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Project Information Document/ Integrated Safeguards Data Sheet (PID/ISDS)

Concept Stage | Date Prepared/Updated: 06-Feb-2018 | Report No: PIDISDSC22277



BASIC INFORMATION

A. Basic Project Data

Country Senegal	Project ID P161332	Parent Project ID (if any)	Project Name Senegal Investing in the Early years for Human Development in Senegal (P161332)
Region AFRICA	Estimated Appraisal Date May 18, 2018	Estimated Board Date Jul 17, 2018	Practice Area (Lead) Education
Financing Instrument Investment Project Financing	Borrower(s) Ministry of Economy, Finance and Planning	Implementing Agency Ministry of Economic Affairs, Finance and Planning	

Proposed Development Objective(s)

Improve service delivery to promote human development in the early years in selected regions

Financing (in USD Million)

Financing Source	Amount
International Development Association (IDA)	60.00
Total Project Cost	60.00

Environmental Assessment Category B-Partial Assessment	Concept Review Decision Track II-The review did authorize the preparation to continue
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Note to Task Teams: End of system generated content, document is editable from here.

Other Decision (as needed)



B. Introduction and Context

Country Context

1. Senegal is located in the western most part of Africa's Sahel region and has a national territory that spans 196,722km. The population was estimated at 15.3 million in 2016, with an annual population growth of 3.1%. According to the latest population census conducted in 2013, 43% of the country's population lives in urban areas, including 23% in the greater Dakar region (which accounts for 0.3% of the country's geographic territory).

2. **Political context:** Senegal is one of the most stable countries in Africa and has strengthened its democratic structures in recent years. The last presidential elections in 2012, which brought in a new administration led by President Macky Sall, were characterized by transparency, a peaceful electoral process and acceptance of the results. In March 2016, Senegal held a referendum to strengthen the political system which included reducing the length of a presidential term from seven years to five, creating a new consultative assembly, allowing an independent candidate status for all elections and establishing an official status for the opposition leader. The next presidential election is expected in 2019, while the legislative elections are planned for 2017.

3. **Economic context:** After a strong period of growth in the early 2000s, Senegal's economy slowed down and experienced low growth for almost a decade. Between 2006 and 2013 Senegal averaged just 3.3% annual growth, well below the average for Sub-Saharan Africa (SSA). The economic stagnation was attributed to a series of internal and external factors, including drought, flooding, international food price crisis, oil shocks and poor governance. The ability of the private sector to stimulate the economy was also limited due to a weak investment climate, costly energy and declining competitiveness.

4. However, Senegal has achieved faster growth in the last two years, with a growth rate of 6.5% in 2015 (a rate last achieved in 2003). This made Senegal the second fastest growing economy in West Africa, behind Cote d'Ivoire. Growth remained strong in 2016, with 6.4% after the first quarter and was expected to reach 6.6% by the end of 2016. The primary sector is the fastest growing sector boosted by extractives, fishing and agriculture. Senegal has taken advantage of low commodity prices, good rainfalls and the impact of the *Plan Senegal Emergent (PSE)* to accelerate growth. The PSE focuses on three areas: the structural transformation of the economy to achieve strong and sustainable growth; human development; and enhanced governance, peace and security. The services sector is also growing rapidly, helped by advances in transport and communications.

5. On the external front, growing exports have helped to reduce the current account deficit from nearly 9% in 2014 to 7.6 in 2015. Similarly, higher revenues supported government efforts to reduce the fiscal gap, from a deficit of 8.5% of GDP in 2014 to 7.7% in 2015. Debt, however, did increase to 57% of GDP, but remains sustainable.

6. The economic outlook remains favorable with progressively higher rates expected in the coming years. Agriculture should continue to have strong growth rates and the economy will benefit from the continued implementation of the PSE. Both the external and fiscal deficit should continue to decrease as production, exports and fiscal revenues increase (despite higher imports and strong public investment, which may challenge fiscal discipline).

7. **Social context:** Poverty remains high in Senegal, affecting 46.7% of the population (latest figures from 2011) and the number of people in poverty rose during the 2006-2011 period. Inequality is moderate in Senegal, and slightly lower than the SSA average; geographical disparities, however, are very pronounced. Almost two-out-of-three people in rural areas are living in poverty, compared to one- in-four in Dakar. To promote the welfare of the poorest, President Sall has



committed to accelerating the roll out of the National Family Security Transfer Program (Programme National de Bourses de Sécurité Familial).

