AFRICA HUMAN CAPITAL PLAN

DEEP DIVES
OUTLINE

- THE STATE OF HUMAN CAPITAL IN AFRICA
- FINANCING THE HUMAN CAPITAL AGENDA
- ACCELERATING THE DEMOGRAPHIC TRANSITION
- LEVERAGING INNOVATIONS AND TECHNOLOGY
- HEALTH, NUTRITION AND POPULATION
- EDUCATION
- SOCIAL PROTECTION AND JOBS
- YOUTH SKILLS AND EMPLOYMENT
- MOBILIZING ALL WORLD BANK TEAMS TO SUPPORT THE HC AGENDA
DEEP DIVES

1. THE STATE OF HUMAN CAPITAL IN AFRICA
HUMAN CAPITAL INDEX: THE STORY

THREE INGREDIENTS REFLECT BUILDING BLOCKS OF THE NEXT GENERATION’S HUMAN CAPITAL:

SURVIVAL
Will children born today survive to school age?

SCHOOL
How much school will they complete and how much will they learn?

HEALTH
Will they leave school in good health, ready for further learning and/or work?

“How much Human Capital can a child born today expect to acquire by age 18, given the risks to poor health and poor education that prevail in the country where she lives?”
THE HUMAN CAPITAL INDEX

“How much Human Capital can a child born today expect to acquire by age 18, given the risks to poor health and poor education that prevail in the country where she lives?”

SURVIVAL
Children who don’t survive don’t grow up to become future workers.

SCHOOL
Contribution of quality-adjusted years of school to productivity of future workers.

HEALTH
Contribution of health (adult survival rate and stunting) to productivity of future workers.

HUMAN CAPITAL INDEX
Productivity of a future worker (relative to benchmark of complete education and full health).

VIEW MORE: HCI Methodology

#InvestInPeople
Africa Human Capital Plan
## HCI SCORES IN AFRICA

<table>
<thead>
<tr>
<th>Country</th>
<th>HCI</th>
<th>Probability of Survival to Age 5</th>
<th>Expected Years of School</th>
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Under age 5 mortality in Africa has more than halved since 1990, but it is still nearly twice as high as in South Asia.

2.9 million children under age 5 die of avoidable causes yearly.

Main Causes: neonatal disorders, respiratory infections, diarrhea and malaria.

Contributing factors:
- Coverage and quality of healthcare.
- Access and quality of water and sanitation.
- Malnutrition.
- Poor housing.

• 50 million children remain out of school.

• Only region where number of out-of-school adolescents has risen in recent years.

• In some countries, more than 85% of primary school students are unable to read proficiently.

• Africa is the region with the highest return on education: each year of schooling raises earning by 11% for males and 14% for females.
AFRICA HAS THE HIGHEST STUNTING RATE IN THE WORLD: 32%

MORE THAN 700,000 PEOPLE DIED FROM HIV/AIDS-RELATED CAUSES IN 2016, AND AS MANY FROM TB
HIGHEST MATERNAL MORTALITY RATIO IN THE WORLD: 547 PER 100,000 LIVE BIRTHS
OTHER IMPORTANT CAUSES: VIOLENCE, TRANSPORT INJURY, CANCER, ETC


#InvestInPeople
Africa Human Capital Plan
WIDE INEQUALITIES ACROSS REGIONS AND INCOME GROUPS

- **BIG GAPS BETWEEN RURAL AND URBAN AREAS**
- **CAPITAL CITIES ARE TYPICALLY THE BEST PERFORMERS**
- **BIG INEQUALITIES ACROSS INCOME GROUPS**
- **IN BURUNDI THE DIFFERENCE IS 39.7 PERCENTAGE POINTS**

**SOURCE:** Demographics Health Survey STATS compiler.

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Africa Human Capital Plan
DEEP DIVES

2. FINANCING THE HUMAN CAPITAL AGENDA
INSUFFICIENT DOMESTIC FINANCING

DOMESTIC GOVERNMENT SPENDING ON HEALTH AS A PERCENTAGE OF GDP IS LOW

WITH SOME IMPORTANT EXCEPTIONS

SOURCE: World Development Indicators.

