolyn Turk, the World Bank's Country Director for Ethiopia. "We and other donors are working with the government to build the capacity to respond from within to its regular development programs.

We are exploring the options with innovative financial products, as well as by bolstering the PSNP."

Evaluations built into the PSNP suggest it is now generally well targeted and has a significant impact on food security. The percentage of beneficiaries achieving full food security rose from 17 to 32 percent between 2006 and 2012. The impact on female-headed households has been particularly large. It has increased household spending on food and non-food items, and improved educational attainment, particularly for girls.

Ethiopia is now pioneering the first urban safety net program of its kind in Sub-Saharan Africa to cover 11 cities and reach 55 percent of the poor living in them (604,000 beneficiaries) by 2021, through a mix of public works, direct support, and livelihood interventions.



LESOTHO

UPGRADING LOW PERFORMING SCHOOLS

The Kingdom of Lesotho has made substantial gains in education service delivery since the introduction of free primary education in 2000. Lesotho spends 8.4 percent of its GDP on education, but inefficiency and uneven quality remain a challenge, contributing to an unemployment rate of 25 percent.

Keeping children in school is a challenge in Lesotho. High rates of absenteeism, dropping out, and repeating grades are caused by factors, including gender issues (boys staying home to herd cattle), early marriage or early pregnancy for girls, economic status, the high cost of education, and long walking distances. It means that many Basotho youth are not acquiring the basic skills that lay the foundations for future learning.

Lesotho still lags behind the regional average in both reading and mathematics in primary education, and less than quarter of students who sit the junior certificate exams pass mathematics and science. Raising the quality of basic education is crucial to giving Basotho youth a strong foundation for developing further skills and improving their ability to participate more productively in the economy.

In 2016, the Government of Lesotho, with support from the World Bank, launched the Lesotho Education Quality for Equality Project (LEQEP) and, a year later, the Lesotho Basic Education Improvement Project (LBEIP). The \$27.1 million project is supported by IDA and the Global Partnership for Education.

The project aims to improve teaching in math, science, and the national curriculum. It also aims to strengthen how schools account for student retention and improve their learning environment by introducing grants for schools to implement improvement plans.

So far, 60 junior secondary education teachers have been trained in progressive mathematics and science and 424 in the national curriculum. Some 17 schools have been given interactive, electronic equipment for teaching, and 14 of the country's lowest performing schools have been awarded grants to improve the learning environment and increase student retention.

"Although we still face challenges with the supply of qualified math and science teachers, with the equipment provided under the LEQEP, we have seen an improvement in the mindsets of both teachers and students. Both are increasingly enjoying teaching and learning these subjects," says Bertha Mabakubung Seutloali, Chief Education Officer at Lesotho's Ministry of Education.

The project is expected to have 85,600 beneficiaries by 2021. They will include students, primary and secondary school teachers, district

resource teachers, subject advisors, school inspectors, and the members of school boards.



MADAGASCAR

STRONG PARTNERSHIP FOR IMPROVING NUTRITION

Stunting, which is caused by chronic malnutrition, is the biggest obstacle to developing the full potential of Madagascar’s human capital. Close to 50 percent of children under five are affected by it—the fourth highest rate in the world—with its annual cost to the economy estimated at 7 to 12 percent of GDP.

Madagascar’s prolonged political crisis (2009–14) deepened poverty and put its social services to the test. The World Bank approved the \$65 million, IDA-financed, Emergency Support to Critical Education, Health, and Nutrition Services Project—commonly known as PAUSENS—in 2012, to help the government maintain critical services in five of its poorest regions. About 500,000 pregnant women and 1.7 million children received free health and nutrition services as a result.

PAUSENS helped the government’s long-running National Community Nutrition Program, which until 2017, focused on reducing acute malnutrition by providing free support to primary caregivers through a network of over rural 6,500 community nutrition sites.

This program was crucial for families like Jocelyne Rasoanantenaina, whose baby weighed barely 7 kilograms at a year old. “We didn’t have much to eat,” Jocelyne explains. “The harvest wasn’t enough to feed our children.”