8. Senegal continues to be in the lowest quintile of the Human Development Index with a ranking of 162 / 188 in 2015. Significant progress, however, has been made in child health and nutrition in recent years, largely through addressing malaria and chronic malnutrition. Stunting prevalence was reduced from 30% in 2000 to 16% in 2012 (now the lowest in Africa) and under5 mortality has continued to decline year-on-year since 1998 and is now at 47 for every 1000 births (compared to an average of 83/1000 for SSA and 40/1000 for middle income countries). In education, progress has been made on access, however, the primary completion rate remains low – only 59% compared to an average of 69% for SSA. In addition, a significant number of youth attend Koranic school (Daraas), only, which may not be aligned to the public curriculum. The number of out-of-school children remains persistently high, but the data in this area are complicated to interpret, given the number of children who may be attending Daraas. The pre-primary school enrollment rate is low, at 17%, compared to a 21% average in SSA.

Sectoral and Institutional Context

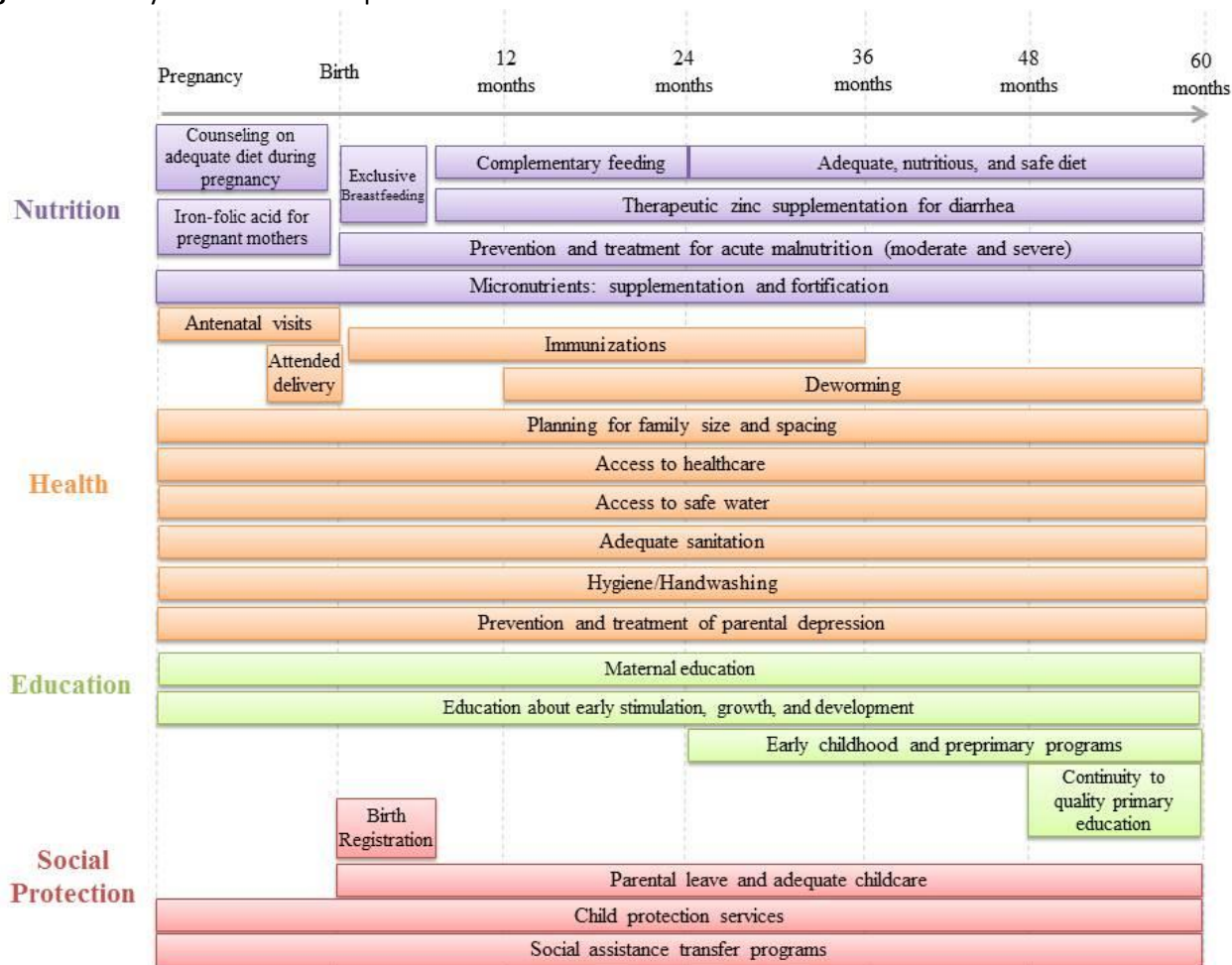
9. Children develop rapidly in their first few years of life and positive or negative development and influences have lifelong implications for children's well-being, school readiness, and later success in life. During a child's early years, there are four critical areas of development: physical, cognitive, linguistic and socioemotional. In *Investing in Young Children*, Naudeau et al, (2011) propose that by the time children reach school entry, they should be: i) healthy and well-nourished; ii) securely attached to caregivers and able to interact positively with extended family members, peers and teachers; iii) able to communicate in their native language with peers and adults; and, iv) ready to learn throughout primary school.