NOTE: Numbers are for the latest year available. Countries dropped when the % as a share of GDP was greater than 10%, which includes the US, Tuvalu and Marshall Islands. The blue line is the trend line that represents the data on a scatter plot.
INSUFFICIENT DOMESTIC FINANCING

DOMESTIC GOVERNMENT SPENDING ON EDUCATION AS A PERCENTAGE OF GDP IS HIGHLY VARIABLE

NOTE: Numbers are for the latest year available.
The blue line is the trend line that represents the data on a scatter plot.

SOURCE: World Development Indicators.
DEVELOPMENT PARTNERS FINANCE MORE THAN HALF TOTAL SAFETY NET SPENDING IN MOST AFRICAN COUNTRIES

A CASE FOR DOMESTIC RESOURCE MOBILIZATION

DOMESTIC REVENUES ARE LESS THAN 20% OF GDP FOR MOST COUNTRIES IN THE REGION

NOTE: Numbers are for the latest year available.
Countries dropped when the % as a share of GDP was greater than 60%, which includes Micronesia, Kiribati, Nauru, Tuvalu.
The blue line is the trend line that represents the data on a scatter plot.

SOURCE: World Development Indicators.
A CASE FOR REPRIORITIZATION

THERE ARE SEVERAL AFRICAN COUNTRIES IN WHICH HEALTH SPENDING ACCOUNTS FOR LESS THAN 5% OF TOTAL GOVERNMENT SPENDING

SOURCE: World Development Indicators.
A CASE FOR REPRIORITIZATION IN SOME COUNTRIES

SHARE OF EDUCATION IN TOTAL GOVERNMENT SPENDING IS HIGHLY VARIABLE

NOTE: Numbers are for the latest year available. The blue line is the trend line that represents the data on a scatter plot.
SAFETY NET SPENDING IS 1.2% OF GDP ON AVERAGE IN AFRICA

# OPTIONS TO INCREASE FINANCING FOR HUMAN CAPITAL

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<thead>
<tr>
<th>FOSTER INCLUSIVE GROWTH AND ENHANCE EFFICIENCY</th>
<th>MOBILIZE DOMESTIC RESOURCES</th>
<th>DEBT FINANCING IS NOT ALWAYS AN OPTION</th>
<th>ROLE OF THE PRIVATE SECTOR</th>
<th>DONOR FINANCING COMMUNITY (ODA) TO HELP FINANCE</th>
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<tr>
<td>If growth is double the projected GDP per capita, additional spending declines by 4.5 percentage points of GDP. Countries could save about as much through efficiency efforts in education, health care, and infrastructure as they could raise through tax reform.</td>
<td>Raising Tax to GDP ratio by 5 percentage points of GDP in the next decade is an ambitious but reasonable target. Middle income countries could fully fund the costs assuming 50% of country’s tax potential is available for the three core sectors. A recommended starting point would be to increase third-party tax reporting.</td>
<td>Low income countries have little room to finance SDGs through debt financing. Debt service costs are increasing rapidly. Share of countries at high risk or in debt distress has doubled to 40% from 2013 to 2018.</td>
<td>Foreign direct investment and private philanthropy have a critical role in infrastructure, service provision and job creation.</td>
<td>Help to close development gaps in many LICs, if better targeted to countries most in need of such assistance. Reallocating some of the existing aid to severely financially challenged countries could bridge some of the gap but won’t eliminate it (only 1/8th of aid needed to cover full cost).</td>
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NOTE: Numbers are for the latest year available. The blue line is the trend line that represents the data on a scatter plot.
HOW CAN THE GLOBAL COMMUNITY COORDINATE TO FINANCE SDGs IN GENERAL?

REBALANCE THE GLOBAL DEBATE AROUND AID

The current conversation focuses on identifying which countries are in most need without reference to their ability to self-finance, rather than understanding countries’ ability to self-finance.

One starting point is for all presentations of aid flows to include two key metrics: amount of aid per person living in extreme poverty and a country’s own ability to pay.

