



# ECOWAS Integrated Regional Human Capital Development Strategy

Strategy syndication and country findings



**Economic Community  
of West African States**



# Agenda

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**Introduction**

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**Overview of journey**

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**Regional aspiration for Human Capital Development**

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**Proposed regional strategy**

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**Implementation approach**

Set a clear agenda for improving human capital outcomes in the region in order to drive economic growth and reduce poverty rates



**A Create visibility on current regional HCD performance**

Create an integrated view on the current performance of Human Capital Development (HCD) in the region with a view to support member states to improve outcomes



**B Determine the role of ECOWAS to improve HCD outcomes**

Determine how ECOWAS can influence member states to prioritise and implement key interventions that accelerate HCD outcomes in the region

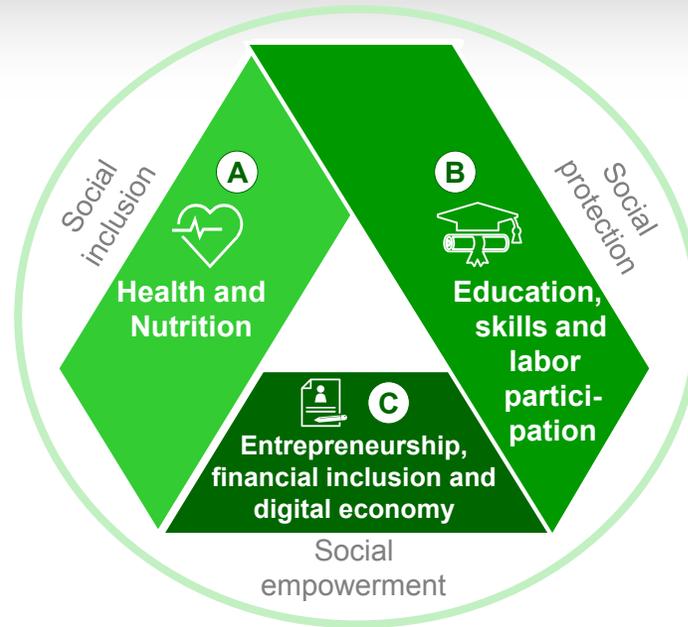


**C Orientate resources to the region for HCD**

Determine how ECOWAS can orient resources to the region and drive efficient spending

# Reminder – ECOWAS has identified 19+1 critical outcomes across the 3 thematic areas for the advancement of the HCD agenda in the region

- 1 Fertility rate
- 2 Maternal mortality rate
- 3 Under-five mortality rate
- 4 Under-five stunting rate
- 5 Life expectancy at birth
- 6 % of budget allocated to healthcare
- 7 Child marriage



- 16 Adult with account ownership<sup>2</sup>
- 17 No. procedures to start a business
- 18 Business start up costs (% of GNI per capita)
- 19 Broadband internet tariffs, PPP \$/month

- 8 Government expenditure on education as % of GDP
- 9 Ratio of teachers as percentage of the population\*
- 10 Children out of school
- 11 Harmonized test scores
- 12 Youth unemployment<sup>1</sup>
- 13 Literacy rates for population 15-24 years old
- 14 Number of citations
- 15 Average years of schooling

### Cross-cutting gender metric

**+1** Data disaggregated by gender, for relevant indicators above

1 NEET (youth not in employment, education or training) 2 At a financial institution or with a mobile-money-service provider 3 Mobile phone to pay bills, send or receive money in the past 12 months



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# Reminder – We have adopted a 4-step approach to shape the integrated HCD strategy for the region

✓ Interviews and workshop completed

## Activities

## Status

<b>1</b> <b>Conduct regional HCD Baseline</b>	Outline the current status of HCD in the region and highlight variation in country performance and therefore the difference in approach required to effect change
<b>2</b> <b>Assess HCD performance and diagnose root causes</b>	Review country HCD strategy along interventions and enablers i.e., the 'what' and the 'how' to identify the opportunities for improvement to drastically change HCD performance
<b>3</b> <b>Identify regional HCD initiatives and enablers</b>	Identify solutions which can be driven at the regional level and the role of ECOWAS in driving the interventions
<b>4</b> <b>Create a high level action plan</b>	Develop high level action plan and implementation roadmap for HCD in the region

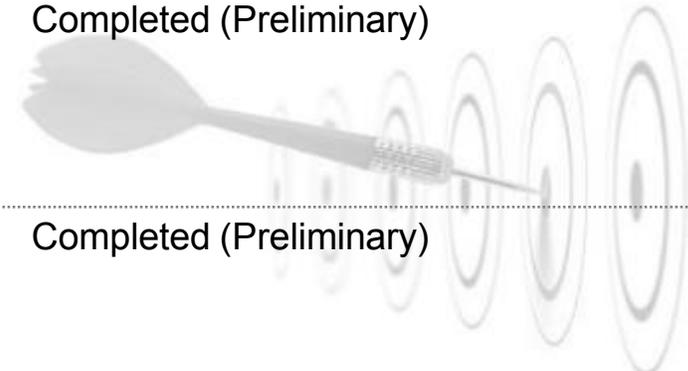
Completed

In progress

- |                                                                                                     |                                                                                                    |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| ✓  Ghana         | ✓  Cabo Verde   |
| ✓  Cote D'Ivoire | ✓  Togo         |
| ✓  Niger         | ✓  Burkina Faso |
| ✓  Sierra Leone  | ✓  Guinea       |

Completed (Preliminary)

Completed (Preliminary)



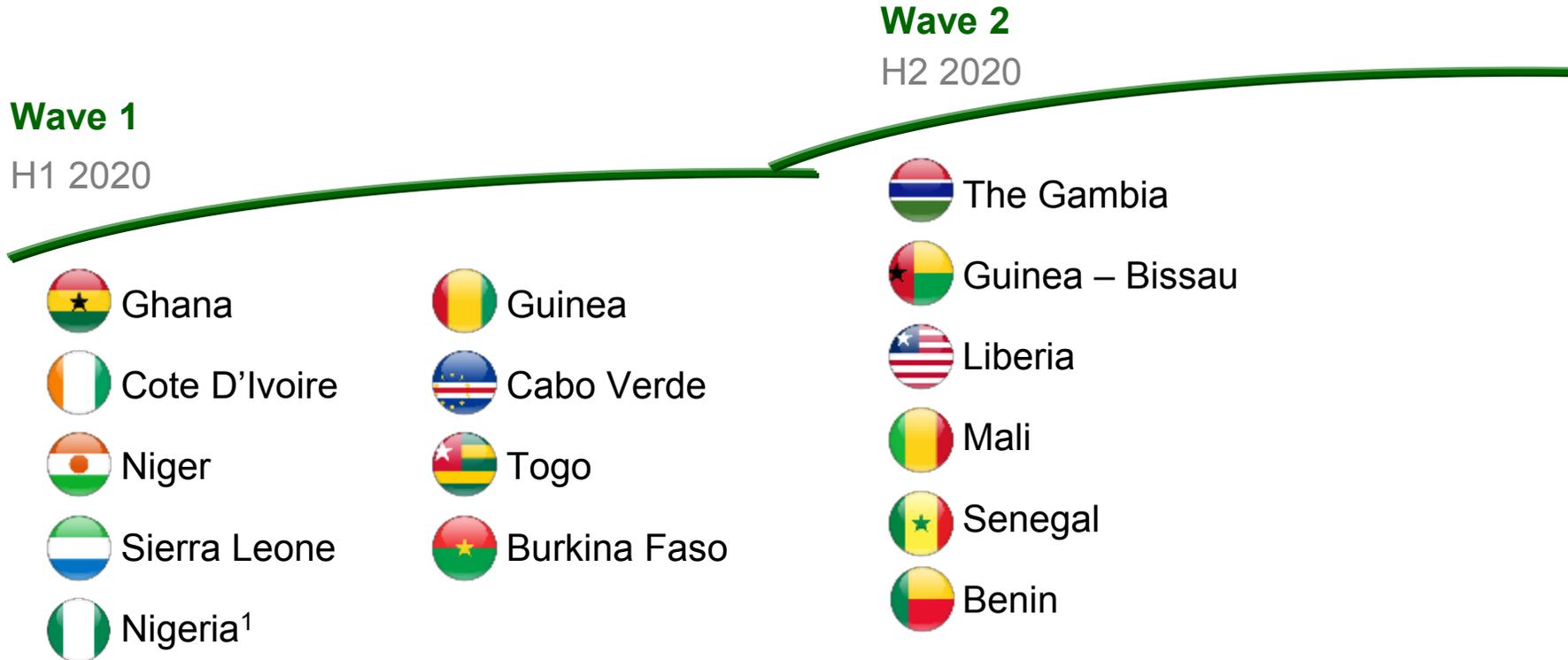
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# Country coverage roadmap

## Roadmap for ECOWAS HCD strategy support to member states



ECOWAS is supporting all 15 member states in the region to improve HCD outcomes over the next 10 years

**9 Countries were covered in the 1st wave** of the effort in H1 2020 and **6 countries will be covered during the 2nd wave** in H2 2020

<sup>1</sup> Diagnostic completed earlier in Nigeria, which has already developed an HCD strategy. Key learnings from Nigeria are incorporated into the strategy.

In the 1<sup>st</sup> wave of country consultations, we have conducted 180+ interviews and engaged over 440 stakeholders in various organizations across 8 member states (1/2)

**Stakeholders groups**

	Progress to date	Government officials	Donors and partners	Civic Organizations	Private Sector	Integration workshop
<p><b>Côte d'Ivoire</b></p>	<p>Engaged <b>50+ individuals</b> in country across <b>~25 organizations</b></p>					
<p><b>Ghana</b></p>	<p>Engaged <b>90+ individuals</b> in country across <b>~30 organizations</b></p>					
<p><b>Niger</b></p>	<p>Engaged <b>60+ individuals</b> in country across <b>~20 organizations</b></p>					
<p><b>Sierra Leone</b></p>	<p>Engaged <b>70+ individuals</b> in country across <b>~25 organizations</b></p>					

# In the 1<sup>st</sup> wave of country consultations, we have conducted 180+ interviews and engaged over 440 stakeholders in various organizations across 8 member states (2/2)

## Stakeholders groups

	Progress to date	Government officials	Donors and partners	Civic Organizations	Private Sector	Integration workshop
<b>Cabo Verde</b>	Engaged <b>30+ individuals</b> in country across <b>~15 organizations</b>					
<b>Togo</b>	Engaged <b>25+ individuals</b> in country across <b>~15 organizations</b>					<i>Conducted virtually</i>
<b>Burkina Faso</b>	Engaged <b>30+ individuals</b> in country across <b>~20 organizations</b>					<i>Conducted virtually</i>
<b>Guinea</b>	Engaged <b>90+ individuals</b> in country across <b>~25 organizations</b>					<i>Conducted virtually</i>

We are currently in the second phase of the journey to shape a regional strategy to support HCD advancement in the region



1



- Conduct deep-dive assessments in **first wave of member states**
- Shape a **preliminary version** of the integrated HCD strategy

2



- Syndicate the **preliminary version of the HCD strategy** with the countries' experts
- Syndicate the **preliminary version of the HCD strategy** with countries' ministers

3



- Complete deep-dive assessments in **second wave of member states**
- **Update and finalize the regional strategy**

4



- Present our regional strategy to support HCD advancement at the **ECOWAS Summit** for heads of states



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**Regional aspiration for Human Capital Development**

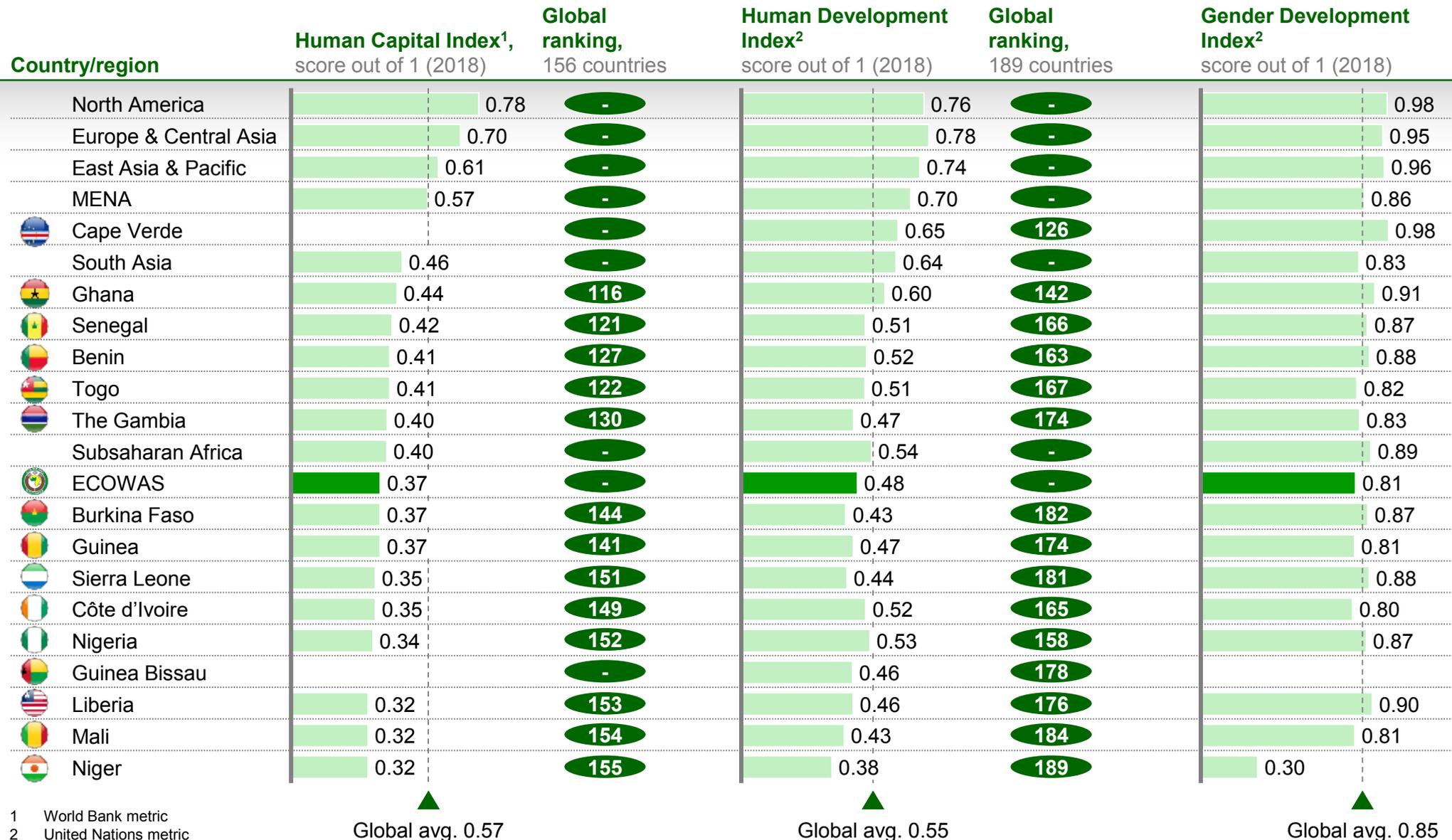
**Proposed regional strategy**

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**Implementation approach**



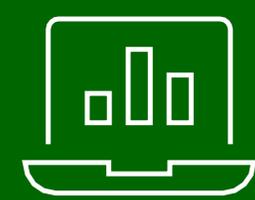
# ECOWAS member states are among the lowest ranked in the world on human capital indicators, falling well behind the global average



ECOWAS member states have notable room for improvement on human capital development

Cape Verde and Ghana are the leading ECOWAS member states outperforming the Sub Saharan average

ECOWAS member states rank among the lowest in the world across human capital indicators (World Bank and United Nations)

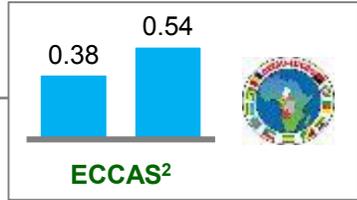
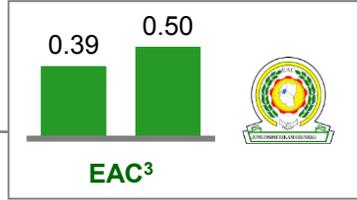
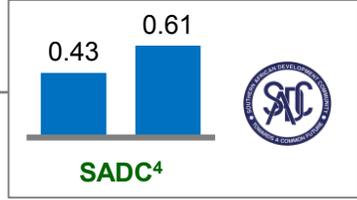
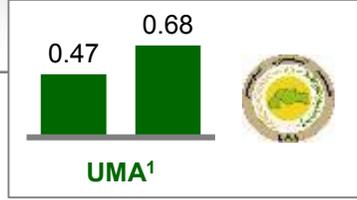
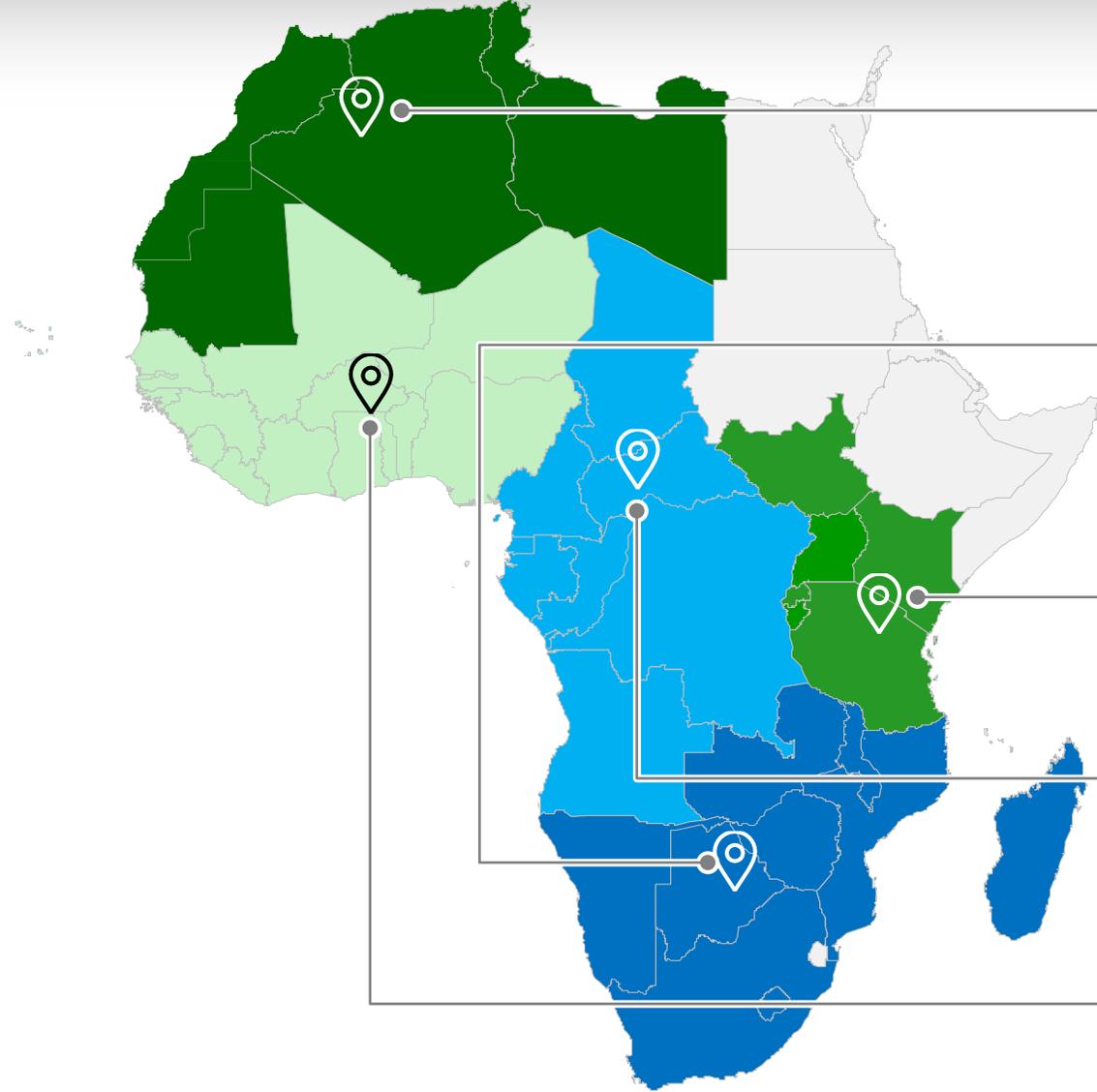


1 World Bank metric  
2 United Nations metric

# Within the continent, UMA in North Africa and SADC in Southern Africa lead the regional economic communities on HCD, while ECOWAS trails

XX      XX

Human Capital Index, score out of 1 (2018)      Human Development Index score out of 1 (2018)



1 Union Maghreb Arab  
 2 Economic Community of Central African States  
 3 East African Community  
 4 Southern African Development Community

SOURCE: World Bank, United Nations Development Program Human Development Reports, Team analysis



# ECOWAS could aim to become the best regional union in sub-Saharan Africa by 2030, with a stretch ambition to reach global UN targets

■ Base aspiration      ■ Stretch aspiration

POTENTIAL ASPIRATIONS	TARGET-SETTING APPROACH	AVERAGE CAGR <sup>3</sup>
1 Sustain current HCD improvement trajectory across the region	<ul style="list-style-type: none"> <li>Analyze growth trajectory across ECOWAS region from 2010 to present to <b>determine the historical growth rate</b></li> <li><b>Forecast 2030 performance</b> across the region assuming constant growth rate and <b>select outcome as ECOWAS target</b></li> </ul>	~4%
2 Become the best regional economic community in SSA <sup>1</sup>	<ul style="list-style-type: none"> <li>Analyze growth trajectory across SADC<sup>4</sup> region (best performer in SSA) from 2010 to present to <b>determine the historical growth rate</b></li> <li><b>Forecast 2030 performance</b> across SADC region assuming constant growth rate and <b>select outcome as ECOWAS target</b></li> </ul>	~6%
3 Become the best regional economic community in Africa	<ul style="list-style-type: none"> <li>Analyze growth trajectory across UMA<sup>5</sup> region (best performer in SSA) from 2010 to present to <b>determine the historical growth rate</b></li> <li><b>Forecast 2030 performance</b> across UMA region assuming constant growth rate and <b>select outcome as ECOWAS target</b></li> </ul>	~12%
4 Reach global targets set by institutions (e.g. United Nations, African Union etc.)	<ul style="list-style-type: none"> <li>Identify <b>global targets set by other institutions</b> e.g. the UN's 2030 Sustainable Development Goals, the African Union Abuja Declaration etc.</li> <li>Select the <b>identified targets</b> as the ECOWAS target</li> </ul>	~20%

ECOWAS could aim to become the top regional economic community in sub-Saharan Africa as this vision:

- Translates into a quantitative **growth target that is aspirational**
- **Is achievable** given the low baseline of member states (as demonstrated by the ASEAN and African countries' case examples)

1 Sub-Saharan African

2 Sustainable Development Goals

3 Average of the compounded annual growth rates across the 16 prioritized indicators. Absolute values of change used to determine average as some indicators have negative growth as a positive outcome (e.g. Maternal mortality, stunting etc.)