10. Early Childhood Development (ECD) is an outcome; it is not one single intervention. Currently, many young children in Senegal do not reach their full potential. At the child and household level, constraints include: poor nutrition, lack of early stimulation and early learning, violence and vulnerability due to poverty or cultural practices and lack of information on children's developmental needs. At the systems level, the diversity of service providers and delivery platforms, including both public and private, and the lack of clear roles and responsibilities and institutional arrangements to promote quality, coverage and equity is a major constraint. High levels of inequality of access to basic services, by region and by socioeconomic status, complicate efforts to achieve improved outcomes for young children.

11. Background on ECD to consider in the context of Senegal: Interventions to promote ECD can and should begin as early as adolescence (to prevent early marriage and early motherhood), and continue throughout a woman's childbearing years and pregnancy through to childbirth, infancy and all the way to a child's entry into primary school, at around the age of 6. Based on extensive review of international evidence, the WBG has identified 25 key interventions across different sectors required by children and their families during this period. Figure 1 presents these interventions, grouped by sector and presented in the context of the life cycle. This list serves as a starting point to identify the gaps in current coverage in Senegal, and determine which interventions are the most critical to try and address through the project in a coordinated and holistic manner.



Figure 1: 25 Key interventions to promote ECD



Source: Denboba et al (2015)

12. Coverage of key ECD interventions in Senegal: As already noted, Senegal has made notable progress in recent years in the fight to reduce malnutrition by putting in place one of Africa’s most extensive community-based service delivery platforms for multisectoral interventions aimed at improving growth and nutrition in children below the age of five. Through this platform, close to 80% of children are reached regularly with a core package of essential nutrition services, accompanied by a variety of additional nutrition-specific and nutrition-sensitive interventions depending on the context. Stunting rates reduced significantly, from 30% in 2000 to 16% in 2012, with a slight increase to 20% in 2015. Despite this progress, stunting rates remain high in central and southern parts of the country, including Sédhiou, Kolda, Tambacounda and Kédégou, while pockets of acute malnutrition remain in some regions, notably in Ranérou, Podor et Kanel (northern Senegal). Seasonal shocks and vulnerability are a persistent challenge. Low coverage of key basic health interventions complicates efforts to promote ECD. The majority of women do not access adequate prenatal and postnatal healthcare, with only 48% of women attending at least 4 prenatal visits and 45% attending postnatal visits. Just 33% of women breastfeed exclusively in the first six months and 43% of children sleep under mosquito nets. Diarrhea touches 26% of children aged 0-59 months, with higher rates in many districts and the highest rate in Salemata of 40% in eastern Senegal.



13. Early stimulation is a critical input into child development (essentially: getting parents and caregivers to speak to their children more and engage them in stimulating activities). While Senegal has an official preschool curriculum, no official curriculum is developed to target children below three years old with early cognitive stimulation. In addition, there is no mandatory registration procedure and there are no quality standards to insure the quality of services and the security of centers wherein those services are delivered. Early stimulation is offered on a small-scale by a variety of programs and organizations, but there are no accurate figures on coverage of any of these services which promote this parental engagement with young children. Identifying effective channels to promote early stimulation and positive caregiving is an area of urgent need for the project to address.

14. The Government of Senegal's approach to promoting ECD has historically been oriented towards building physical centers, most famously the Case des Tout-Petits (CTP), which began as a presidential initiative to build large concrete structures, through which ECD services (initially mostly preschool programs) could be delivered. The national ECD policy estimates that 28,000 Case des Tout-Petits will be necessary to cover the ECD-related demand throughout the country. The most recent version of the designed CTP was costed at CFA 35 million (approximately US\$58,000). Without questioning the usefulness of these structures, this approach does not seem feasible and realistic as it would engage nearly one-third of the country's GDP. Nevertheless, the CTP remains a central agency in the delivery of integrated ECD services at the community level, as well as within the political and policy space at the national level.