CORRECT THE RELATIVE FUNDING IMBALANCE FOR SOCIAL PROTECTION TRANSFERS

Recent international initiatives have focused on addressing the critical underfunding of education, health and nutrition. While these sectors are still severely underfunded in LICs and need to be addressed, social protection programmes fare even worse.

REBALANCE GLOBAL AID ALLOCATIONS

Focusing on severely financially challenged and other under-resourced countries implies that the share of aid to LDC and fragile states should increase.

The current allocation of aid needs to be shifted so that those countries that can least afford to finance the ending of extreme poverty are prioritized.

REBALANCE THE GLOBAL BURDEN-SHARING OF SUPPORTING COUNTRIES TO END EXTREME POVERTY

Rebalancing existing aid will generate only an eighth of the aid needed by all the under-resourced countries for them to afford 100% of the costs; only if all donors meet the 0.7% ODA/GNI target will all countries be able to afford the costs of ending extreme poverty.

A CASE FOR IMPROVING EFFICIENCY

THERE IS A WEAK RELATIONSHIP BETWEEN GOVERNMENT SPENDING AND CHILD MORTALITY IN AFRICA

NOTE: Numbers are for the latest year available.
Social sector is defined as the sum of health and education sectors.
The blue line is the trend line that represents the data on a scatter plot.

SOURCE: World Development Indicators.
A CASE FOR IMPROVING EFFICIENCY

THE LINK BETWEEN GOVERNMENT SPENDING AND QUALITY ADJUSTED YEARS OF SCHOOLING IS STRONGER

BUT THERE IS STILL SIGNIFICANT VARIATION

NOTE: Numbers are for the latest year available.
The blue line is the trend line that represents the data on a scatter plot.

SOURCE: World Development Indicators.
3. DEEP DIVES

ACCELERATING THE DEMOGRAPHIC TRANSITION
AFRICA IS THE YOUNGEST, FASTEST-GROWING CONTINENT

BY 2035 THE NUMBER OF SUB-SAHARAN AFRICANS REACHING WORKING AGE OF 15-64 WILL EXCEED THE REST OF THE WORLD COMBINED, ADDING 12 MILLION TO THE LABOR FORCE EVERY YEAR

IN AFRICA, 43% OF THE POPULATION IS AGED BELOW 15, THE HIGHEST % IN THE WORLD

• Total Fertility Rate in Africa (4.8) is twice the global average.
• Adolescent (aged 15-19) fertility rate (101 per 1,000) is 3 times the one in South Asia (33 per 1,000).
• The decline in fertility has been slow, but with important differences across countries.
• Fertility rates are significantly higher among the poor – e.g. 6.4 total fertility rate for bottom quintile vs. 2.6 for top quintile in Ethiopia.

FERTILITY AND GDP PER CAPITA ARE NEGATIVELY CORRELATED

STRONG NEGATIVE CORRELATION BETWEEN FERTILITY AND HCI

POSITIVE CORRELATION BETWEEN HCI AND GDP PER CAPITA

NEGATIVE CORRELATION BETWEEN FERTILITY AND GDP PER CAPITA

NOTE: HCI and Fertility rates are for 2016, GDP per capita is for 2017.

REDUCING FERTILITY WILL INCREASE PER CAPITA GROWTH

Tanzania
Low fertility scenario: 2.77 for Tanzania.
Current fertility levels: 5.24 for Tanzania.

GDP PER CAPITA WOULD BE 40% HIGHER BY 2050 IF FERTILITY WERE REDUCED TO A LOW SCENARIO

Nigeria
Low fertility scenario: 2.82 for Nigeria.
Current fertility levels: 5.74 for Nigeria.

