



Report Number: ICRR0024743

1. Project Data

Project ID
P150080

Project Name
SWEDD

Country
Western and Central Africa

Practice Area(Lead)
Health, Nutrition & Population

L/C/TF Number(s)
IDA-55690,IDA-55700,IDA-55710,IDA-56280,IDA-66590,IDA-66600,IDA-66610,IDA-66670,IDA-D0180,IDA-D0190,IDA-D0200,IDA-D0240,IDA-D0520,IDA-D4230,IDA-D5530,IDA-D6370,IDA-D6380,IDA-D6390,IDA-D6400,IDA-D6410,IDA-D6430

Closing Date (Original)
30-Jun-2019

Total Project Cost (USD)
551,654,567.12

Bank Approval Date
18-Dec-2014

Closing Date (Actual)
31-Dec-2024

	IBRD/IDA (USD)	Grants (USD)
Original Commitment	680,000,000.00	0.00
Revised Commitment	559,327,759.24	0.00
Actual	551,713,955.68	0.00

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2. Project Objectives and Components

a. Objectives



The project's development objective (PDO), as stated in Financing Agreements (p. 4 (Mauritania, Benin); p. 5 (Niger, Côte d'Ivoire, Mali, Chad, Burkina Faso); p. 6 (Economic Community of West African States)) and the Program Appraisal Document (PAD, p. viii), was to "increase women and adolescent girls' empowerment and their access to quality reproductive, child and maternal health services in selected areas of the participating countries, including the Recipients' territory, and to improve regional knowledge generation and sharing as well as regional capacity and coordination." (With empowerment defined as a "process of positive changes in girls' and women's well-being often associated with exercising greater agency in the achievement of self-aspirations" (ICR, p. 12).)

Both the ICR and this Review parse the PDO into three project level outcomes: i) increased empowerment of women and adolescent girls in selected areas of the participating countries; ii) increased access by women and adolescent girls to quality reproductive, child and maternal health services in selected areas of the participating countries; and iii) improved regional knowledge generation and sharing as well as regional capacity and coordination. Each of these was anticipated to contribute to reduced fertility rates and strengthened development potential among women and girls, increasing the likelihood of triggering a demographic dividend across the Sahel.

Although the project was restructured three times and multiple PDO indicators were revised (see "Dates", below), neither the ICR nor this Review opted for a split rating, as the PDO remained unchanged and the Project significantly increased its scale and scope over the years as additional countries joined. As such, the operation is assessed on the basis of the more ambitious, final Results Framework (RF).

b. Were the project objectives/key associated outcome targets revised during implementation?

Yes

Did the Board approve the revised objectives/key associated outcome targets?

No

c. Will a split evaluation be undertaken?

No

d. Components

The Sahel Women's Empowerment and Demographic Dividend Project (SWEDD) launched in 2015 in Chad, Cote d'Ivoire, Mali, Mauritania, Niger and Burkina Faso. Between 2019 and 2020, the project's remit expanded to Benin, Cameroon, and Guinea. The West Africa Health Organization (WAHO) under ECOWAS served as regional partner from inception, with the African Union Commission (AUC) joining in 2020. Additionally, from inception, the United Nations Population Fund (UNFPA) provided technical assistance (TA) and facilitated regional coordination and knowledge exchange.

SWEDD, the region's first large-scale, multisectoral girls' and women's empowerment project, aimed to address the root causes of gender inequality by leveraging mutually reinforcing entry points in health, education, and social protection. As the project's target populations were girls and young women living in underserved areas, the project focused primarily on community led "safe space" interventions designed to increase demand for reproductive health and associated services, cultivate decision making skills, and foster financial autonomy. These interventions were implemented in conjunction with a wide range of social and behavior change communication (SBCC) activities designed to shift restrictive gender norms through



multichannel communication and engagement with men, boys and opinion leaders. SWEDD also provided institutional support to improve i) quality and coverage of sexual and reproductive health care services, and ii) the gender sensitivity of policy and legislative environments. The project's long-term aspiration was to capture a demographic dividend (DD) region-wide by reducing fertility rates and empowering women to achieve their full development potential.

Component 1. Generate demand for RMNCAHN services by promoting Social and Behavioral Change Communication and empowering women and girls (Appraisal: US\$76.77 million; Revised: US\$384.8 million; Actual: US\$301.1 million)

This component used SBCC to improve Reproductive, Maternal, Neonatal and Child Health and Nutrition (RMNCHN) knowledge and practices, and to raise awareness regarding the risks associated with restrictive gender norms, particularly those condoning early marriage and pregnancy. It also delivered a wide range of interventions designed to increase adolescent girls' and young women's capacity for autonomous decision making and life skills:

- *Subcomponent 1.1 ("Launch a regional campaign and support national social and behavior change communication (SBCC) campaigns on RMNCAHN services")* funded a regionally coordinated communication campaign designed to improve the impact and reach of extant national SBCC programs on RMNCAHN and gender norms, with messaging tailored specifically to parliamentarians, religious leaders, and other high-clout actors, as well as communities, and with activities implemented in partnerships with civil society, women's organizations, faith-based organizations, and celebrities. Multiple mass media outlets were deployed including online platforms, radio, television, and print, with particular attention paid to ensuring locally generated, culturally appropriate content delivered in Fula, Hausa, and other indigenous languages as well as French. The campaign was coordinated by the regional UNFPA office and rolled out in all participating countries (PAD, p. 42).
- *Subcomponent 1.2 ("Set up a regional evaluation mechanism for designing, financing and evaluating country programs in women's and girls' empowerment")* supported an ambitious program of community-based sub-projects which aimed to address key drivers of early marriage and childbearing in the Sahel. Per the PAD (p. 45), three types of empirically validated interventions have repeatedly demonstrated effectiveness in this regard: (i) Strengthened provision of reproductive health education; (ii) Economic empowerment and life skills interventions; and (iii) Enhanced access to secondary education for girls. As such, SWEDD countries submitted proposals for sub-projects based on these three categories—for example, "Safe Spaces" and "Future Husbands Clubs" for adolescent girls and boys, designed to engage and inform on drawbacks of early marriage and childbearing; support to income generating activities for women, including vocational training and trainings on access to credit; and support for girl in secondary school, including cash and in-kind transfers for transportation, lodging, meals and school supplies. Across the board, all sub-projects aimed to expand the range of choices and opportunities available to poor girls and their families in order to make delays in marriage and childbearing more viable and desirable. Once approved, all sub-projects were meant to be implemented in their respective countries by the relevant line ministries and country PIUs, with design and implementation support provided by UNFPA country offices, and with oversight from SWEDD's Regional Steering Committee. UNFPA was also responsible for tracking and reporting on each sub-project's outcomes, including aggregation and dissemination of cross-country results based on a common evaluation framework.



Component 2: Strengthen Regional Capacity for Availability of RMNCAHN Commodities and qualified health workers (Appraisal: US\$60.97 million; Revised: US\$134.2 million; Actual: US\$114.43 million)

Supply-side bottlenecks pose one of the main obstacles to accessing RMNCAHN services in the Sahel. Stockouts and the absence of qualified staff are perennial problems, particularly in remote, cross-border areas which are far from the national or regional drug warehouse and where delivery of commodities and care can be difficult and dangerous. Component 2 aimed to address these challenges via i) establishment of prerequisites for a regional pooled procurement mechanism to lower transaction costs and reduce stockouts, ii) improvements to last-mile distribution efforts, particularly in high-risk cross-border areas, and iii) support to midwifery training programs and validation of regional midwifery accreditation standards to increase the density and authority of qualified RMNCAHN practitioners in remote locations.

- *Subcomponent 2.1 (“Foster regional harmonization of registration and quality control of RMNCAHN Commodities”)* created the building blocks for a regional procurement system, namely (i) adoption of Common Technical Documents by ECOWAS countries to harmonize and strengthen national regulatory systems for medicines, including prequalified generic contraceptive and maternal health commodities, and (ii) support for the establishment of regional quality control laboratories (e.g. via International Organization for Standardization accreditation.) These activities were assigned to SWEDD countries, under WAHO leadership, with technical support from WHO, UNFPA and/or other technical agencies (e.g. US Pharmacopeia; PAD, pp. 12-13).
- *Subcomponent 2.2 (“Strengthen country efforts for enhancing the performance of their RMNCAHN supply chain”)* supported the implementation and evaluation of country-led sub-projects on last-mile commodity distribution. As with Subcomponent 1.2, all sub-projects were implemented in their respective countries by the relevant line ministries and country PIUs, with design and implementation support provided by UNFPA and with oversight from SWEDD’s Regional Steering Committee. A technical hub of experts comprising UNFPA staff and secondees from the private sector and NGOs were to provide additional backstopping. Proposals for sub-projects were required to i) embed a rigorous ex-post evaluation and peer review, based on guidelines for a common evaluation framework, ii) target cross-border areas, iii) include a thorough assessment of country-specific “last-mile” distribution issues and link to an approved national strategy on drug distribution, iv) be replicable in neighboring countries, v) use IT technologies and/or the private sector and/or district inventory models and/or be community-based. As with Subcomponent 1.2, UNFPA was responsible for tracking and reporting on each sub-project’s outcomes, including aggregation and dissemination of cross-country results based on the common evaluation framework (PAD, pp. 13-14).
- *Subcomponent 2.3 (“Support rural midwifery training institutions in target countries to increase the quantity and quality of midwives and other personnel involved in RMNCAHN health”)* aimed to strengthen the capacity of midwifery training institutions to graduate quality workers for the rural labor market in target countries. Activities included support to WAHO on the development and dissemination of a regional accreditation strategy and curricula for harmonized approaches to training of community health workers, nurses and midwives in midwifery competencies. Additionally, this Subcomponent introduced cascade training for faculty at two extant mid-level institutions (*Institut National de Formation des Agents de Santé*, Abidjan and *Institut National de Formation en Sciences de la Santé*, Bamako) in an effort to establish regional hubs providing training of trainers for satellite centers and internship sites in rural areas. These services were delivered in conjunction to in-kind support on equipment and supplies for rural training centers and were aligned with broader regional



“rural pipeline” initiatives supported by WHO and other partners on improving deployment and retention of human resources for health in remote areas (PAD, pp.56-66).

Component 3. Foster political commitment and capacity for policy making (Appraisal: US\$34.46 million; Revised: US\$161 million; Actual: US\$137.22 million)

This component cultivated DD-oriented policy reform via an ambitious agenda of data collection and analysis, policy dialogue and advocacy, and capacity building at regional and country level. It also supported project management capacities for implementing agencies at national and regional levels.