15. The gross enrollment rate in preschool is 17% in Senegal; this is below the African average of 21%. Children who do attend preschool are enrolled in a variety of different services, including preschool classrooms attached to primary schools, preschools managed by the National Agency of the Case des Tous-Petits, private preschools and community-based preschools. The National Center for Women Assistance and Training (CENAF, Centre National d'Assistance et de Formation pour la Femme) and the Directorate for Social and Community Development (DDSC, Direction du Développement Social et Communautaire), both within the Ministry of Family, also implement two other preschool models, via their decentralized structures, with a primary aim of supporting mothers to undertake income-generating activities. In addition, a large- but un confirmed- percentage of children enroll in community-based Koranic preschools, known as Daraas, frequently from as young as three years of age. While some Daraas do offer some school readiness content to promote cognitive and socioemotional development, most Daraas focus exclusively on learning the Koran through memorization. Finding a way to engage with these diverse service providers and building mechanisms to promote quality across them, will be one of the principle activities of this project.

16. The monitoring, evaluation, and information system for early learning is weak. Although the National institute for Research and Action for the Development of Education (INEADE, Institut National d'Etude et d'Action pour le Développement de l'Éducation) gathers data on public and registered private providers, the information is basic and used for administrative purposes only (e.g., establishments, enrollment, etc.) The data are fragmented and insufficient for accountability or resource allocation purposes, as they contain no information to assess institutional efficiency, effectiveness or expenditure. There is also little oversight of institutions in terms of quality of instruction. Dissemination of information to service providers and consumers is also extremely limited.

17. Senegal has ratified most of the international conventions on child protection and there are a number of laws passed to protect children. Nearly one-third of all children do not have a birth certificate, which has implications for their access to basic and essential services throughout life. Children without birth certificates, for example, will not be able to take the examinations required to complete basic education. Domestic violence and violent discipline are key issues affecting young children, as well as the health of pregnant women, with relatively high levels of abuse throughout the country. A recent study by Fernald & Webber (2014) shows promise in efforts to reduce violent discipline. While violent discipline was practiced and approved of by nearly 50% of participants in the study region (24 rural communities in



Kaolack), this figure was reduced to 14% after a one-year intervention to reduce violent discipline. An additional highly public issue of child protection is the prevalence of street children, known as Talibe, who are affiliated with certain networks of Daraas, and are vulnerable to abuse and exploitation.

18. Adolescent childbearing remains very common, with 40% of women aged between 25 and 49 years having given birth before the age of 20 years (DHS 2015). The UNFPA 2016 recorded 1,162 cases of pregnant schoolgirls in the country. These young women are neither physically mature to conceive and deliver, nor psychologically prepared to take care of children. According to the WHO 2012 report, child death at birth or around the first week of life is 50% more frequent in adolescent mothers than in mothers aged 20-29 years. According to the UNFPA 2013 report, maternal death in low-income countries is twice more frequent in adolescent mothers than in older mothers.

19. The role and norms of gender in producing better ECD outcomes will need to be better understood. In rural Senegal, the norms governing gender relations are centered on men, with the preponderance of the husband's paternal community, the dilution of the couple and the inferior status of women. The powers of decision and action within the household are the prerogative of men. Women are relegated to the role of auxiliaries in family agricultural production, actors in the reproduction of the labor force and care of children. The investment in women's empowerment and leadership over decades has not yet been evaluated in the relationship with the child's resulting vulnerability. This project will conduct a study to address this issue and initiate actions accordingly in favor of creating an enabling environment, promoting the adoption of good behaviors and practices and providing essential services for improved ECD outcomes.

20. The World Bank supports (and has supported) policies with relevance to ECD. From 2002 to 2014, the Bank engaged in supporting the nutrition agenda through several small investment operations which contributed to the establishment of a multisectoral coordination platform at all levels and a national community-based service delivery platform for multisectoral nutrition services. The current operational portfolio includes several ongoing projects with direct ECD or ECD sensitive interventions. The Health and Nutrition Project supports maternal and child health and nutrition interventions targeting the first 1,000 days; the Social Safety Nets project supports the expansion of the national conditional cash transfers program for health, nutrition and education and includes a small component that supports additional measures to promote the use of preventive health care, hygiene, nutrition and early childhood development.

21. To be added: one paragraph on education sector plan and on how this project could align to the work on performance based funding to Daraas that is ongoing

22. **Public sector stakeholders:** One of the principle challenges facing efforts to promote ECD in any country, is how to effectively coordinate across the different entities (most notably public sector, but also including private sector) engaged in delivering ECD services and ensuring quality. In Senegal, different institutions are involved and roles and responsibilities of, and communication and collaboration between, key ECD actors are not clearly defined. As presented in Table 1, there are a number different Ministries and departments and agencies with responsibility for ECD service delivery without clearly defined coordination and collaboration roles.