GDP PER CAPITA WOULD BE 59% HIGHER BY 2050 IF FERTILITY WERE REDUCED TO A LOW SCENARIO

NOTE: For methodological details see Ahmed et al, 2016.
IN-COUNTRY DEMAND FOR ACCELERATING THE DEMOGRAPHIC TRANSITION

- Leadership from Heads of State and Faith Leaders on demographics including fertility, continued education and gender equalities
- Africa Union’s 2017 Theme on “Harnessing the Demographic Dividend through Investments in Youth”
- Recent launch of AU’s first strategy for gender equality and women’s empowerment
- Ouagadougou Partnership (2011): 9 West African countries commit to accelerate family planning actions
- FP2020: Country-level commitments from 30 African countries

With a few exceptions, there are gaps between women’s wanted fertility rates and total fertility rates in large growth countries.

Still, the desire for large families in pre-dividend countries remains high.

SOURCE: The DHS Project STAT compiler.
REDUCING FERTILITY: PROGRESS IS POSSIBLE

7 COUNTRIES IN THE REGION REDUCED FERTILITY BY MORE THAN 50% SINCE 1970

PROGRESS CAN BE MADE WITHIN A SHORTER TIMEFRAME: ETHIOPIA’S TOTAL FERTILITY RATE DECLINED BY 40 PERCENT IN THE PAST THREE DECADES, MAINLY BECAUSE OF A STEEP INCREASE IN CONTRACEPTIVE USE

IN REMAINING COUNTRIES IN SUB-SAHARAN AFRICA, THE REDUCTION WAS ONLY 27%

PROGRESS HAS BEEN PARTICULARLY SLOW IN WEST AND CENTRAL AFRICA

SOURCE: World Development Indicators.
STRONG EVIDENCE TO INFORM ACTION

**REPRODUCTIVE HEALTH AND FAMILY PLANNING**

In Ghana, providing family planning service training and community outreach was associated with a 15 percent reduction in the total fertility rate among married women (Debpuur, 2002).

**SOCIAL AND BEHAVIOR CHANGE**

In Gambia, a radio program that focused specifically on family planning increased positive attitudes and knowledge about family planning and use of modern methods (from 10% to 27%) (Valente et al, 1994).

**GIRLS’ EDUCATION**

In Ghana, scholarships in secondary school reduced drop out and the probability of ever having been pregnant by 18%, eight years later, at age 25 (Duflo, 2017).

**SUPPORTIVE ACTIONS**

In Kenya, a national cash transfer program (OVC) reduced the risk of early sexual debut and teen pregnancy on adolescent girls through increasing the enrollment of young women in school and financial stability of the household (Handa et al, 2015).
## The 4E Framework for World Bank Support for Demographic Change

### Empowering
- Supporting empowerment and life skills for women and girls
- Reducing child marriage
- Addressing social norms around gender through social and behavior change communication
- Safety nets and pensions as income insurance mechanisms

### Enhancing
- Increasing coverage and quality of a continuum of care covering reproductive, maternal, newborn and child health services and nutrition
- Diversified funding for quality contraceptive programs with improved supply, pro-poor strategies and method choice

### Employing
- Job skills training
- Active labor market policies
- Support for private sector development and entrepreneurship
- Enhancing productivity of workers, notably in agriculture and in informal sectors to increase earnings for women

### Educating
- Increasing access and affordability
- Improving quality
- Ensuring inclusion and completion of and transition to different levels
- Tackling laws and policies that exclude pregnant girls
- Prevent and penalize GBV with an emphasis on keeping girls in school longer

---

**Interdependence calling for a multi-sectoral approach to address supply and demand side determinants of fertility**
DEEP DIVES

4. LEVERAGING INNOVATIONS AND TECHNOLOGY
## Innovation Can Unlock Health Outcomes

Case studies of how multiple technologies and delivery innovations improve vaccine delivery

<table>
<thead>
<tr>
<th>Country</th>
<th>Intervention</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenya</td>
<td>Supply chain network re-design for more direct distribution and optimized transport</td>
<td>60% Reduction in logistics cost per dose of vaccine delivered.</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Outsource the vaccine distribution to a private sector logistics company (3PL)</td>
<td>100% Reduction in vaccine stock-outs (Lagos).</td>
</tr>
<tr>
<td>Tunisia</td>
<td>Integrated transport of vaccines and other temperature sensitive products</td>
<td>32% Reduction in freeze alarms at health center level within 6 months (pilot zones).</td>
</tr>
<tr>
<td>Mozambique</td>
<td>Task shifting to create a dedicated delivery and maintenance function at the last mile</td>
<td>60% Increase in cold chain equipment uptime (pilot zones).</td>
</tr>
</tbody>
</table>
### INNOVATION CAN UNLOCK HEALTH OUTCOMES