4 Southern African Development Community

5 Union Maghreb Arab

Becoming the top regional economic community in SSA would impact the lives of up to ~160mn people within the region by 2030



**13** million additional women and children having **improved access to quality healthcare and adequate nutrition annually**



**5** million additional **children enrolled in school**, and **10** million additional **youth engaged in education or jobs**



**132** million additional people with **access to financial services and credit**

To reach this collective goal, the ambition will be cascaded to member states with a minimum annual standards of improvements until 2030

### Health and Nutrition

### Education, Skills and Labour Participation

### Entrepreneurship, Financial Inclusion and Digital Economy



Fertility rate

-3%

Children out of school

-6%

Adults with account ownership<sup>2</sup>

+10%

Maternal mortality rate

-7%

Average years of schooling

+4%

Number of procedures to start a business

-5%

Under-5 mortality rate

-7%

Harmonized test scores

+2%

Business start up costs (% of GNI per capita)

-20%

Under-5 stunting rate

-3%

Youth NEET<sup>1</sup>

-4%

Fixed broadband Internet tariffs, PPP \$/month

-20%

Life expectancy at birth

+1%

Education spend

+3%

Healthcare spend

+3%

Ratio of teachers as percentage of population

+10%

Child marriage

-6%

Literacy rates for population 15-24 years old

+3%

Number of citations in intl' sci. journals<sup>3</sup>

+8%

The aspirational standards have been defined based on the **growth rate required to match SADC's performance across indicators by 2030**, assuming SADC maintains its current growth rate

The **average of the absolute values is ~6%** (i.e. the ECOWAS aspirational annual improvement rate for the region)

Member states are at different levels of advancement regarding HCD indicators

To account for member states' different starting points & local context, we are using annual improvement rates rather than absolute targets

<sup>1</sup> Youth not in employment, education or training

<sup>2</sup> At a financial institution or with a mobile-money-service provider

<sup>3</sup> As global citations are falling, we have estimated the CAGR required to grow from ECOWAS 2018 average to SADC 2018 average



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**Implementation approach**

# We have identified 7 common challenges still hindering the advancement of HCD in the region following our country visits

-  **1 Lack of an integrated regional vision and prioritization of HCD** resulting in limited collaboration among countries to tackle common HCD issues (e.g., make joint investments in infrastructure in border towns, balance demand and supply of skills across the region, etc) and limited sharing of knowledge, learning and best practices among countries
-  **2 Funding constraints** which cut across both insufficiency of funds (e.g., limited budgetary investments in priority HCD sectors) and misallocation of funds (e.g., mismatch between government expenditures and the needs of the population, over/under investment in certain priorities or locations)
-  **3 Poor execution mechanism.** Most countries in the region do not lack plans, however from programming to implementation (at national and subnational levels), there are significant challenges in ensuring programs are set up with the right KPIs, targets, action plans, proper supervision/monitoring & evaluation practices and other elements of proper execution
-  **4 Inconsistent priorities,** mainly driven by frequent transitions due to the political cycles and the lack of continuity of programs across administrations – this is detrimental to the long-term investments required for HCD advancement
-  **5 Weak coordination mechanisms** hindering seamless and effective collaboration between government and various non-state actors e.g., donor partners, private sector etc, on core HCD priorities (e.g., all donors funding programs in one thematic area while other areas receive no/low investments, limited private-public partnerships, etc)
-  **6 Low level of skills/capabilities,** especially at the sub-national levels, which leads to weak execution of even well-planned out programs, low quality service delivery at the last mile and ultimately, poor outcomes
-  **7 Limiting perceptions and mindsets** that stem from low awareness/educations, cultural norms, etc and lead strong resistance to interventions from the target populations



While leveraging key sources of input, we identified 4 key levers for ECOWAS to drive HCD agenda in the region and address the challenges hindering the advancement of the region

## Source

**In-country stakeholder engagement**



**International case studies of regional bodies**

- A** ASEAN Socio-Cultural Community (ASCC) Blueprint is the strategy by which member states achieved up to 75% increase in human capital development outcomes
- B** East African Community's (EAC) Gender and Community Development Strategy increased the income of 5,000 female cross-border informal traders by 10% annually
- C** The Common Market for Eastern and Southern Africa (COMESA) facilitated the growth of intra-regional trade by ~10x over a 14-year period by establishing free trade

**ECOWAS mandate and internal stakeholder engagement**



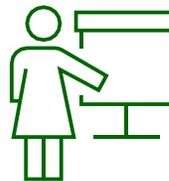
## Levers



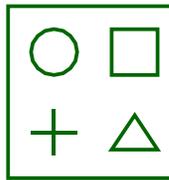
Advocacy, policies and communication



Monitoring and evaluation



Capability building & knowledge sharing



Resource mobilization



# Across the 4 levers, there are 10 broad programs consisting of 25 initiatives that have been prioritized by key country stakeholders (1/4)

Lever	Program	Initiatives
<p data-bbox="56 701 351 768">Advocacy, policies and communication</p> 	<p data-bbox="415 315 963 376"><b>1 Create an integrated regional HCD vision</b></p>	<p data-bbox="1014 268 2491 422"><b>1A – Define HCD vision for ECOWAS and create integrated view on HCD performance in the region;</b> set targets and aspirations for the region and work with member states to define objectives to achieve; Create a 5-year HCD strategy for ECOWAS to support member states in improving HCD outcomes incl. key programs to accompany the regional transformation</p>
	<p data-bbox="415 579 919 641"><b>2 Communicate on HCD with key stakeholders</b></p>	<p data-bbox="1014 451 2491 565"><b>2A – Publish periodic reports on HCD</b> (annual regional HCD report that provides an overview of the region’s performance and insights at a subnational level; monthly newsletter highlighting achievements of countries and providing updates on key issues and relevant topics)</p> <p data-bbox="1014 579 2491 686"><b>2B – Elevate HCD topic through a systematic update on the agenda for Heads of State Summits</b> (e.g., present a status report on HCD across member states that provides transparency on flagship initiatives, progress to date and next steps, organise dedicated breakouts, facilitate adoption of HCD measures)</p> <p data-bbox="1014 701 2491 772"><b>2C – Launch internal &amp; external communication drive on ECOWAS’ efforts in areas of focus</b> through different platforms (e.g., internal newsletter covering key events, ongoing projects, success stories)</p>
	<p data-bbox="415 1022 963 1083"><b>3 Promote the adoption of HCD best practices</b></p>	<p data-bbox="1014 801 2491 908"><b>3A – Develop and roll-out relevant policies/regional standards across HCD thematic areas</b> (e.g., minimum budgetary allocations to priority sectors, private-public partnership guidelines, etc) to guide policy makers in countries</p> <p data-bbox="1014 922 2491 1029"><b>3B – Advocate for and champion relevant legislative changes</b> required to enable successful implementation of interventions and advocate for alignment of laws across the different countries (e.g., setting the legal age for marriage)</p> <p data-bbox="1014 1043 2491 1186"><b>3C – Run targeted advocacy campaigns</b> monthly across countries to increase HCD awareness and change mindsets on relevant issues across the key target groups and audience (e.g., gather religious and influential leaders to discuss the importance of family planning, engage youth around the importance of STEM), notably via local radios and television</p> <p data-bbox="1014 1200 2491 1316"><b>3D – Facilitate dialogue between governments, donors and private sector players to encourage collaboration towards advancing HCD</b> in the region through quarterly seminars, to drive collaboration (e.g., align on priorities, jointly identify &amp; shape programs to drive, raise funds)</p>

# Across the 4 levers, there are 10 broad programs consisting of 25 initiatives that have been prioritized by key country stakeholders (2/4)



Lever	Program	Initiatives
<b>Capability building &amp; knowledge sharing</b> 	<b>4 Facilitate peer learning &amp; knowledge sharing</b>	<p><b>4A – Create an online platform for knowledge sharing</b></p> <ul style="list-style-type: none"> <li>▪ Create a repository gathering best practices and use cases, to be integrated within data center</li> <li>▪ On the platform, integrate an online open forum to discuss HCD topics</li> </ul> <p><b>4B – Organise peer learning sessions to share implementation best practices</b></p> <ul style="list-style-type: none"> <li>▪ Organize regular sessions to exchange around successful implementations and reflect on KSF</li> <li>▪ Organize problem solving sessions with experts to resolve implementation issues</li> <li>▪ Link peer learning sessions to website</li> </ul> <p><b>4C – Create rotational programs among countries’ implementation units</b> members to spread knowledge and bring best practices to countries in need</p>
	<b>5 Develop training programmes and regional centres of excellence</b>	<p><b>5A – Launch leadership programs for decision makers</b> (i.e., directors, ministers) to strengthen their leadership and management skills</p> <p><b>5B – Launch targeted ‘train the trainer’ programs for frontline implementation officers (e.g. for education and health professionals)</b> in rural and urban areas (e.g. ~600 people per month split into 20 groups) Facilitate the roll-out of trainings in the countries through a train the trainer approach</p> <p><b>5C – Create centres of excellence for unserved thematic areas to bridge capability gaps.</b> Examples of centres of excellence to cover unserved thematic areas:</p> <ul style="list-style-type: none"> <li>▪ Academic research &amp; innovation: select 10 top universities in the region to build excellence centres in line with national and regional needs (to contribute on an academic level to global research, find local solutions for regional problems, etc.,).</li> <li>▪ Entrepreneurship: provide young entrepreneurs with the right tools, guidance and working spaces to drive enterprise creation (e.g., development of business plans, interactive training sessions to learn about relevant topics in business development and discuss with business experts)</li> </ul>



Across the 4 levers, there are 10 broad programs consisting of 25 initiatives that have been prioritized by key country stakeholders (3/4)

Lever	Program	Initiatives
<p><b>Capability building &amp; knowledge sharing</b></p> 	<p><b>6 Facilitate skills reinforcement and talent transfer</b></p>	<p><b>6A – Finalise ongoing harmonization of curriculums &amp; certificates for education systems</b></p> <p><b>6B – Grant targeted scholarships</b> to high performing students to foster regional integration and address key HCD needs (e.g., advancement of gender equality, support development of key skills)</p> <p><b>6C - Develop exchange programmes for facilitating the movement of experts across countries</b></p> <p><b>Rebalance labour distribution across countries</b></p>
	<p><b>7 Provide on the ground technical HCD support</b></p>	<p><b>7A – Build an HCD capability building &amp; assistance taskforce</b> to work temporarily with implementing teams in ministries to bridge the gaps in terms capabilities in countries lacking qualified human resources in specific topics</p> <p><b>7B – Provide strategic support to decision makers</b> (e.g., help decision makers set priorities and support the decision making process to ensure alignment of actions with priorities)</p>

# Across the 4 levers, there are 10 broad programs consisting of 25 initiatives that have been prioritized by key country stakeholders (4/4)



## Lever

**Resource mobilization**



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**Monitoring & evaluation**



## Program

**8 Lead coordination between donors for resource mobilization and deployment**

**9 Support fundraising actions to deploy more resources to member states**

**10 Track and evaluate progress on HCD**

## Initiatives

- 8A – Create transparency on countries’ resource needs to drive partnerships** (i.e., bi-annual report providing a comprehensive picture of the landscape of interventions of key players and the overall HCD financing and technical needs of member states across HCD thematic areas)
- 8B – Create and coordinate a coalition for funding and technical support across partners in the region**, grouping all partners working on HCD topics to align on priorities and find synergies to better deployment of resources
- 
- 9A – Develop tools & resources to assist member states on mobilization of funding and technical support as required** (e.g., training on fund raising, create a guide book for HCD containing key donors and partners plans and requirements to obtain funding as well as best practices for successful fundraising)
- 9B – Offer support to countries in defining HCD budgets, identifying optimal investment areas, and managing spending** to improve resource management and deployment
- 
- 10A – Develop HCD data centre and dashboard for West Africa**
- Create and maintain an updated regional database on key indicators (i.e., coordinate collection efforts and aggregate data)
  - Support data collection on human capital at subnational levels in the region (i.e., collaborate with statistics units within ministries to reinforce data collection activities)
  - Create a regional dashboard allowing for full transparency on HCD performance across indicators
  - Set guidelines on information update and data access
- 10B – Establish cadence of regular meetings/tools/processes with implementing units to track progress of ECOWAS HCD initiatives**, help overcome implementation bottlenecks and ensure enforcement of performance management measures as appropriate

# The COVID-19 pandemic has created a stronger burning platform for human capital development



## The challenges faced by the region are threefold...

### Healthcare urgency



With **>12,700 confirmed cases & >290 deaths<sup>1</sup> in West Africa**, COVID-19 is a humanitarian emergency. As health professionals battle the virus, we face the **limits of a fragile healthcare system that urgently needs to be reinforced**



*0.17 doctors for 1000 people in West Africa<sup>2</sup> vs. 1.6 in Latin American and 3 in OECD on average  
~0.65 beds / 1000 people in West Africa<sup>3</sup> vs 2 in Latin America & 4 in China; limited testing & treating capability*

### Education fatality



**Education is in jeopardy** as school closure will have a severe impact on drop out rates (notably for women and children from low-income households) and governments refocus resources to healthcare systems and emergency economic support (in highly informal economies with limited fiscal capacity)



*Drop out rate currently at ~40% in West Africa vs 19% in OECD on average*

### Economic imperative



**Africa's GDP growth could decline by between 3pp and 8pp** depending on the scenario. The pandemic has disrupted millions of people's livelihoods across the continent, with a disproportionate **impact on poor households and small and informal businesses**



*SMEs create 80% of Africa's employment (50% in the EU)  
Informal sector accounts for >40% of the economy in most West African states vs 15% in OECD on average*

**...and call for the reinforcement of HCD to ensure previous gains are not reversed**

**Double down on partnerships & resource mobilisation** to support fundraising actions (capitalising on partners & donors' willingness to support the region)

**Elevate advocacy to ringfence HCD budgets** as states are tempted to reduce HCD investments when they should increase them (e.g., a strong human capital backbone improves the countries' resilience in the face of future major humanitarian catastrophes)

**Increase cooperation, best practice sharing and capability building across the region** in areas critical to HCD and crisis management

**Accelerate pivoting to digital and new ways of working to increase agility and expand access to healthcare or education** (e.g. mobile health points for testing and medicine distribution)

1 As of 3 May 2020

2 For ECOWAS region; 0.25 for the African continent

3 For ECOWAS region; 1.4 beds / 1000 people for the African continent



# Agenda

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**Implementation approach**

# The implementation of the ECOWAS Integrated HCD strategy will be anchored on 4 pillars



## Governance

- Define **governance structure and accountability** framework
- Define **enabling processes and performance management** approach



## Risk mitigation

- Identify the **potential risks to achieving the integrated strategy**
- Align on a **defined action plan to resolve/mitigate** the risks



## Partnerships

- Understand **financial and execution gaps** to implementation
- Align on **approach for securing partnerships** to close identified gaps



## Change management

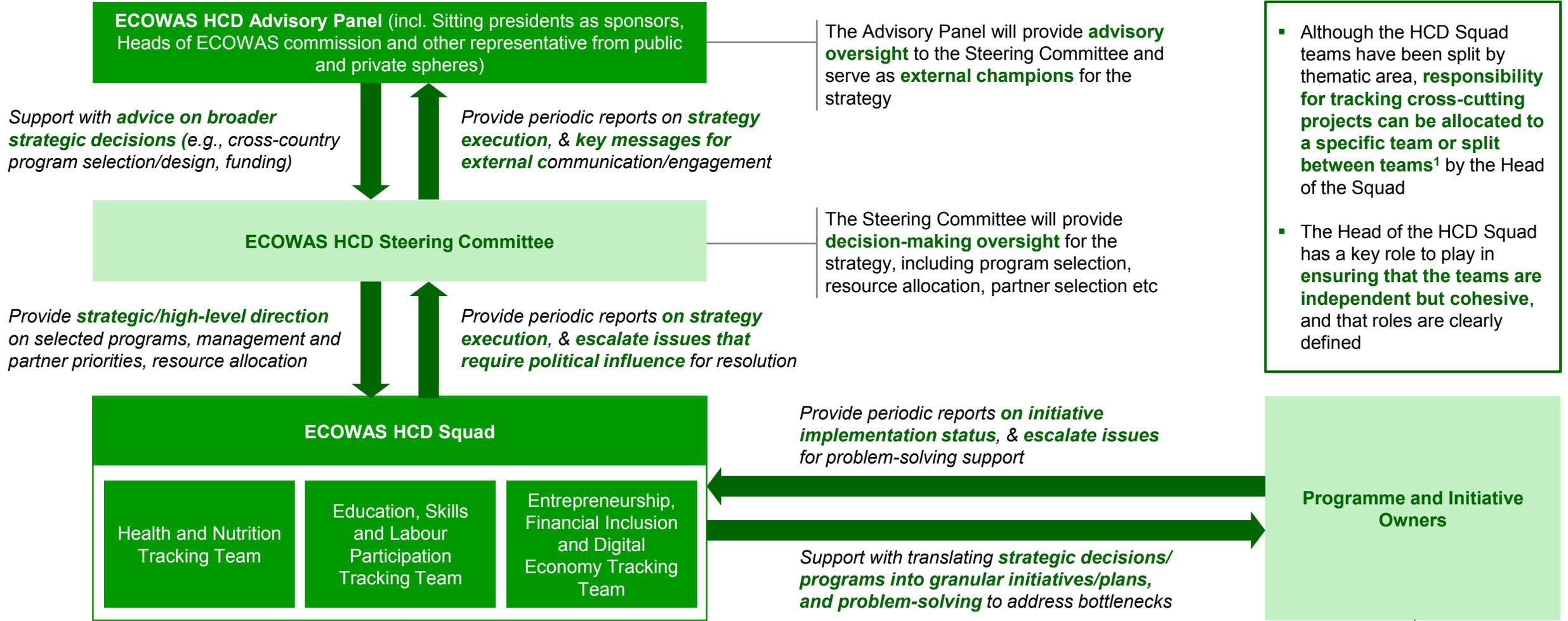
- Identify **priority elements of the influence model** for managing change within organizations
- Define **clear implications of these elements** for the implementation of the strategy



# 1 ECOWAS can set up an HCD Advisory Panel and HCD Squad to provide political oversight and implementation support respectively

PRELIMINARY

New entity



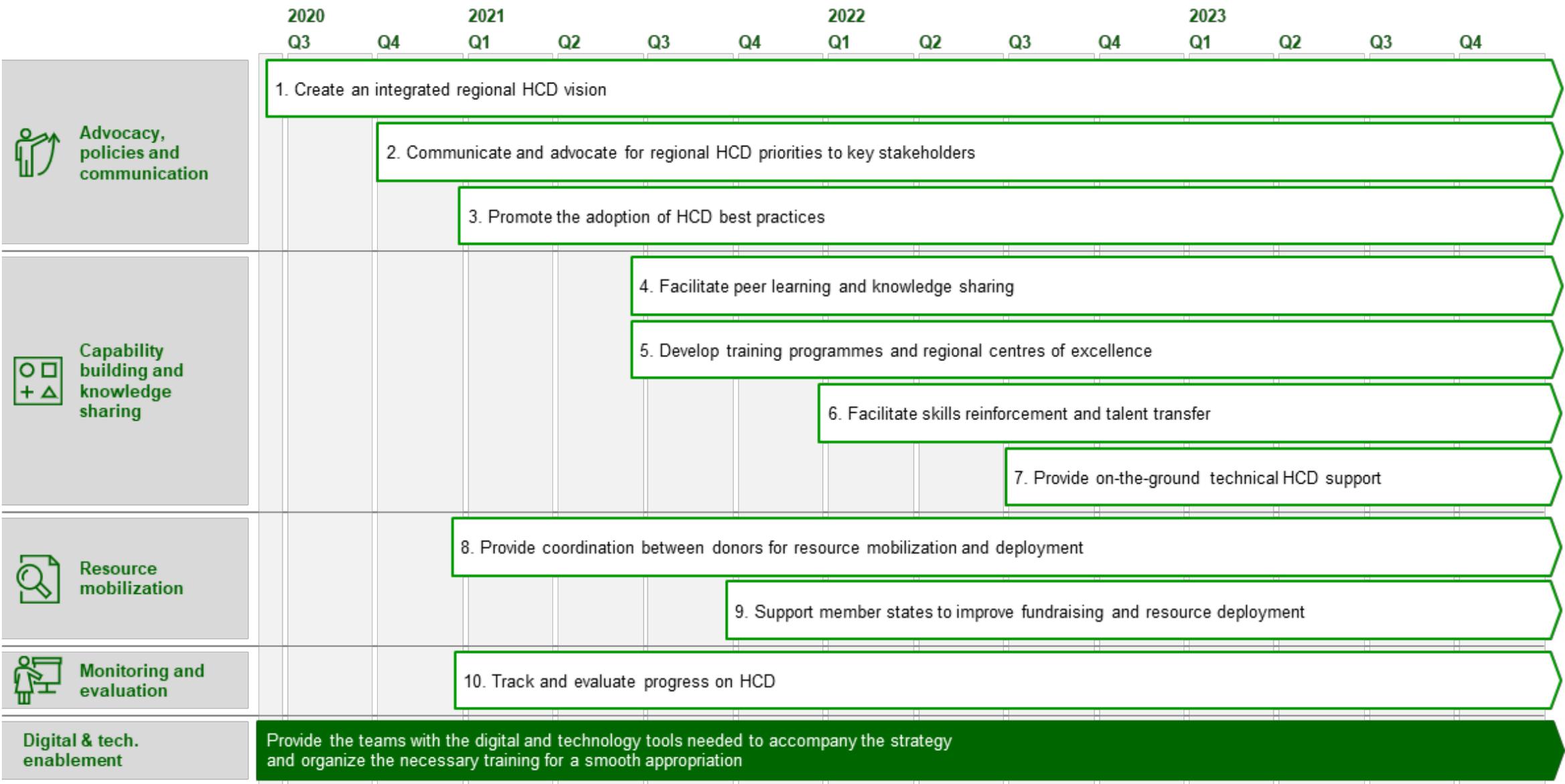
- Although the HCD Squad teams have been split by thematic area, **responsibility for tracking cross-cutting projects can be allocated to a specific team or split between teams<sup>1</sup>** by the Head of the Squad
- The Head of the HCD Squad has a key role to play in **ensuring that the teams are independent but cohesive**, and that roles are clearly defined

The HCD Secretariat will provide **implementation oversight** through initiative definition support, periodic monitoring/reporting, and problem-solving support

The Program/Initiative Owners will take **implementation ownership** for all programs and initiatives

<sup>1</sup> Where there is a clear split and a case to divide responsibilities across teams (e.g. a need to interface with multiple thematic area teams within the same partner organization)

# All programmes can be launched on an ambitious 3-year roadmap



Last Modified 8/25/2020 5:11 AM Eastern Standard Time Printed



# APPENDIX:

## Country Findings



# Burkina Faso



# Burkina Faso has succeeded in improving access and quality of its health system with performance aligned with ECOWAS average on several levels

■ 2005 ■ 2017

Indicator	National average	ECOWAS Median	Comment
1 Fertility rate, %	6,3 (2005), 5,3 (2017)	5,1 (2005), 4,7 (2017)	<ul style="list-style-type: none"> <li>In Burkina Faso, young <b>women are increasingly using modern contraceptives</b> for family planning; however, the prevalence rate of contraceptives remains low</li> <li><b>Social</b> norms on <b>ideal family size</b> for men and women continue to guide young women's family planning choices and limit contraceptive use</li> </ul>
2 Maternal mortality rate, per 100,000 live births	437 (2005), 320 (2017)	723 (2005), 553 (2017)	<ul style="list-style-type: none"> <li><b>Inadequate number of</b> qualified <b>human</b> resources, <b>equipment</b> and infrastructure, treatment products and <b>quality of health services</b></li> </ul>
3 Infant mortality rate, # children -5 years old	15,3 (2005), 8,0 (2017)	15,3 (2005), 8,0 (2017)	<ul style="list-style-type: none"> <li>Malnutrition is associated with <b>the death of one in two</b> children. Burkinabe live in a <b>context of widespread</b> chronic malnutrition (30.2% in 2015), acute malnutrition (10.4% in 2015) and micronutrient deficiencies (vitamin A, iodine, iron)</li> </ul>
4 Delay rate -5-year-old growth, % of -5-year-olds	42 (2005), 27 (2017)	39 (2005), 32 (2017)	<ul style="list-style-type: none"> <li><b>Poor</b> feeding practices for infants and young children (e.g., only 56% of infants are breastfed within one hour of birth); Inadequate supplementary feeding (e.g., only 14% of children aged 6 to 23 months receive an acceptable diet)</li> <li><b>Poor maternal</b> nutrition (e.g., 62% of women of childbearing age suffer from anaemia)</li> </ul>
5 Life expectancy at birth	53 (2005), 61 (2017)	53 (2005), 60 (2017)	<ul style="list-style-type: none"> <li><b>Communicable diseases</b> continue to be the leading cause of morbidity and mortality in the country</li> <li><b>Low performance of</b> <b>canada's</b> health infrastructure and <b>low</b> access to health care services for the majority of the population</li> </ul>
6 Health spending as a percentage of the state budget, %	6,3 (2005), 11,0 (2017)	3,8 (2005), 5,7 (2017)	<ul style="list-style-type: none"> <li>Public spending on health has increased. However, there <b>are significant</b> gaps in funding for the <b>health</b> sector and there are significant gaps in the need for health services and the provision of existing services. Although this investment has expanded <b>infrastructure</b>, resources and <b>quality staff remain</b> concentrated in <b>a few central urban</b> areas</li> </ul>
7 % women married before the age of 18, % of women aged 20 to 24	48 (2005), 52 (2017)	39 (2005), 29 (2017)	<ul style="list-style-type: none"> <li><b>Education</b> level: Girls without education marry at a younger age than those who have completed high school or higher education; <b>Poverty</b>: Girls living in the poorest households in Burkina Faso have a lower median age of first marriage than the wealthiest households; Traditional customs: <b>Litho implies</b> that girls are exchanged and married between families; Violence against <b>girls</b>: <b>Some girls</b> in Burkina Faso are threatened with violence or banishment if they do not accept a marriage</li> </ul>