- *Subcomponent 3.1 (“Strengthen advocacy and political commitment on RMNCAHN at the regional and national levels”)* supported creation of a regional monitoring and accountability mechanism for political commitment (assessed via policy endorsement and budget allocations) to achieving a DD, as well as mobilization and training activities on population issues for a wide range of actors, including technical officers from National Statistics Institutes and similar, politicians, religious and traditional leaders, and civil society organizations. With respect to the regional mechanism, UNFPA was charged with collecting and reporting on regional data in partnership with the *Centre d’Etudes et Recherches sur Population et Développement* (CERPOD), the only Sahelian organization with an explicit mandate for supporting regional coordination on population issues. Data were provided via participating countries’ “DD Observatories” and collated in a database hosted by CERPOD (see Subcomponent 3.2, below). WAHO provided complimentary support by fostering a regional network of DD champions (PAD, pp. 66-68).
- *Subcomponent 3.2 (“Strengthen Capacity for policy making, monitoring and evaluation related to demographic dividend issues”)* supported the formation and function of national “DD Observatories” to galvanize policy dialogue and reform in individual countries, and to underpin the regional monitoring and advocacy supported under Subcomponent 3.1. Located in extant National Statistics Institutes or similar, each Observatory was anticipated to serve as an information and analysis repository for population and development data in its respective country, including information on DD-relevant policies (i.e. description and status of endorsement), fiscal commitments, and results. As such, activities under this Subcomponent included support to the implementation of DD-relevant surveys (e.g. Demographic Health Surveys and Multiple Indicator Cluster Surveys), capacity building for individual observatories, and dissemination events. Additionally, this Subcomponent supported the elaboration of existing national population policies to be more DD-sensitive. In line with Subcomponent 3.1, UNFPA collaborated with CERPOD, whose capacities were to be strengthened through the provision of additional staff, equipment, and operational funding. This was based on the assumption that CERPOD would assume full responsibility for coordinating the Observatories following project’s closing (PAD, pp. 68-70). Additional partners included the *Centre Régionale d’Économie Générationnelle* which led trainings on demographic data collection and analysis methods, and the *Centre d’Études de la Famille Africaine en Population, Santé et Développement Durable*, which was hired to train Observatories’ staff on policy advocacy.
- *Subcomponent 3.3 (“Strengthen project implementation capacity”)* supported staff, workshop, and operating costs for the 5 national PIUs, WAHO, and UNFPA (PAD, p. 70).

**e. Comments on Project Cost, Financing, Borrower Contribution, and Dates
Program Cost, Financing, and Borrower Contribution**

At appraisal, SWEDD was approved for an initial amount of US\$172.20 million equivalent, with \$170.2



million provided by the World Bank via International Development Association (IDA) Credits and Grants, and \$2 million pledged by the Government of Mauritania (ICR, p. 2 and p. 48). The lending instrument was investment project financing (IPF). By May 2020, the total allocation had increased to \$US682 million, due to cumulative allotments of US\$133.8 million under Additional Financings (AFs) 1, 2 and 3, and US\$376 million under AF 4. At closing, the amount disbursed was US\$552.75 million (ICR, p. 48), with the difference due to i) funds from Mauritania not materializing, and ii) cancellation of funds for country activities which could not be completed prior to closing, see third restructuring, below.

Dates

SWEDD was approved on December 18, 2014, and declared effective on May 22, 2015, with rapidity of preparation linked to a policy window opened by a high-level call to action initiated by Niger (see Relevance, below). A Mid-Term Review (MTR) was conducted in July 2018, findings from which informed the project's second stage, which ran from 2019-24 and comprised continued implementation in the original five countries, including scale up in Chad, Cote d'Ivoire, Mali, Mauritania, as well as the addition of Benin, Cameroon, Guinea as project countries and the AUC as regional partner. The closing date was extended twice, from December 31, 2018 to December 31, 2023, and from December 31, 2023 to December 31, 2024.

As above, the project was restructured three times:

- The first restructuring, dated January 2019 in the ICR, provided Additional Financing (AF) to add Benin as a participating country, extended the closing date to December 31, 2023, and reallocated funds from Subcomponent 2.1 (*Foster regional harmonization of registration and quality control of RMNCAHN Commodities*) to Subcomponent 1.2 (*“Set up a regional evaluation mechanism for designing, financing and evaluating country programs in women’s and girls’ empowerment”*). The rationale provided in the ICR for this reallocation was that progress and other donors’ engagement on regional harmonization and quality control had accelerated effectiveness, and funding could be redirected accordingly. No details were provided in the ICR or the relevant Restructuring Paper regarding specific reallocation amounts or donor engagement. Additionally, this restructuring changed 29 indicators in the RF by adding, removing and rewording to better capture results. Each of these changes is well detailed in the ICR (see Annex 11, table titled “Evolution of the Results Framework”). End-project targets were revised in line with the extended closing date.
- The second restructuring, dated May 2020 in the ICR (p. 9) provided AF to scale up activities in Chad, Cote d'Ivoire, Mauritania, and Mali, added Cameroon and Guinea as participating countries, extended the closing date to December 31, 2024, and revised several components, as follows: Component 1 was scaled up to be more targeted geographically and to include a minimum package of interventions that incorporated activities to mitigate COVID-19, with case referral and tracking activities to combat Gender Based Violence (GBV) added (ICR, pp. 9 & 73). Component 2 shifted funding from pharmaceuticals harmonization and quality control to enhanced last mile delivery with a continued strong focus on increasing the density of midwives in rural areas (ICR, pp. 9 & 73). Component 3 introduced new support activities for WAHO (no details provided) and on DD-sensitive budgeting and other legal reforms (ICR, pp.5, 9 & 73). Additionally, under this restructuring, institutional arrangements were updated to add the AUC as a regional partner and to reroute UNFPA funding through WAHO, rather than individual countries. Per the ICR, UNFPA had been initially expected to provide regional coordination and TA based on contracts with each participating country, at a charge of 13 percent of each country’s IDA allocation. However, as this arrangement proved cumbersome and delayed delivery of TA, the project was restructured to contract UNFPA



directly through WAHO, in an effort to streamline disbursement (ICR, p. 10).

- The third restructuring, dated December 2024, canceled unspent funds for Cameroon, Cote d'Ivoire, Guinea, and Mauritania, with US\$60 million recommitted to SWEDD's follow-on project ("SWEDD+") via AF (ICR, p. 9). These cancellations were attributed by the ICR to COVID-19 and regional insecurity as well as "significant delays in effectiveness (Cameroon), political changes (Guinea) and protracted implementation" by the AUC as a regional partner (ICR, p.9). Although there are discrepancies in the reported amount of funding cancelled, with US\$88.21 cited in in the "Other Changes" section of the ICR (p. 9), US\$159.38 reported in Table 3.1 of Annex 3 on Project Costs (with caveats regarding exchange rate fluctuations; ICR p. 48), and US\$98.1 million cited in "Operational Efficiency" (ICR, p. 22), the Project Team confirmed that the correct amount was US\$88.21 million.

The ICR noted that an AF to allow more time to complete implementation and to add additional countries was considered but not pursued due to a change in World Bank procedures, which required AF initiated on January 1, 2020 or later to adhere to the new Environmental and Social Framework, with AF to a project prepared under the former safeguards policies no longer permissible. As such, a follow-on operation - SWEDD+ (P176693) - was prepared and approved in September 2023.

3. Relevance of Objectives

Rationale

Relevance to country and regional context

At appraisal it was noted that, although economic growth was high in Sahel countries and child mortality was declining, fertility rates were not. High numbers of births expose women to greater risks of complications during labor and delivery, and elevated maternal mortality ratios (MMRs), most notably in Mauritania, Niger, Cote d'Ivoire and Chad, all of which had MMRs above the SSA average (PAD, p. 3, Table 1). Conventions of early marriage, with first births occurring during adolescence, exacerbated these risks; a teenager's chances of dying due to pregnancy-related complications are twice as high as that of a woman in her 20s.

Region-wide, poor knowledge of and access to contraceptives and care were key proximate drivers of both high fertility and maternal morbidity/mortality, underpinned by social norms condoning early marriage and adolescent pregnancy. These norms also contributed to limiting young women's education and economic opportunities, as caring for young children is typically incompatible with secondary school and constrains labor market choices. At country and regional level, the consequences of this scenario included precisely the challenges that SWEDD aimed to address: A stalled demographic transition characterized by high child dependency ratios and a disenfranchised female workforce, leading to missed opportunities for countries to capture demographic dividends on accelerated economic growth, and contributing to the fragility that plagued the region as a whole.

Relevance to government strategies

SWEDD leveraged a policy window opened in 2013 by a high-level call to action initiated by Niger, to which the World Bank and UN responded by pledging to jointly support the Sahel in addressing population growth and gender inequality (PAD, p. 7). It also built on "ongoing plans and initiatives in the region",



most prominently the 2011 Ouagadougou Partnership, a regional coalition formed to support uptake of family planning programs in francophone West Africa. The PAD also noted alignment with the Sahel G-5, which was established in early 2014 to address development and security issues in the region (PAD, p. 8). Relevance of the PDO to specific national strategies or plans was not detailed beyond statements confirming “close coordination with country-level projects and national policies” (PAD, p. 8) and participating governments’ “political commitment to further addressing maternal and child mortality rates, as well as very high fertility rates and low and stagnating contraceptive prevalence rates.”

Regarding relevance to government strategy at closing, the ICR states that “the Project and its objectives benefited from leadership and buy-in at the highest level of governments, starting in the Sahel subregion and then gaining momentum in the Gulf of Guinea countries” (ICR, p. 10). As with the PAD, no government strategies are explicitly cited, however the ICR does provide some specificity by linking countries to PDO-relevant development goals, namely reducing the total fertility rate in Cote d’Ivoire, banning child marriage in Chad, and reducing girls’ secondary school drop-out rates in Niger and Benin (ICR, p. 10).

Regarding relevance to regional partners’ agendas, the PAD cited “strong commitment and ongoing plans” with ECOWAS and WAHO, however again no details were provided (PAD, p. 7). The ICR includes a brief statement on SWEDD’s relevance to the AUC’s “Agenda 2063 and its first strategy for gender equality and women’s empowerment” (ICR, p. 10).