CASE STUDIES OF HOW MULTIPLE TECHNOLOGIES AND DELIVERY INNOVATIONS IMPROVE VACCINE DELIVERY

<table>
<thead>
<tr>
<th>Country</th>
<th>Implementation</th>
<th>Estimate</th>
<th>Tunisia</th>
<th>Mozambique</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHAD</td>
<td>Implementing a CTC strategy for Men-A vaccine at the last mile during a campaign</td>
<td>50%</td>
<td>55%</td>
<td>34%</td>
</tr>
<tr>
<td></td>
<td>Reduction in the cost of running a cold chain and logistics system.</td>
<td></td>
<td>Reduction in the annual cost of running the equipment (incl. amortization).</td>
<td>Reduction in freeze alarms at health center level within 6 months (pilot zones).</td>
</tr>
<tr>
<td>CHAD</td>
<td>Replacing gas/petrol cold chain equipment with battery-free solar refrigerators</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TUNISIA</td>
<td>Replacing dial thermometers with continuous temperature monitoring devices</td>
<td>34%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TUNISIA</td>
<td>Strengthening performance and stock management with networked data systems</td>
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</tr>
</tbody>
</table>

**#InvestInPeople**  
Africa Human Capital Plan
HEALTH: THE FRONTLINE IS THE NEXT FRONTIER

TECHNOLOGIES PROVIDE MANY OPPORTUNITIES TO ADDRESS CRITICAL HEALTH SYSTEM BOTTLENECKS

PRIMARY CARE ACCESS

Babyl, in Rwanda, uses a combination of telemedicine, AI-powered diagnosis and triage chatbot, and longitudinal care records linking public health centers with call centers. There are also linkages with pharmacies via remote prescriptions and digital payments, and linkages with labs. Other Examples: WeDoctor, Ada, Zebra Medical Vision, MIMIC.

MANAGEMENT CAPACITY

Last Mile Health and Living Goods equip community health workers (CHW) with the Smart Health app, which provides real-time data to manage thousands of workers. By 2021, they will bring quality health care to 34 million people and quality jobs to 50,000 people in the region. Other examples: Muso, Atlas.

HEALTH WORKER SUPPORT

Human Diagnosis Project uses digitized clinical vignettes to rapidly assess and train health workers. Other examples: BMJ Learning. Google has developed an artificial intelligence (AI) algorithm to automate screening for eye problems in diabetes. Other examples include xray reading and pathology slide interpretation.

TARGETING HIGH NEEDS

Researchers have developed a machine learning tool to identify weather and land-use patterns associated with dengue fever transmission in Manila. Other examples: Rockefeller Foundation precision public health initiative.
**INNOVATIONS TO BOOST HEALTH**

**MOVING FORWARD**

**EXEMPLARY CASE STUDIES TO DEMONSTRATE POTENTIAL FOR UNIVERSAL HEALTH CARE**

**INNOVATION ACCELERATION**

Building upon existing resources, such as the innovations window in the GFF and the WBG’s lending operations, significant opportunities exist to accelerate innovation (e.g., PHC in the Sahel; integrated CHW and PHC models; PHC for displaced populations and in urbanizing settings).

**EVIDENCE AGENDA**

Working with other partners and governments, the Bank and GFF can align on a high-priority evidence agenda to assess safety, health outcomes, incremental access, and cost effects of technology-enabled PHC at a systems level.

**MARKET EXPANSION**

The WBG is uniquely positioned to support the governments in prioritizing the PHC and FLF needs and matching them to scalable and sustainable solutions (e.g., WBG operation preparation and implementation, GFF investment cases).