Other children in their village in Ambositra district in central Madagascar were also acutely malnourished. A community nutrition worker, Noëline Razafindraibe, visited them all in their homes and ran counseling sessions

for their mothers. “Every month, I show them how to feed their children properly with the little resources they have,” she says. “With simple, improved practices, we can help them avoid deficiencies in their diet—a few beans, some rice, a little iodized salt, oil, vegetables.”

A key feature of PAUSENS was removing geographic and financial barriers. The project ensured that frontline health clinics could provide maternal and child health services at no cost using a voucher scheme and other targeted interventions. Prenatal visits increased by 10 percent a year, skilled deliveries went up six-fold in many areas, and routine vaccination rates significantly improved.

“When there was a cost related to these services, pregnant women would only come to the health center as their due date approached. Now many of them come by their third month,” says Voahangy Rahantamalala, the head physician in the nearby town of Ambohimanjaka.

Evidence emerging in 2012 showed the National Community Nutrition Program was having a positive impact on reducing the number of



children who were underweight, but no significant impact on increasing their height-for-age (thus reducing stunting). This was troubling and spurred the government to rethink its strategy. In 2017, it prioritized reducing chronic malnutrition. The World Bank supported it with up to \$200 million in IDA financing to develop a new 10-year program. The Improving Nutrition Outcomes Program is the first of its kind to use a new multiphase programmatic approach that allows clients to structure long, large, or complex engagements.

“The government has prioritized reducing stunting from 47 to 33 percent,” says Coralie Gevers, the World Bank’s Country Manager for Madagascar. “This requires long-term investment. We are very pleased the country is striving to give all Malagasy children a better chance of a prosperous future.”

Targeting close to 75 percent of children under-five, the program will be rolled out in eight regions

with the highest rates of stunting, before being gradually expanded to 15 regions.

“Stand-alone operations work fine in many contexts, but if you are grappling with an issue as complex as stunting in a country like Madagascar, the multiphase programmatic approach is ideal because it allows you to take a long-term perspective and mitigate the risks associated with a stop-and-go approach, which have resulted in stalled or reversed progress,” said Jumana Qamruddin, Senior Health Specialist in the Health, Nutrition and Population Global Practice at the World Bank, and the program’s team leader.

The first phase of the program has already begun to scale up high-impact interventions, such as promoting micronutrient supplementation and breastfeeding. It will prioritize the first 1,000 days of life from conception to two years, a critical window for reducing stunting and maximizing cognitive development.



MALI

EDUCATING GIRLS, WITH BIKES TO HELP THEM GET TO SCHOOL

Many girls drop out of school at puberty in Mali's rural areas, due to long walking distances, the high poverty rate, and the influence of social norms. Giving girls bicycles helps them continue their education.

On a morning unlike any other, Déboura Goita gets off her brand-new, blue bicycle and heads toward the big shade tree in the Waki school yard in Kimparana, Ségou region, about 490 kilometers (305 miles) from Bamako. Several other bicycles are propped up against the tree already. Wearing her backpack, she goes to her classroom.

Sixteen-year old Déboura is a seventh-grade student. Her mother has been the sole provider for her, her three sisters, and two brothers since their father died. Before getting this bicycle, she walked the six kilometers every day to school. "In the evenings, I was very tired with neither the time nor the energy to study," says Déboura. As a result, she dropped out.

She started school again when she got her bicycle, which she handles skillfully and with great care. Déboura is now deepening her knowledge of French, math, history, and geography. "My favorite subjects are physics, chemistry, biology, geography, and civics and ethics," she says, sitting next to her friends while copying down sentences written on the blackboard by the teacher in her notebook. "My dream is to become a teacher," she continues.

Like Déboura, 27 other young girls have gone back to school after being given bicycles in Kimparana. After school, she usually helps her mother with the housework—preparing meals, fetching water, doing the dishes, and sweeping the yard. She does farm work when she is on vacation.

"Déboura diligently attends classes, arrives on time every day, and even sat the exams right after the bike donation," says her principal, Mamadou Konaté.