1 Latest data available until 2017; 2 Latest data available until 2010

SOURCE: World Bank Global Development Indicators; Press, PNDS (2015-2020)

# Despite Burkina Faso's progress in access to education, the performance of its education system is below the regional average



■ 2010 ■ 2017

Preliminary

Indicator	National average	ECOWAS average	Comment
8 Out-of-school children % children of primary school age	40 (2010), 23 (2017)	28 (2010), 17 (2017)	<ul style="list-style-type: none"> <li>The <b>right to go to school</b> is not fully recognized. It's more <b>damaging to girls</b> than to boys</li> <li>More than 150,000 students are on the streets due to <b>terrorist</b> activities in northern and eastern Burkina Faso</li> </ul>
9 Average length of schooling, 25 years or more	47 (2010), 64 (2017)	64 (2010), 72 (2017)	<ul style="list-style-type: none"> <li>In rural areas, <b>the educational</b> offer remains below the level required to enable all children to attend primary school</li> <li>A child of school age living in a female-headed household is more likely to go to school</li> </ul>
10 Harmonized test results	404 (2017)	353 (2017)	
11 Young NEET % young people	Data not available		<ul style="list-style-type: none"> <li><b>Burkina Faso's</b> education system is generalist in <b>nature</b> and <b>is not adapted to the needs of the</b> labour market. Basic education is declining in quality, TVET remains qualitatively and quantitatively low and disorganized, with widening disparities at the regional and gender level</li> </ul>
12 % of the education budget, % of total public spending	16 (2010), 18 (2017)	18 (2010), 18 (2017)	<ul style="list-style-type: none"> <li>The budget allocation to education fluctuated sharply between 2010 and 2015. There is a disproportionate <b>allocation of resources between</b> different levels of education. This could be related to the perception that higher education performs at a rapid pace</li> </ul>
13 Teachers in the population, for 1,000	5 (2017)	5 (2017)	<ul style="list-style-type: none"> <li>Burkina Faso <b>has more teachers as a</b> proportion of the population than most ECOWAS countries, but lags behind the best performing countries in the region, including Ghana and Benin.</li> </ul>
14 Literacy rate % of young people aged 15 to 24	59 (2017)	67 (2017)	<ul style="list-style-type: none"> <li><b>Low literacy rates</b> are an indication of the combined impact of <b>children who do not attend</b> school and the <b>poor quality of primary</b> education</li> </ul>
15 Number of citations in international scientific journals, '000	96 (2017)	102 (2017)	<ul style="list-style-type: none"> <li>This indicator of scientific production suggests that Burkina Faso is on par with other ECOWAS countries, but the region <b>has significant opportunities</b> to catch up with countries like South Africa.</li> </ul>

1 Data presented for 2005 and 2017 - when 2005 and 2017 data are not available, the nearest year has been used as a proxy; 2 Data reported only for one year (2017) and not as time series

# Financial inclusion has improved considerably in Burkina Faso



■ 2014 ■ 2017

Preliminary

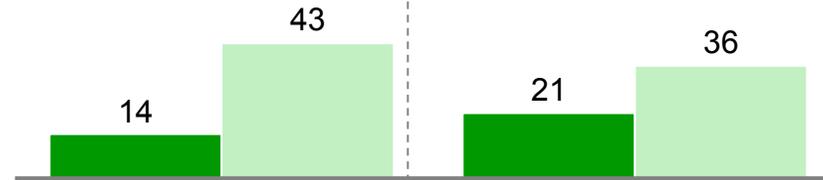
## Earnings indicator

### National average

### ECOWAS average

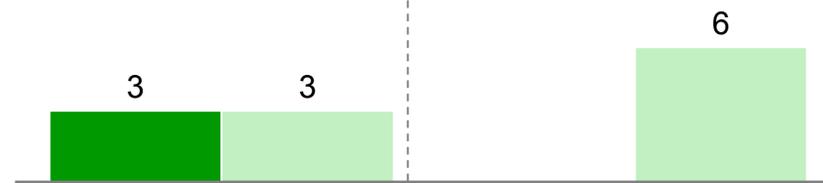
### Comment

16 Adults with an account  
% 15-population



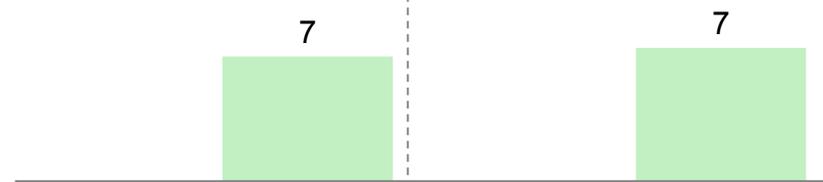
Account provision limited by the low financial autonomy of women with significantly lower accounts than men (i.e. 51% of accounts for men compared to 34% for women in 2017)

17 No. procedures needed to start a business



In order to simplify the registration process for companies wishing to establish themselves in Burkina Faso, the government has launched the Business Formality Centres: one-stop shops for business registration

18 Start-up costs (as a % of GNI per capita)



Business creation has become more affordable thanks to the reduction of the notary's fees to be paid at the start-up

19 Fixed broadband internet price, PPP, fr \$/month



Slowing the development of the telecommunications sector due to cumbersome regulatory procedures, insufficient mobile spectrum, poor state of fixed networks, making internet services in Burkina some of the most expensive in the world

2 Ownership of an account in a financial institution or with a mobile money service provider

SOURCE: World Bank Global Development Indicators

# A multitude of plans and programs mark the Burkinabe landscape in terms of HCD



NOT EXHAUSTIVE



**Health and nutrition**



**Education, skills and labour market participation**



**Entrepreneurship, financial inclusion and the digital economy**

**Project/program examples (Non-exhaustive list)**

<p><b>PNDES</b> (National Development Plan economic and social 2016-2020) A plan incorporating the various strategic development frameworks, one of the major pillars of which is the inclusive development of human capital. It highlights the expected results at the level of each dimension of the HCD and identifies the priority actions to be taken</p>	<p><b>National Health Development Plan (PNDS) 2011-2020</b> Strategic plan to improve the well-being of the population through 8 strategic areas (e.g., infrastructure development, leadership and governance development, increased funding)</p>	<p><b>National Acceleration Plan Family Planning 2017-2020</b> Plan detailing the country's interventions to improve population health by increasing the modern contraceptive prevalence rate among women</p>	
<p><b>Burkina Faso Education and Training Sector Plan 2017-2030</b> National education program and action planning, monitoring and evaluation repository</p>	<p><b>Support for the Basic Education Strategic Development Programme in Burkina Faso (PDSEB)</b></p>		<p><b>Vocational Training and Learning Support Project (PAFPA)</b> Program to enable young men and women to access qualified training</p>
	<p><b>Youth and Women's Economic Empowerment Program (FSAP)</b> Program to promote self-employment and socio-professional integration of young people and women</p>	<p><b>Rural Youth Skills Development Support Project (PADEJ MR)</b> Project to improve the employability of young graduates in rural areas by consolidating/creating 300 businesses and training 1000 young people</p>	<p><b>National Strategy Digital Economy Development 2018-2027</b> Strategy defining the country's digital transformation goals and identifies programs to be implemented</p>

- Developing **several HCD plans and programs** to identify priority areas for HCD
- Launch **of diverse** initiatives on the 3 dimensions of the HCD
- Opportunity **to create synergies** between initiatives launched at the 3-dimensional level of the HCD

# Human capital in Burkina Faso has made considerable progress in the 3 dimensions of human capital development

## Recent progress

### Health and nutrition



Improving access to health services by addressing the challenges of care costs and inadequate infrastructure:

- Implementation of **free health care measures** for women and children under five (9 million benefits offered free of charge in 2019 to target populations)
- Deployment in 2019 of the pilot phase of **free family planning** in 2 regions (e.g., free contraceptive products)
- Deployment of the **project to build new health and social promotion centres (184** already built out of 240 planned), reducing the average coverage radius of the CSPS from 7.8 km in 2016 to 6.1Km in 2019
- Strengthening health **coverage by launching** the operationalization of the CNAMU (National **Universal Health Insurance Fund**)

### Education, skills and labour market participation



Expanding **access to education** and improving its **quality** through the development of required **infrastructure** and **the training of teachers**:

- **Construction of schools** and universities (e.g., construction of 8 scientific high schools in 2019 on a target of 13 in the PNDES (2016-2020), opening of 7 new public universities, opening of a polytechnic school)
- Adoption of a decentralisation policy providing communities with skills for the management of transferred areas (literacy, primary education, pre-school education)
- **Training offer** in India and Tunisia for 250 teachers to improve their level of qualification

Improving the **employability of young people** through the deployment of projects offering qualified training and facilitating the professional integration of young people (e.g., JobBooster project funded by NORAD1 and the Dutch NGO Woord in Daad)

### Entrepreneurship, financial inclusion and the digital economy



Developing the **entrepreneurial spirit** and strengthening the **economic empowerment** of young people through the deployment of several projects to support and train young entrepreneurs:

- **Funding for the projects of 13,000 young** people and women through 4 funds created under the Youth and Women's Economic Empowerment Program
- **ProFeJeC (Women-Young** Entrepreneurs and Citizenship Project) deployment, which has **enabled 100 young people** to start a business in 2019

Strengthening the infrastructure needed to ensure better internet coverage with the launch of the **"Back Bone" project** in 2017

# 5 key factors explain progress in human capital development in Burkina Faso



## Key factors for success

- 1 Political will** - Mobilisation and commitment at the highest level of the state to lead the necessary efforts for the development of human capital (e.g., adoption of a national multi-sector nutrition policy 2020-2029, National Strategy for the Prevention and Elimination of Child Marriage 2016 - 2025)
- 2 Needs-appropriate interventions** - Designing an initiative tailored to identified needs and adopting appropriate implementation arrangements to the defined objectives (e.g., using alternative learning as part of the Youth Employment and Skills Development Project in partnership with the World Bank)
- 3 Governance and transparency** - Implementation of mechanisms for the management and monitoring of transparency initiatives (e.g., establishment of the National Steering Committee and the National Technical Committee for monitoring the performance of the PNDES)
- 4 Technical and financial support from partners** - Supporting and funding partners for the implementation of ambitious multi-sector initiatives (e.g., \$11 million donation by the AfDB to fund the Rural Youth Skills Development Support Project)
- 5 Inclusive approach** - Integrating gender themes and the specificities of vulnerable populations into national strategies (e.g., Development of the National Inclusive Education Development Strategy)

- **These success factors are not maintained and verified for all initiatives**
- **The adoption of these practices could contribute to the success of HCD's initiatives**





# We identified 6 major challenges slowing the progress of HCD interventions in Burkina Faso (1/2)

Challenges	Description	Examples cited in interviews	Education, skills and labour market participation	Entrepreneurship, financial inclusion and the digital economy
1 Difficulty in ensuring continuity of efforts	<ul style="list-style-type: none"> <li>Lack of security in the country limiting the supply of public services in the education and health sectors and causing delays in the implementation of HCD projects</li> </ul>	<b>Health and nutrition</b> <ul style="list-style-type: none"> <li>Difficulty accessing health care due to security incidents limiting the availability of health care centres (60 centres closed in 2019 and 65 partially operational)</li> </ul>	<ul style="list-style-type: none"> <li>Decrease in the gross rate of primary and post-primary school enrolment going back to resp. 90.7% and 40.6% in 2018 to 88.8% and 38.8% in 2019 as a result of the security crises leading to the closure of 2512 establishments in March 2020</li> </ul>	<ul style="list-style-type: none"> <li>Irregularities in funding programmes aimed at providing technical and financial support to young people</li> </ul>
2 Inadequate allocation of resources	<ul style="list-style-type: none"> <li>Inadequate mechanisms for allocating resources to need resulting in inadequate allocation of resources between regions and sectors</li> </ul>	<ul style="list-style-type: none"> <li>Inadequate distribution of human resources in the health sectors between cities and rural areas (53.3% of doctors, 57.3% of midwives and 33% of nurses are concentrated in the cities of Ouagadougou and Bobo Dioulasso)</li> </ul>	<ul style="list-style-type: none"> <li>Disparity between urban and rural areas in terms of access to education resulting in a 59% risk of being out of school in rural areas in 2017, compared to 30.2% in urban areas</li> </ul>	<ul style="list-style-type: none"> <li>Unequal distribution of financial service provider infrastructure resulting in a bank rate of 44% of adults in urban areas compared to only 9% in rural areas</li> </ul>
3 Limited planning and management	<ul style="list-style-type: none"> <li>Poor planning and implementation of interventions resulting in a lack of alignment with the initiatives launched and the desired objectives</li> </ul>	<ul style="list-style-type: none"> <li>Process for developing the various interventions that are ineffective and weak to track the results of initiatives illustrated by delays in the deployment of certain initiatives (e.g., operationalization of RAMU1)</li> </ul>	<ul style="list-style-type: none"> <li>Low planning approach illustrated by:               <ul style="list-style-type: none"> <li>Limited definition of long-term development goals</li> <li>Lack of rigorous analysis and prioritization of skills needs</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Limited mechanisms for the deployment of incubation programmes resulting in theoretical training that does not meet the real needs of entrepreneurs</li> </ul>

1 Universal Health Insurance Plan

SOURCE: Stakeholder interviews, National Health Development Plan, National Voluntary Review of SDG 4 and The Continental Education Strategy in Burkina Faso 2019



# We identified 6 major challenges slowing the progress of HCD interventions in Burkina Faso (2/2)

Challenges	Description	Examples cited in interviews		
		Health and nutrition	Education, skills and labour market participation	Entrepreneurship, financial inclusion and the digital economy
4 Need for capacity building	<ul style="list-style-type: none"> <li>Limited number of staff to lead CHD initiatives and <b>insufficient level of qualification</b> that does not meet the skills <b>required for the proper</b> management of CHD initiatives</li> </ul>	<ul style="list-style-type: none"> <li><b>Inadequate numbers of staff</b> by international standards (7 health workers per 10,000 population for a WHO standard of 23 health workers per 10,000 population)</li> </ul>	<ul style="list-style-type: none"> <li>Inadequate <b>training for educators/teachers and educational coaches</b> in inclusive education and gender-sensitive pedagogy</li> </ul>	<ul style="list-style-type: none"> <li><b>Low delivery of incubators</b> offering theoretical training in entrepreneurship and no acceleration programs</li> </ul>
5 Limited allocated budgets	<ul style="list-style-type: none"> <li><b>Inadequate financial resources</b> for the development of human capital limiting the <b>number of</b> initiatives put in place <b>and hindering the scaling of</b> other interventions already launched</li> </ul>	<ul style="list-style-type: none"> <li><b>Significant decrease in the amount allocated</b> to the Ministry of Health since 2014 (12.81% in 2014 vs. 10.7% in 2018)</li> </ul>	<ul style="list-style-type: none"> <li><b>Inadequate budget</b> for funding for the <b>National Strategy for the Development of Inclusive Education (SNDEI) 2018-2022</b>, which is estimated to cost more than 9 billion CFA francs compared to only 100 million dedicated in 2018</li> </ul>	<ul style="list-style-type: none"> <li><b>Difficulty accessing credit</b> due to strict warranty requirements often related to lack of land</li> </ul>
6 Inadequate coordination at national and regional level	<ul style="list-style-type: none"> <li><b>Inadequate</b> coordination reducing the creation of <b>synergies and learning opportunities</b> between players in the human capital development landscape at national and regional level</li> </ul>	<ul style="list-style-type: none"> <li>Despite the adoption of a national <b>nutrition policy, failure to harmonize efforts</b> by stakeholders in the field of nutrition</li> </ul>	<ul style="list-style-type: none"> <li><b>Inadequate training and job market needs</b> demonstrating the lack of communication and collaboration between universities and the professional world</li> </ul>	<ul style="list-style-type: none"> <li><b>Lack of efforts to pool resources and interventions</b></li> </ul>

# The role ECOWAS can play in supporting Burkina Faso's efforts is based on 5 dimensions



## Dimension

## Description

Advocacy with policy makers and development partners



Providing ECOWAS **political support** to ensure:

- **Prioritizing the themes of the HCD (e.g.,** strengthening the nutrition component within the OOAS1)
- **Adequate budget allocation** to human capital development needs and meeting budget commitments

Strengthening Skills and Sharing Knowledge



Supporting all actors in **building the** capacity required to implement and implement human capital development programmes by:

- Providing training in human capital development (e.g., resource management training)
- Promoting the **sharing of** experiences and **knowledge** among member states (e.g., a platform accessible by all countries in the region for the exchange of best practices)

Monitoring and evaluation of HCD programs



Monitoring programmes for greater **transparency and governance** of human capital development interventions

Standardization of standards and harmonization of HCD strategies



Developing an **integrated vision on the development of human capital** in the region to:

- **Harmonizing human capital** development efforts and objectives to reduce disparities between countries
- Standardization **of HCD standards and standards**

Technical assistance



**Providing** expertise on human capital development topics and **supporting the implementation of** key initiatives (e.g., developing comparative analyses of key HCD indicators)



# Cabo Verde



# Cape Verde leads regional HCD indicators across Health and Education with improvement opportunity on entrepreneurship and digital economy

## Insights

### Country Overview

- Cape Verde has made significant progress over the past two decades to **rank first in ECOWAS, even ahead of South Asia on the UN's HDI<sup>1</sup>**. Additionally, Cape Verde also **outranks ECOWAS, Europe and Asia on the UN's Gender Equality Index**
- Despite its ECOWAS-high averages, **there is room for improvement on HCD in Cape Verde especially on topics around the numbers of public health professionals, education quality and the entrepreneurial ecosystem.**

### Progresses Recorded

- Education and health have been areas of high investment by the government since independence. One of the first trainings launched after independence was for midwives to improve neonatal and maternal health. Primary education is free for all the population, which is extended now to the Secondary schools as well. A more recent focus on professional training aims at building a skilled workforce for the labor market, in close collaboration with target industries (e.g. tourism)

### Challenges

- **5 main challenges** remain in Cape Verde's HCD landscape, including:
  - **Curriculum in schools:** adaptation to meet labour market requirements, measuring and comparison at an international level, inclusion of foreign languages for international opportunities
  - **Public Health professionals:** currently limited local training for public health professionals (currently counting on the support of doctors from Cuba and China) and limited attractiveness of public health as a work place for Cape Verdean doctors
  - **Investment in renewable energy:** including the education and training to increase the local skills on installation and maintenance of equipment
  - **Support to entrepreneurs:** development of entrepreneur mindset and cultures, including education and formalization, access to financing
  - **Mentality shift around professional training schools:** Mindset change to value TVET for skilled workers on different levels and skill sets

### Role of ECOWAS

- ECOWAS can play a key role in advancing the HCD agenda in Cape Verde by pulling several critical levers including:
  - **Lead regional integration;** increase collaboration between the countries, inclusive participation at events, knowledge exchange, guidance on policy best practice
  - **Improve regional mobility;** through language exchange programs, university exchange programs for students and teachers, internship opportunities
  - **Take the lead on coordination of donors, private sector and civil society organizations;** for more effective HC development
  - **Support quality teacher training efforts;** any education reform needs the teachers to be trained at best possible quality
  - **Invest in specific areas;** e.g. entrepreneurship & access to venture capital, regional research centre, innovation and renewable energy

<sup>1</sup> Human Development Index



# Multiple government efforts have been launched in the last decade with a long term vision to transform HCD in Cape Verde

## National Housing Plan & National Programme of Sustainable Energy:

To be implemented in 2020\*

**Main objective**

---

**Strategic orientations**

### National Plan of Sanitary Development 2012-2016

- **Improve quality in health care** to provide access for everybody
- **Improved performance** of the national service and management of health resources

The plan focuses on the following:

- Increase **prevention of diseases**
- Promote **educational health**
- Offer more courses **to train health professionals**
- Improve **health equipment/technologies** and **sanitary infrastructure**
- Improve **management** and/of **financial budget** of National Health Care Service (SNS)

### National Strategic Plan for Sustainable Development (PEDS) 2017-2021

- **Accelerate human capital** with the aim of inclusive growth and reducing social disparities
- **Diversification of the economy**, create fiscal and macroeconomic resilience

- **Enforcement of social protection** and productive inclusion to prepare the young generation for the future
- Focus on **promoting adequate infrastructure** (e.g. harbours)
- Create favourable conditions to strengthen the private sector
- **More efficient housing** to improve inclusion and mobility of people as well as rehabilitation for the poor households

### Plano Estratégico da Educação 2017-2021

As part of the PEDS, the plan aims at:

- **Guaranteeing high quality education** for all Cape Verdeans to meet the **Sustainable Development goals** of Agenda 2030
- **Reducing social and educative disparities** in all parts of the country

- **Guarantee access and strengthen** quality of education to reach a **100% net enrolment ratio** for primary and secondary schools by 2021
- Promote and develop fair and equal access to higher education **to reach a 30% net enrolment tax** by 2021
- **Strengthen the quality of education** by centralized and decentralized education institutions

- National Housing Plan: **Ensure that every citizen** can enjoy the right to adequate housing by strengthening the formal house market and augment citizen participation in planning of new housing
- National Programme of Sustainable Energy: **Provide better** and more efficient **energy opportunities** to consumers

National Housing Plan:

- Create an **integrative housing** structure (including informal housing) from an inclusive perspective

- Ensure **accessible pricing**
- **Improve conditions** of housing

National Programme of Sustainable Energy:

- **Promote awareness** of energy use to make consumers use energy efficiently reducing the use and greenhouse gas emissions

\* End date not yet determined



# Cape Verde's indicators are consistently better than the ECOWAS average, giving an example of a case study for the region

CONSTRAINED BY AVAILABLE DATA

Result indicator

Cape Verde's performance vs. ECOWAS average<sup>1</sup>

Male vs. female performance (where available)

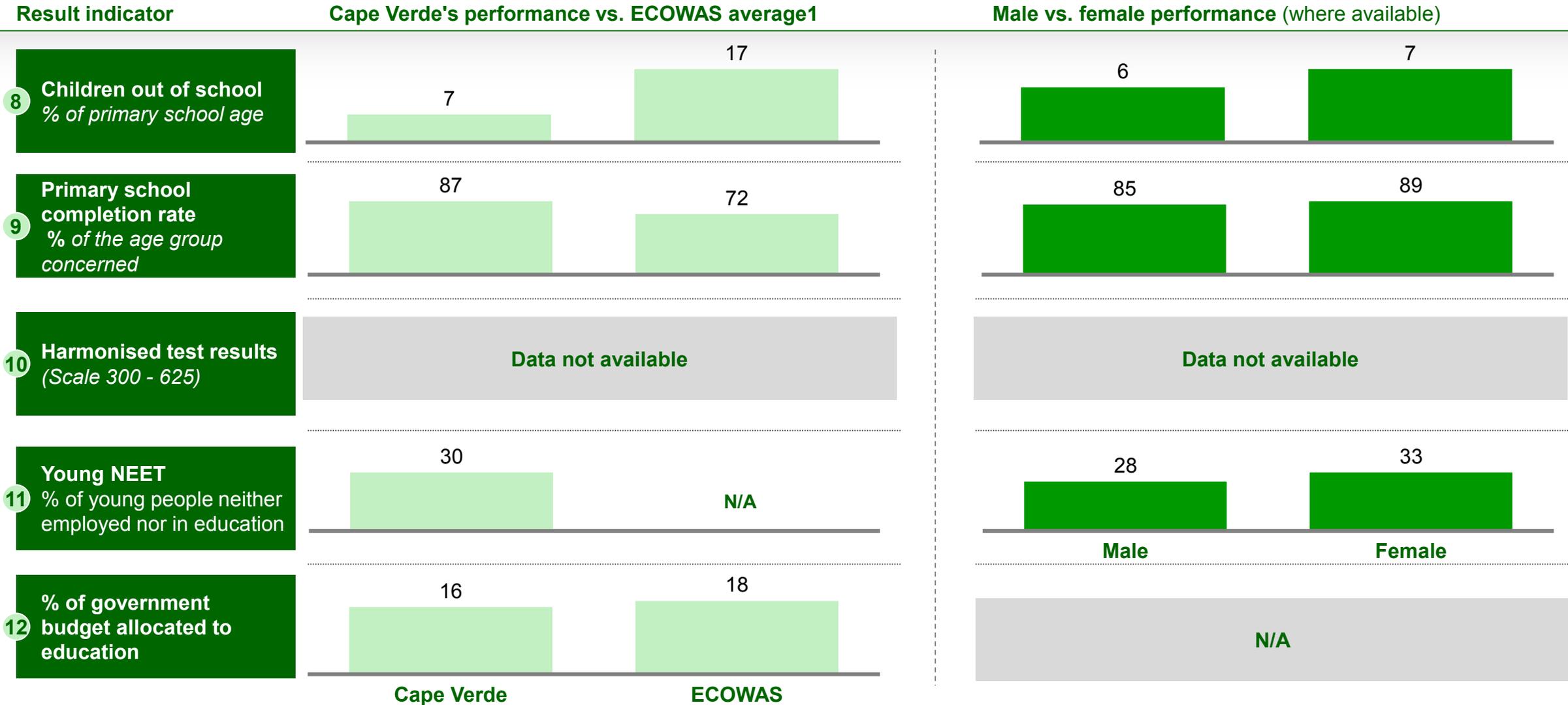


<sup>1</sup> Latest data available up to 2017/2018. When 2017/2018 data are not available, the nearest year was used as proxy