Alignment with World Bank Strategy

At appraisal, the PAD provided the following information regarding the relevance of SWEDD’s PDO to World Bank (WB) Country Partnership Strategies (CPS) and similar:

- In Niger, the Country Partnership Framework (CPF) FY2013-2017 positioned demographics as a cross-cutting issue with an expected outcome of increased awareness of and access to family planning.
- In Mali, objectives of the FY14 -15 Interim Strategy Note included addressing population issues and reinforcing public service performance.
- In Burkina-Faso and Mauritania, the PAD stated that the CPSs (FY2013-2016 and FY2014-2016 respectively) included gender as a “cross-cutting priority for all Bank operations” (PAD, p. 8). More specifically, per the Strategies themselves, Burkina-Faso stipulated mainstreaming gender equality and female empowerment across operations and non-lending in health, agriculture, education and private sector development, as well as support to government on draft policies for reproductive health and family planning, increased investment in inclusive education, access to reproductive health services, a coordinated response to gender-based violence, and incorporation of the gender dimension in disaster management (CPS for Burkina Faso, FY13-16, Report No. 78793-BF, pp. 34-35). Mauritania stipulated “further increasing the gender sensitivity of the portfolio, with a focus on: (a) inclusion of appropriate gender-sensitive indicators in project results frameworks; and (b) increasing the use of gender-relevant analysis in ESW and analytical and advisory activities in order to build the gender knowledge base and provide critical inputs to current and further operations.” In terms of programming, the Mauritania CPS listed the following priorities: Increase women’s participation in the economy, increase women’s access to basic social services and infrastructure, promote gender equality in secondary education, and increase gender equity in the agriculture sector (CPS for Mauritania, FY14-16, Report No. 75030-MR, p.22).

Although relevance to specific WB country strategy documents for Cote d’Ivoire was not mentioned in the PAD, this Review can confirm that the CPS FY2010-2013 (de facto FY2014, as an additional year was



added) cited “job creation, with a particular focus on youth, and mainstreaming gender and improving women’s economic opportunities” as a cross-cutting objective with an expected outcome of “reduced social, political, and economic inequalities between men and women” (CPS FY2010-2013, Report No. 53666-CI, p. 53).

Regarding relevance to WB country frameworks at closing, the ICR stated that “alignment at the time of Project completion [was] confirmed in the CPFs of Benin (FY19-23; Report No. 123031), Burkina Faso (FY18-23; Report No. 123712), Cameroon (FY25-29; Report No. 190963), Chad (FY23-24; Report No. 177572), Cote d’Ivoire (FY23-27; Report No. 179288), Guinea (FY18-23; Report No. 125899), Mali (FY16-20; Report No. 94005), Mauritania (FY18-23; Report No. 125012) and Niger (FY18-23; Report No. 123736).” (ICR, p. 10) No further details were provided.

With respect to broader WB strategies, at appraisal, SWEDD was relevant to the IDA17 commitments to fragile and conflict states and gender equality, the commitment of the Bank’s Global Practice on Health, Nutrition and Population to universal health coverage, health financing, service delivery and ensuring healthy societies, and to World Bank Group goals of eliminating extreme poverty and boosting shared prosperity (PAD, p. 8). It was also aligned with the World Bank Group Sahel Regional Initiative which aimed to address i) vulnerability and resilience; and ii) economic opportunity and integration (PAD, p. 7). In line with this initiative, the PAD highlights SWEDD’s regional relevance to both these pillars, given the project’s cultivation of spillover effects related to job generation and impacting vulnerable populations (e.g. midwives trained and practicing in one country can move easily to another, given region-wide accreditation), support to regional public goods and economic opportunity (e.g. cross-country procurement system for contraceptive and maternal health commodities), and policy coherence (e.g. support to CERPOD and country-based DD observatories on policy analysis and reform).

At closing, the PDO was aligned with multiple regional and thematic WB strategies, including:

The Africa Human Capital Plan 2019-2023, the Fragility Conflict and Violence Strategy 2020-2025, the World Bank’s Gender Strategy, the World Bank Africa West 2021-2025 “People First” Strategy, the AFW Regional Gender Action Plan 2023-27, the Sahel Regional Initiative and the Sahel White Paper, and the Western and Central Africa Education Strategy 2022-25. (ICR, p.10) SWEDD was also highly relevant to the IDA 20 commitments to fragile and conflict states and gender equality, the commitment of the Bank’s Global Practice on Health, Nutrition and Population to universal health coverage, health financing, service delivery and ensuring healthy societies, and to World Bank Group goals of eliminating extreme poverty and boosting shared prosperity (ICR, p. 10).

Regarding trajectory of support, the ICR states that there was no precedent in the Sahel of a project tackling gender and demographic challenges from a multi-sectoral angle (ICR, p. 9). As such, SWEDD’s predecessors were sector-specific projects in education (interventions on school access and retention for girls), safety nets (interventions on training, jobs and cash transfers for women and girls), and health (access to quality RMNCAHN commodities and services). Each of these is detailed by country in Annex 6 of the PAD. The list includes pipeline as well as extant projects, anticipated to dovetail with SWEDD once underway (PAD, pp. 190-192).

The project was also informed by global evidence on what works. Namely, lessons from Bangladesh, Rwanda and Ethiopia on multisectoral investments to reduce fertility and narrow gender gaps in school enrollment and retention, findings from the Adolescent Girls Initiative in Liberia and Uganda on safe spaces, life skills and livelihood training, and findings from the Population Council in Ethiopia, Burkina Faso, Egypt



and Malawi on programs to improve education indicators and to improve reproductive health knowledge, attitudes, and practices (KAP) (PAD, pp. 18-19).

Rating

High

4. Achievement of Objectives (Efficacy)

OBJECTIVE 1

Objective

Increase empowerment of women and adolescent girls in selected areas of the participating countries.

Rationale

The ToC assumed that women and girls' economic and social empowerment could be increased via i) improved individual (male and female) reproductive health knowledge and practices, ii) improved community awareness of the health and socio-economic costs incurred by adolescent marriage and childbirth, iii) provision of support for girls to stay in secondary school, and iv) community-based trainings for women and girls on financial literacy, life, and job skills. These assumptions were supported by a substantial evidence base and clearly reflected in the RF.

Activities

Activities under this Objective included a regionally coordinated communication campaign to improve the impact and reach of extant national SBCC programs on RMNCAHN, and a wide range of community-based sub-projects, many of which used safe spaces and boys and men's clubs to deliver tailored messaging designed to shift harmful gender norms and build capacity in conjunction with practical training on a wide range of topics and support services.

Intermediate outcomes

Three out of four Intermediate Results Indicator (IRI) targets under Objective 1 were exceeded:

- The number of adolescent girls who benefited from at least one schooling intervention was reported at closing to be 1,162,555, relative to the target of 1,083,347 (baseline 0; note that all baselines reported in this ICRR are regional).
- The number of beneficiaries who completed training in safe spaces was reported at closing to be 654,329, relative to the target of 541,859 (baseline 0).
- The number of adolescent girls and women who were beneficiaries of at least one intervention for economic empowerment (e.g. professional training, credit, productive asset grant recipient) was 255,045, relative to the target of 219,187 (baseline 0).

The IRI on GBV - "Number of GBV and harmful practice cases reported in Project intervention areas that have been referred for health, social, legal and safety care according to the referral process in place" - was



only 18.8 percent achieved - 3,810 actual versus 20,187 target (baseline 0). The ICR states that this IRI was a poor choice to assess progress, both in terms of definition and country targets, which were unrealistically high. The ICR further argues that the project *did* make headway in strengthening GBV prevention and remediation (ICR, p. 14), albeit not in a capacity captured by this indicator. To make the case, detailed evidence is provided for the project's delivery of messaging and trainings for community sensitization, prevention and survivor support, as well as policy dialogue and analytics leading to regulatory reforms to combat GBV (also addressed under Objective 3). Notably, these reforms included adoption of internal regulations to combat GBV in schools and establishment of child protection committees to combat child marriage as prior actions for World Bank-financed development policy loans (Cameroon and Niger, respectively). No alternative indicator choices were proposed in the ICR, nor was the question of why GBV was added to the RF only during the 2nd restructuring in May 2020, six years into implementation, addressed. To both points, the Project Team clarified that GBV had not been an initial focus of the project (indeed it is not explicitly reflected in the ToC), and that it was only added to the RF after it became clear that the work on community mobilization against harmful gender norms provided a "built in" opportunity to also advocate against GBV. The choice of indicator was linked to the use of local NGOs in safe spaces, with tracking reports and referrals intended to serve as an accountability mechanism in terms of effectiveness and propriety.

PDO-level outcomes

At closing, both PDOs associated with Objective 1 had exceeded their targets:

- The percentage of retention of adolescent girls in secondary schools in targeted areas, who benefited from schooling interventions was 94.9 percent, relative to the target of 92.9 percent (regional baseline 70 percent).
- The percentage of adolescent girls and women who were beneficiaries of safe spaces and who had adequate knowledge on harmful consequences of child marriage and early pregnancy and [benefits of] birth spacing was 95.62 percent, relative to the target of 87 percent (regional baseline 32 percent)

Note that originally, there was a third PDOI that focused explicitly on economic empowerment ("Number of young women (16-19) participating in life skills or livelihood interventions"). This indicator was dropped at the second restructuring and replaced by the second and third IRIs cited above. The ICR reasonably states that this decision was taken to permit tracking of girls completing training in safe spaces separate from tracking of girls and young women benefiting from interventions for economic empowerment (ICR, p. 76). (Additionally, it should be noted that i) this indicator is more appropriate as an IRI than a PDOI, and ii) no information was provided regarding how "knowledge" was assessed.)

In addition to reporting on the RF per se, the ICR provides considerable supplementary evidence supporting the project's impact on key dimensions of empowerment:

- **Schooling Interventions:** A 2020 randomized control trial (RCT) conducted in Niger by the World Bank's Africa Gender Innovation Lab (GIL) found that scholarships provided through SWEDD decreased early marriage by 49 percent, reduced school dropouts by 53 percent, and "raised educational and professional aspirations for girls and their mothers" (ICR, p. 14). The ICR also notes that SWEDD targeted tens of thousands of out-of-school girls for basic literacy training and also supported remedial learning activities for boys and girls (ICR, p. 13). Inclusion of these "drop out demographics" was both innovative and effective, as these are very large and frequently overlooked target populations for whom the project widened both academic and economic opportunities.