Table 1: Key public sector stakeholders engaged in ECD service delivery in Senegal

Institutions	Department/agency	Key Functions/Responsibilities
President's Office	Child protection unit (<i>Cellule d'appui à la protection de l'enfance</i>) CAPE	To coordinate the interventions related to child protection
	National Health coverage Agency (<i>Agence Couverture Maladie Universelle</i>) CMU	To implement the country strategy for health insurance coverage, including free health care for children from 0 to 5 years old
	National agency for social protection and solidarity (<i>Délégation générale à la Protection Sociale et à la Solidarité Nationale</i>) DGPSN	To implement the country strategy on social protection, including targeting and supporting the most vulnerable households
Prime Minister's Office	National Unit against Malnutrition (<i>Cellule de Lutte contre la Malnutrition</i>) CLM	To coordinate the country strategy on child nutrition, examine and approve technical propositions from other sectors, and ensure synergy with anti-poverty programming To support the Prime Minister in developing the country policy for nutrition
Ministry of Justice	National Task Force for the Struggle Against Human Trafficking (<i>Cellule de Lutte contre le trafic des êtres humains et des femmes et des enfants en particulier</i>) CLTEHFE)	Prevent and monitor trafficking of women and children, in particular
Ministry of Interior	Directorate of Partnership with NGOs (<i>Direction du partenariat avec les ONG</i>) DP_ONG	To ensure the monitoring and evaluation of NGO activities in the field
	Governance	To coordinate all the development activities in the regions, including ECD related activities from both NGOs and governmental decentralized structures
Local Governance	National Center for Public Registry (<i>Centre national pour l'Etat-Civil</i>) CNEC	To ensure the generalization of the public registry services and the promotion of birth registration throughout the country
Ministry of Family	National agency for early childhood and the Case de Tous Petits (<i>Agence nationale de la petite enfance et de la Case des Tout-petits</i>) ANPECTP	To implement the national ECD policy including parental education, holistic ECD services and promotion of community engagement
	Directorate for the child's rights and protection (<i>Direction des droits et de la protection de l'enfance et des groupes vulnérables</i>) DDPE GV	To implement country policies related to protecting children and vulnerable groups
	Social and Community Development Directorate (<i>Direction du développement social et communautaire</i>) DDSC	To implement policies related to community development, including women's empowerment projects and programs in rural communities
	National Center for Woman Assistance and Training (<i>Centre national pour l'assistance et la formation de la femme</i>) CENAF	To build leadership capacity in women via the construction of district centers to provide women with assistance and training



Ministry of Education	Preschool education directorate (<i>Direction de l'éducation préscolaire</i>) DEPS	To implement the country policy on preschool; To manage the public staffs in ECD sector; Supervise the private sector preschools
	Inspectorate of Daraas (<i>Inspection des Daraas</i>) ID	To implement the country national program to modernize Koranic preschools, known as Daraas
Ministry of Health	Directorate for reproductive health and child survival (<i>Direction de la Sante de la Reproduction et de la Survie de l'Enfant</i>) DSRSE	To implement the country policy on health and nutrition for children and mothers and infants

23. As the table shows, there is potential for confusion over roles, responsibilities and mandates, as well as overlap and duplication in service delivery, and potentially inefficient use of resources. Careful attention is needed during project preparation to ensure clear roles and responsibilities of key stakeholders, as well as a design that will promote investment in the most cost-effective interventions. Given the geographic, socioeconomic and cultural diversity across Senegal, diversified service provision will be necessary to improve ECD. There are a number of different service provision models currently in place, operating at various levels of scale. This project will build on what is working, identify opportunities to increase integration and promote quality and integration across a range of different service delivery models across multiple sectors.

Relationship to CPF

24. Senegal is in the process of a preparing a new Country Partnership Framework, in which the issue of investments in the early years is expected to feature as part of policy dialogue on human development. Key areas to be highlighted are expected to be:

25. The Country Partnership Strategy 2013 – 2017 is anchored on one foundation and includes two focused pillars:
- Foundation: Strengthening the governance framework and building resilience
 - Pillar 1: Accelerating inclusive growth and creating employment
 - Pillar 2: Improving service delivery.

26. This project will most directly relate to Pillar 2, Improving service delivery in the areas of child health and education through a holistic approach to Early Childhood Development, that will include health, nutrition and education interventions. In addition, however, given the important role of early investments to yield the biggest returns for the most disadvantaged and to build healthier and more capable and productive adults, this project will also, in the longer term, yield returns related to Pillar 1.