**ECOSYSTEM DEVELOPMENT**

Policy reforms promoted by the WB as well as direct technical assistance and use of existing initiatives (e.g., TechEmerge) can be mobilized to develop a more favorable ecosystem to support the successful adoption of identified solutions.

**POLICY-MAKER GUIDE ON THE PROCESS AND IMPLEMENTATION OF ADOPTING TECHNOLOGIES IN PRIMARY HEALTH CARE**

**ECOSYSTEM DEVELOPMENT**

**CURRICULUM AND IMPLEMENTATION OF THE MODULES FOR THE POLICY-MAKERS CORE CURRICULUM INCLUDING THE FLAGSHIP COURSES, LEVERAGING THE WBG’S DISRUPTIVE TECHNOLOGY NETWORK CURRICULUM**

**CURRICULUM AND IMPLEMENTATION OF THE MODULES FOR THE POLICY-MAKERS CORE CURRICULUM INCLUDING THE FLAGSHIP COURSES, LEVERAGING THE WBG’S DISRUPTIVE TECHNOLOGY NETWORK CURRICULUM**
INNOVATIONS TO BOOST EDUCATION

TECHNOLOGIES PROVIDE MANY OPPORTUNITIES TO IMPROVE EDUCATION SYSTEMS AND OUTCOMES

RESOURCES TO SUPPORT TEACHERS

MobiStation, a multimedia tool developed in Uganda, supports education in and out of schools and assists teachers to provide a higher quality education. Through the provision of specific offline content to complement the school curriculum (e-books, lessons from the best teachers, and other multimedia content), it creates an innovative learning environment that can be carried to various locations, without the need for internet access. Other interesting options include gamification of learning.

ADAPTIVE LEARNING

Adaptive-learning uses computer algorithms to coordinate the interaction with the learner and deliver customized resources and learning activities to address the unique needs of each student. For example, Daptio, in South Africa uses artificial intelligence to help students, mentors and teachers understand the proficiency level of each student. The goal is to find a model that allows students to receive the right content, leading to a more tailored education and higher grades. A rigorous Randomized Controlled Trial in India has shown positive impacts of adaptive-learning.

DIGITAL SKILLS

Several countries in the region have started supporting initiatives that aim to develop digital skills, both basic and advanced, including projects to teach coding.
INNOVATIONS TO BOOST EDUCATION

MOVING FORWARD

INCREASING SUPPORT FOR TECHNOLOGIES THAT COMPLEMENT TEACHERS

With a focus on technologies that disrupt the current teaching methods by adapting the content and dynamics to students’ needs, and prioritizing technologies that can be implemented in weak infrastructure settings.

SUPPORTING TECHNOLOGIES TO IMPROVE TEACHER TRAINING

To address the current teaching crisis by providing innovative solutions for training purposes.

COORDINATING WITH THE DIGITAL MOONSHOT

To increase infrastructure to enable technological solutions for education, and to develop the digital skills needed for the labor market of the next decades.
INNOVATIONS TO BOOST SOCIAL PROTECTION

INNOVATIONS FOR SOCIAL PROTECTION SYSTEMS THAT TARGET THE POOREST

DIGITAL SOCIAL PROTECTION SYSTEMS

IDENTIFICATION
For 500 million people without government-recognized proof of identity in Africa.

SOCIAL REGISTRIES
To reach universal coverage and reliably assess eligibility for social assistance, health, pro-bono legal services and water sanitation programs.

G2P PLATFORMS
Government-to-person payment platforms can transfer benefits and contribute to digital financial inclusion of the poorest and women.

ADDRESSING THE CHALLENGES OF A CHANGING JOB MARKET

Social protection programs can offer new opportunities for financial inclusion of informal and gig economy workers to receive benefits and services.

At the same time, mobile and digital payments ecosystems are creating new opportunities to extend coverage to the informal sector and gig economy workers:
- ‘Unified payments interface’ systems are bringing the cashless economy closer to the poor.
- Micro-insurance platforms and ‘nudges’ in Kenya and Ghana are being used to incentivize people to make flexible, voluntary and cashless contributions.
INNOVATIONS TO BOOST AGRICULTURE AND FOOD PRODUCTION

DIGITAL TECHNOLOGIES CAN TRANSFORM AFRICA’S FOOD SYSTEM IN THREE WAYS

ACCESS TO RESOURCES
Technologies can expand farmers’ access to capital and resources. With the touch of a button on their phone, farmers can now rent machines—like tractors—that require significant capital to buy.