- **Economic Empowerment:** A 2021 GIL- led RCT of SWEDD’s economic empowerment interventions in Côte d’Ivoire found that girls who participated in village-based safe spaces interventions in conjunction to income generating activities saw a 40 percent increase in profits compared to girls in control villages. In line with this finding, a regional 2025 evaluation by UNFPA of all SWEDD countries documented increases in beneficiaries’ income correlated with increased incidence of secondary school retention and exposure to skills trainings. Most notably, Mali observed a jump in beneficiaries’ monthly income from CFAF 2,473 (around US\$4.00) prior to implementation of project interventions to CFAF 55,000 (around US\$91.00) thereafter. Although results in other participating countries were much more modest, increased earnings across the board were documented, along with contributions by beneficiaries to household expenses (ICR, pp.12-14).
- **Reproductive health knowledge and practices:** Per the UNFPA analysis cited above, modern contraceptive use among girls from SWEDD’s safe spaces nearly doubled in Mauritania and nearly quadrupled in Niger. In Mali, the share of young women participating in safe spaces interventions who consented to marriage increased from 73.97 percent to 90.78 percent. In Cote-d’Ivoire, pregnancies decreased by 36 percent and early marriages by 7 percent when safe spaces were combined with both husband clubs and the engagement of community leaders (per 2021 RCT). The importance of these findings cannot be overstated, as they indicate a substantial increase in girls’ own decision-making agency, underpinned by community shifts in gender norms and perceptions of marriage. In line with the latter, the UNFPA analysis also documented “positively evolved attitudes” of men and boys who participated in over 5,000 SWEDD-supported future husband clubs (ICR, pp. 13-14). Annex 8 of the ICR provides testimonials on this subject from traditional and religious leaders in Chad, Burkina, and Mauritania (ICR, p. 65).

Summary

The fact that that all but one of the indicators under this Objective exceeded their targets implies that SWEDD contributed to empowerment of women and adolescent girls across key dimensions. There is a strong case for attribution of causality, as the project was implemented in underserved areas where outcome trends were historically poor, and where both government and development partner investments were either absent or inadequate. Further, with the exception of the GBV IRI, (further discussed under “Overall Efficacy”) indicators were well defined and appropriate, and their targets appear to have been appropriately set, given the magnitude with which they were exceeded. The one caveat is a lack of granularity for some of the results that made it difficult to unpack the degree to which empowerment was genuinely occurring. This shortfall was perhaps most pronounced with respect to the activities on economic empowerment, as there was no indicator which attempted to track actual improvements in livelihood (see “M&E Design”). Furthermore, questions regarding de facto access to credit (as opposed to training) and entrenched gender biases on “women’s” versus “men’s work” in vocational training went completely unaddressed in both the RF and the (reported) supplementary data. Both of these are notorious challenges to improving gender equity, and it is difficult to believe they were not a chronic issue for SWEDD. A single statement in the ICR that “the Project’s economic empowerment activities trained young women and provided them with equipment, but in most cases fell short of providing them with continued technical support or financial means to pursue their activities” sheds a glimmer of light on this question, and introduces a counter-argument to the increased earnings results documented by the GIL and UNFPA assessments, especially with respect to sustainability.

That said, overall, this objective is characterized by its impressive achievements on schooling, including targeting “dropout demographics”, economic empowerment, and uptake of RMNCAHN knowledge and



services. Each of these achievements was a heavy lift facilitated by the project's holistic and extensive SBCC campaigns.

Rating

Substantial

OBJECTIVE 2

Objective

Increase access by women and adolescent girls to quality reproductive, child and maternal health services in selected areas of the participating countries.

Rationale

The ToC assumed that beneficiaries' access to RMNCAHN commodities and services could be increased by i) equipping countries to reduce costs and improve pharmaceutical quality control via shared standards and pooled procurement, ii) supply chain innovations to improve last-mile distribution and iii) increasing the number of qualified midwives trained and deployed in underserved areas. Inputs and outputs for each of these three pathways were clearly delineated in the ToC's causal chain, and reflected in the RF. (Although indicators tracking progress on pharmaceutical quality control were cut under the second restructuring, see discussion below.)

Activities

Activities under this Objective included implementation and evaluation of country-led sub-projects on last-mile commodity distribution and a range of activities to improve regional and national capacities for midwifery training and accreditation. Additionally, up until the second restructuring in May 2020, activities under this Objective included assistance to WAHO on cross-country adoption of Common Technical Documents to harmonize and strengthen national regulatory systems for medicines and to facilitate pooled procurement, as well as support for quality control accreditation of regional laboratories.

Intermediate outcomes

The first IRI associated with this outcome - "Number of pilots tested for last mile distribution according to a checklist of RMNCAHN products" – was not achieved, as 17 pilots were tested, relative to the regional sum-of-country target of 20. Despite this shortfall, the ICR argued that progress on this IRI was actually substantial, as seven out of the nine participating countries met their nationally established targets, with capacity building and equipment provided through SWEDD proving "instrumental" to test innovative strategies, including mobile clinics and community relays. The case for substantial progress is supported by the facts that stockouts decreased and contraceptive use increased in intervention areas (see PDOIs, below). The ICR also stated that, at closing, "most" of the pilots had been integrated into national community health policies of participating countries (ICR, p. 16), implying institutional improvement in distribution and supply chains for RMNCAHN commodities. To this point, a footnote from Mali's 2024 End of Project Report documenting a 99 percent increase in availability of commodities, increased budget lines for Community Health Centers, improved technical capacities, and improved storage conditions, is the one country-specific example provided.

It is worth noting that the ICR reported the regional target as 31, as did the RF, as opposed to the true sum-of-country targets (20). The Project Team clarified that although this mismatch was identified prior to the last



restructuring, it occurred late enough into implementation that the RF was not modified since the regional target was higher and late-stage downgrading was ill-advised.

The second IRI under Objective 2 - “Number of midwives in the Project intervention areas who have completed basic training with short-term continuing education sessions as part of the quality assurance of reproductive health services” - was exceeded. At closing, 19,671 individuals had completed this course of instruction, relative to the target of 13,557 (baseline 0). This number marks an achievement with positive implications for improved service delivery and improved outcomes, supported by findings from the country completion reports from Mali and Guinea, both of which cited improved retention of midwives in SWEDD intervention areas, with concomitant documented increases in assisted births, prenatal consultations, and childhood vaccination sign-ups.

PDO-level outcomes

The first PDOI associated with Objective 2 - “Number of new users of modern contraceptive methods in the Project's intervention areas” - equaled 1,500,850 at project close, exceeding the target of 1,100,647 by 36 percent (baseline 0). All reporting countries (Burkina Faso did not report on this PDOI) except for Cameroon met or exceeded their national targets for this outcome (ICR, p. 16)), a profound supply-side achievement for a region where health service shortfalls and fractured pharmaceutical supply chains have historically constrained use of contraceptives. As this strong performance necessarily implies increased demand by at least as much, it also supports the case for positive impact of SWEDD's activities on empowerment and gender norms.

The second associated PDOI - “Rate of stockouts of contraceptive products at the point of purchase in Project areas” - was 18.8 percent at closing, relative to the target of 12.1 percent. The regional baseline provided in the RF was 0, an unlikely value given the indicator, and presumably the result of an automatic “placeholder” generated in the absence of a manually entered regional average. This discrepancy was neither acknowledged nor explained in the ICR. Instead, the Report noted that i) national baselines ranged between 90 and 25 percent in participating countries, and ii) UNFPA measured a 60.4 percent average national stock shortage of contraceptives (any method) during the last three months of implementation. As a crude average national baseline of 57.5 percent can thus be calculated (roughly in line with the UNFPA findings), this Review ignores the reported “0” baseline and finds the ICR is justified in stating that “overall progress for this indicator should be considered significant” (ICR, p. 16). With respect to country specifics, some examples are provided; however, they are not fully unpacked. Cote d'Ivoire, Cameroon, Chad, and Mali “substantially achieved their national targets”; no numbers were referenced. Guinea's stockout rate at closing was 30 percent; no national baseline was provided. Mauritania's stockout rate was 46 percent at closing. But again, no national baseline was provided and consequently it is difficult to attach much meaning to the number. The ICR does note that Mauritania's was the poorest performance among participating countries, skewing the actual value of the regional PDOI accordingly (ICR, p. 16). Neither Burkina Faso nor Niger reported on this PDOI.

Equipping countries to reduce costs and improve pharmaceutical quality control via shared standards and pooled procurement was a key pathway in the ToC under Objective 2 (PAD, p. 12; ICR, p.2). However, the IRI and PDOI tracking these results were dropped under the second restructuring, as the outcome was judged “sufficiently achieved” during the MTR (ICR, p. 8). With respect to the PDOI - “A regional framework is in place for purchasing health commodities” - the ICR stated that, by May 2020, “all 15 ECOWAS countries had approved the use of Common Technical Documents to jointly register drugs (including contraceptives) which paved the way to set up a joint procurement mechanism”. However, the ICR further noted that this mechanism “had not fully materialized by project completion” (ICR, p. 80). Rather, “a political declaration of



intent was signed by ECOWAS countries” (ICR, p. 17). Regarding the IRI – “Number of countries that have adopted a drug regulation consistent with WAHO/WAEMU directives”, the ICR included only the target (4 countries) and baseline (0), with no information on achievement provided (ICR, p. 80). This vague reporting on the dropped indicators was partially offset by a clear statement in the ICR on the fact that laboratories in Mali and Cote d’Ivoire obtained International Organization for Standardization (ISO) accreditation with support from the project, as well as less granular text on SWEDD’s coordination of technical guidance on pharmaceutical product evaluation, manufacturing protocols, clinical trials, drug safety, and information management. Supplementary information provided by the project team also helped fill in the blanks, namely to the effect that i) a Bank-funded grant to WAHO for US\$3 million on pooled procurement was approved in 2016 (West African Medicines Regulatory Harmonization (P158363)), and ii) evidence for the impact of Objective 1 activities prompted de-prioritization of regional acquisition in favor of a strengthened focus on last mile supply chains and service delivery, both of which were – arguably – more relevant to meeting increased demand at the grassroots.

Summary

SWEDD appears to have increased the number of trained midwives in project areas. The project markedly exceeded the IRI target on this outcome, with results triangulated in the ICR using evidence from country completion reports on increased deployment and improved health outcomes. The project also exceeded the target for increased use of modern contraceptive methods. Stockouts also declined, in line with project support to implementation and evaluation of country-led sub-projects on last-mile commodity distribution. Although the targets for this second result chain were not fully met, the magnitude of both shortfalls was relatively minor, especially given the overall trendline pointing towards progress. As per Objective 1, plausibility of attribution for these achievements is high, as intervention areas were underserved prior to implementation, and no other major investments or reasons were identified to explain the pattern of improvements. Regarding improved pharmaceutical quality control via shared standards and pooled procurement, the project cannot claim that it contributed to de facto realization of a shared regional mechanism, however it does seem probable that it helped set the stage for this achievement, as indicated by evidence on ISO accreditation as well as the various types of support the project provided on increased quality control.