# Cape Verde can improve its educational outcomes by prioritizing school completion and adding education offerings to NEET youth

CONSTRAINED BY AVAILABLE DATA

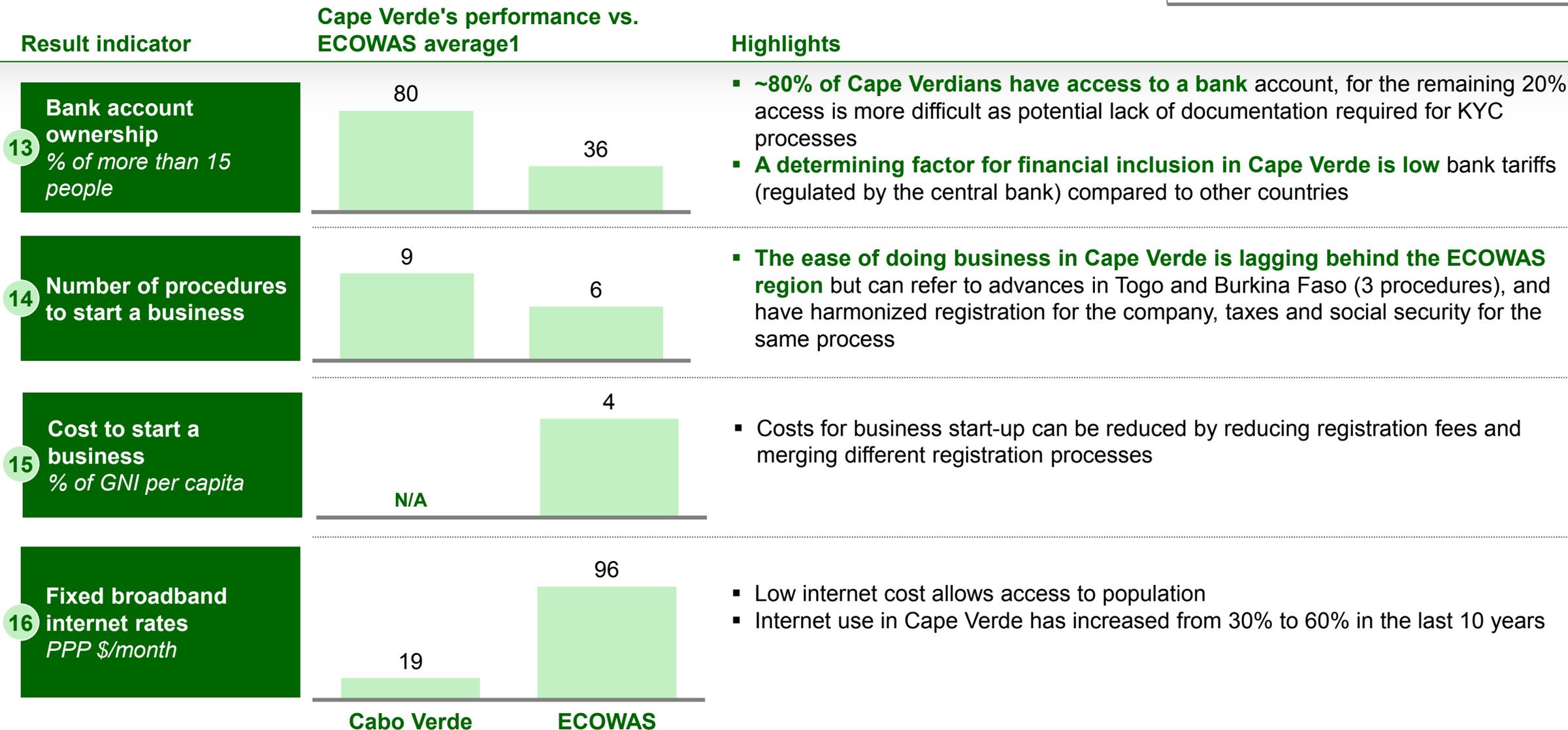


<sup>1</sup> Latest data available until 2017. When data for 2017 is not available, the following year was used as a proxy



# Cape Verde has a desirable level of financial inclusion but still faces challenges around procedures to open businesses

CONSTRAINED BY AVAILABLE DATA



<sup>1</sup> Latest available data up to 2019 for indicator 14. The latest data for indicators 13, 15 and 16 are 2017, 2014 and 2016 respectively

# 5 main challenges remain for successful HCD interventions in Cape Verde



FOR DISCUSSION



- **Updating school curricula:**
  - Comparison and harmonization to international standards
  - Adaptation to requirements of the local labor market
  - Inclusion of foreign languages to enable international opportunities



- **Improving human capital in public health,** with increased local training and improved job attractiveness in Cabo Verde



- **Support for entrepreneurship** including:
  - Training and formalization
  - Access to finance



- **Investment in renewable energy**  
Including training and education to increase local competence in installation and maintenance of equipment



- **Valuing technical schools**  
The country needs professionals trained at all levels in relevant skills



# Côte d'Ivoire

# Despite the progress made over the last decade by the government to improve the national health and Nutrition landscape, the performance of the Ivorian health system remains worrying



■ 2005 ■ 2017<sup>1</sup>

Not Exhaustive

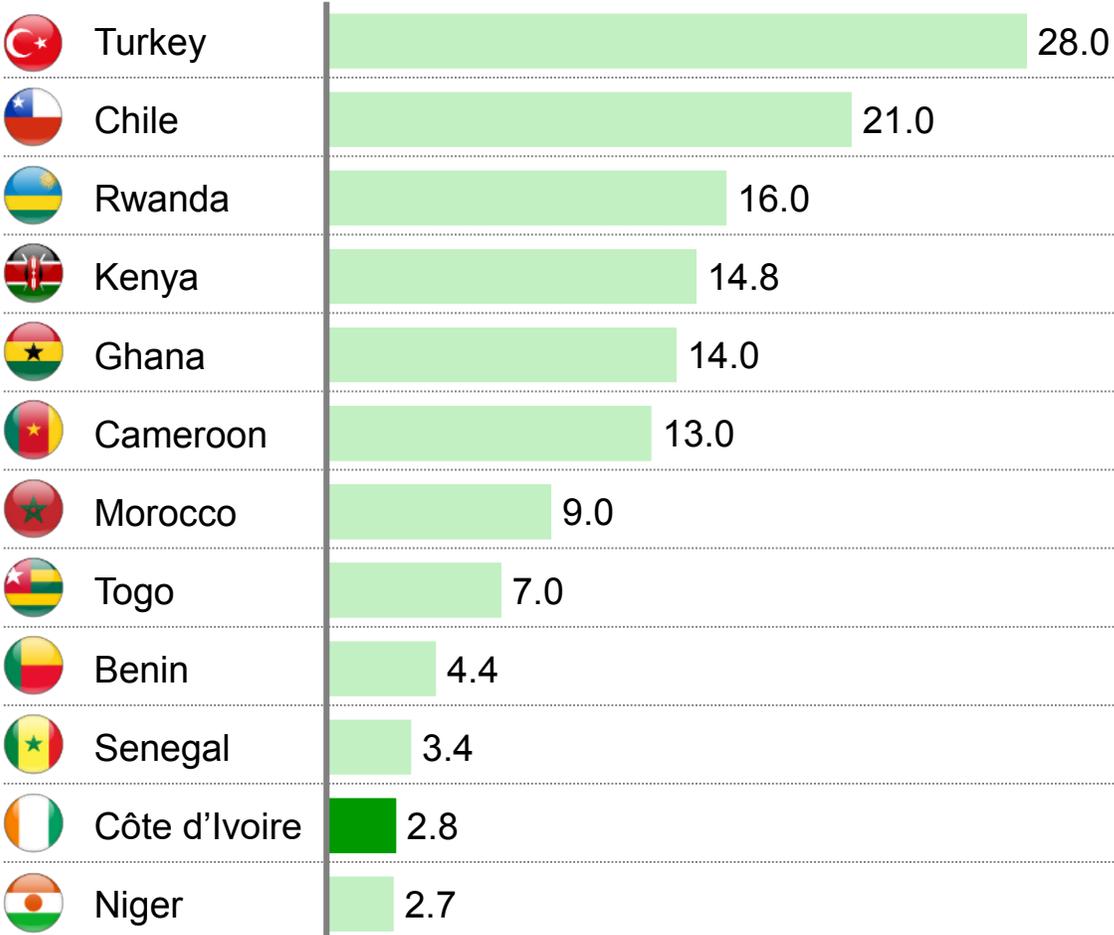
Outcome indicator	Côte d'Ivoire	Median ECOWAS	Top performer ECOWAS	Target, PND <sup>2</sup> 2020	Root cause
1 Fertility rate, %	5.5 (2005), 4.7 (2017)	5.1 (2005), 4.7 (2017)	Cape Verde: 2.9 (2005), 2.3 (2017)	3	<ul style="list-style-type: none"> <li>Limited economic opportunities in rural geographies coupled with a lack of awareness regarding the negative correlation between high fertility rates and the poverty cycle</li> </ul>
2 Maternal mortality rate, # per 100 000 live births	742 (2005), 645 (2017)	723 (2005), 553 (2017)	Cape Verde: 54 (2005), 42 (2017)	149	<ul style="list-style-type: none"> <li>Ineffective care network with limited follow ups before and post pregnancies (e.g., very few women respect the recommended 3 visits during labor)</li> <li>Preference for traditional medicine especially in rural areas</li> </ul>
3 under 5 mortality rate, % of children under five	12.9 (2005), 9.2 (2017)	15.3 (2005), 8.0 (2017)	Cape Verde: 2.6 (2005), 2.0 (2017)	3,2%	<ul style="list-style-type: none"> <li>Insufficient health care infrastructure with a low ratio of specialists per capita</li> <li>Preference for traditional medicine especially in rural areas</li> </ul>
4 Under-five stunting, %	40 (2005), 22 (2017)	39 (2005), 32 (2017)	Senegal: 20 (2005), 17 (2017)	5	<ul style="list-style-type: none"> <li>Unbalanced children diets low in essential nutrients coupled with poor nutrition during the pregnancy</li> <li>The National Multisectoral Nutrition Plan helped bridge the gap with the region</li> </ul>
5 Life expectancy at birth years	48 (2005), 54 (2017)	53 (2005), 60 (2017)	Benin: 78 (2005), 80 (2017)	59	<ul style="list-style-type: none"> <li>Low performance of the health infrastructure in the country coupled with low accessibility for health care service for the majority of the population (e.g., over 35% of the population live over 45 min away from the closest health center)</li> </ul>
6 Healthcare spending as percentage of government budget, %	4.0 (2005), 5.0 (2017)	3.8 (2005), 5.7 (2017)	Cape verde: 8.8 (2005), 10.8 (2017)	8%	<ul style="list-style-type: none"> <li>Insufficient healthcare spending coupled with an inadequate allocation of resources across the different components of the healthcare layers (i.e., most funds routed to CHU<sup>3</sup>s servicing a low proportion of the population)</li> <li>Limited use of PPP<sup>2</sup>s to reduce stress on national expenditures</li> </ul>
7 % of Women married before 18, %	35 (2005), 27 (2017)	39 (2005), 29 (2017)	Ghana: 22 (2005), 21 (2017)	TBD	<ul style="list-style-type: none"> <li>Lack of awareness to the dangers of child marriage coupled with cultural stigmas neglecting the important role played by girls in breaking the poverty cycles</li> </ul>

1 Latest available data up to 2017    2 Plan national de développement 2016 - 2020  
 2 Public Private Partnerships  
 3 Centre Hospitalier Universitaire

# A health offer that falls short of international benchmarks, both in terms of infrastructure and health care workers

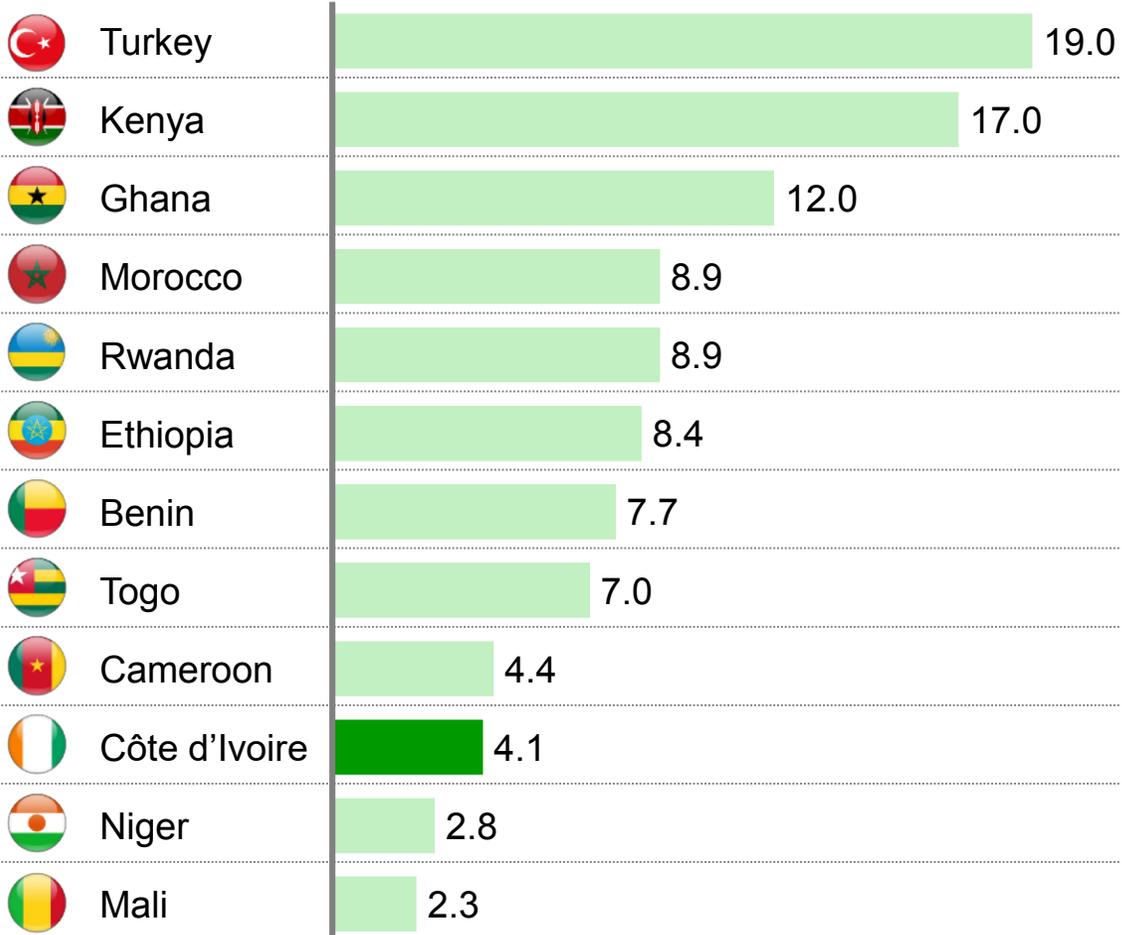
## Density of hospital beds<sup>1</sup>

# inpatient beds per 10,000 inhabitants



## Number of nurses<sup>2</sup>

# 10,000 inhabitants



<sup>1</sup> Bad data 2016, except: Rwanda (2014), Ghana (2017), Cameroon (2010), Togo (2017), Senegal (2008)  
<sup>2</sup> ADB data by availability: Benin (2008); Cameroon (2009); Ethiopia, Kenya and Ghana (2017); Mali (2014); Morocco (2009); Niger (2016), Ivory Coast (2016)  
 SOURCE: African Statistical Yearbook 2008 African Development Bank; World Health Organization; Oecd



**B** Overall, the performance of the Ivorian education system is in line with the region's average, however there is still a need for a better allocation of resources and a raise in the public's awareness

Outcome indicator	Côte d'Ivoire	Median ECOWAS	Top performer ECOWAS	Target, PND <sup>2</sup> 2020	Root cause
8 Children out of school % of primary school age	44 (2010), 11 (2017)	28 (2010), 17 (2017)	Ghana: 16 (2010), 2 (2017)	TBD	<ul style="list-style-type: none"> <li>Specific incentives for families to keep girls in schools (e.g., 50 KG of rice every 3 months) helped raise awareness and reduce dropout rates dramatically for the last ten years</li> </ul>
9 Primary school completion rate % of relevant age group	53 (2010), 72 (2017)	64 (2010), 72 (2017)	Ghana: 81 (2010), 95 (2017)	100	<ul style="list-style-type: none"> <li>Targeted initiatives for children at final years of primary education helped increase the completion rate</li> <li>Share of education spending aimed at elementary education lower than intermediary and tertiary education</li> </ul>
10 Harmonized test scores <sup>2</sup>			Senegal: 373 (2010), 353 (2017)	TBD	<ul style="list-style-type: none"> <li>Low quality of the education system due to a combination of limited trainings for education professionals with high turnover rates and aging school curriculums</li> </ul>
11 Youth NEET % of youth not employed, in education or in training	13 (2010), 35 (2017)	17 (2010), 17 (2017)	Mali: 13 (2010), 27 (2017)	TBD	<ul style="list-style-type: none"> <li>Disconnection of the education system with the job market (e.g., Limited opportunities for professional certifications)</li> <li>A combination of a lack of microfinancing opportunities for the youth and sporadic mentorship initiatives in entrepreneurship</li> </ul>
12 % of budget allocated to education	23 (2010), 21 (2017)	18 (2010), 18 (2017)	Senegal: 24 (2010), 22 (2017)	TBD	<ul style="list-style-type: none"> <li>Despite above average level of education share in government spending, there is a disproportionate allocation of resources across the different levels of education (e.g., spending per primary student is 10 times less the spending per tertiary students)</li> </ul>

Not Exhaustive

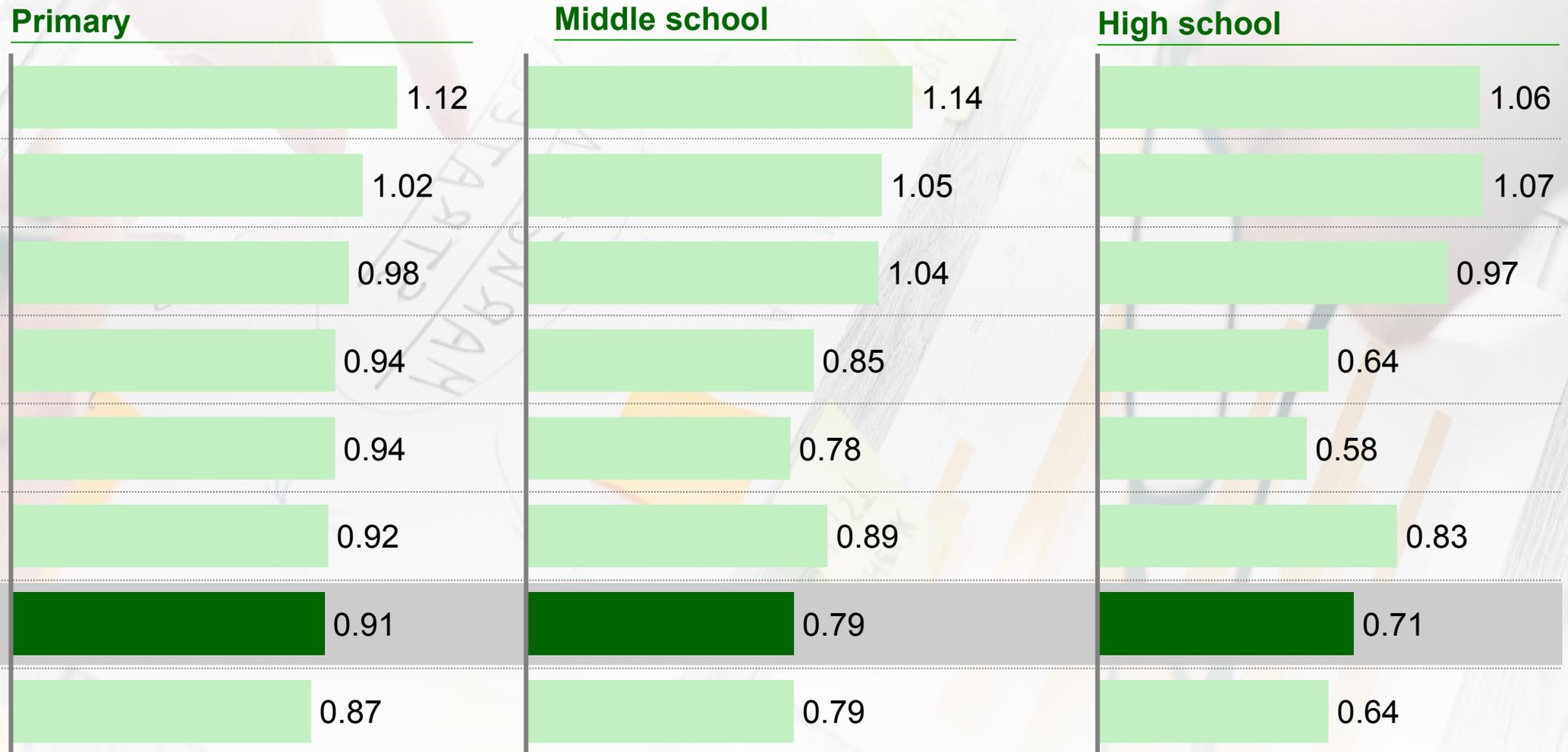
2010  
2017<sup>1</sup>

<sup>1</sup> Latest available data up to 2017. Where 2005 and 2017 data is unavailable, the closest year has been used as a proxy (e.g. Under-five stunting uses 2006 and 2014 data for Ghana)

<sup>2</sup> Data only reported for one year (2017) and not as a time series

# The gap in schooling between girls and boys is very high in Côte d'Ivoire compared to other countries in the region

**Gender Parity Index<sup>1</sup> net enrolment rate<sup>2</sup>, ratio girls vs. boys**



<sup>1</sup> Relationship between the corresponding value for the female sex and the corresponding value for the male sex for a given indicator

<sup>2</sup> Most Recent Year (2013-2017), 2017 for Côte d'Ivoire



# C Financial inclusion has improved significantly with the growing adoption of mobile money, however Côte d'Ivoire has room for improving its ease of doing business