27. In terms of Education specifically, the CPF aims for *Enhanced Equity and Quality of Education*, leading to improvements in the % of Grade 2 students passing standardized learning tests in mathematics and reading. Early childhood education will directly support this objective, having been demonstrated to positively impact school readiness, improvements in attainment and reductions in the rate of grade repetition or drop outs.

28. In addition, this project will also support the CPF focus on gender by supporting activities aimed at strengthening women’s empowerment, changing harmful social practices and gender roles that lead to poor ECD outcomes in children, and fostering women’s engagement in community-level decision-making. The project will include a particular focus on young women to provide support in adolescence, encouraging them to stay longer at school, providing information on contraception and engaging them in family planning.



29. It also should be noted that Senegal is a priority country under the World Bank's "Investing in Early Years" corporate agenda and the proposed operation is a key contribution to this initiative. This Agenda, to which Minister of Economy, Finance and Planning of Senegal committed during the 2016 Annual Meetings, is focused on significantly increasing investments that support interventions from pregnancy to six years of age, given the importance of good early child development outcomes on longer term development and productivity. The World Bank has committed to contributing to a measurable increase in funding by 2020 in this key area.

C. Proposed Development Objective(s)

Note to Task Teams: The PDO has been pre-populated from the datasheet for the first time for your convenience. Please keep it up to date whenever it is changed in the datasheet.

To improve integrated ECD service delivery in targeted areas of the country

Key Results (From PCN)

30. The proposed PDO is, "to improve integrated ECD service delivery in targeted areas of the country." By "improve," the team seeks to scale access to key services that promote ECD, ensure the quality of ECD services and maximize opportunities for integrated service provision to promote ECD. Results to be achieved focus on children (age 0-6), caregivers, communities and at the systems level.

31. The proposed outcome indicators of the PDO are as follows:

- i. Percentage of children 0-2 years old benefitting from combined nutrition and early stimulation
- ii. Percentage of children aged 3-5 years enrolled in public, private or community-based centers offering integrated ECD services that promote cognitive and socioemotional development
- iii. Number of parents who receive parental education through the project
- iv. A common and holistic results framework for reporting on ECD activities and outcomes, as well as a quality assurance system developed, including defined responsibilities for key actors, with reporting ongoing by project end

32. The project would contribute to the following four key results:

- i. Improve the quality and coverage of essential ECD services
- ii. Increase the capacity and resilience of families to adopt good practices to promote ECD
- iii. Build community capacity and ownership to promote ECD
- iv. Strengthen the system to deliver quality ECD services, including legal framework, coordination, information system and quality standards.



Table 2 presents key results, and initial proposed performance indicators

Impact	Expected results	Key results indicators
Integrated early childhood development	Improve the quality and coverage of essential ECD services	<ul style="list-style-type: none"> - Percentage of children 0-2 years old benefitting from both nutrition and early stimulation - Percentage of children aged 3-5 years enrolled in facilities offering ECD services that meet quality standards and promote cognitive and socioemotional development
	Increase the capacity and resilience of families to adopt good practices to promote ECD	Number of parents who received parenting education through the project
	Build community capacity and ownership to promote ECD	Number of communities engaged to promote and deliver integrated ECD
	Strengthen the system to deliver quality ECD services, including legal framework, coordination, information system and quality standards.	Common holistic results framework developed and utilized, along with defined responsibilities for key actors

33. The final selection of indicators and targets for the proposed project will be refined throughout project preparation. A monitoring and evaluation assessment will be conducted to determine data verification and institutional arrangements that improve quality and timely use of data for decision-making.

D. Concept Description

34. This project will focus on ensuring quality and scaling up diversified services that promote ECD. The major components are designed to target young children and their families with key services; engage communities; and, strengthen the overall system to integrate and coordinate services, scale-up and ensure quality. Given the geographic, socioeconomic and cultural diversity across Senegal, diversified service provision will be necessary for project success. Different models will work in different places and the project will need to support that flexibility and promote quality and integration across a range of different services and service delivery models.

35. The exact mechanisms for targeting and areas of geographic focus are still to be defined during project preparation in consultation with government and through opportunities of alignment with other WBG projects. It is likely that regions with high poverty levels, poor nutrition outcomes and the lowest rates of enrollment in early learning will be prioritized. The team is conducting a review of key cross-sectoral ECD indicators and outcomes to inform regional focus, as well as to better understand the different situations and dynamics within each region that will impact how interventions are rolled out.