Rating

Substantial

OBJECTIVE 3

Objective

Improve regional knowledge generation and sharing and regional capacity and coordination

Rationale

The ToC assumed that i) supporting the engagement of opinion leaders on gender issues, ii) improving existing institutions’ competencies in data collection, analysis, and reporting, and iii) strengthening regional institutions’ capacities for policy advocacy would result in enhanced national legal frameworks to promote



gender equity, increased generation and dissemination of knowledge on best practices and lessons learned, and greater policy commitment and coherence on gender issues across regional institutions.

Activities

Activities under this Objective supported establishment of one regional and nine national “DD Observatories” to galvanize knowledge generation and policy reform on gender issues. Located in extant National Statistics Institutes or similar, each national Observatory was anticipated to serve as an information repository and analysis hub for population and gender information, with UNFPA spearheading collation and synthesis of country-specific data for the regional mechanism. These efforts were complemented by knowledge sharing and learning events, as well as mobilization and training activities for a wide range of actors including technical officers from National Statistics Institutes and similar politicians, religious and traditional leaders, and civil society organizations.

Intermediate outcomes

The first IRI associated with this Objective was achieved, the second was surpassed, the third fell short by a narrow margin, and the fourth was surpassed:

- By closing, 9 countries had a functional DD Observatory (baseline 0), equivalent to the target and reflecting improved capacity on the part of National Statistics Institutes to collect and report on data and to lobby for reform. The ICR noted that these activities in Niger and Chad informed new targets on reduced fertility in national development strategies. In Mauritania they contributed to making the DD a stated priority in national development policy (ICR, pp. 18-19). One aspect which is not addressed is the degree to which these Observatories worked with existing platforms on gender equity.
- 206 national and regional publications related to demographic transition, population issues and the DD had been released by closing, relative to the target of 192 (baseline 0). These publications supported the range of activities described above, including knowledge dissemination and policy advocacy efforts.
- 18,964 community and religious leaders committed to actively promoting girls' enrolment and retention in school, adolescent reproductive health, and abandonment of GBV and harmful practices, relative to the target of 20,275 (baseline 0). Despite the slight shortfall, results for this IRI are indicative of SWEDD's frontline contribution to shifting gender norms and associated harmful practices. The ICR cited specific (Benin and Mauritania) and cross-country results to this effect, including pledges made by 1,000 imams to stop officiating marriages involving girls under 18, and 3,690 community-based awareness sessions convened by religious leaders who had been supported by the project to develop theological arguments in favor of family planning and gender equality. Per the ICR, these sessions reached an estimated 92,250 people (ICR, p. 19).
- 100 percent of registered complaints were reported to have been handled by closing, relative to the target of 96 percent (0 baseline).

PDO-level outcomes

The first PDOI under this Objective fell slightly short, the second was exceeded:

- At closing, 5 countries, relative to the target of 7 (baseline 0), had fulfilled the completion criteria (presentation of a budget efficiency report to parliament) for “budgeting practices that integrated the demographic dividend”. However, all seven countries reporting on this goal made significant progress. The exercise, which was essentially an analysis of the gender-sensitivity of public sector spending, required novel and exhaustive identification of all line items for health, education, nutrition



and other DD-relevant categories *across* ministries, so as to pinpoint the proportion of total budget earmarked for human capital development. The fact that all participating countries completed the challenging analytical work required to identify cross-ministerial allocations (quantified by the ICR as 80 percent of the total task, p. 18) marked an impressive skills building achievement with implications for improved national-level capacity for pro-DD policymaking, regionwide.

- At closing, the number of national and regional legal frameworks that supported enrolling and maintaining girls in school, adolescent reproductive health, and the elimination of GBV and harmful practices was 41, relative to the target of 29 (baseline 0). Annex 13 of the ICR details these frameworks, which included compendia of extant laws and policies (important in countries where awareness of existing legislation is low), as well as new laws enshrining the right of pregnant girls and young mothers to continue their education, banning child marriage and restricting birth control, and prohibiting GBV in schools and elsewhere. The ICR notes that these legislative achievements were leveraged by SWEDD for the community sensitization interventions on GBV prevention described under Objective 1. They also informed WAHO's regional Sexual and Reproductive Health and Rights Directive (adoption by the Council of Ministers pending at ICR publication) and the African Union Convention on Ending Violence Against Women and Girls (adopted February 2025, ICR, p. 19).

Knowledge generation and dissemination was part of the ToC under this Objective and was initially tracked in the RF via a PDOI which measured the number of regional impact evaluations supported by the project. This indicator was dropped in 2019 - it was not considered sufficiently outcome oriented - and although the IRI on new publications remained, the ICR plausibly argues that “the extensive body of knowledge generated by the Project goes far beyond publications and is a substantial achievement that contributed to enhanced capacity and coordination for policymaking”. To this point, Annex 9 collates the many types of knowledge products supported by SWEDD, including qualitative studies, best practice guides, impact evaluations, and reports on pilots of innovative interventions. The ICR states that “these products have guided implementation and informed other World Bank investments related to gender and women’s empowerment”. This statement is plausible; however no specific examples are provided (ICR, pp. 19 & 66).

Summary

Based on the RF and complementary evidence, SWEDD appears to have successfully boosted knowledge generation and sharing, as well as capacity and coordination to support policymaking on DD and gender issues. The project met or exceeded targets for establishment of functioning DD observatories, release of publications, and number of pro-DD national and regional legal frameworks. Regarding attribution, the project can plausibly be credited with the results on DD Observatories and DD budgeting, with the caveat that more information could have been provided on whether other platforms (e.g. women’s rights groups, INGOs, and other development partners) conducting similar activities existed. With respect to the higher-level outcomes on legislation, supplemental data in the ICR regarding the policy environment *prior* to implementation (drawn, for example, from the Women, Business and the Law Database) would have strengthened the case for SWEDD’s contribution to national and regional legislative landscapes. However, even without this information there is a strong case for the project’s contribution on de facto policy reform, given the proliferation of circulars, decrees and ordinances tabulated under Annex 13, all of which were passed during the period that SWEDD was active. Last but very much not least, the project’s work with community and religious leaders built synergies with SBCC work conducted under Objective 1 and provided a critical frontline complement to the more normative policy and knowledge activities conducted at national and regional level under Objective 3.



Rating

Substantial

OVERALL EFFICACY

Rationale

Both PDOIs under Objective 1 – on retention of adolescent girls in secondary school and participation in safe spaces, with consequent improved knowledge of the risks of adolescent pregnancy and the benefits of birth spacing – were exceeded. These results were corroborated by complementary evidence on schooling interventions and reproductive health knowledge and practices. Supplementary evidence was also provided on income generation, although for this outcome, questions remain regarding the degree to which the project addressed access to credit and other sustainability constraints.

All IRIs under Objective 1 were achieved, except for the case-reporting indicator which was intended to track GBV. On this topic, although the project team explained the choice of indicator and the ICR provided evidence that SWEDD strengthened GBV prevention and remediation at national, and regional level, there was a notable lack of detail on how GBV-reducing activities (e.g. awareness raising via boys and men’s clubs) might have impacted individual beneficiaries and communities. Providing this information would have required reporting on alternative, qualitative indicators not captured by the RF (e.g. focus group findings) and would have added considerable value by documenting the project’s grassroots impact on GBV. To this point, it is also crucial to note that the persistence of GBV undermines any achievements related to gender equality and empowerment. As such, and distinct from the measurement issue per se, GBV posed a fundamental roadblock to the PDOI. Given its well-documented, extremely high rates in the Sahel, omission of GBV from the ToC (and original RF) can hence be construed as a design flaw and sustainability risk (discussed further in “Quality at Entry”).

The first PDOI under Objective 2 – measuring new users of modern contraception– exceeded the target. The second - on point of purchase stockouts of contraceptives – was partially achieved; rates did decline, albeit not to the extent targeted in the RF. Reporting on establishment of a pooled procurement mechanism was complicated by the fact that both the PDOI and IRI tracking progress for this outcome were dropped in 2020, under the second restructuring. However, it is clear that, although pooled procurement was not established by closing, SWEDD did support intermediary steps towards its realization, including ISO accreditation in Mali and Cote d’Ivoire, and establishment of Common Technical Standards regionwide. The IRI on pilot projects testing last-mile distribution strategies fell short; however the ICR provides convincing evidence that substantial progress was made. Seven out of the nine participating countries met their nationally established targets, stockouts decreased, and contraceptive use increased in intervention areas. The IRI on midwifery accreditation and training was exceeded, with findings from country completion reports supporting the inference that service delivery and health outcomes improved concomitantly.

Under Objective 3, the PDOI on DD-sensitive budgeting fell short, attributable to the fact that 2 out of the 7 participating countries completed most, but not all of the work to meet the target. The PDOI on gender-sensitive legal frameworks was exceeded and likely marks an impressive achievement on the part of the project, although a lack of information on the pre-project legislative landscape makes it difficult to construct a counterfactual. The IRI on DD-Observatories was achieved, and the IRI on national and regional publications was surpassed, with supplementary evidence on the project’s extremely wide range of knowledge generation



and sharing provided. The IRI on community and religious leaders committed to actively promoting girls' enrolment and retention in secondary school and discouraging child marriage and GBV was 93.5 percent achieved, falling slightly short of the target but still indicative of SWEDD's frontline contribution to shifting gender norms and associated harmful practices.

As questions regarding plausibility of attribution, depth of impact, and moderate shortfalls in efficacy (as measured by the RF) were largely offset by the predominance of met or exceeded targets and supplementary evidence on both supply and demand side achievements, overall efficacy is rated Substantial.

Overall Efficacy Rating

Substantial

5. Efficiency

Ex-Ante Assessment of Economic Efficiency

The PAD did not include a formal analysis of SWEDD's projected economic efficiency, however it did cite empirical evidence on the benefits accruing to investments in girls' education and empowerment, and to improved reproductive health services. Returns were expressed in terms of human capital gains and better health outcomes, as well as poverty reduction and economic growth. The PAD also cited the global evidence base on cost-effectiveness of investments in reproductive health, including findings that i) each dollar spent to move from current levels of modern method use to a full-needs met scenario saves US\$1.4 in maternal and newborn health care costs, and ii) every dollar invested in family planning saves US\$3 in financing for education, vaccinations, water and sanitation, maternal health, and malaria treatment (PAD, p. 197). Additionally, the PAD clarified that although it was not possible to provide an accurate ex-ante efficiency estimate, the regional call for sub-project proposals supported by Subcomponent 1.2 would include evaluation of submissions' cost effectiveness, led by UNFPA. The project team confirmed that this did occur, albeit with some variation regarding rigor of evaluation across countries.