■ 2014  
■ 2017

Not Exhaustive

Outcome indicator	Côte d'Ivoire	Median ECOWAS	Top performer ECOWAS	Target, PND <sup>2</sup> 2020	Root cause
<b>13</b> Adult with account ownership % of 15+ population	34 (2014), 41 (2017)	15 (2014), 42 (2017)	Ghana: 41 (2014), 58 (2017)	TBD	<ul style="list-style-type: none"> <li>Account ownership not growing as fast at the region's due to the <b>limited financial autonomy of women</b> who own significantly less financial accounts than their male counterparts (i.e., 47% for male vs 36% for female in 2017)</li> </ul>
<b>14</b> No. of procedures to start a business	5 (2014), 4 (2017)	7 (2014), 5 (2017)	Togo: 6 (2014), 3 (2017)	1	<ul style="list-style-type: none"> <li>Côte d'Ivoire created CEPICI<sup>1</sup> in 2012 acting as a <b>one stop shop for potential investors</b> with an ambition to transform Côte d'Ivoire into an appealing destination for investors in the region</li> </ul>
<b>15</b> Share of the population with internet access	12 (2014), 44 (2017)	9 (2014), 16 (2017)	Senegal: 18 (2014), 46 (2017)	TBD	<ul style="list-style-type: none"> <li>2<sup>nd</sup> best internet access rate in the region due to the <b>privatization of the telecom sector in Côte d'Ivoire</b>, however significant discrepancies still exist at geographical level</li> </ul>
<b>16</b> Fixed broadband Internet tariffs PPP \$/month	63 (2014), 79 (2017)	63 (2014), 79 (2017)	Cape Verde: 18 (2014), 19 (2017)	TBD	<ul style="list-style-type: none"> <li>Negative trend in internet prices due to the <b>limited competition between internet providers</b> coupled with an average ICT infrastructure</li> </ul>

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<sup>1</sup> Centre de promotion des investissements en Côte d'Ivoire



# We have identified 6 broad challenges that have prevented or slowed the progress of HCD interventions in Côte d'Ivoire (1/2)

## Stakeholder examples across thematic areas

Challenges	Description	Health and Nutrition	Education, Skills and Labour Participation	Entrepreneurship, Financial Inclusion and Digital Econ.
1 Insufficient budget allocation	<ul style="list-style-type: none"> <li>▪ <b>Misalignment</b> between government <b>expenditures and priorities for the population</b>, coupled with a limited use of <b>public private partnerships</b> for funding</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Below average health expenditures</b> (5% from public spending) and mostly <b>focused around CHUs<sup>1</sup> rather than</b> expanding the network for <b>proximity health centres</b> across the country</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>spend per tertiary student is x2 times less</b> than the world's average while being over <b>x9 times less</b> when it comes to spend per <b>primary student</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Public private partnerships currently at nascent stage in Côte d'Ivoire</b> (UNICEF currently experimenting a PPP format with Conceptos Plasticos in Côte d'Ivoire to create classrooms from Plastic waste)</li> </ul>
2 Persistent gender inequality	<ul style="list-style-type: none"> <li>▪ Gender issues <b>typically addressed as a separate topic</b> and not as an underlying consideration across initiatives</li> </ul>	<ul style="list-style-type: none"> <li>▪ National initiatives typically have <b>high level aggregated objectives</b> (e.g., increasing life expectancy) without subobjectives through the gender lens</li> </ul>	<ul style="list-style-type: none"> <li>▪ Education initiatives (e.g., compulsory schooling) <b>do not include sub targets</b> for schooling of girls and boys (young girls are three times more likely to drop out of primary school compared to boys)</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Few female role models in the private sector</b>, limiting the mentorship opportunities for young female entrepreneurs</li> </ul>
3 Limited regional integration	<ul style="list-style-type: none"> <li>▪ <b>Lack of a regional vision</b> maximizing synergies between Côte d'Ivoire and ECOWAS, allowing for a free flow of talents</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Competition between countries to grow similar crops</b> limit the potential synergies between ECOWAS countries</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Graduates</b> in HR and communication in Côte d'Ivoire <b>face unemployment</b> not knowing that there is demand for their skills in the region</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Limited consolidation of knowledge</b> at regional level with countries repeating the mistakes of their neighbours at each new initiative</li> </ul>

SOURCE: Interviews with stakeholders



# We have identified 6 broad challenges that have prevented or slowed the progress of HCD interventions in Côte d'Ivoire (2/2)

## Stakeholder examples across thematic areas

Challenges	Description	Health and Nutrition	Education, Skills and Labour Participation	Entrepreneurship, Financial Inclusion and Digital Econ.
4 Siloed Approach	<ul style="list-style-type: none"> <li>▪ <b>Rigid processes at ministry levels</b> limit the implementation of multisectoral initiatives in the absence of a convening entity that could bridge the silos</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Successful FDI led initiatives</b> relied on <b>implementation teams</b> on the ground to bridge the silos between ministries (e.g., National School Canteen Program)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Additional efforts are required to align <b>university degrees with the private sector needs</b> (CGECI organized an immersion program for university professors in 2016 to help revamp their curriculums)</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Misalignment</b> between the number of graduates per <b>major type and the needs of the private sector</b> (i.e., CGECI are working on study highlighting the future of work in Côte d'Ivoire)</li> </ul>
5 Insufficient advocacy	<ul style="list-style-type: none"> <li>▪ <b>Limited efforts</b> invested in term of <b>echoing the success stories</b> as well as the available opportunities for the population</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Less than 30% of women visit doctors for the recommend 3 times during labour</b> despite being near a health centre, due in part to their preference for traditional medicine</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Directory of gender</b> at ministry of family <b>organized multiple events</b> to discuss career paths for women in the public function and yet attendance rarely surpassed 10%</li> </ul>	<ul style="list-style-type: none"> <li>▪ Despite organizing many entrepreneurship challenges for the youth in Côte d'Ivoire (e.g., CGECI Academy) <b>very few people in the country are aware</b> of the resulting successful entrepreneurship experiences</li> </ul>
6 Limited execution capacity	<ul style="list-style-type: none"> <li>▪ <b>Despite adequate policies</b> and legal frameworks, ambitious initiatives do not have a <b>clear implementation mechanism</b> (no progress KPIs, or plans to engage key stakeholders)</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>“Government canteen program”</b> facing challenges in implementation due in part to <b>lack of prioritization</b> (budget only covers 18 out of 105 school days)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Creation of <b>women national talent compendium</b>, and yet women representativity in leading positions have not reached the set ambition ~ 30%</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>“1 student 1 computer”</b> a policy to enhance digital penetration, however, It faced implementation challenges due in part to the lack of a clear execution plan</li> </ul>

# Key success factors



## Key success factors we heard

- ① **Political Will**– Devotion and commitment of the country to advance the topic (e.g., allocation of +20% of country budget to education, nominating the Vice president as the “Nutrition Champion”)
- ② **Forcing Mechanisms**– Creating a set of formal mechanisms and processes to monitor the execution (e.g., compulsory schooling reform for children aged 6 to 16)
- ③ **Structured and focused efforts** – Targeting specific issues with focused efforts and the right set of skills (e.g., WAHO Ebola outbreak management, AfDB internship program in collaboration with the private sector to reskill the youth)
- ④ **Rural Inclusion**– Reducing regional discrepancies and targeting the vulnerable areas (e.g., WFP school feeding program, construction of small-scale secondary schools (known as “collèges de proximité”) in rural areas)
- ⑤ **Awareness and Advocacy** – Spreading awareness around the issue to shift mindsets (e.g. Compendium of Women with professional expertise, mentorship programs for women to work in the industry)
- ⑥ **Reward System** – Setting tangible prizes for the targeted population (e.g., WFP school feeding program, AfDB scholarship program, CGECI Business Plan Competition)



## Context

- At the level of secondary schools, the **problem of capacity** is becoming more acute, because of the growing demand resulting from the increasing number of pupils attending primary school, and the **easing of the CEPE's passing grade** at the end of primary school.
- Demographic pressure** in Côte d'Ivoire remains strong: by 2025, statistics anticipate a number of children entering the fifth grade (age group 11) **to be nearly 610,000 students**.



## Approach

- The project consists of experimenting with the **construction of small-scale secondary schools** (known as “collèges de proximité”) in rural areas, less than 5 km from villages
- The small size and effective design of the colleges ensure a low building cost.
- The business case for these colleges was developed jointly by the Ministry of National Education and the École normale supérieure (ENS) :
  - format of the proximity secondary schools** (targeting, capacities, infrastructures, human resources, teaching materials)
  - Curriculum**s anchored around teaching blocks for dual-level education
  - Recruitment strategy** and training for dual teachers.



## Impact

- Technical and financial partners supported the **construction of 49 colleges** and the planning of an additional **300 colleges (2020-2025)**.
- Strong **community support** contributing to the provision of housing for staff and construction of an additional 100 secondary schools.
- Integration of rural girls in secondary schools has progressed. In the forty colleges built, **3,380 girls** were enrolled, constituting **41.91%** gross enrolment rate, which is close to the national average of 43% in 2018.



## Context

- **Gender equality and the empowerment of women** being an important step towards more **sustained and equitable development** in the country. The objective of the project is to **strengthen the visibility and leadership of women** in the labor market and **foster a dynamic and supportive network** to accompany them



## Approach

- Establishment of a **dynamic database** of **more than 14,000** women managers, young female graduates and women of all levels residing mainly in rural areas
- Organization of **leadership forums** and other **coaching activities** for women
- A **phase 2 of the project** with a database including more **women from rural areas** has been launched



## Impact

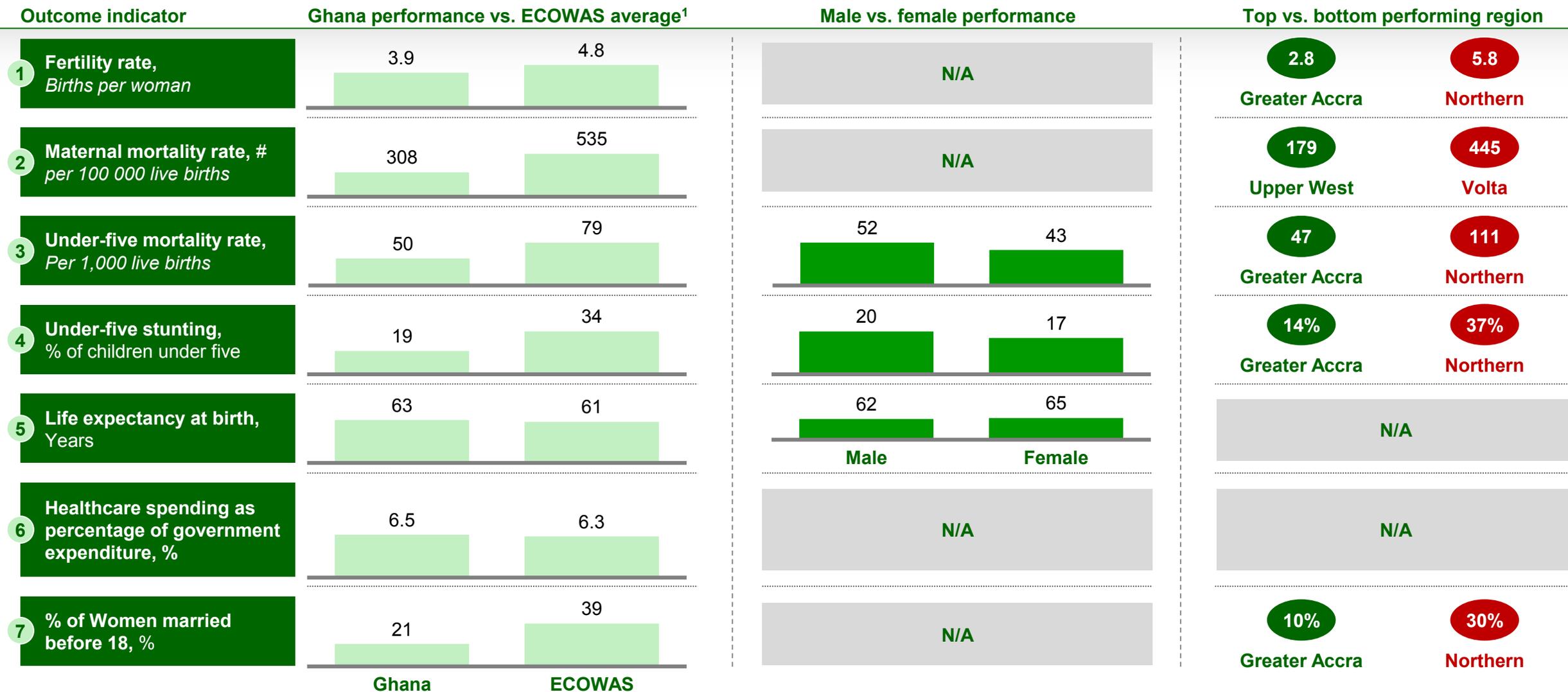
- Some of the women have **set up their own businesses**, and others **contributed to the appointment of many women from the Compendium** to public administration, notably to the Economic and Social Council
- Increase of the participation of women to **30% in decision-making positions** in 2018



# Ghana



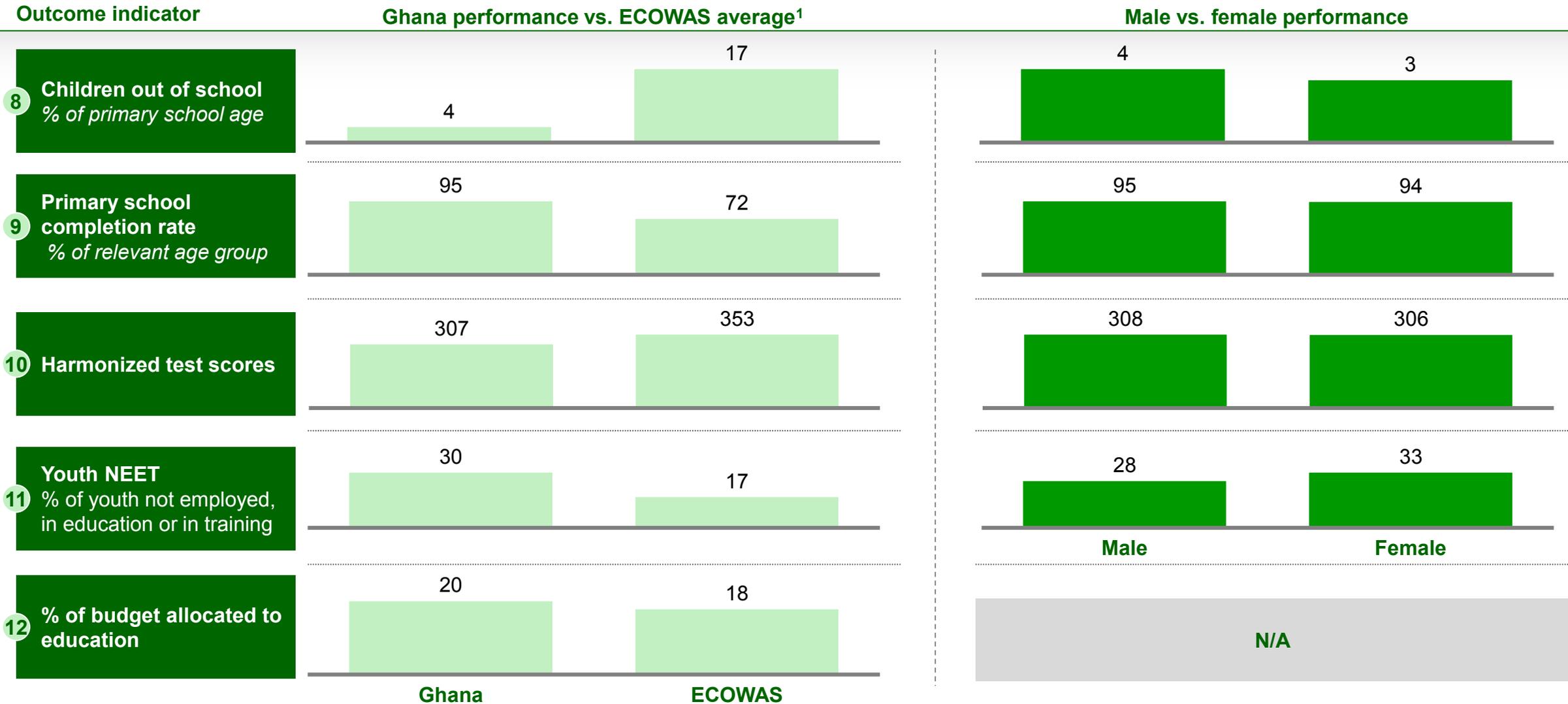
# Ghana's performance across health and nutrition indicators is amongst the best in ECOWAS, however regional differences remain significant across several indicators



<sup>1</sup> Latest available data up to 2017. Where 2017 data is unavailable, the closest year has been used as a proxy (e.g. Under-five stunting uses 2014 data for Ghana)



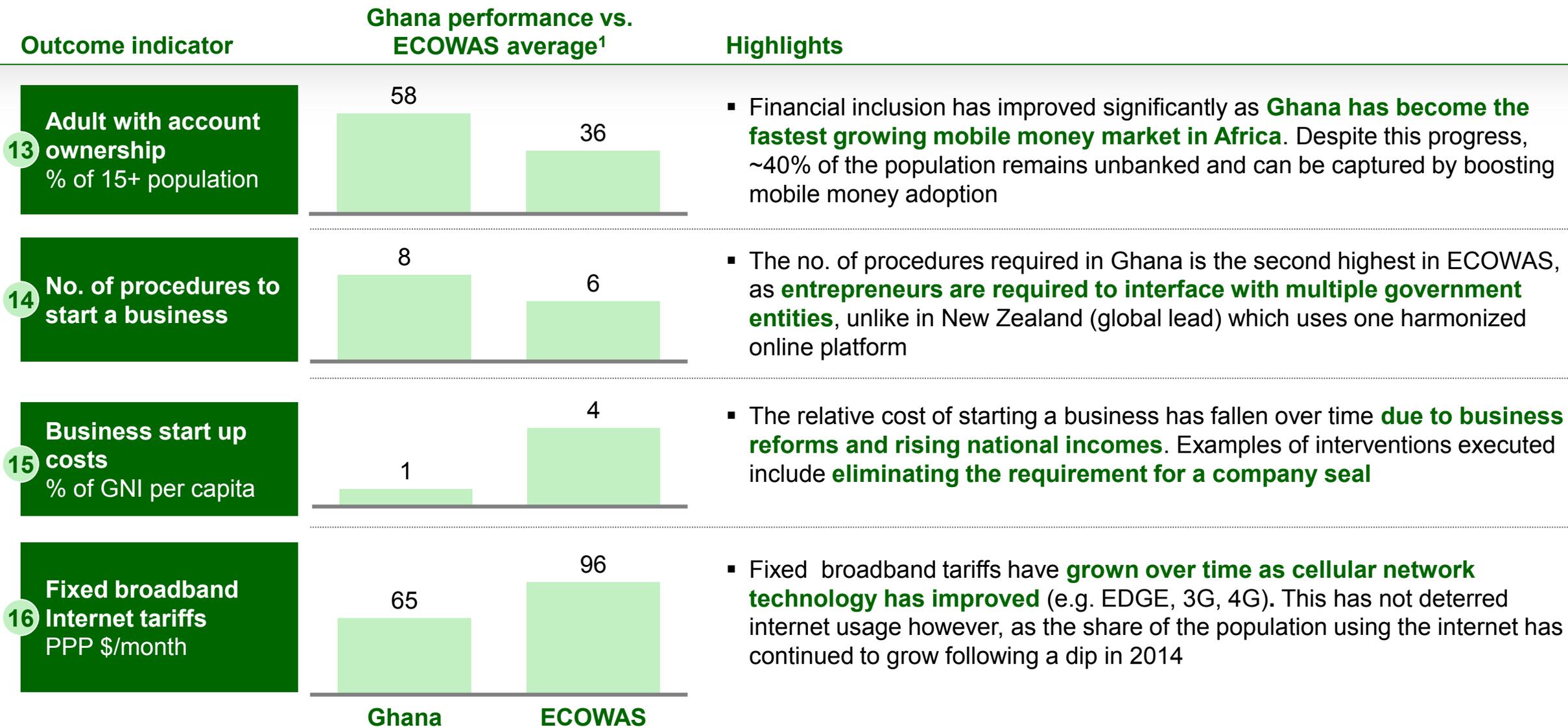
# Ghana's primary enrolment and completion rates are amongst the best globally, however room for improvement remains in test score performances and youth engagement levels



<sup>1</sup> Latest available data up to 2017. Where 2017 data is unavailable, the closest year has been used as a replacement



# Financial inclusion has improved significantly with the growing adoption of mobile money, however Ghana has room for improving its ease of doing business



<sup>1</sup> Latest available data up to 2019 for indicators 14 and 15. Latest data for indicators 13 and 15 is 2017 and 2016 respectively. Where 2010 data is unavailable, the latest available year has been used (e.g 2012 data for indicator 16)



# Stakeholders leading HCD interventions in Ghana face numerous challenges that hinder progress (1/2)

## Stakeholder examples across thematic areas

Challenges	Health and Nutrition	Education, Skills and Labour Participation	Entrepreneurship, Financial Inclusion and Digital Econ.	Outcomes
<b>1 Political Will</b>	<ul style="list-style-type: none"> <li>“The backlash following discussions about introducing sexual education to our curriculum made the politicians reconsider due to their <b>eagerness to please certain groups of people</b>”</li> </ul>	<ul style="list-style-type: none"> <li>“We often hear the government speak about creating jobs and preparing the youth for jobs of the future, but <b>we do not see enough to suggest that they are real priorities</b>”</li> </ul>	<ul style="list-style-type: none"> <li>“At a forum last year, a major talking point was the <b>lack of policy harmonization across multiple sectors</b>, as policies had been shaped by priorities of the different governments over time”</li> </ul>	<ul style="list-style-type: none"> <li>Lack of proposed interventions</li> <li>Reversal or lack of follow through on proposed</li> <li>Presence of incoherent policies over time</li> </ul>
<b>2 Perceptions and Mindsets</b>	<ul style="list-style-type: none"> <li>“People <b>often forget about the importance of the mental state</b> of mothers during pregnancy, and how things like poverty and abuse influence the choices she makes that affect the child”</li> </ul>	<ul style="list-style-type: none"> <li>“Ghanaians still believe that STEM subjects are for boys and Humanities are for girls. The <b>effect of this mindset is more prevalent in rural areas where people are not as exposed</b>”</li> </ul>	<ul style="list-style-type: none"> <li>“We like to use terms like digital payments and IoT, but people are <b>resistant due to a lack of understanding</b>. The recent closure of banks has also resulted in <b>a lack of trust</b> in the financial system”</li> </ul>	<ul style="list-style-type: none"> <li>Resistance to interventions from those it is targeted at</li> <li>Natural decisions that enforce biases (e.g. gender biases)</li> </ul>
<b>3 Non-Human Resource Gaps</b>	<ul style="list-style-type: none"> <li>“Health financing is lacking. <b>Funds are misappropriated</b> as the NHIL should be allocated towards health but only a proportion of what is expected is actually received”</li> </ul>	<ul style="list-style-type: none"> <li>“<b>Amenities and infrastructure are lacking</b>. In many schools in the North, children can’t attend schools during the rainy season because the entire schools are flooded”</li> </ul>	<ul style="list-style-type: none"> <li>“Projects at the Ministry of Gender are largely or wholly donor-funded as the <b>Government does not allocate sufficient funding</b> to most of the Ministry’s departments”</li> </ul>	<ul style="list-style-type: none"> <li>Inability to implement at scale to have high impact</li> </ul>