Secondary (middle and high) school attendance in Mali is 53 percent for boys and 43 percent for girls. "Some villages are more than 15 kilometers away from the school", says Birama Kassogué, director of Kimparana's educational outreach center. "We hope the bikes will lead to a lower dropout rate."

About 900 girls in all from 75 schools in Ségou and other regions of Mali have been given bicycles. Keeping them in school not only educates them but puts them at less risk of their parents placing them in arranged marriages.

Free bicycles was one of the initiatives funded by the World Bank through the Sahel Women's Empowerment and Demographic Dividend (SWEDD) project. The slogan of the campaign was "My challenge: the DEF!" (Diplôme d'études fondamentales). The DEF is the certificate marking the completion of ninth grade.

These initiatives may help as many as 22,000 girls in Mali continue their studies and take charge of their lives. SWEDD also trained teachers and school counselors, raising the awareness of practices that damage a girl's individual contribution to society and the workplace, such as teenage pregnancy and gender-based violence.

Religious and community leaders have been mobilized to become champions of the rights of young girls.

Through the SWEDD, girls' empowerment interventions should reach more than 100,000 vulnerable girls in Burkina Faso, Chad, Côte d'Ivoire, Mali, Mauritania, and Niger. Several interventions are led by ministries of Education to keep girls in school, others by ministries of Social Affairs, Women's Affairs, Health, Population, Planning and Youth. Ministers of Finance and human development ministers in at least four of the six countries have revised their national development plans, putting a stronger focus socio-economic policies and gender equity measures.



MAURITANIA

INVESTING IN EARLY CHILDHOOD

By 2020, about 100,000 of Mauritania's poorest households will be receiving quarterly cash transfers. The program is tackling intergenerational poverty by incentivising parents to invest in their children's development.

Today's mood is festive in the village of Bachatt Ould Boughrou in southern Mauritania. Moustapha and Hawa, two social outreach workers, are here to give a course on the benefits of a balanced diet. Women of all ages have gathered—their toddlers on their knees—to listen attentively to the young people's recommendations for feeding their children a healthy mixture of protein from milk and meat, carbohydrates from grains and tubers, and nutrients from vegetables.

"What do you want your children to be when they grow up?" asks Moustapha. "Teacher," shouts one woman. "Doctor," answers another. "Soldier," says a third. Moustapha and Hawa hope that asking this classic question will get these mothers thinking about the future. "When you feed your children well, play with them, and teach them the rules of hygiene, you guarantee them a better future," they assure their audience.

Bachatt Ould Boughrou is one of the villages targeted by the Mauritanian government for the five-year Tekavoul (solidarity in Arabic) social transfer program. Mauritania has invested \$10 million in it and received \$15 million from the World Bank, \$4 million from

the UK's Department for International Development, and funding from the French Agency for Development, which has invested \$2.5 million. The purpose of the program is to improve the everyday lives of members of the country's most vulnerable households by investing in human capital and giving people an incentive to alter their habits.

Every three months, over 22,000 households in six of the poorest departments in the country receive the sum of 1,500 ouguiya (about \$42) each. To qualify, members of each household must attend social improvement courses (like those given by Moustapha and Hawa) covering a range of topics such as nutrition, hygiene, and early childhood development.

"By 2020, the program will have targeted no fewer than 100,000 households, and will cover the entire country," says Mohamedou M'Haimid, coordinator of the national Tekavoul program.

"One of the program's objectives is to invest in the next generation and break the poverty cycle by tackling intergenerational poverty," explains

Matthieu Lefebvre, Senior Social Protection Specialist at the World Bank, and the program's team leader. "So, there is both a short-term impact as the households can use the money for their immediate needs, generally for food and basic services, and a longer-term impact, whereby households can put aside a little money from these cash transfers to invest in their livelihoods and well-being."

"Cash transfers to the poor also have a proven knock-on effect on local economies, so they benefit the entire community," he adds.