Ex-Post Assessment of Economic Efficiency

The ICR included a robust ex-post efficiency analysis for project interventions for which data and evidence on cost and returns were available, namely contraceptive use, secondary school retention, and economic empowerment. Benefits per country were estimated using reasonable assumptions under two models (Lives Saved Tool for contraceptive use, application of regional evidence on income for education and empowerment). Costs per intervention (contraceptives, school retention, economic empowerment) were based on the cost of the relevant subcomponents (2.1. for contraceptives, 1.2 for school retention and economic empowerment). Calculated as such, regional estimated benefits of the project equaled US\$128 million, US\$886 million, and US\$749 million (or US\$80 million, US\$557 million, and US\$462 million when discounted to 2014 values) for contraceptives, schooling, and economic empowerment, respectively (ICR, p. 21). The regional benefit-cost ratio (BCR) was estimated at 3.14, with an internal rate of return (IRR) of 114 percent, and a total return on investment (ROI) of 221 percent. A sensitivity analysis limiting the benefits to contraceptive use and schooling was also conducted (evidence on the income effects of economic empowerment was weaker). The results - a BCR of 1.82, IRR of 83 percent, and ROI of 84 percent – suggested a robust analysis and high



economic efficiency at regional level. At country level, cost-effectiveness in Mali, Cote d'Ivoire, Mauritania, Guinea, Cameroon, and Chad was confirmed. In line with the qualitative findings cited above, Mali was particularly impressive (BCR of 6.76 and ROI of 576% with all three interventions; BCR of 3.93 and ROI of 266 percent with two). Benin had less favorable results when considering only contraceptives and school retention ((BCR of .67, ROI of -35 percent) however, the estimates improved dramatically when trainings for economic empowerment were included (BCR of 4.56, ROI of 359 percent), attributed in the ICR to Benin's high coverage of beneficiaries through this activity (ICR, p. 54). Burkina Faso and Niger demonstrated low efficiency under both scenarios – project costs were more than quantifiable benefits – which the ICR attributed to absence of data on contraceptive use in Burkina (partial attribution), and to low overall coverage across interventions in Niger (ICR, p. 21 & 54).

Implementation Efficiency

Between 2015 and 2018, SWEDD's complex, multi-country design posed challenges to implementation efficiency. This was reflected in the slow definition and harmonization of activities, delayed collection of baseline data, unnecessarily complicated financing arrangements for UNFPA, slow identification of technical experts to backstop the project's complex interventions, and slow progress on contracting NGOs for the project's community-based agenda. By mid-2018, most of these start-up challenges had been remedied, and the ICR makes a case for satisfactory implementation from 2019 on, citing accelerated procurement and scale-up in the original countries, expansion to three new countries and the AUC, and the fact that "most countries succeeded in rolling out the full suite of activities and achieving many of their targets, some in record time" (ICR, p. 25). However, the ICR is also careful to note that, RF targets aside, the standards of some interventions were compromised because of rushed implementation. As such, despite the project's overall effectiveness, the quality with which some of its interventions were implemented appears dubious. The issue looms particularly large for countries which joined later (Benin, Cameroon, Guinea) and hence faced a shorter time horizon for implementation. Additionally, as above, the third restructuring in December 2024 canceled unspent funds for Cameroon, Cote d'Ivoire, Guinea, and Mauritania, attributed by the ICR to COVID-19 and regional insecurity as well as "significant delays in effectiveness (Cameroon), political changes (Guinea) and protracted implementation" by the AUC as a regional partner (ICR, p.9).

As SWEDD's project design was multisectoral, several line ministries in each country (e.g. Planning, Health, Population, Education and Women) were obliged to commit to working with each other, despite the fact that there was no clear incentive structure in place to encourage collaboration (ICR, p. 24). Chronic human resource constraints added to the challenge, as maintaining project implementation units (PIUs) proved difficult, not least due to politicization of appointments, frequent staff turnover, and changes in anchor ministries and ministers (ICR, pp. 24-25). As such, although the ICR is justified in stating that "the multisectoral approach was innovative and impactful", it is also highly likely that this approach incurred efficiency losses via fragmented oversight and related bureaucratic issues.

COVID-19 reduced SWEDD's implementation efficiency because activities and delivery of services and equipment were delayed or paused (e.g., in schools and safe spaces and health facilities) and because budgets were reoriented to meet short-term, pandemic-related needs. This interruption in service and financing flows was exacerbated by the fact that displacement and GBV both increased in the Sahel during COVID. The ICR argued that the "project handled this well" by assessing the pandemic's impacts (no details provided), deploying regionally coordinated action plans and digital technologies (e.g., for distance learning), and pivoting to empowerment activities that served an immediate purpose (e.g., employing young women to produce masks or hydroalcoholic gels). The ICR also noted that the project leveraged its extensive SBCC and awareness raising network for prevention messaging (ICR, p. 26).



FCV posed a perennial challenge to SWEDD’s operational efficiency. Burkina Faso, Chad, Cote d’Ivoire, Cameroon, Mali and Niger all appeared on the World Bank’s FCV list during implementation, and Benin experienced a number of attacks orchestrated by violent extremist groups in areas bordering Burkina Faso and Niger. Consequently, project activities in affected areas were constrained, in some cases these areas became inaccessible. Additionally, financing was temporarily paused following coups in Burkina Faso, Chad, Guinea and Mali, leading to pauses in project activities and including those involving WAHO (headquartered in Burkina Faso). Finally, the announced withdrawal of Mali, Burkina Faso, and Niger from ECOWAS in January 2024 presented hurdles for cross-country collaboration during the last year of the project. This list of events, while daunting, cannot be qualified as unforeseen, given the region’s history. The ICR does not characterize them as such, and indeed provides an impressive list of mitigating measures, including relocation of some activities (e.g., from schools to temporary camps), and efforts to coordinate as closely as possible with community leaders and implementing partners to assume more direct responsibilities, validated by a 2023 IEG report on FCV.

In addition to what appear to have been vigorous mitigation efforts for COVID-19 and FCV, SWEDD also embedded several strategies to ensure efficient use of resources from the onset, including use of evidence on what works to identify a menu of community-level interventions, contracting with local NGOs wherever possible, and using snowballing for the SBCC activities on sensitization and awareness raising (ICR, p. 26).

Rating

SWEDD was unequivocally cost-effective at regional level and also in most participating countries. And although questions remain regarding rushed implementation, bureaucratic bottlenecks, fragmented implementation, and delays linked to the pandemic and FCV, the project also appears to have achieved considerable implementation efficiency attributable to effective cost-saving measures, flexibility of response in crisis contexts, and UNFPA support. As such, net efficiency is rated substantial, an achievement given this project’s extremely complex design and challenging context.

Efficiency Rating

Substantial

a. If available, enter the Economic Rate of Return (ERR) and/or Financial Rate of Return (FRR) at appraisal and the re-estimated value at evaluation:

	Rate Available?	Point value (%)	*Coverage/Scope (%)
Appraisal		0	0 <input type="checkbox"/> Not Applicable
ICR Estimate		0	0 <input type="checkbox"/> Not Applicable

* Refers to percent of total project cost for which ERR/FRR was calculated.

6. Outcome



The overall outcome rating is Satisfactory, reflecting minor shortcomings offset by considerable achievements in the project's preparation, implementation, and achievement, as follows:

- Relevance of objectives is rated high, as there was full alignment between the development objectives, CPFs (and similar), country and regional contexts, government strategies and global evidence at appraisal and closing.
- Overall efficacy is rated substantial, due to mixed results as measured by the RF and related questions regarding plausibility of attribution and depth of impact, perhaps most notably with respect to the economic empowerment activities and delayed and weak measurement of reductions in GBV, juxtaposed against achievements on secondary school retention rates for adolescent girls, reproductive health knowledge, use of modern contraception, reductions in stockouts, rural density of trained midwives, and capacity gains for collecting and analyzing DD-relevant data and galvanizing policy reform.
- On balance, efficiency is rated substantial in view of the generally successful roll-out in the face of persistent (anticipated) FCV and (unanticipated) COVID-related disruptions, effective cost-saving measures, and substantial returns to investment. This offsets the project's complex design and multisectoral requirements impacting implementation.

a. Outcome Rating

Satisfactory

7. Risk to Development Outcome

Primary risks to SWEDD's development outcome include institutional inefficiencies and capacity constraints exacerbated by limited resources and competing needs (for WAHO, AUC, CERPOD and other institutions, as well as countries), as well as persistent FCV and political instability, including the recent withdrawal of Mali, Burkina Faso, and Niger from ECOWAS. Additionally, the weak impact of some interventions due to low implementation standards in late-joining countries and/or poor design (the latter most markedly for economic empowerment activities and reductions in GBV) should also be mentioned, as these shortfalls may have reduced stakeholder ownership.

With respect to mitigation, it is reasonable to argue that SWEDD's holistic approach, which supported multiple change mechanisms at the grassroots, national, and regional level, increased likelihood of sustainability due to its exceptional breadth of interlinking and mutually reinforcing results chains. An argument to this effect is made by the ICR, which cited a long list of outputs and outcomes ostensibly contributing to post-closing continuity of project-supported activities. Key among these were: i) analytic and policy-making capacity built at national and regional level, with implications for high-level ownership, ii) normative change at the grassroots promoted through SWEDD-established networks of community-level advocates, and iii) legislative changes which introduced enforceable protections of girls and women. Theoretically, each of these accomplishments should indeed support sustainability. However, the degree to which that assumption holds depends on multiple factors, including whether institutional weaknesses (including fragmented oversight) can be overcome. The ICR did *not* mention coordination with local governments and decentralized authorities, the degree to which the region continues to be destabilized by



FCV, the degree to which community-based interventions are maintained by beneficiaries, and the degree to which political will and policy rhetoric leads to de facto investments, including on regulation of the many decrees and ordinances which were ratified during implementation.