36. The team is working with the government on an extensive stocktaking to review the coverage of key interventions and opportunities to address gaps by building upon delivery platforms and strengthening existing interventions to maximize impact. The team is also collaborating with other key sector teams in the CMU to identify opportunities to collaborate across the HD portfolio. The two immediate and rather low-hanging fruits identified are: i) integration of early stimulation into existing community-based nutrition platforms; and ii) more intentional integration of ECD into social safety net activities. Currently, community-based nutrition platforms reach close to 80% of the under-five population and so expanding these programs to promote more early stimulation and positive parenting will be an important project activity. In addition, other opportunities, such as more effectively targeting adolescent girls and



integrating ECD into skills training programs are being explored. The project is not expected to make a significant investment in maternal and child health, in part due to the resources being channeled into maternal and child health through other WBG engagements in the country.

37. The project design includes three main components, plus a fourth component for project management:
- Component 1: Integrated center-based ECD service delivery
 - Subcomponent 1.1: Delivery of preschool services through public, private and religious structures
 - Subcomponent 1.2: Support to integrate ECD into existing center-based services.
 - Component 2: Community-based ECD
 - Subcomponent 2.1: Community mobilization for ECD action
 - Subcomponent 2.2: Integration of ECD into social safety nets for vulnerable families
 - Subcomponent 2.3: Social and behavior change communication
 - Component 3: Strengthen the system to deliver quality ECD services
 - Component 4: Project management

38. **Component 1: Integrated ECD service delivery enhancement** (indicative estimated financing: US\$30 million). This component will focus on improving the quality and expanding the scope of center-based delivery of ECD services. This component will consist of two subcomponents targeting facility-based service delivery of preschool interventions aimed at children between the ages of three to six years, as well as strengthening ECD sensitive interventions in complementary service delivery schemes targeting adolescents and women of reproductive age.

39. **Subcomponent 1.1: Preschool ECD services through public and private structures.** The first and largest subcomponent will focus on pre-school service delivery, working through the various providers (public primary schools, private schools, community-based preschools and Daaras). The exact activities to be undertaken will be further refined during project preparation, but could include: training and recruitment of teachers and caregivers, supervision and monitoring of service providers in existing service delivery facilities; support for basic material and equipment, pharmaceuticals, transportation means, and inputs for food production around community preschool facilities; reproduction of training and communication material; technical assistance; and rehabilitation of facilities and community construction.

40. **Subcomponent 1.2: Support to integrate ECD into existing center-based services.** The second and smaller subcomponent will focus on ancillary center-based services, including life (and possibly vocational as well) skills training for adolescents (especially girls), adult literacy and integrating early childhood stimulation with child health and nutrition services, including the integrated management of acute malnutrition (IMAM). The ongoing stocktaking will be used to refine the approach and services to be included.

41. **Component 2: Community-based care for ECD** (indicative estimated financing: US\$20 million). This component will support the expansion of community-based ECD interventions. This will be achieved through three subcomponents that will build on existing community platforms that currently deliver multisectoral nutrition services. The three subcomponents will focus on community mobilization and organization, ECD sensitive safety nets to vulnerable families, and social and behavior change communications.

42. **Subcomponent 2.1: Community mobilization for ECD action.** This subcomponent will mobilize and organize active community support for ECD through: community dialogue and assessment; training of community management committees; small grants for subproject supporting ECD activities; parenting education on child care, feeding and



stimulation; social mobilization of opinion leaders and different care providers; community-based child sponsorship; and support for ECD material, equipment and means of transport.

43. **Subcomponent 2.2: Integration of ECD into social safety nets for vulnerable families.** The second subcomponent will work with the national conditional cash transfer program to support integrated safety nets with ECD interventions for vulnerable families. The activities typically include: community targeting; cash or in-kind transfers; training of service and cash or in-kind transfer providers; accompanying ECD interventions; community and institutional communication; and results verification.

44. **Subcomponent 2.3: Social and behavior change communication.** The third subcomponent will focus on social and behavior change to promote ECD. Families and communities will be sensitized and activated to promote child development through better parenting practices, early stimulation, appropriate nutrition practices and health promotion. Activities will be further defined during project preparation, but could include: interpersonal communication including home visits and counseling; group education; mass media such as local radio and drama groups; training of journalists and community agents; institutional communication aimed at decision-makers at all levels of implementation; and technical assistance.

45. **Component 3: Strengthen the system to deliver quality ECD services** (estimated financing US\$9 million). The work at the systems level within Component 3 will be particularly critical given the importance of coordination across a range of stakeholders in Senegal. Current confusion around roles and responsibilities, as well as institutional leadership are a constraint to improvements in ECD. This component will support activities in the areas of: (i) policy development, strategy development and research, including operational research, technical assistance, and dissemination and validation workshops; (ii) knowledge management including learning exchanges, project and process evaluation, and consultation workshops; (iii) support to the development of an academic program on ECD; and (iv) program management including training and coaching of managers and coordinators, planning workshops, operations monitoring, and strengthening of information systems including the creation of a computer website for ECD in Senegal.