Mariam Samba Sow, a 42-year-old mother of five, has been receiving this type of help for over a year now, and conscientiously attends the improvement classes. "I used to neglect hygiene," she explains. "Now, I encourage my family to wash their

hands and I sweep the house, and you can already see the difference in the village because there's less illnesses like diarrhea or skin complaints. I've also learned what to give my children to eat to improve their diet."

Penda Sow, deputy mayor of the neighboring village, believes the program has a dual impact: it gives women (the program's main recipients since they are the ones looking after the children) a certain amount of financial independence to support their children's needs, and it allows them to grow.

The Tadamoun agency in charge of managing the Tekavoul program makes sure that the transfers are efficient and secure, with a network of agents using portable terminals to make the payments. Each recipient has a smart payment card.



MOZAMBIQUE

RESULTS FRONT AND CENTER IN HEALTH AND EDUCATION

Mozambique's results-based financing for public health and education disbursed money as targets were met on the ground. Incentives created to drive behavior change at sub-national level led to tangible improvements in primary school management and the medical supply chain.

Medicines only have value when they reach the right patient at the right time," says João Grachane, a Senior Officer at Mozambique's Ministry of Health. When his country launched a Public Financial Management for Results Program in 2014, the IDA financing instrument was then untested in Mozambique. It made phased disbursements of funding to the health and education sectors based on agreed targets.

Significant improvements in the health sector were documented during the program, such as an increase from 79 percent in 2013 to 83 percent in 2017 in the availability of medicine for maternal health at public health facilities, as well as a sharp decrease—from 27 percent in 2013 to 5 percent in 2017—in the number of treatment sites running out of antiretroviral drugs.

The system also had an impact on public education. "We now receive our grant allocations at the beginning of the school year," notes Matilde Xilume, director of the 3 de Fevereiro primary school. "This is a major improvement as it allows us to plan better at the beginning of the year." Before, grants had rarely been issued on time, which

made it difficult for schools to run themselves properly.

About 1,300 primary schools reaped the benefit of improvements in the timing of grant allocations. The schools received grants to purchase basic learning materials and to support the most vulnerable children attending them. By 2017, 100 percent of the primary schools in the program had received their grants by the start of the school year in February.

Teams of coaches and facilitators were assigned to government ministries and provinces to support coordination. "The project adopted an innovative, problem-driven, and iterative approach towards implementation," says Humberto Cossa, a Senior Health Specialist at the World Bank.

The Government of Mozambique improved the transparency and efficiency of its spending on the distribution, storage, and availability of medicine, as well as the management of school councils and school districts, and their budgets. Follow-on financing will focus on primary health care in underserved areas of the country.



TANZANIA

INVESTING IN GIRLS TO REAP THE DEMOGRAPHIC DIVIDEND

From 1990 to 2015, life expectancy in Tanzania increased by 16 years and mortality rates for under-fives halved, but fertility rates fell by just one child per woman, compared to 2 to 3 children per woman in neighboring Rwanda and Kenya.

At its current population growth rate (3 percent a year) in 2064 Tanzania's population could be over 150 million, making it one of the most populous nations on earth. The reasons for this are twofold: more than a third of Tanzanian women still marry very young—36 percent by the age of 18—and the high fertility rates that come from many years of childbearing prevent the country from reaping a demographic dividend, or the economic benefit that occurs when rapid falls in mortality and fertility result in smaller, healthier families.

Tanzania's government has taken measures to curb early marriage: in July 2016, its High Court ruled against a 1971 Marriage Act allowing girls to marry at 15 with parental consent, and at 14 with the permission of a court. (The legal minimum for boys is 18.)

Rebeca Gyumi is a young activist who pushed for the 2016 ruling. As a child in school she had noticed the silent disappearance from the classroom of girls she knew. "This ruling offers an opportunity for us to focus on investing in developing our daughters instead of marrying them off young," she says.

The proportion of girls in secondary (middle and high) school in Tanzania

rose from less than 20 percent in 2001 to nearly 55 percent in 2015. But their dropout rates are high because all students must pass a seventh-grade exam to continue, and a government directive makes it difficult for girls who get pregnant to continue their studies.