To this last point, both the ICR and PAD provided arguments in favor of the project's objective fiscal sustainability, including i) the fact that intervention costs totaled 1.0 percent or less of general government expenditures during implementation, with projections for the next five years (adjusted for inflation and with interventions continuing at the level of 2024) implying no increase (ICR, p. 56), and ii) analysis of estimated shares of Component 1 investments in the public health and education budgets of the five initial participating countries (PAD, p. 200). These ranged from 0.6 percent for Côte d'Ivoire to 4.8 percent for Niger, and were characterized as conservative given that only the public budgets for health and education were used in the calculations (despite the fact that in many cases, interventions would also require line items in countries' population and social protection budgets). Encouragingly, the ICR provides some evidence of bona fide absorption of project activities into government budgets, namely training of midwives in Benin and Chad, curricula for remedial learning in Mauritania, and investments in safe spaces in Niger. However, again the extent to which these investments are maintained remains to be seen.

8. Assessment of Bank Performance

a. Quality-at-Entry

As above, SWEDD's strategic relevance was high at appraisal, as the project was preceded by regional calls for accelerated action on reproductive health. This ex-ante support and commitment facilitated the project's rapid six-month preparation.

Although global evidence on what works informed the approach, the ICR stated that SWEDD's design was "focused but flexible" so as to accommodate participating countries' perspectives and existing initiatives (ICR, p. 24). In line with this assertion, institutional and implementation arrangements, including for monitoring and evaluation (M&E) and financial management (FM), for UNFPA, WAHO and for each individual country were extensively outlined over 89 pages in Annex 3 of the PAD.

The ICR stated that GBV was integrated into the project as it became more prominent on the World Bank's agenda (ICR, p. 10), however the Gender Strategy launched in 2016 already included GBV as a prominent focus. The Uganda Transport Case, also 2014-2015, catalyzed institutional reform on GBV and Sexual Exploitation, Abuse, and Harassment within the Bank, elevating its status to an important consideration in project design. Given these circumstances and their timing, omission of GBV in the ToC can be construed as a design flaw, with implications for efficacy and sustainability.

Notably, the ICR repeatedly stated that the choice of IPF as financing instrument limited the project's flexibility, primarily with respect to its closing date and RF limitations, which were described as too rigid to accommodate the project's need to adjust to individual countries' various levels of readiness and multiple course corrections (ICR, p. 24, 32, 33). Per the ICR and Project Team, the Multiphase Programmatic Approach (MPA) would have been a better choice, however this instrument was not an option at appraisal.



Overall risk was deemed high, given fundamental challenges related to i) the ownership and accountability pitfalls posed by a multisectoral, multicounty project, ii) weak institutional capacity for implementation, and iii) the high social and political sensitivity of the project's focus (PAD, pp. 22-23). Mitigation measures for each of these were duly cited in the PAD, as follows:

- Implementation arrangements (through the Regional Steering Committee, WAHO and UNFPA) as well as close engagement with the Bank were anticipated to ensure understanding of a common vision, supported by joint planning.
- Partnership and implementation arrangements were anticipated to be as “simple as possible”, and to be facilitated by TA from UNFPA
- Consultations on specific project objectives and interventions conducted with high-ranking religious leaders, midwifery association and pharmaceutical representatives during preparation were anticipated to ensure buy-in, with dialogue projected to continue during implementation.

Although the brevity of these bullets when considered alone skews generic, each was supported by more detailed country and WAHO-specific risk analysis and mitigation reporting in Annex 3, and for the project as a whole in the Operations Risk Assessment Framework (Annex 4). However, a caveat regarding these more specific assessments is that although they contained considerable detail on inherent and residual risks for the country in question, they did not explicitly unpack intentions for the broader mitigation strategies bulleted above. For example, this Review was unable to locate specifics on either the proposed joint planning mechanism to promote a common vision or consultations for buy-in. Even though these activities most likely took place, the absence of clear reporting makes it hard to determine if the mitigation efforts were adequate.

A related question on engagement at entry concerns claims made by the ICR regarding SWEDD's achievements in cultivating strong beneficiary ownership at community level (e.g. ICR, pp. 24 & 30). Corroboration of this claim is weak, as there is little evidence in the PAD or ICR that the project used participatory rural appraisal or similar bottom-up approaches to inform intervention design during preparation, appraisal, or thereafter. This issue may well be linked to the previously cited mixed findings on economic empowerment and livelihood generation, particularly the degree to which the project's training activities proved a good long term “fit” for beneficiaries.

The concerns outlined above are relatively minor when contrasted with the overall level of forethought and care that appears to have characterized the majority of SWEDD's preparation and design. The sheer scope of the project prevents assessment of adequacy for every country across every dimension, but the apparent lack of bottlenecks and substantial achievements in school-based interventions, reproductive health KAP, pharmaceutical quality control, stockout reduction, midwifery accreditation and rural pipeline deployment, knowledge generation, and legislative progress speak for themselves. This spectrum of achievements would be notable in any context and is particularly so given the very challenging baseline this project faced across cultural, political, and institutional dimensions. As such, quality-at-entry is rated Satisfactory.

Quality-at-Entry Rating
Satisfactory



b. Quality of supervision

Quality of Supervision is rated satisfactory, based on convincing evidence provided in the ICR which indicates that despite some shortfalls, net performance was proactive and sharply focused on both development impact and supervisory support:

- Over the course of the project, the World Bank increased the number of staff dedicated to the Project. It hired local consultants and appointed country-level task team leaders (TTLs) in addition to the formal regional-level TTLs, all from the Health, Nutrition and Population Global Practice. In 2022, it also hired a cohort of Girls and Women Empowerment Fellows with a multisectoral profile, deployed in all participating countries. Extra TA using trust fund resources was also provided. That said, high turnover and suboptimal handovers of national TTLs in several countries reduced quality of supervision, with affected countries noting recurring instances of delayed no-objection notices.
- As Project completion neared, World Bank teams supported late-joining countries (Benin, Cameroon and Guinea) on action plans and intensified supervision to accelerate implementation and promote sustainability through bi-weekly meetings.
- Despite substantial changes to the RF, restructurings did not fully address some over-ambitious targets.
- Implementation support was difficult in remote areas. This was remedied through decentralized PIU “antennas” or regional focal points in some countries (e.g. Benin, Cameroon, and Guinea) in others it remained a challenge (e.g., Mauritania), presumably with implications for engagement and sustainability.
- Although the Bank and participating countries adjusted activities and shared best practices after the MTR in July 2018, full team exchanges were infrequent and the Bank did not centralize record keeping of project experience (beyond formally required documentation) until late 2021, resulting in delayed capture of some lessons and impacts. The project team attributed this shortfall to the facts that i) UNFPA was in charge of documenting project experience prior to 2021, and ii) initially, a single TTL was assigned to SWEDD.
- By the project’s last year, the Bank had succeeded in developing a structured learning agenda, including creation of an online knowledge platform hosted by UNFPA and publication of “Operational Briefs” with findings from the experience of SWEDD’s main intervention rollout across countries.
- The Bank consistently helped identify and resolve specific implementation challenges related to the project’s complexity and factors outside its control. Principle examples include improving the initially cumbersome arrangement for UNFPA to assist countries (resolved under the second restructuring, as above), GIL assistance with impact evaluations, and support recruiting and hiring local NGOs to carry out community-based activities.
- The Bank provided considerable capacity building support to partner countries for whom Component 1 sub-projects were novelties. For example, in Chad, “the SWEDD’s implementing partners had difficulties implementing the ToC, especially setting up and managing safe spaces for girls’ skill development, an innovation in Chad, and clubs for men and boys. This prompted the SWEDD to develop a comprehensive strategy to strengthen the capacities of local partners, through face-to-face training, technical assistance, regional workshops, and tours to other countries to learn through shared knowledge and experiences. (IEG in ICR, p. 29). Support was maintained despite COVID-19 and FCV-related disruptions via virtual missions.



Quality of Supervision Rating

Satisfactory

Overall Bank Performance Rating

Satisfactory

9. M&E Design, Implementation, & Utilization

a. M&E Design

At appraisal, SWEDD's M&E design included an M&E plan, data collection arrangements, and the impact evaluations cited above. At country level, PIUs were expected to monitor and evaluate project activities based on an M&E manual. Regionally, UNFPA was expected to collect and aggregate all country-specific data in a regional M&E reporting system. The PAD noted that data for all the PDO-level indicators would be generated by the project itself and would not require ad hoc surveys (with the exception of the PDOI on Reproductive, Maternal, Neonatal and Child Health and Nutrition knowledge among participating girls and women which would require an annual survey, in case no DHS data were available (PAD, para 45)). Given the generally fledgling status of DD-promotion initiatives in the Sahel, the project cannot claim to have embedded its M&E arrangements in extant systems. However, by supporting DD observatories expected to serve as national repositories for population and development data, the project did anticipate building the institutional capacity of National Statistics Institutes for gender-sensitive M&E (ICR, p. 27).

The ToC, which was created ex-post under the ICR, linked clearly to the revised RF, with IRIs proving generally adequate to capture contribution of the project's activities and outputs to achieving project objectives, which were themselves clearly specified. However, the complete lack of measurement of de facto economic empowerment is an exception. As there was no indicator which attempted to track actual improvements in livelihoods, questions remain regarding the degree to which the project facilitated de facto income generation. Country-specific evidence provided by GIL and UNFPA evaluations indicates progress was made, however there was substantial variation between countries, and no information was provided regarding longevity of increased earnings.

The ICR was critical of the absence of an indicator to track social norms (ICR, p. 26). However, this Review and the project team argue that, as a key higher (perhaps highest) level outcome for the entire project was sociocultural progress on gender equality to ensure capture of a regional DD, multiple indicators in the RF deliberately tracked mutually reinforcing aspects of precisely this topic. For example, gains in girls' secondary school attendance ("the best form of contraception" according to Bank team member), knowledge of the harmful consequences of child marriage and early pregnancy, and commitment of community and religious leaders to promote family planning can be construed as indicative of shifts in social norms. What was not adequately tracked was GBV and its reduction. As above, this was both a measurement issue (in terms of indicator definition, targeting, and late introduction into the RF), and a fundamental design flaw, originating with omission of GBV from the ToC.



b. M&E Implementation

As SWEDD was prepared rapidly in a “carpe diem moment” and had no precedent, it is not surprising that the RF was substantially revised during implementation to improve specification of indicators. The most significant course correction occurred in 2019 under the first restructuring. As above, this restructuring changed 29 indicators in the RF by adding, removing and rewording to better capture results. Additional changes were made under the second restructuring in 2020, including addition of the IRI on GBV and removal of the PDOI and IRI on pooled procurement. Thereafter, most indicators and targets appear to have been well-defined and adequate to assess achievement of objectives and to test result chain links. Exceptions include the afore-mentioned IRI on economic empowerment, unrealistically high targets set by some countries on some outcomes (e.g., Benin on training midwives and GBV; Guinea and Mauritania on reducing stockouts), and the fact that baselines and targets for Subcomponent 1.2 were set during implementation, once sub-project activities had been better defined. Additionally, as above, the regional framing of the RF complicated assessment of progress on stockouts.