ECONOMIES OF SCALE
Digital technology can also disrupt value chains through economies of scale, allowing smaller players to be integrated into the value chain. For example, e-commerce platforms can link producers directly to consumers, relaxing the constraint that producers need to be a certain size to reach customers.

BOOST PRODUCTIVITY
Technology can disrupt the management of natural resources through precision tools, helping to boost food production sustainably. Digital technologies can make information on land, soils and other resources more widely available, allowing farmers to apply inputs like fertilizer and water in a more precise manner.

MOVING FORWARD

INCREASE INCOME
Additional income for farmers can increase investments in health and education.

BOOST PRODUCTION
Both in terms of quantity and quality, also reducing the cost.

SUPPORT FARMERS
Instead of replacing them.

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Africa Human Capital Plan
DEEP DIVES

5.

HEALTH, NUTRITION
AND POPULATION
WHAT IS HAMPERING PROGRESS IN IMPROVING HEALTH AND NUTRITION OUTCOMES IN AFRICA?

**COVERAGE GAPS**
Despite progress, there are large gaps in access to key health services and interventions. Fragmented approaches and financing vs. systemic approach.

**QUALITY OF CARE**
Poor quality of care is a widespread problem. As a result, access to services does not necessarily translate into improved outcomes.

**PREPARDNESS AND RESPONSE CAPACITY**
Weaknesses in core health system (availability of services and HR), public health functions (e.g. labs and surveillance), and regional coordination.

**HEALTH FINANCING**
Low levels of domestic government spending undermines progress and raises concerns about sustainability. Efficiency of spending is often low.

**MULTI SECTORAL ACTION**
Multi-sectoral action critical to address risk factors and improve outcomes – e.g. fertility, smoking, stunting, obesity…

**CLIMATE CHANGE**
Climate variability and change threatens to reverse development and gains made, and even trigger growth in the disease burden.
UNDER-5 MORTALITY IN AFRICA: KEY FACTS

- 2.9 million children under-5 died in Sub-Saharan Africa in 2015.
- The under-5 mortality rate has been reduced by more than half in Sub-Saharan Africa in the past three decades.
- Despite progress, nearly half of under-5 deaths globally occur in Sub-Saharan Africa.
- The rate of decline has been slowest for neonates (first 28 days).
- Half of under-5 deaths are during neonatal period.
- A baby born in Sub-Saharan Africa is 9 times more likely to die in the neonatal period than a child born in a high-income country.
- Most neonatal deaths can be prevented if births take place in adequately staffed and equipped health facilities.
- Nearly half of under-5 mortality is linked to malnutrition.

LEADING CAUSES OF UNDER-5 MORTALITY IN SUB-SAHARAN AFRICA IN 2017: NEONATAL DISORDERS AND LOWER RESPIRATORY INFECTIONS ACCOUNTED FOR 40% OF THE TOTAL

- 25% NEONATAL DISORDERS
- 15% LOWER RESPIRATORY INFECTIONS
- 12% DIARRHEAL DISEASES
- 12% MALARIA
- 7% CONGENITAL BIRTH DEFECTS
- 29% OTHER

CAUSES OF ADULT MORTALITY

- HIV/AIDS & TB are leading causes of death among adults in Africa:
  - Accounts for more than 60% of deaths in Southern Africa; less elsewhere.
- Other major causes include:
  - Violence and self-harm.
  - Cardiovascular disease and cancers.
  - Transport injuries.
  - Malaria.
  - Maternal.
- Delivery-related complications account for 12% of deaths for women in Sub-Saharan Africa.