# Stakeholders leading HCD interventions in Ghana face numerous challenges that hinder progress (2/2)

## Stakeholder examples across thematic areas

Challenges	Health and Nutrition	Education, Skills and Labour Participation	Entrepreneurship, Financial Inclusion and Digital Econ.	Outcomes
<p><b>4 Inadequate Planning</b></p>	<ul style="list-style-type: none"> <li>“There’s often <b>gaps between interventions and what is required</b>. Our interventions have worked because we ask the communities to assess themselves and come up with the interventions they need”</li> </ul>	<ul style="list-style-type: none"> <li>“<b>Resource allocation is usually not equitable</b>. The <i>Capitation Grant</i> gives funds to poor schools in proportion to enrolments, but those with the lowest enrolments need the most funds”</li> </ul>	<ul style="list-style-type: none"> <li>“<b>Blanket interventions that aren’t targeted</b> are the norm. We have many programs looking to boost entrepreneurship in general, as opposed to having one tailored to women/the disabled”</li> </ul>	<ul style="list-style-type: none"> <li>Mismatch between intervention and needs</li> <li>Inequitable share of resources leading to growing inequality</li> </ul>
<p><b>5 Human Resource Gaps</b></p>	<ul style="list-style-type: none"> <li>“Many skilled workers are not incentivized to remain in the northern areas once trained, so we constantly have <b>shortages of skilled personnel</b> to provide services”</li> </ul>	<ul style="list-style-type: none"> <li>“There are <b>both quality and quantity gaps</b>, but teacher shortages in many areas in the North is the bigger problem. You can learn from a bad teacher, but not from an absent teacher”</li> </ul>	<ul style="list-style-type: none"> <li>“Many entrepreneurs are able to secure seed funding, but <b>struggle with soft skills and knowledge on how to scale up</b> their businesses as there isn’t enough of an ecosystem supporting that”</li> </ul>	<ul style="list-style-type: none"> <li>Ineffective implementation of plans due to quality and quantity constraints</li> </ul>
<p><b>6 Weak Monitoring &amp; Evaluation Practices</b></p>	<ul style="list-style-type: none"> <li>“<b>Proper supervision is key but often lacking</b>. As a result it’s often difficult to understand what went wrong and hold someone responsible for the outcome”</li> </ul>	<ul style="list-style-type: none"> <li>“<b>M&amp;E is generally weak as it is not prioritized</b>. When our interventions don’t work, we can’t understand why and improve them because no proper evaluation is done”</li> </ul>	<ul style="list-style-type: none"> <li>“There’s a bill on ensuring 70% of government business goes to local content, but <b>not enough follow through to ensure that what is on paper is reflected in reality</b>”</li> </ul>	<ul style="list-style-type: none"> <li>Little to no accountability for results</li> <li>Inability to diagnose cause of project failures and course-correct</li> </ul>



# We have identified over 10 key success factors across 5 dimensions that can help address these challenges moving forward (1/2)

Dimension	Key learnings from successful projects	Description
<b>1 Stakeholder engagement</b>	<ul style="list-style-type: none"> <li>Get political buy-in at all levels</li> <li>Shape narratives through thought leaders</li> </ul>	<ul style="list-style-type: none"> <li>Elevating the discussion and getting buy-in at all levels of government (e.g. national, regional, district and local) is critical. Many projects fails because government does not view them as priorities</li> <li>The impact of perceptions due to cultural factors cannot be under estimated. Working with thought leaders like religious and traditional leaders can help ensure communities buy in and commit to ensuring successful outcomes</li> </ul>
<b>2 Planning</b>	<ul style="list-style-type: none"> <li>Avoid blanket strategies and prioritize targeted interventions</li> <li>Adopt bottom-up approach to inspire ownership</li> <li>Think long-term</li> </ul>	<ul style="list-style-type: none"> <li>Projects need to be region specific and culture sensitive to ensure plans can be accepted and implemented at the local levels</li> <li>Begin with needs assessment by collecting insights on root causes and suggestions on interventions from the ground-level/local communities before building up to a plan</li> <li>Defining interventions that can survive political cycles is critical for progress as HCD improvements occur over longer periods with sustained efforts</li> </ul>
<b>3 Capacity and Knowledge</b>	<ul style="list-style-type: none"> <li>Deploy human capital effectively especially at the ground level</li> <li>Adopt best practices and learnings from peers</li> </ul>	<ul style="list-style-type: none"> <li>Avoid concentration of the best talent at the central planning levels – great plans are good but great executors are even better. Also, train and continue to reskill talent especially at the implementation level</li> <li>Peers or similar countries face similar challenges with planning and implementation – seeking and adopting approaches from the right case studies can help avoid pitfalls</li> </ul>

# We have identified over 10 key success factors across 5 dimensions that can help address these challenges moving forward (2/2)



Dimension	Key learnings from successful projects	Description
<b>4 Partnerships</b>	Bring all relevant partners to the table	<ul style="list-style-type: none"> <li>It is important to involve all stakeholders. Many interventions involve government, donor and CSO partnerships, but forget to include the private sector which is critical</li> </ul>
	Work through local partners	<ul style="list-style-type: none"> <li>Technical assistance contracts often fail to realize results due to lack of local knowledge from implementers. Local CSOs and NGOs are also key players in gaining buy-in through advocacy</li> </ul>
<b>5 Performance management</b>	Coordinate effectively to ensure accountability and transparency	<ul style="list-style-type: none"> <li>Lack of effective coordination leads to issues like inadequate coverage and inequitable deployment of resources due to fragmented awareness of what is happening</li> </ul>
	Define targets that measure outputs, not inputs	<ul style="list-style-type: none"> <li>Many HCD programs define targets that are input focused and do not allow for program evaluation e.g. defining an intervention to train 10,000 health workers and measuring against number trained</li> </ul>
	Adopt strict consequence management measures	<ul style="list-style-type: none"> <li>Define mechanisms for rectifying wrong actions by stakeholders / implementers, and enforce when necessary</li> </ul>



# Guinea

# Despite the considerable improvement in health indicators in Guinea, the performance of the Guinean health system is below the regional average on several levels



■ 2005 ■ 2017

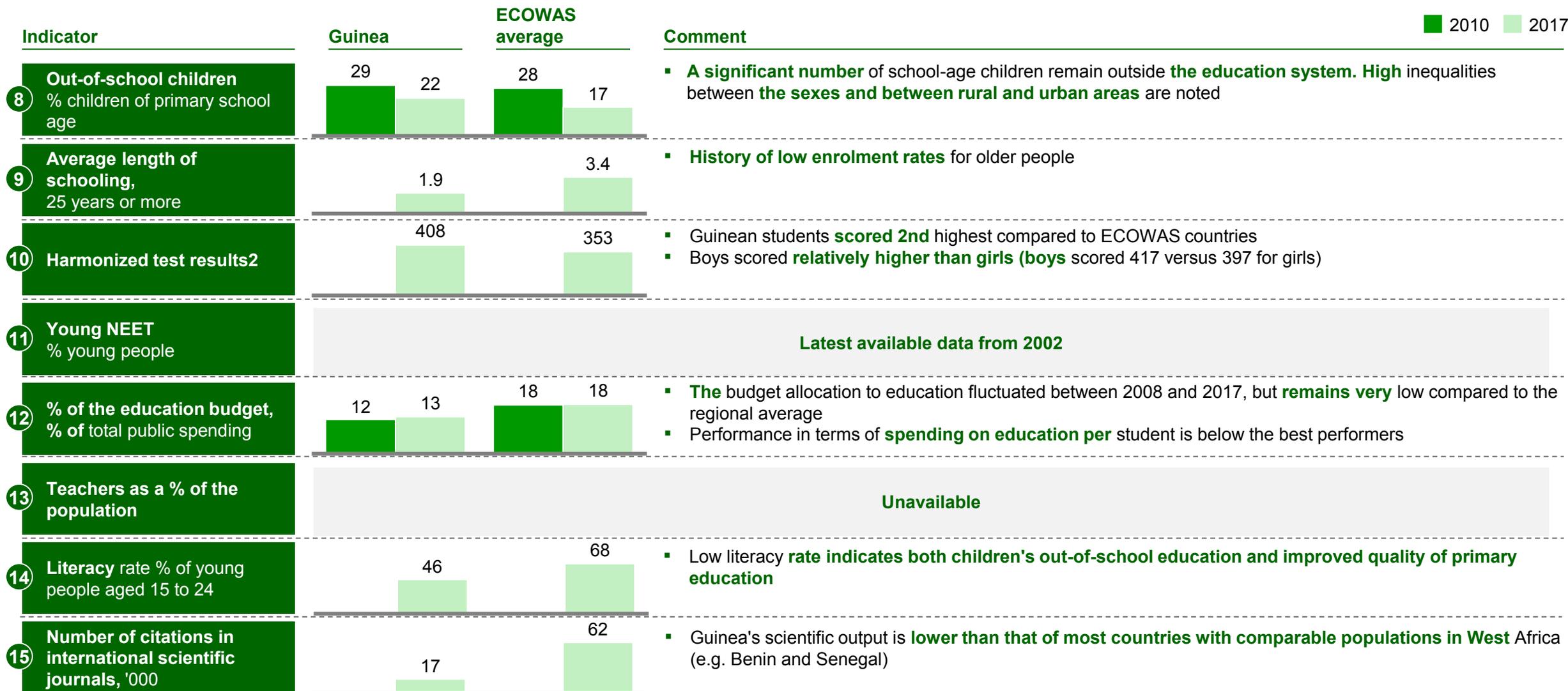
Indicator	Guinea	ECOWAS Median	Comment
1 Fertility rate, %	5.7 (2005), 4.8 (2017)	5.1 (2005), 4.7 (2017)	<ul style="list-style-type: none"> <li>Low demand and integration of family planning services and challenges related to the favourable environment: little commitment from key decision makers; Inadequate regulation for family planning</li> <li>Guinea also has a high need for unmet contraceptives, coupled with governance problems in the implementation of family planning programs</li> </ul>
2 Maternal mortality rate, per 100,000 live births	1129 (2005), 576 (2017)	723 (2005), 553 (2017)	<ul style="list-style-type: none"> <li>Low levels of education contribute to early or unplanned pregnancy<sup>3</sup>. Lack of nutrition can lead to health problems and poor consequences of pregnancy.</li> <li>Lack of quality care can put women at risk of infection or other complications due to the unavailability of sufficient numbers of health care facilities and qualified health care providers</li> </ul>
3 Infant mortality rate of -5 years per 1,000 live births	13.4 (2005), 10.3 (2017)	15.3 (2005), 8.0 (2017)	<ul style="list-style-type: none"> <li>The main causes of death in 5-year-olds are complications at preterm birth, pneumonia, asphyxia at birth, birth defects, diarrhea and malaria.</li> <li>Basic health services such as vaccination, medical treatment, adequate nutrition, clean water and sanitation are becoming life and death issues</li> </ul>
4 Delay rate -5-year-old growth, % of -5-year-olds	39 (2005), 32 (2017)	39 (2005), 32 (2017)	<ul style="list-style-type: none"> <li>Poverty is the main factor in malnutrition. Low immunization coverage, particularly in rural areas, is an additional factor in stunting</li> <li>The goiter endemic in Guinea is certainly one of the most widespread in sub-Saharan Africa. Overall goiter rates are about 75% in all regions except Lower Guinea</li> </ul>
5 Life expectancy at birth	53 (2005), 61 (2017)	53 (2005), 60 (2017)	<ul style="list-style-type: none"> <li>Low performance of health centres across the country and poor access to health care services for the majority of the population</li> </ul>
6 Health spending as a percentage of the state budget, %	3.0 (2005), 4.1 (2017)	3.8 (2005), 5.7 (2017)	<ul style="list-style-type: none"> <li>Spending has increased but remains well below the Abuja Declaration commitment</li> </ul>
7 % women married before the age of 18, % of women aged 20 to 24	63 (2005), 51 (2017)	39 (2005), 29 (2017)	<ul style="list-style-type: none"> <li>Child marriage is associated with poverty, lower levels of education and higher participation in the labour force. However, these are only correlations, not necessarily causal effects</li> </ul>

1 Data presented for 2005 and 2017 - where 2005 and 2017 data are not available, the nearest year available was used

2 National Development Plan 2016 - 2020

3 Younger women are more likely to have life-threatening complications

# Guinea's education system faces multiple challenges and little progress has recently been made on key indicators



1 Latest data available until 2017. When 2005 and 2017 data are not available, the nearest year was used as an indicator (e.g., under-five growth retardation data use 2006 and 2014 data for Ghana)

2 Data reported only for one year (2017) and not as time series

3 Median

# Guinea has significantly reduced the number of procedures and costs to start a business



Preliminary

■ 2011 ■ 2019

Indicator	Guinea	ECOWAS average	Comment
<b>16</b> Adults with an account % 15-population	4 (2011), 23 (2019)	21 (2011), 36 (2019)	<ul style="list-style-type: none"> <li>Limited financial inclusion delays the <b>growth of the bank account</b> disposition rate. <b>Gender disparities</b> are also high, with the number of women holding bank accounts significantly lower than men (27% for men compared to 20% for women in 2017)</li> </ul>
<b>17</b> No. procedures needed to start a business	12 (2011), 6 (2019)	6 (2019)	<ul style="list-style-type: none"> <li>Multiple reforms have been undertaken to <b>reduce the</b> No. start-up procedures, but <b>additional</b> reforms can be implemented to <b>align with regional practices</b></li> </ul>
<b>18</b> Start-up costs (as a % of GNI per capita)	5 (2019)	4 (2019)	<ul style="list-style-type: none"> <li><b>Business creation</b> has become <b>more affordable</b> thanks to the reduction in notary fees to be paid at the start-up</li> </ul>
<b>19</b> Fixed broadband internet prices, PPP, in \$/month <sup>1</sup>	114 (2019)	89 (2019)	<ul style="list-style-type: none"> <li><b>Negative trend in</b> Internet prices due to limited competition between Internet service providers and medium ICT infrastructure</li> </ul>

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To achieve this common goal, each Member State will need to achieve a set of minimum annual standards for improvement until 2030

**Aspirational annual growth rate for each Member State for each indicator**

**i**  
To take into account the different starting points and local context of the Member States, we use annual improvement rates rather than absolute targets

Health and nutrition		Education, skills and participation at work		Entrepreneurship, financial integration and the digital economy	
Fertility rate	-3%	Out-of-school children	-6%	Adults with a bank account <sup>2</sup>	10%
Maternal mortality rate	-7%	Average number of years of study	4%	Number of procedures to start a business	-5%
Under-5 mortality rate	-7%	Scores harmonized to tests	2%	Start-up costs (% of GNI/hab.)	-20%
Growth retardation rate of -5 years	-3%	Young inactive NEET <sup>1</sup>	-4%	Fixed broadband internet prices, PPPs, in \$/month	-20%
Life expectancy at birth	1%	Budget allocated to education as a % of national GDP	3%	<p>Aspirational standards have been defined based on the growth rate required to match the performance of the CDAA through indicators by 2030, assuming that the CDAA maintains its current growth rate</p> <p>The average value is 6% (i.e. ECOWAS' ambitious annual improvement rate for the region)</p>	
% health care budget	3%	Teachers as a % of the population	10%		
Child marriage	-6%	Basic Reading Notes - Writing 15-24 Years	3%		
		Number of quotes in newspapers saw. International <sup>3</sup>	8%		

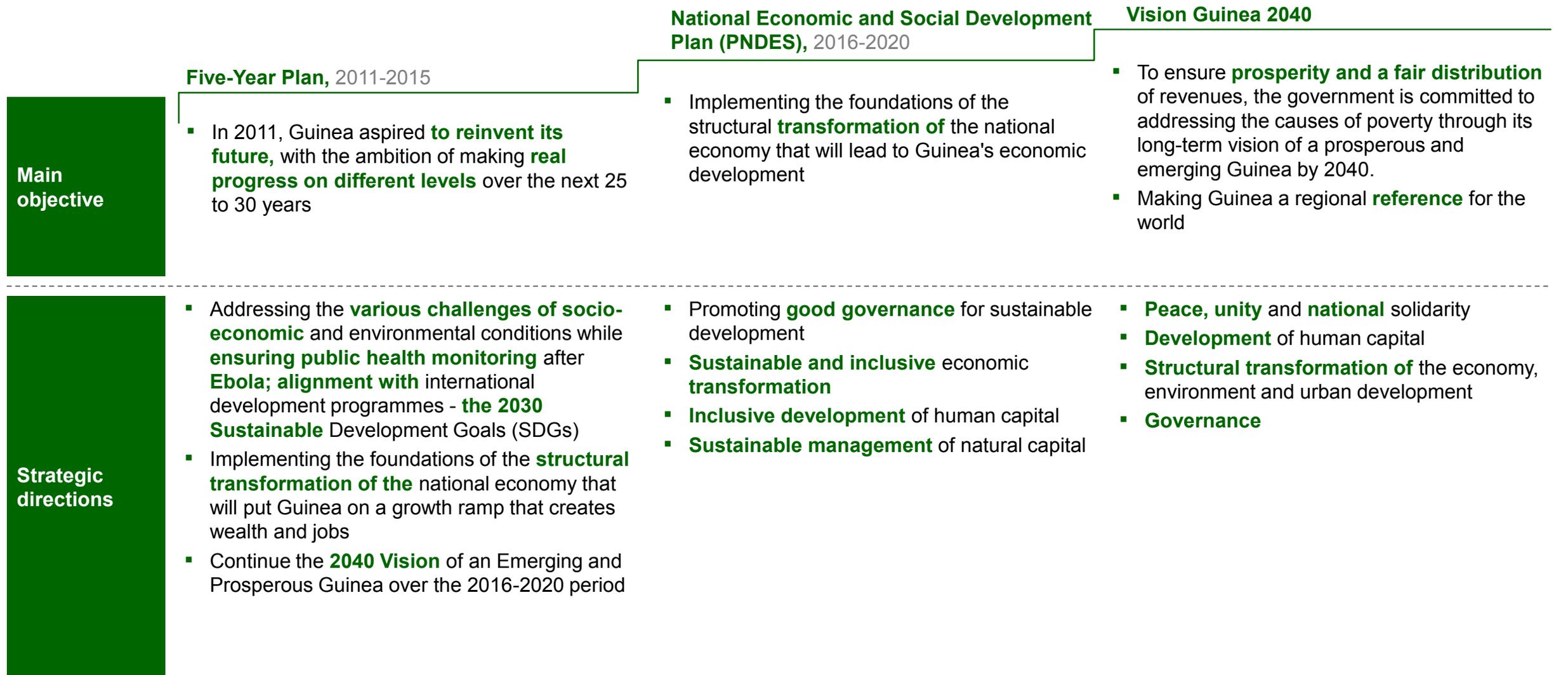
<sup>1</sup> Youth not in employment, education or training

<sup>2</sup> In a financial institution or with a mobile money service provider

<sup>3</sup> As global quotes are falling, we have estimated the CAGR required to grow from ECOWAS 2018 average to SADC 2018 average



# Guinea has launched multiple efforts and developed a long-term vision to accelerate the development of human capital and include it as a key pillar of the country's development



# A multitude of plans and programs mark the Guinean landscape in terms of HCD



NOT EXHAUSTIVE



**Health and nutrition**



**Education, skills and labour market participation**



**Entrepreneurship, financial inclusion and the digital economy**

## Project/program examples (Non-exhaustive list)

<p><b>PNDES</b> (National Development Plan economic and social 2016-2020) A plan incorporating the various strategic development frameworks, one of the major pillars of which is the inclusive development of human capital. It highlights the expected results at the level of each dimension of the HCD and identifies the priority actions to be taken</p>	<p><b>National Health Development Plan (PNDS)</b> Strategic plan to improve the well-being of the population through actions to promote the health of mothers and children, prevention and control of disease and strengthening the health system</p>	<p><b>Guinea's National Budgeted Family Planning Plan 2019-2023</b></p>	<p><b>National Trans-Missile Disease Control Program</b></p>	
		<p><b>National Immunization Program</b></p>		
<p><b>ProDEG1</b> A program defining the policy direction of the education sector over the period 2020-2030 and identifying priority programmes to be implemented</p>	<p><b>BOOCEJ2</b> Project aimed at improving the quality of education and adapting the curricula to the needs of the market</p>	<p><b>Youth Volunteering Project</b> Recruitment and training of young people based on the needs expressed by local authorities</p>		
		<p><b>Project of 500 Young Entrepreneurs Project</b> implemented by UNDP/UNCDF to promote entrepreneurship</p>	<p><b>SCAD3</b> Technical and civic training initiative offered to 1,000 young people to find employment or start their own business</p>	<p><b>Guinea Entrepreneurs' Fairs</b> Show offering young entrepreneurs the opportunity to present their projects and award the best projects</p>

- 
- Developing **several HCD plans and programs** to identify priority areas for HCD
  - Launch of **diverse** initiatives on the 3 dimensions of the HCD
  - Opportunity **to create synergies** between initiatives launched at the 3-dimensional level of the HCD

# Human capital in Guinea has made considerable progress in the 3 dimensions of human capital development

## Recent progress

### Health and nutrition



**Significant** development in key sector indicators linked to a sharp increase in the state budget with visible impacts on the sector:

- Increase in the **percentage of the State** budget allocated to the health **sector from 2.5% in 2014 to 8% in 2019**, allowing the launch of new strategic plans (e.g., National Budgeted Family Planning Plan of Guinea 2019-2023)
- Reducing **maternal mortality from 724 deaths per 100,000 live births in 2012 to 550 deaths per 100,000 live births in 2016**
- **Elimination of Ebola** virus (no cases recorded since 2016), thanks to close collaboration between the Ministry of Health and WHO and support by UNDP to develop recovery plans after EBOLA (e.g., relinquishing infrastructure needs, mobilizing donors)

Launch of new initiatives with expected impacts over the next few years

- **Strengthening social coverage by** creating the National Institute of **Compulsory Illness** Insurance, responsible for the management of occupational diseases and accidents
- Implementation of Guinea's National Budgeted Family Planning Plan 2019-2023 defining strategic axes and interventions to increase access to family planning with the **goal of increasing the modern** contraceptive prevalence rate (TPCm) from 12.52% in 2019 to 18.52% in 2023

### Education, skills and labour market participation



- Deployment of the BoCEJ (Booster Skills for Youth Employability) project **to improve the quality of training** in line with the needs of the labour market, whose main achievements are:
  - **Funding for 15** training institutions
  - **Training 100 young people** in Entrepreneurship
  - **Training of 150** representatives of training institutions and referrals in assembly and management of co-constructed projects
- Improving the **governance of the** education system by setting up ProDEG (10-Year Education Programme in Guinea) to increase the transfer of skills and responsibilities to local authorities and improve the management of schools
- Introducing initiatives for **vulnerable populations** and **women**
  - Creating **Women's Empowerment Centres** (CAF)
  - Building **regional centre for people with** disabilities to reduce stigma around people by making them productive

### Entrepreneurship, financial inclusion and the digital economy



- **Entrepreneurship development** illustrated by the **high participation** recorded at SADEN (Salon de l'entrepreneur National) reaching 6000 participants in 2020 vs. 4000 in 2019
- Implementation of **initiatives to support and encourage entrepreneurship**:
  - Organizing competitions **to support promising ideas (e.g., Granting \$10,000** from the World Bank to 12 project leaders in the Social Entrepreneurship Program 2020 competition)
  - SADEN **training offer to young people** (500 young people trained in 2020) **on entrepreneurship-related topics** (e.g., entrepreneurship, business plan, accounting, communication)

# 5 key factors explain progress in human capital development in Guinea



## Key factors for success

- 1 Political will** - Mobilisation and commitment at the highest level of the state to lead the necessary efforts for the development of human capital (e.g., allocation of a budget of \$1mn for the purchase of nutritional medicines, adoption of legislation for children and women)
- 2 Governance and Transparency** - Implementation of mechanisms for the management and monitoring of transparency initiatives (e.g., establishment of a Secretariat to monitor the implementation of the PNDES, setting up the National Demographic Dividend Observatory to collect data on employability, health, safety and infrastructure)
- 3 Participatory approach** - Involving beneficiaries in the design of projects/programs to better understand needs (e.g., youth involvement in SADEN initiatives<sup>1</sup>)
- 4 Technical and financial support** from partners - Strong involvement and support from development partners creating synergies between national actors and partners (e.g., UNDP/UNCDF project of 500 young entrepreneurs, World Bank funding for the 10-year Education Programme)
- 5 Inclusive Intervention** - Consideration of the specificities of each typology of the population (e.g., construction of Women's Empowerment Centres, construction of regional centres for people with disabilities)

- **These success factors** are not maintained and verified for all initiatives
- **The adoption of these practices could contribute to the success of HCD's initiatives**