Regarding efficacy of agency implementation, UNFPA was initially responsible for data aggregation at regional level. However, the Bank increased its involvement post-MTR (July 2018), including via a comprehensive assessment in 2022 of the entire M&E system. The results of this assessment included introduction of a Management Information System (MIS) to enhance consistency and quality of reporting. At country level, PIUs prepared M&E Manuals, had an M&E team staffed by at least one M&E specialist, and submitted accurate and timely reports on progress, implementation status and results achieved. Several countries used decentralized entities or implementing partners to contribute to the M&E work, particularly in remote areas where data collection was difficult. Countries (number unspecified) were also reported to have organized missions in collaboration with implementing partners to check data consistency and quality (ICR, p. 27). Country PIUs also benefited from deployment of country-based MIS to facilitate better quality data collection, analysis and storage. Documentation on the Chadian platform (*Système Automatisé de Suivi-Evaluation*), courtesy of the Project Team, provided concrete evidence for how these systems provided a one-stop shop for data collection, extraction, and transmission, including (but not limited to) the Bank’s internal networks. For example, a direct link to mobile phone applications for gathering information in the field, the option to generate dashboards and graphs for data analysis and visualization, and built-in report templates to facilitate drafting and sharing of assessment reports.

Regarding sustainability of national M&E processes supported by the project, the creation of DD observatories in all participating countries systemically built capacity to monitor and report on data related to gender equality, family planning, and other DD-relevant topics. Additionally, the project team reported ongoing policy dialogue on integration of the above-mentioned MIS for data collection and analysis with government systems.

c. M&E Utilization

Although no specifics were provided regarding how M&E findings were communicated to particular stakeholders, knowledge dissemination was an explicit objective of the project, with over 206 national and regional publications targeting various audiences by closing. Presumably RF results as well as findings from the project’s multiple impact evaluations informed these publications.

The ICR does not explicitly address the extent to which SWEDD’s course correction can be attributed to M&E activities, however the fact that the RF was revised so thoroughly speaks for itself. Additionally,



timely completion of two impact evaluation results and Best Practice Guides were cited in the ICR as having informed rollout. One example - use of findings from the safe spaces evaluation to update curricula - was cited (ICR, p. 28). On the other hand, the ICR also noted that some impact evaluations delayed implementation and may have hindered course correction, no examples were provided.

Regarding subsequent interventions, findings from completed impact evaluations and the Best Practice Guides have informed design and implementation of SWEDD+ and similar projects. The ICR also reported that several analyses were still pending, including a working paper on the effects of community safe spaces in Niger, Cote d'Ivoire, Mauritania and Burkina Faso, and a study on the impact of SWEDD's economic empowerment interventions in Mali (ICR, pp. 27-28).

M&E Quality Rating

Substantial

10. Other Issues

a. Safeguards

Per both PAD and ICR, SWEDD was classified as an Environmental Category C at appraisal, with no further screening required (PAD, p. 26, ICR p. 28). It remained so across the duration, despite supporting minor civil works (namely construction and renovation of latrines) in several countries. During SWEDD's second stage, as countries developed action plans to strengthen Grievance Redress Mechanisms (GRMS) in line with bolstering work on GBV, World Bank safeguard specialists provided oversight. By completion, Benin, Cameroon, Guinea, Mali and Mauritania had established GRMs and were receiving complaints. In Burkina Faso and Niger (which did not receive AF), complaint management mechanisms were not required. In Côte d'Ivoire and Chad, while GRMs had been established, no complaints had been processed at project closure (ICR, p. 28).

b. Fiduciary Compliance

A financial management (FM) assessment conducted during Preparation rated overall FM risk as moderate, given the project's inherent risks at country level, and control risks including heavy workload and risk of misused funds. For the latter, mitigation measures comprised the recruitment of additional accounting staff, updating the work-program of the current WAHO Internal Audit Unit to reflect SWEDD specificities, and recruitment of an external auditor acceptable to IDA, all to be completed within three months of effectiveness (PAD, p. 102). These requirements appear to have been partially met, with ICR rating FM moderately satisfactory due to overall compliance with fiduciary requirements despite some issues related to supporting documentation for missions, duplicate transactions, and deficiencies in inventories. No information was provided regarding audit recommendations or de facto extent of compliance with financial covenants. The PAD did include detailed FM risk assessments for each country included in the country specific implementation arrangements (PAD, pp.108-182).

Procurement risk was rated substantial at appraisal (PAD, p. 26) and the ICR reported uneven performance throughout implementation. PIUs faced perennial challenges regarding staff turnover,



vacancies, and subsequent continuity; hiring NGOs to implement the community-based activities also proved difficult. These HR constraints led to long delays in procurement processes including signing major contracts, limited documentation for evaluating procurement processes, and delays in uploading the documentation required to carry out performance reviews. These problems were exacerbated during the second stage of the project by pandemic-related disruptions to global supply chains.

The ICR does not provide much detail regarding advice on FM and procurement. However, per the section on Quality of Supervision, it can be said that the Bank markedly increased the number of staff dedicated to the Project, including appointment of country-level TTLs. On the other hand, high turnover and suboptimal handovers in several countries reportedly reduced quality of supervision, with affected countries noting recurring instances of delayed no-objection notices.

c. Unintended impacts (Positive or Negative)

None

d. Other

11. Ratings

Ratings	ICR	IEG	Reason for Disagreements/Comment
Outcome	Satisfactory	Satisfactory	
Bank Performance	Satisfactory	Satisfactory	
Quality of M&E	Substantial	Substantial	
Quality of ICR	---	Substantial	

12. Lessons

Selected Lessons and Recommendations from the ICR are re-stated below:

- **Gender transformative results are best pursued via a multisectoral approach that layers interventions with SBCC, and which includes direct support to income generation.** SWEDD demonstrated that SBCC combined with a package of activities spanning multiple relevant sectors can break (or begin to break) the vicious circle of constraints - economic inequalities, discriminatory norms and practices, and inadequate access to education and health care - which perpetuate gender inequality. Additionally, SWEDD demonstrated that because linking material benefits to shifting norms incentivizes buy-in, the “package” approach works best when interventions can be clearly associated with increased economic opportunity and income, as per the linkages fostered under Safe Spaces



between improved academic outcomes, reproductive health KAP, and livelihood generation. Note that geographical co-location of the entire package of services is imperative, to ensure that the approach is truly holistic and equal to more than the sum of its parts. As such, it may be advisable to create and strengthen complementarities between activities supported by different projects that may operate in the same location, thus avoiding the complex ToC, implementation challenges, and scale-up issues which arise when an autonomous project attempts to implement the entire package singlehandedly.

- **Engaging men and boys widens scope of impact and is essential to address deep-rooted norms and transform power structures.** In line with current consensus on best practices for gender transformative results, SWEDD cultivated a high level of male engagement, including direct participation of men and boys in husbands' clubs and similar, remedial learning activities for boys, and work with imams and other religious and traditional leaders on promoting specific actions for improved gender equality. As such, the project can serve as a model for the engagement of men and boys as requisite to fostering endogenous social change. To remain effective, these efforts must be sustained, significant, and aligned with the project's broader range of activities.
- **Regional initiatives with complex social agendas require a sufficiently long project timeline and the right lending instrument.** The Project's approach aimed to maximize momentum for regional progress across multiple fronts, including shifting the needle on social norms and KAP, improving the legislative and policy environment across the Sahel, and strengthening service and commodity delivery in remote locations, including unstable cross-border areas. Given the ownership and accountability pitfalls posed by a multisectoral, multicounty project and weak institutional capacity for implementation, the project timeline was not sufficient to fully achieve these goals for all countries involved, likely contributing to weak engagement of local governments and compromised impact of some interventions. Additionally, the use of IPF as financing instrument limited flexibility and compromised implementation in some countries. An MPA is more appropriate for this type of regional initiatives, as they allow countries with common underlying challenges to join in phases depending on level of readiness, and do not require board approval for new phases.

An additional lesson based on IEG's evaluation of the World Bank's work on GBV reduction, which included a review of SWEDD, is as follows:

- **World Bank operating modalities may reduce long-term impact of community-based approaches.** Community-led approaches are a requisite for changing gender norms and require full community participation in the design of interventions. But upgrading from a community-based approach - i.e. per SWEDD - to a community-led approach, in which the change is driven by the communities and the direction of change is decided by them, is not easy because it takes time and requires skilled and embedded facilitators in the communities to support the process. The World Bank's business model, which uses the central government as its main interlocutor, limits its capacity to achieve the type of local inclusive ownership over projects that is required to make this switch from community-based to community-led. It is likely that precisely this issue reduced beneficiary ownership of some of the interventions supported by the project, most notably with respect to GBV awareness and perception and economic empowerment, as well as threatening sustainability. Similar hard



challenges may be faced by SWEDD+ as well as other ambitious Bank projects which aim to instigate major social change at the grassroots in conjunction to pursuing central level capacity building and policy reform.

13. Assessment Recommended?

No

14. Comments on Quality of ICR

The ICR's narrative generally supported the ICR ratings. It followed the guidelines, was internally consistent, results oriented, and did a good job describing an enormous and complex project which underwent multiple course corrections. Overall quality of evidence was substantial, including a robust ex-post efficiency analysis. In addition to the RF, the Report cited findings from multiple impact evaluations and IEG Reports and included thirteen annexes which provided welcome details on various achievements. These strengthened the case for attribution of impact and also provided an inkling of what SWEDD "looked like" in practice.

That said, there was a tendency towards generic assertions throughout the ICR, characterized by a lack of numbers and details on processes to inform the reader of what actually occurred. While many of these may be justified given the length constraints on ICRs, there were a few cases which bordered on confusing, for example with respect to the ICR's vague reporting on the pooled procurement mechanism, the lack of clarity on how economic empowerment interventions fell short, and the lack of detail on what appears to have been considerable country level variation in stockout rates. Additionally, the citations from the IEG Reports were highly selective and skewed positive. This was a missed opportunity, as reporting on the more critical findings of those reports, perhaps most notably with respect to SWEDD's country-level impact (or lack thereof) on GBV, would have added nuance to the analysis and strengthened lessons learned.

However, on balance and again considering the exceptionally wide range of this project, the ICR's shortcomings were outweighed by its positive aspects. When combined with timely information provided by the Project Team, these were for the most part sufficient for IEG to reach informed conclusions.

a. Quality of ICR Rating

Substantial