46. **Component 4: Project management** (estimated financing US\$1 million). The fourth component will finance the costs associated with the day-to-day project management. The project is expected to be managed through existing institutions but additional fiduciary and procurement expertise is likely to be placed within existing institutions through the project, as needed. The team does not envision setting up a separate Project Implementation Unit, though we acknowledge some limits to capacity within existing institutions. Ideally, the institutional anchor for the project will be a unit with experience managing Bank operations. This unit will be in charge of managing the fiduciary aspects as well as the monitoring and evaluation of the proposed operation.

Note to Task Teams: The following sections are system generated and can only be edited online in the Portal.

SAFEGUARDS

A. Project location and salient physical characteristics relevant to the safeguard analysis (if known)

The project will operate in targeted areas of the country. The exact mechanisms for targeting and areas of geographic focus are still to be defined during project preparation in consultation with government and through opportunities of alignment with other WBG projects. It is likely that regions with high poverty levels, poor nutrition outcomes and the



lowest rates of enrollment in early learning will be prioritized.

B. Borrower’s Institutional Capacity for Safeguard Policies

Senegal has an established regulatory and institutional framework that ensure the integration of environmental and social considerations at the project and program level. Within the Ministry in charge of environment, the Directorate of Environment and Classified Establishments (DEEC) is responsible for the application of the environmental and social assessment legislation and procedures, and is familiar with World Bank safeguard policies through several Bank funded projects in Senegal. However, the implementation of the existing legal/regulatory provisions faces challenges due to lack of human resources.

C. Environmental and Social Safeguards Specialists on the Team

- Fatou Fall, Environmental Safeguards Specialist
- Medou Lo, Social Safeguards Specialist
- Mame Safietou Djamil Gueye, Social Safeguards Specialist

D. Policies that might apply

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	This operation is a category B project and triggers the Environment Assessment policy due to constructions and/or rehabilitation of facilities, and other small scale subprojects supporting ECD activities. The negative environmental and social impacts of these small-scale activities can be mitigated and are expected to be low to moderate, and site specific. Since the location of the intervention sites are not known, an Environmental and Social Management Framework (ESMF) will be prepared by the borrower. The ESMF will be consulted upon and disclosed in-country and at the at the Bank website prior to appraisal.
Natural Habitats OP/BP 4.04	No	The project will not undertake any investments that may impact on natural habitats.
Forests OP/BP 4.36	No	It is not anticipated that forests will be impacted by the project.
Pest Management OP 4.09	Yes	The project will support small scale community gardening which may require pest management. The ESMF will include an annex on pest management.
Physical Cultural Resources OP/BP 4.11	Yes	The Project will not support any activities that would adversely impact any known physical cultural resources as defined in OP 4.11. However, due to potential impacts on Physical Cultural Resources associated with civil works, the ESMF will include provisions of “Chance Finds” to ensure that these aspects will be taken into account in ESIA/EMPs to be



		developed under the ESMF and will be part of the TOR for contractors.
Indigenous Peoples OP/BP 4.10	No	There are no indigenous people as defined by the policy in the project areas.
Involuntary Resettlement OP/BP 4.12	Yes	The project has a goal of human development and quality. However, components 1 and 2 allude to a possible rehabilitation of the sanitary facilities within Koranic schools and the construction of day care/kindergartens (referred to as Case des tous petits) for the very young. If the construction option is confirmed during preparation, a Resettlement Policy Framework will be prepared by the counterpart, consulted upon and published per Bank guidelines. If construction sites are known, considered definite and no other OP 4.12 related impacts are expected throughout the project, the counterparts may prepare Resettlement Action Plans, per Bank Guidelines. If during the course of the project preparation and studies, it is demonstrated that the project no longer requires site construction and no other OP 4.12 impacts are expected, the trigger of OP 4.12 may be reviewed accordingly
Safety of Dams OP/BP 4.37	No	The project will not finance dams nor rely on dams.
Projects on International Waterways OP/BP 7.50	No	The project is not expected to affect international waterways.
Projects in Disputed Areas OP/BP 7.60	No	The project will not be located in a disputed area.

E. Safeguard Preparation Plan

Tentative target date for preparing the Appraisal Stage PID/ISDS

Apr 18, 2018

Time frame for launching and completing the safeguard-related studies that may be needed. The specific studies and their timing should be specified in the Appraisal Stage PID/ISDS

To be determined

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APPROVAL

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Note to Task Teams: End of system generated content, document is editable from here.