# We identified 6 major challenges slowing the progress of HCD interventions in Guinea (1/2)



Challenges	Description	Examples cited in interviews	Education, skills and labour market participation	Entrepreneurship, financial inclusion and the digital economy
1 Inadequate budget allocation	<ul style="list-style-type: none"> <li>Inadequate financial resources for the development of human capital limiting the number of initiatives put in place and hindering the scaling of other interventions already launched</li> </ul>	<b>Health and nutrition</b> <ul style="list-style-type: none"> <li>The budget allocation to health sector initiatives that do not meet regional and international standards (8% in 2019 allocated by Guinea vs. 15% recommended by the African Union)</li> </ul>	<ul style="list-style-type: none"> <li>Inadequate means to generalize the competitive fund approach under the BOOCEJ1 project to promote the adequacy between training and the needs of the labour market</li> </ul>	<ul style="list-style-type: none"> <li>High financial dependence on development partners</li> <li>Low access to credit (e.g., hard-to-satisfy collateral terms, high rates)</li> </ul>
2 Inadequate infrastructure and equipment	<ul style="list-style-type: none"> <li>Level of equipment and infrastructure limiting the feasibility and impact of human capital development interventions</li> </ul>	<ul style="list-style-type: none"> <li>Number of beds per 10,000 population below WHO standard (1.82 for Guinea vs. 10 recommended by WHO)</li> <li>Provision of only two drug treatment centres</li> <li>Low community health coverage (120 out of 342 covered municipalities)</li> </ul>	<ul style="list-style-type: none"> <li>Inadequate school infrastructure</li> <li>Difficulty in ensuring continuity of courses following the COVID pandemic and the lack of distance learning infrastructure</li> </ul>	<ul style="list-style-type: none"> <li>Impractical roads limiting mobility and easy access to organized trade shows</li> <li>Faulty internet connection</li> <li>Infrastructure that does not meet the specifics and specific needs of certain sectors (e.g., fisheries and aquaculture)</li> </ul>
3 Change of priority and difficulty in ensuring continuity of efforts	<ul style="list-style-type: none"> <li>Difficulty in ensuring the continuity of activities related to the development of human capital and in maintaining progress</li> </ul>	<ul style="list-style-type: none"> <li>Following the COVID-19 crisis, a significant reduction in other activities in the sector and a redirective of funds towards the fight against the pandemic</li> <li>Health challenges weakening the health system</li> </ul>	<ul style="list-style-type: none"> <li>Systematic halt of courses at all levels following the pandemic</li> <li>Delay in operationalization of projects (e.g., opening of regional arts and crafts schools - ERAM)</li> </ul>	<ul style="list-style-type: none"> <li>Suspension of activities requiring strong mobilization of people from abroad</li> <li>Risk of bankruptcy for a significant number of associations in Guinea</li> </ul>

# We identified 6 major challenges slowing the progress of HCD interventions in Guinea (2/2)



Challenges	Description	Examples cited in interviews	Education, skills and labour market participation	Entrepreneurship, financial inclusion and the digital economy
4 Inadequate planning and limited management	<ul style="list-style-type: none"> <li>Planning for poorly developed projects and follow-ups with inadequate allocation of funds between regions and low funding on project learning</li> </ul>	<b>Health and nutrition</b> <ul style="list-style-type: none"> <li><b>Inequitable</b> distribution of investments and human and material resources between urban and rural areas;</li> <li><b>Delayed disbursements</b> of resources made available to the Department</li> </ul>	<ul style="list-style-type: none"> <li><b>Low capacity</b> for anticipation of training in promising streams</li> <li><b>Lack of funding on learning from</b> previous projects such as the AMORE/ETFP3 project</li> </ul>	<ul style="list-style-type: none"> <li>Need to take the digital economy <b>into account</b> in everyday life</li> <li><b>Poor role distribution and responsibility</b> for the implementation of the Youth Socio-Economic Integration Support Programme (INTEGRA)</li> </ul>
5 Need for capacity building	<ul style="list-style-type: none"> <li><b>Low level of qualifications for managers and</b> staff leading human capital development initiatives and <b>need to develop</b> expertise in the design and management of HCD initiatives</li> </ul>	<ul style="list-style-type: none"> <li><b>Insufficient number of</b> staff by international standards (1 doctor per 12,059 population vs. 1 doctor required by WHO per 10,000 population)</li> <li><b>Agging Departmental Staff</b> and Young Inexperienced Staff</li> </ul>	<ul style="list-style-type: none"> <li><b>Low level of</b> teacher training resulting in high repetition and drop-out rates: according to ProDEG2 2020-2029, 25% of primary and 48% of secondary teachers are professionally unqualified</li> </ul>	<ul style="list-style-type: none"> <li><b>Difficulty managing</b> the BOCEJ1 project due to the fact that the experience was new for project managers</li> <li><b>Inadequate</b> national capacity for monitoring and implementation of projects/programs</li> </ul>
6 Inadequate coordination at national and regional level	<ul style="list-style-type: none"> <li><b>Inadequate</b> coordination reducing the creation of <b>synergies and learning</b> opportunities between players in the human capital development landscape at national and regional level</li> </ul>	<ul style="list-style-type: none"> <li><b>Inadequate</b> communication between the various departments in charge of the HCD (e.g., not taking into account the Department's training needs by the departments in charge of training)</li> </ul>	<ul style="list-style-type: none"> <li><b>Inadequate curricula</b> to <b>real needs</b> of the labour market and lack of diversification of wires</li> </ul>	<ul style="list-style-type: none"> <li><b>Difficulty in collecting data</b> at the local level by civil society to compare with those of the government</li> <li><b>Lack of mapping</b> of actors who support young people</li> </ul>

# The role ECOWAS can play in supporting Guinea's efforts is based on 5 dimensions



## Dimension

## Description

### Advocacy with national decision-makers and stakeholders



Take advantage of **ECOWAS' power** to ensure:

- **Prioritizing the themes of the HCD** (e.g., including nutrition and nutrition on the national and regional agenda, taking gender into account)
- **Adequate budget allocation** to human capital development needs and meeting budget commitments (e.g., budget agreement for youth entrepreneurship)
- Promoting the linking and functioning of civil society at the regional level

### Strengthening Skills and Sharing Knowledge



Supporting all stakeholders in **building the** capacity required to manage and address human capital development issues by:

- Providing training in human capital development
- Promoting **the sharing** of experience **and** knowledge among member states (e.g., networking of planning experts and other strategic sectors of member countries)

### Harmonizing standards and standards



Creating and implementing a **harmonized repository incorporating standards and best** practices for managing human capital development topics and

- Harmonizing standards and standards for care delivery
- Standardization of entrepreneurship legislation in the region;
- Setting standards - standards for the quality of the education system
- Developing standards - standards for E-Government deployment

### Technical assistance



**Providing** expertise on the topics of human capital development **and support for the implementation of** key initiatives (e.g., Development of health electronics, creation and qualification of the carrier streams)

### Financial assistance



Support **to secure the resources needed to respond to** human capital development by leveraging ECOWAS' social capital and credibility, supported by clear and achievable action plans



# Niger



# Opportunity to improve health and nutrition indicators in Niger to catch up with regional performance, particularly in terms of early marriages and fertility rates

2017



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<sup>1</sup> Latest data available until 2017. When 2010 and 2017 data were not available, the nearest year was used for the indicator (the Growth Delay indicator for under-fives is based on 2012 and 2016 data, the % of women married before the age of 18 is based on 2006-2012 data)  
SOURCE: World Bank, UNICEF, World Health Organization (WHO)



# Human capital in Niger has important assets but major challenges to be met

**Health and nutrition**



## Recent progress...

**Strong political will**

- **Political will** that translates into a multi-sectoral **set of laws and strategies** (e.g., nutrition sector plan)

**Significant partner support**

- **Close support for partners** to overcome food **security challenges** and break the cycle of poverty i.e., \$148 million in 2017

**Increased regional inclusion efforts**

- **Multiple rural initiatives** (e.g., mobile clinic, community workers, trainer training)

## ... but major challenges

**Change of mind to accelerate**

- **Difficulty in passing laws** allowing radical change due to **resistance** of certain social groups and **fear of social upheaval**

**Potential to increase dedicated resources**

- **Means dedicated to below aspirations and limited skills** to ensure good resource management

**Medical deserts persist**

- Annual **population growth rate** of 4%, resulting in strong **demand for health services** that the country is unable to meet



## Key figures

**Highest early marriage rate in the world with 76% of girls married before the age of 18**

**1% of the state budget dedicated to nutrition while 45% of the population suffers from chronic malnutrition**

**48% of the population with access to a health centre within 5km (39% in Zinder vs 98% in Niamey<sup>1</sup>)**

<sup>1</sup> Data from the National Statistical Institute 2014

Source: Interviews in Niamey between 10 and 17 February



## Health and nutrition



« We have managed to improve our performance on several health indicators but the battle is not yet won" Government *official*

« In Niger we are not talking about the number of meals per day but the number of meals per *week*" Civil Society Organization

« We have set up a network of community workers who take students in their place to teach them the basic techniques" Partner

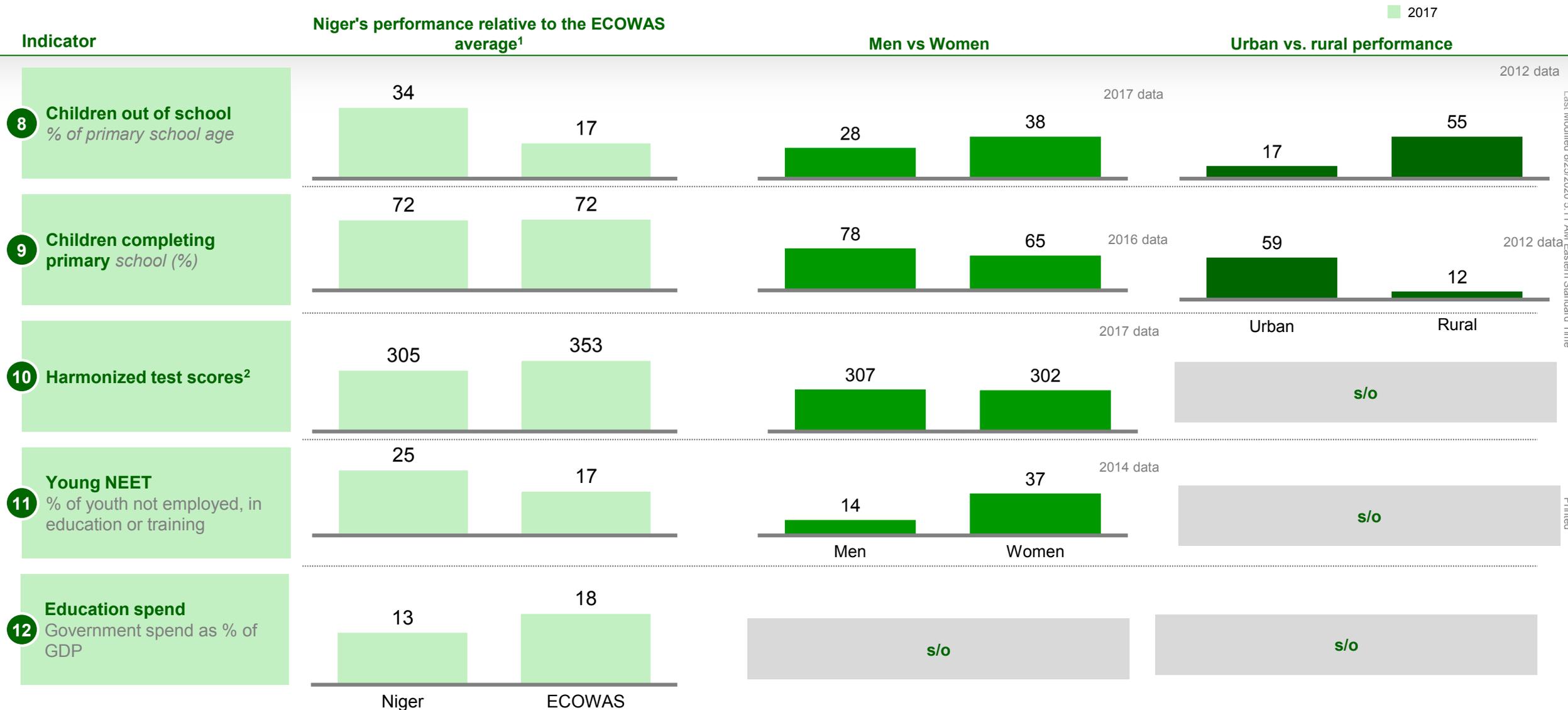
« The socio-cultural aspect of Niger requires radical change, but we are afraid of causing a social movement in an already vulnerable security environment" Government *leader*

« The state does not have enough resources to meet the growing needs of the population and we are facing new problems that require funding every day" Government *official*

« We are losing pregnant women every day because they don't arrive at medical centers on time" Partner



# Opportunity to improve education and employment indicators in Niger in order to catch up with the regional average, in particular on the drop-out rate, the quality of education and the integration of young people



<sup>1</sup> Latest data available until 2017. When 2005 and 2017 data were not available, the nearest year was used for the indicator (e.g., primary completion rate uses 2010-16 data for Niger and the NEET Youth Indicator is based on 2011-2014)

<sup>2</sup> Data reported for a single year (2017) and not as a time series

SOURCE: World Bank, UNICEF, UNESCO

# Human capital in Niger has important assets but major challenges to be met

**Education, skills and participation in the labour market**



## Recent progress...

**Indicators improving**

- **Reduced out-of-school child care rates and increasing enrolment rates**, particularly at the primary level, which reached the regional average in 2016

**Governance strengthened with CAMOS<sup>1</sup>**

- **Coordination and monitoring of interventions with the highest level of support, declined at the regional level** thanks to dedicated units

**Multiple interventions to enroll graduates**

- Referral of students to **vocational and technical training centres** and the implementation of **internship, retraining and scholarship programmes for their integration**

## ... but major challenges

**Improved quality of education**

- Education system suffering from lack of infrastructure and **limited qualification of teachers** at all levels

**Persistent inequality**

- Strategies for **gender equality and regional inclusion** remain difficult to implement and require continuous review

**Number of graduates to increase and skills to develop**

- **Number of graduates** insufficient to meet the country's need and **inadequate training** in the labour market



## Key figures

**Ranking in last place in Harmonized Standard Tests**

**Primary school completion rate of 59% in urban areas compared to 19% in rural areas in 2012**

**The proportion of young people without work, education or training grew by 9% between 2011 and 2014**

<sup>1</sup> Implementation Support Cell the Education Sector Program

Source: Interviews in Niamey between 10 and 17 February



## Education, skills and labour market participation



« More parents are aware of the importance of education and allow their children to go to school" *Private sector actor*

« The Prime Minister chairs the CAMOS Steering Committee and ensures the presence of all ministries and partners" *Civil Society Organization*

« At the level of a regional centre, under trained 30 inferms to become nutrition specialists, 23 of whom had a job at the end of the training" *Partner*

« Mass education does not make the progress of a country, quality must accompany improvements in access" *Government official*

« The gap between the different social strata is widening. The public system is dedicated to the poor and suffers from enormous problems" *Organization of Civil Society*

« Companies seek their employees elsewhere and do not invest in developing the skills of young *Nigerians*" *Civil Society Organization*



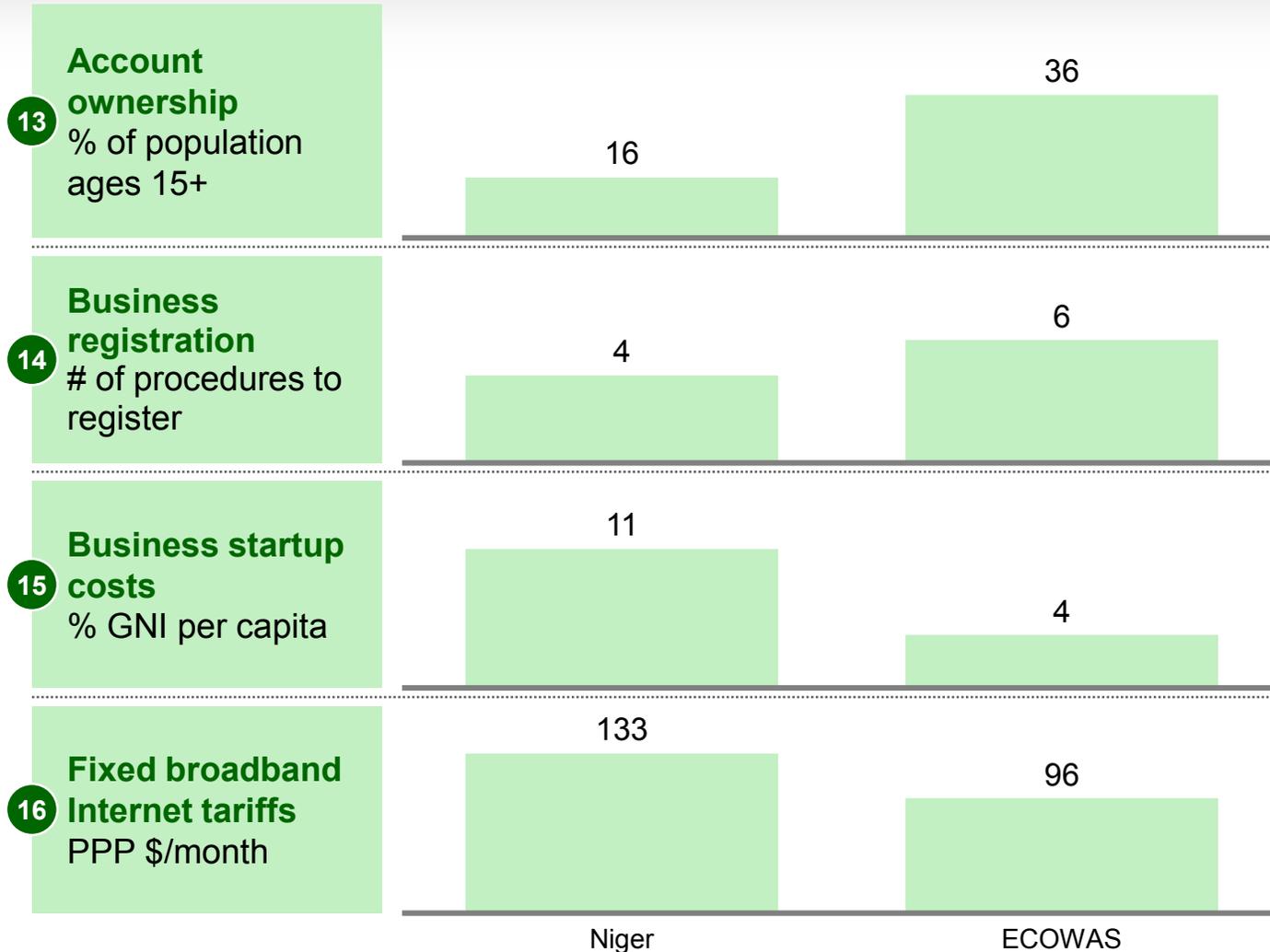
# Improving the ease of business in Niger by reducing the number of procedures required to start a business, as well as the costs associated with it

## Niger's performance relative to the ECOWAS average<sup>1</sup>

2019<sup>1</sup>

### Indicator

### Highlights



Despite the Financial **Inclusion Strategy 2015-2019**, the majority of the population remains unbanked

**Several reforms have been carried out to reduce the number of** procedures needed to start a business

**The cost of starting a business has decreased over** the years as a result of several reforms

**Internet prices above the regional average**

<sup>1</sup> The latest data for Indicator 13 date back to 2017. Only 2016 data are available for Indicator 16

# Human capital in Niger has important assets but major challenges to be met

Entrepreneurship, financial inclusion and the digital economy



## Recent progress...

State efforts to improve the business climate

- Switching from **171 to 132 in 10 years on the 'ease of doing business' indicator**<sup>1</sup>
- Simplified **business start-up procedure**
- Setting up a **Ministry of Entrepreneurship**

Changing financial inclusion framework

- Implementation of a **financial inclusion strategy 2015-2019**

## ... but major challenges

Entrepreneurship culture to develop further

- **Limited number of successful start-ups** to inspire young people **and significant risk aversion** related to factors such as poverty
- **Difficulty accessing credit and sources of funding and support**

Skills of financial service providers and consumers to be perfected

- **Products that are out of step with the needs and capabilities of market targets and low financial and digital culture** among consumers due in part to low literacy rates



## Key figures

**2-3 entrepreneurship school curricula identified**

**Only 16% of adults with a bank account in 2016**

<sup>1</sup> Aggregate indicator with different parameters that define the ease of doing business in a country

Source: Interviews in Niamey between 10 and 17 February



## Entrepreneurship, financial inclusion and the digital economy



« Today undertaking is a vocation, well-placed people leave their positions to create businesses" *Private sector actor*

« Great efforts have been made to make people understand that success is not defined by having a number at the level of public administration" *Private sector actor*

« Incubators today help young people carry their ideas and get into entrepreneurship" *Civil Society Organization*

« The realities of the Nigerian market are not in line with international standards" *Private sector actor*

« The business climate is much more impeding than the lack of funds to invest" *Private sector actor*

« A few years ago in Niger an entrepreneur was seen as a crook" *Private sector actor*

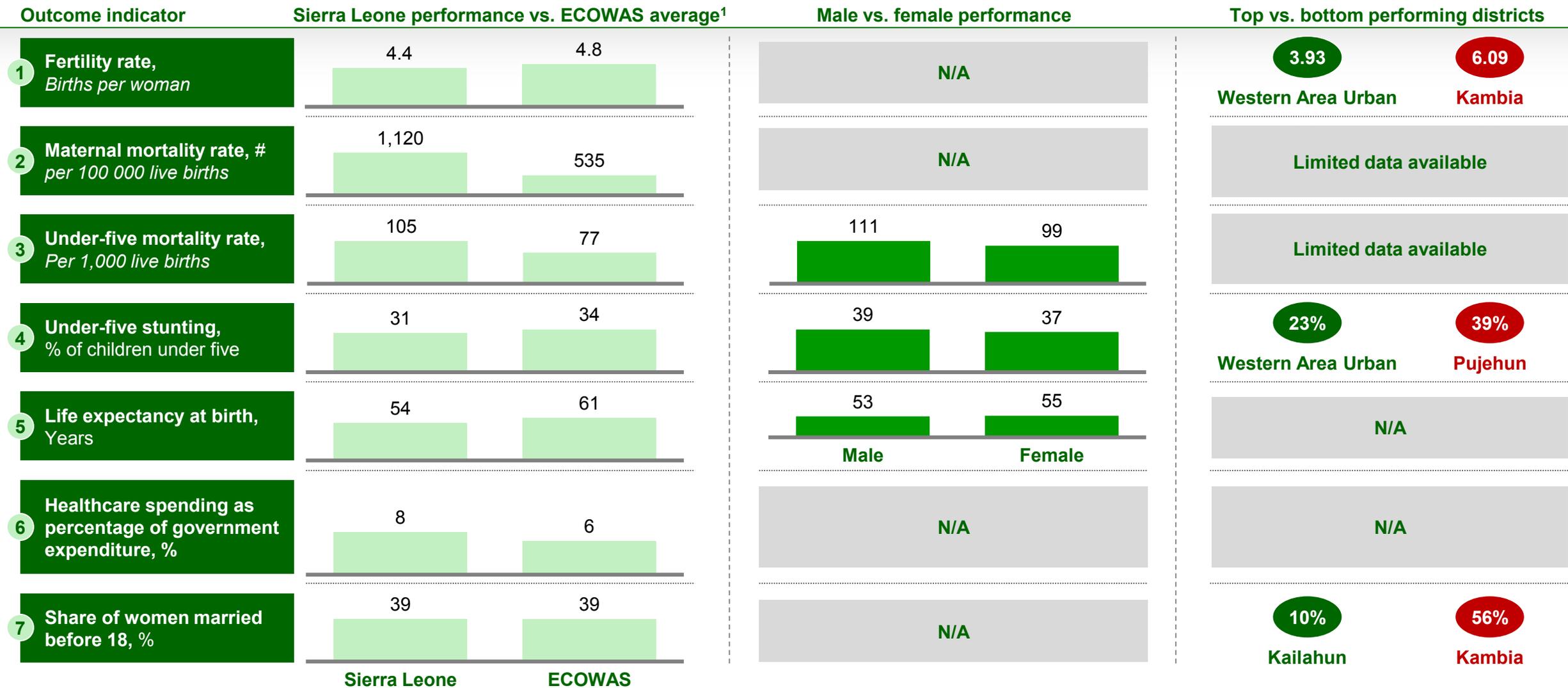


# Sierra Leone



# Sierra Leone's biggest health challenge is with maternal mortality, likely driven by the widespread occurrences of teenage pregnancy