"Data show that fertility rates among urban adolescents have been in decline since 1990," says Miriam Schneidman, the World Bank's Lead Specialist for Health. "But fertility among rural adolescents has increased slightly. Adolescent mothers drop out of school. There is no pathway out of poverty for them and their children."

An economic simulation carried out by the World Bank suggests a drop of one more child per woman could lead to increases in real GDP in Tanzania, from \$610 per capita in 2015 to \$1,192 in 2030, and to \$2,709 per capita by 2050. Lowering the fertility rate would lift six million people out of poverty in the country by 2050.

The World Bank is doing in-depth analytical work to better understand the determinants of adolescent fertility in Mainland Tanzania and Zanzibar,

and to find culturally-sensitive ways to address them.

“A mother’s education has a strong correlation with their children’s learning outcome,” says Bella Bird, the World Bank Country Director for Tanzania, Malawi, Somalia, and Burundi.

“Research in Tanzania shows that 74 percent of the children with mothers who have secondary education or higher are able to do primary school-level work equivalent to Standard Two (second-grade), compared to only 46 percent of students with mothers with no formal education.”



ZAMBIA

PROJECT EMPOWERS WOMEN AND HELPS GIRLS STAY IN SCHOOL

GEWEL, a girl's education and women's empowerment project, offers direct support to as many as 89,000 vulnerable girls and women in rural Zambia. The project involves three government ministries, creating a more comprehensive approach.

Mary Maliti lives in Nkana Chiefdom, more than 100 km (62 miles) from Kitwe, the urban center nearest it in Zambia's Copperbelt. Maliti is a peasant farmer; she grows peanuts, maize (corn), and vegetables on one hectare of land. She had struggled to grow enough food for her family's survival. but, following a business and life-skills course and cash grant, now she is able to grow enough to feed her family and market her produce locally.

Maliti is one of thousands of Zambians who has benefitted from the Girls Education and Women's Empowerment and Livelihood Project (GEWEL). Funded by the International Development Association (IDA), the World Bank's fund for the poorest countries, GEWEL supports the Zambian government in its goals to empower women. Three government ministries are directly involved in the project: Gender, General Education, and Community Development and Social Services.

The project focuses on two key points in a women's life: adolescence and working age. It helps expand access to secondary school for adolescent girls from poor households through the Keep Girls in School bursary. For

working-age women, it offers training, start-up capital, and mentoring through the Supporting Women's Livelihood program.

At the age of 50, and with five children, Maliti has made enough money to buy seeds, pay for labor to till her land, and buy a bicycle to deliver vegetables to her customers. She has also bought a pesticide sprayer to help her grow healthy crops. "In past years, I made losses in my vegetable business because pests invaded my garden," she says. "And (without a bicycle) some vegetables wilted before they could reach my customers."

Maliti budgets and saves money. Every Friday, she and 41 other members of her savings club contribute roughly \$1.25 each to their shared plan. This money is used to lend to members of the club and later paid back with interest.

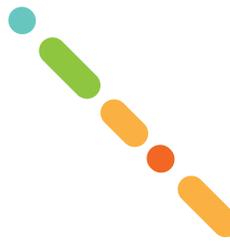
The project's other focus on helping adolescent girls made it possible for 14-year-old Eunice Sichone to go back to school; her father had not been able to afford the secondary school fees. Most Zambian girls attribute dropping out of school to a lack of financial support.

The bursary aims to remove this barrier.

“These programs are designed to alleviate the challenges faced by vulnerable women and girls in rural areas, by promoting longer-term investment and enhancing government capacity to manage interventions,” says Ina-Marlene Ruthenberg, the World Bank’s Country Manager for Zambia.

About 60 percent of Zambia’s population is rural. “In 2017, nearly 20,000 women and girls were reached through the GEWEL project,” says Emily Weedon, Senior Social Protection Specialist at the World Bank and the program’s team leader. “In 2018, the government plans to reach over 50,000 through both programs.”





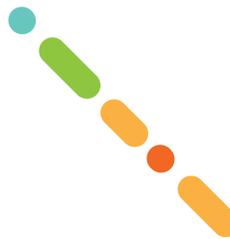


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