LIMITED BY AVAILABLE DATA



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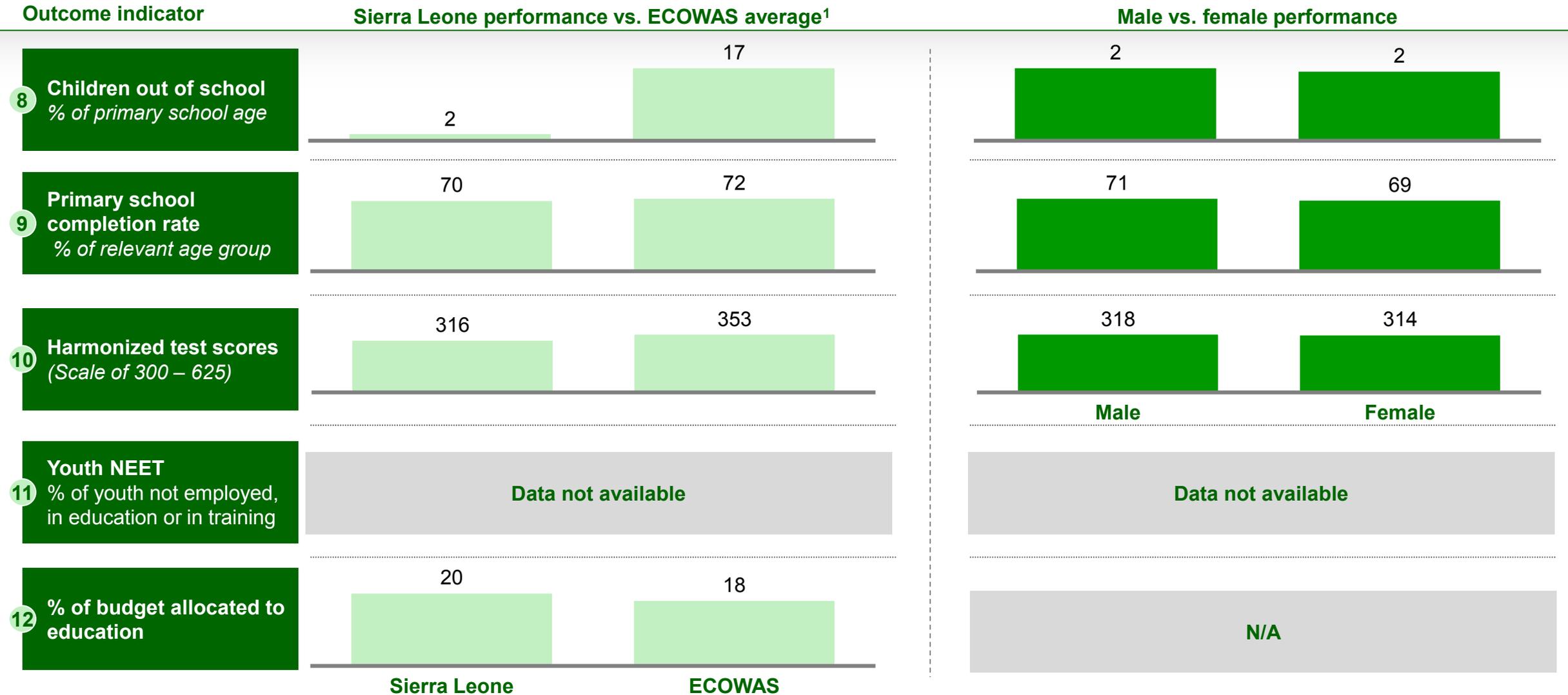
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<sup>1</sup> Latest available data up to 2017/2018. Where 2017/2018 data is unavailable, the closest year has been used as a proxy



# Sierra Leone can improve its education outcomes by prioritizing school completion and quality of teaching (curriculum and teachers) as reflected by test score performance

LIMITED BY AVAILABLE DATA



<sup>1</sup> Latest available data up to 2017. Where 2017 data is unavailable, the closest year has been used as a replacement



# Sierra Leone's ease of doing business has improved over time, however financial inclusion remains a major challenge with ~80% of the target population excluded

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Outcome indicator	Sierra Leone performance vs. ECOWAS average <sup>1</sup>	Highlights						
<b>13</b> Adult with account ownership % of 15+ population	<table border="1"> <tr> <th>Entity</th> <th>Value (%)</th> </tr> <tr> <td>Sierra Leone</td> <td>20</td> </tr> <tr> <td>ECOWAS average</td> <td>36</td> </tr> </table>	Entity	Value (%)	Sierra Leone	20	ECOWAS average	36	<ul style="list-style-type: none"> <li>~80% of Sierra Leoneans remain financially excluded with <b>significant gender variations</b> (25% male vs. 15% female). Mobile money adoption has contributed to improvements, however <b>challenges such as the liquidity of mobile money agents and limited financial literacy</b> continue to hinder wider adoption</li> </ul>
Entity	Value (%)							
Sierra Leone	20							
ECOWAS average	36							
<b>14</b> Number of procedures to start a business	<table border="1"> <tr> <th>Entity</th> <th>Value</th> </tr> <tr> <td>Sierra Leone</td> <td>5</td> </tr> <tr> <td>ECOWAS average</td> <td>6</td> </tr> </table>	Entity	Value	Sierra Leone	5	ECOWAS average	6	<ul style="list-style-type: none"> <li>Sierra Leone's ease of starting a business <b>ranks favourably in the ECOWAS region</b>, but can be improved by learning from Togo and Burkina Faso (3 procedures required), who have <b>harmonized the company, tax and social security registrations into one procedure</b></li> </ul>
Entity	Value							
Sierra Leone	5							
ECOWAS average	6							
<b>15</b> Business start up costs % of GNI per capita	<table border="1"> <tr> <th>Entity</th> <th>Value (%)</th> </tr> <tr> <td>Sierra Leone</td> <td>8</td> </tr> <tr> <td>ECOWAS average</td> <td>4</td> </tr> </table>	Entity	Value (%)	Sierra Leone	8	ECOWAS average	4	<ul style="list-style-type: none"> <li>The relative cost of starting a business has fallen over time <b>due to business reforms and rising national incomes</b>. Examples of interventions executed include the <b>reduction of registration fees, merging of multiple registration procedures</b> etc.</li> </ul>
Entity	Value (%)							
Sierra Leone	8							
ECOWAS average	4							
<b>16</b> Fixed broadband Internet tariffs PPP \$/month	<table border="1"> <tr> <th>Entity</th> <th>Value (PPP \$/month)</th> </tr> <tr> <td>Sierra Leone</td> <td>70</td> </tr> <tr> <td>ECOWAS average</td> <td>96</td> </tr> </table>	Entity	Value (PPP \$/month)	Sierra Leone	70	ECOWAS average	96	<ul style="list-style-type: none"> <li>Data on fixed broadband tariffs in Sierra Leone is limited (2013 and 2014 only)</li> <li>Despite steady year-on-year growth since 2012, <b>internet usage remains low in Sierra Leone</b> and fell for the first time in recent years in 2017</li> </ul>
Entity	Value (PPP \$/month)							
Sierra Leone	70							
ECOWAS average	96							

<sup>1</sup> Latest available data up to 2019 for indicator 14. Latest data for indicators 13, 15 and 16 is 2017, 2014 and 2016 respectively

# 5 main challenges have hindered the successful delivery of HCD interventions in Sierra Leone over time



FOR DISCUSSION



- **Low-skilled talent across all levels** which impacts the:
  - Strength of leadership (e.g. policy definition, planning, regulation)
  - Quality of service delivery (e.g. teaching, healthcare provision)
  - Performance management (e.g. data gathering/analysis for monitoring and evaluation)



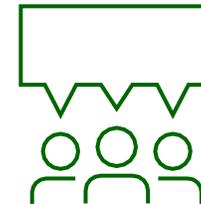
- **Limited infrastructure** e.g. poor health facilities, absence of relevant tools for practical skills training, inadequate digital infrastructure



- **Funding gaps** in the form of insufficient resources as well as inadequate resource allocation



- **Lack of continuity during government transitions** that lead to implementation of programs being cut short prematurely



- **Wrong mindsets and cultural practices** stemming from poverty, low quality education etc.



# In spite of these challenges, 16 factors have helped ensure the successful delivery of HCD interventions (1/2)

Dimension	Key learnings from successful projects	Description
Stakeholder engagement	<b>1</b> Get political buy-in at all levels	<ul style="list-style-type: none"> <li>▪ Elevating the discussion and getting buy-in at all levels of government (e.g. national, regional, district and local) is critical. Many projects fail because government does not view them as priorities</li> </ul>
	<b>2</b> Shape narratives through thought leaders	<ul style="list-style-type: none"> <li>▪ The impact of perceptions due to cultural factors cannot be underestimated. Working with thought leaders like religious and traditional leaders can help ensure communities buy in and commit to ensuring successful outcomes</li> </ul>
	<b>3</b> Have public champions and role models	<ul style="list-style-type: none"> <li>▪ Having public personalities that represent change can be a powerful tool for changing mindsets e.g. having female leaders visit remote areas to engage female children on the importance of education for a bright future</li> </ul>
	<b>4</b> Be consistent with messaging	<ul style="list-style-type: none"> <li>▪ Being consistent with messaging helps build trust, especially when the goal is to change stakeholder mindsets/perceptions</li> </ul>
Planning	<b>5</b> Prioritize targeted interventions	<ul style="list-style-type: none"> <li>▪ Projects need to be region-specific, culture-sensitive, gender-focused etc., to ensure plans can be accepted and implemented at the local levels</li> </ul>
	<b>6</b> Go bottom-up to inspire community ownership	<ul style="list-style-type: none"> <li>▪ Begin with needs assessment by collecting insights on root causes and suggestions on interventions from the ground-level/local communities before building up to a plan</li> </ul>
	<b>7</b> Ensure interventions are as simple as possible	<ul style="list-style-type: none"> <li>▪ Interventions should be user-friendly e.g. cash transfers are effective in reducing poverty and improving HCD because they are easy to use and understand</li> </ul>
	<b>8</b> Think long-term	<ul style="list-style-type: none"> <li>▪ Defining interventions that can survive political cycles is critical for progress as HCD improvements occur over longer periods with sustained efforts</li> </ul>

xxx Demonstrated in subsequent case studies

# In spite of these challenges, 16 factors have helped ensure the successful delivery of HCD interventions (2/2)

Dimension	Key learnings from successful projects	Description
Capacity and Knowledge	<b>9</b> Deploy human capital effectively especially at the ground level	<ul style="list-style-type: none"> <li>Avoid concentration of the best talent at the central planning levels – great plans are good but great executors are even better. Also, train and continue to reskill talent especially at the implementation level</li> </ul>
	<b>10</b> Adopt best practices and learnings from peers	<ul style="list-style-type: none"> <li>Peers or similar countries face similar challenges with planning and implementation – seeking and adopting approaches from the right case studies can help avoid pitfalls</li> </ul>
Partnerships	<b>11</b> Bring all relevant partners to the table	<ul style="list-style-type: none"> <li>It is important to involve all stakeholders. Many interventions involve government, donor and CSO partnerships, but forget to include the private sector which is critical</li> </ul>
	<b>12</b> Work through local partners	<ul style="list-style-type: none"> <li>Technical assistance contracts often fail to realize results due to lack of local knowledge from implementers. Local CSOs and NGOs are also key players in gaining buy-in through advocacy</li> </ul>
Performance management	<b>13</b> Coordinate effectively to ensure accountability	<ul style="list-style-type: none"> <li>Lack of effective coordination leads to issues like inadequate coverage and inequitable deployment of resources due to fragmented awareness of what is happening</li> </ul>
	<b>14</b> Define targets that measure outputs	<ul style="list-style-type: none"> <li>Many HCD programs define targets that are input focused and do not allow for program evaluation e.g. defining an intervention to train 10,000 health workers and measuring against number trained</li> </ul>
	<b>15</b> Tie incentives to performance	<ul style="list-style-type: none"> <li>Ensuring rewards are tied to performance can be a good way to ensure low-skilled workers find creative ways to achieve results</li> </ul>
	<b>16</b> Adopt strict consequence management measures	<ul style="list-style-type: none"> <li>Define mechanisms for rectifying wrong actions by stakeholders/implementers, and enforce when necessary</li> </ul>

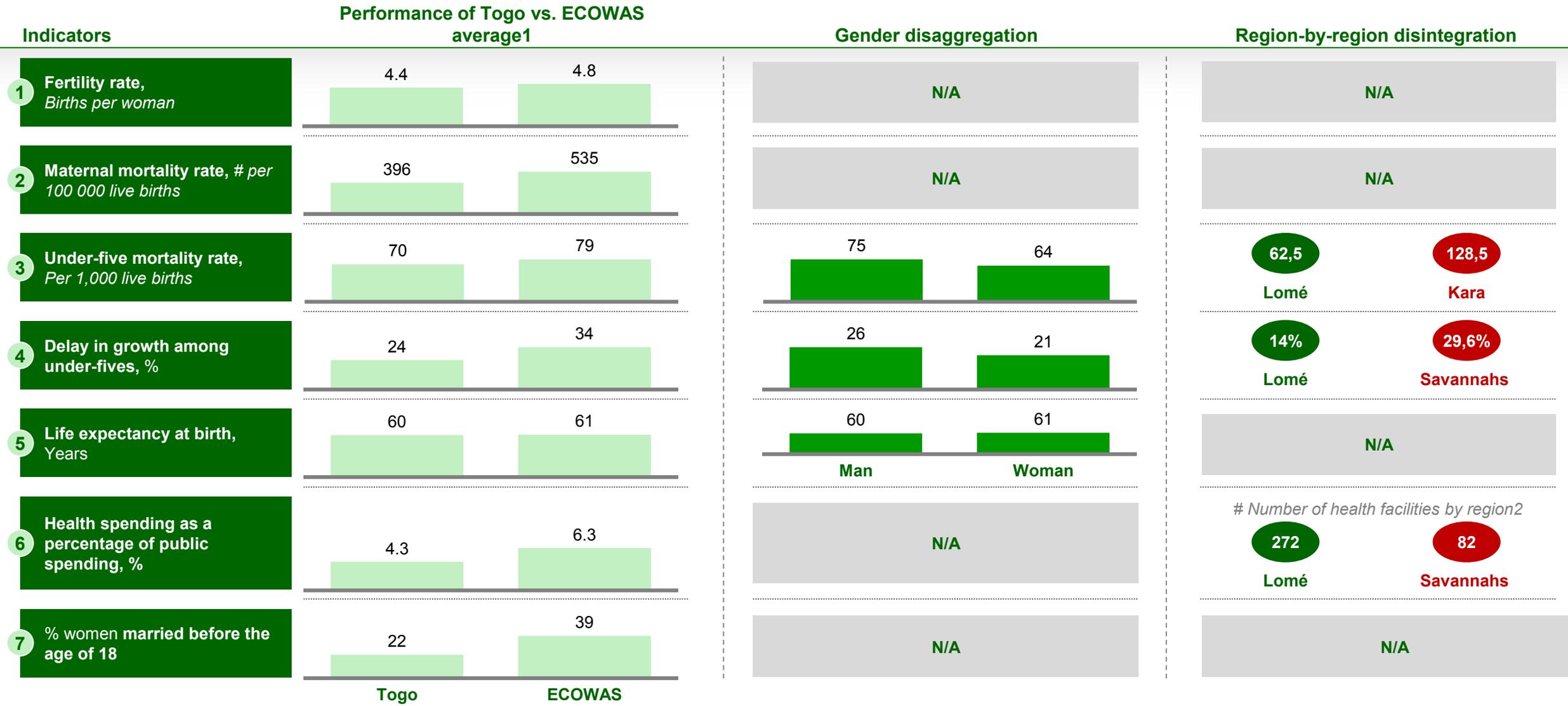
xxx Demonstrated in subsequent case studies



# Togo



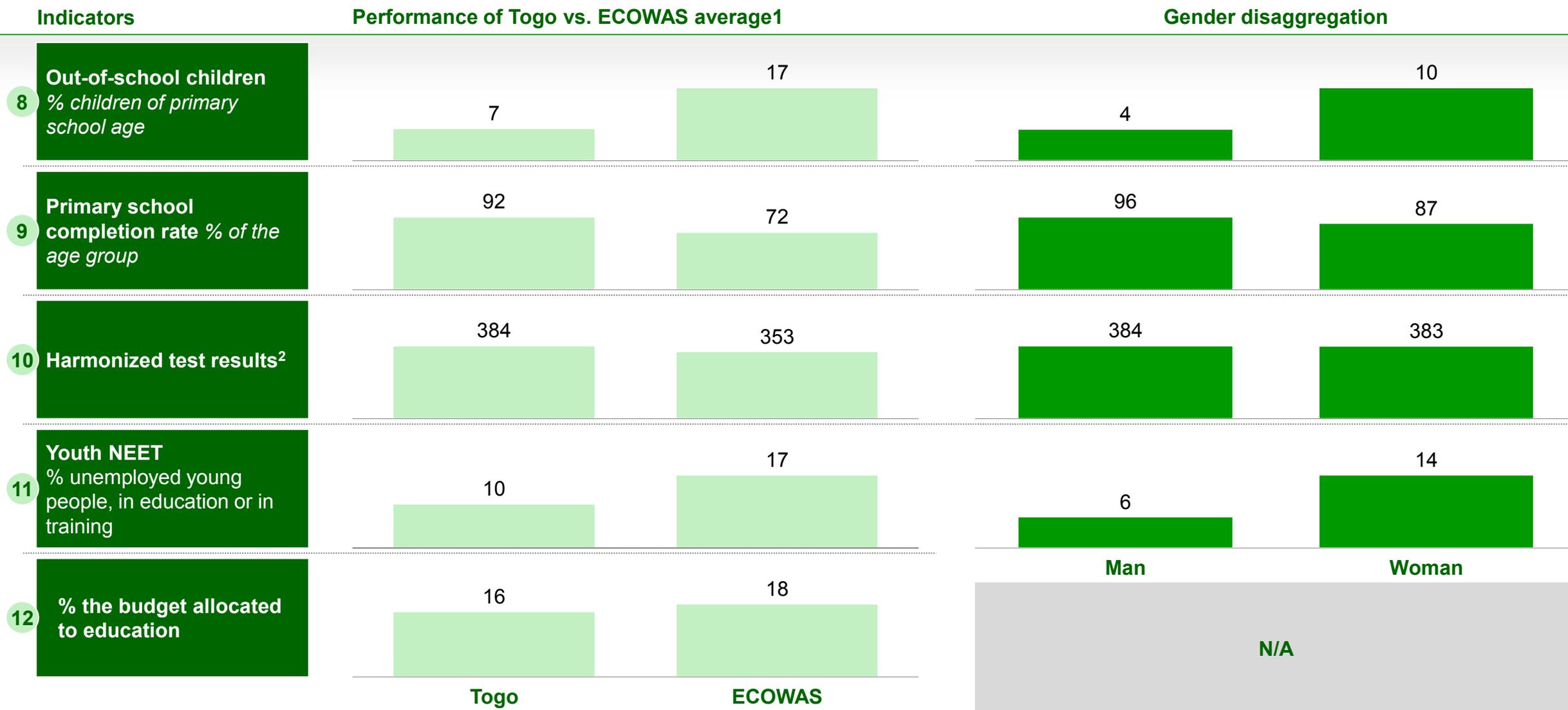
# Overall, the performance of Togo's health and nutrition system is above the ECOWAS average, but regional disparities still persist in the country



<sup>1</sup> Latest data available until 2017. When 2017 data are not available, the nearest year has been used as an approximation  
<sup>2</sup> Population of Lomé and Savanes Data 2013 (900 149 vs 890 403 respectively)



# Overall, the performance of the education sector is above the regional average, but gender disparities persist

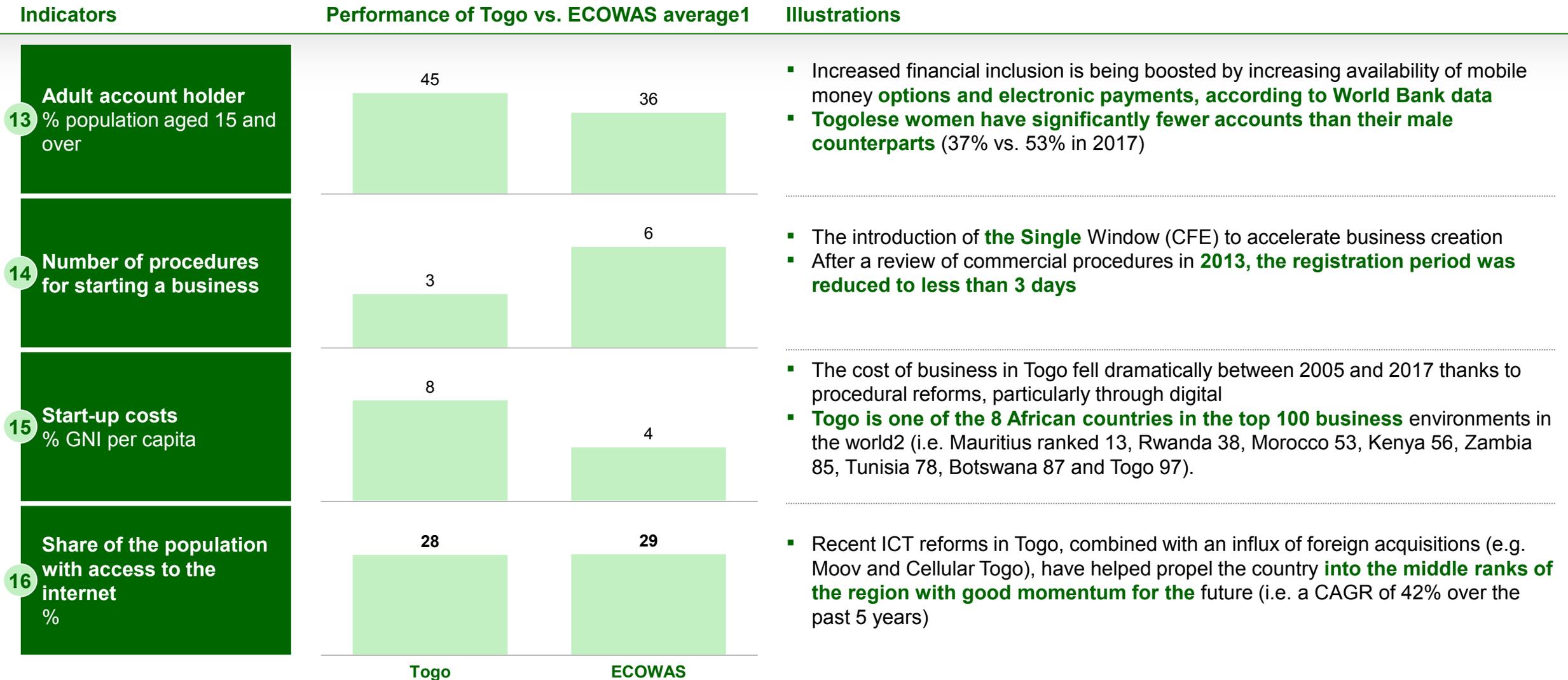


<sup>1</sup> Latest data available until 2017. When 2017 data are not available, the nearest year has been used as a replacement

<sup>2</sup> Reported data only for one year (2017) and not as a time series



# Togo has initiated impressive reforms to its business environment, transforming the country into one of the best business destinations in Africa



<sup>1</sup> Latest data available until 2019

<sup>2</sup> Doing business report 2019



- **Need to** ensure inclusive development both regionally and gender-effectively:
  - Minimizing disparities between Lomé and the rest of the country
  - Strengthening efforts to ensure gender equality



- **Training of human capital initiatives as part** of the National Development Plan 2018 - 2023



- **Improving Togo's regional integration**
  - Facilitating input and outflows of talent
  - Sharing experiences



- **Strengthening enforcement capacity** to ensure full implementation of innovative policy and legal frameworks



- **Adjustment of training and labour market needs**
  - Strengthening the offer of specialized technical training
  - Need to structuring communication between the private sector and education partners

# Key success factors



What are the key success factors we've heard about?

- 1 Political will** - To materialize the country's commitment to the development of human capital (e.g., creation of a unit in charge of the business environment attached to the presidency)
- 2 Implementation Partners** - Provide technical support from partners for the implementation of ambitious multi-sector initiatives (e.g., creation of INNOV'UP incubator for women)
- 3 Structured and Targeted Efforts** - Targeting specific problems with oriented efforts (e.g., OOAS Ebola Epidemic Management, Creating a One-Stop Shop for Business Climate Improvement)
- 4 Rural development** - Reducing regional gaps and targeting vulnerable areas (e.g., school canteen program)
- 5 Awareness and promotion** - Raising awareness of the problem of changing attitudes by relying on religious leaders **in rural areas** (e.g., Notsé statement - commitment of religious leaders to child protection in traditional village practices)
- 6 Integrating gender-based** approach to gender issues when designing new policies (e.g., national labour policy)