CAUSES OF ADULT (15-49 YEARS) MORTALITY IN SUB-SAHARAN AFRICA IN 2017: HIV/AIDS AND TB AS THE LEADING CAUSES

ADULT MORTALITY RATES ARE HIGH IN SUB-SAHARAN AFRICA

- The number of adult deaths per 100,000 adults in Sub-Saharan Africa is nearly 505 higher than the average for Lower Middle-Income Countries (LMIC).

- Adult deaths in Southern Africa are 140% higher than the average for Lower Middle-Income Countries (LMIC).

HIV/AIDS AND TB CONTINUE TO BE MAJOR CHALLENGES

- SSA accounts for 70% of people living with HIV/AIDS globally.
- Massive treatment scale up in ESA (66% on treatment), but significant lags in coverage in WCA (only 40% on treatment).
- Expansion of treatment mainly financed from external sources – only 30% of financing from domestic sources.
- Countries with high prevalence vulnerable to reduction in funding – significant contingent liabilities or reversal of gains in life expectancy.
- TB cases in SSA are increasing – nearly 2.6M in 2016.
- 740,000 TB related deaths in SSA – more than HIV/AIDS and not declining.

SOURCE: IHME, 2017 and data from UNAIDS.
MATERNAL MORTALITY: DIVERSE COUNTRY EXPERIENCES

- Despite steep reductions, maternal mortality remains high in SSA, with a regional average of 547 deaths per 100,000 live births.

- MMR ranges from 42 to over 1,000 per 100,000 live births.

- Only two countries achieved MDG on maternal mortality (Cabo Verde and Rwanda).

- On current trends, most countries will not achieve the SDG.

Source: World Development Indicators.
REDUCTIONS IN MATERNAL MORTALITY ARE POSSIBLE

SUCCESSFUL STRATEGIES INCLUDE

• Reducing financial barriers to accessing care through affordable maternal and child health services (Rwanda).
• Improving access to high quality emergency care for all women (Namibia).
• Integrating community health workers into health systems (Ethiopia).
• Using innovative community-based transport strategies to improve access in remote areas (Tanzania).
• RISK OF COMPLICATIONS DURING DELIVERY ARE HIGHER FOR ADOLESCENT MOTHERS AND ALSO LINKED TO NUTRITIONAL STATUS – E.G. WIDESPREAD ANEMIA

KEY MATERNITY CARE POLICY QUESTIONS

• Is quality of care a central priority and is there a national quality policy and strategy that addresses maternity care?
• Are national health provider training institutions able to produce the right number of competent and motivated maternity care providers?
• Are communities empowered and informed to demand high quality maternity care?
• Is the system designed so that all pregnant women can reach comprehensive emergency obstetric care (CEmONC) within 30 minutes in case of an emergency?

SOURCE: World Development Indicators.
CHRONIC DISEASE IS A GROWING CONCERN IN SSA

- Non-communicable diseases account for a growing share of deaths and burden of disease:
  - Cardiovascular disease, cancers, diabetes, mental health.
- Most health systems in the region lack capacity to diagnose, manage and treat chronic disease.
- With few exceptions (e.g. tobacco and sugar taxes), action on risk factors is limited.

KEY ACTIONS

- Reduce tobacco use
- Manage cancer
- Reduce the harmful use of alcohol
- Reduce unhealthy diet
- Reduce physical inactivity
- Manage cardiovascular disease and diabetes


SMOKING PREVALENCE HIGH AND INCREASING IN MANY COUNTRIES
DISEASE OUTBREAKS AND THE THREAT OF PANDEMICS

- Sub-Saharan Africa (SSA) is a hotspot for emerging infectious diseases and zoonotic diseases.
- 22 of 25 countries most vulnerable to disease outbreaks are in Africa.
- Disease outbreaks are associated with significant economic disruption and costs:
  - e.g. 2014 Ebola outbreak resulted in US$ 2.8 billion economic loss in affected countries, and US$ 3.6 billion regional economic cost.
- Pandemic risks aggravated by:
  - Population growth.
  - Increased mobility.
  - Environmental degradation.
  - Antimicrobial resistance.
  - Conflict and fragility.
- Yet, Africa has no integrated and continent-wide disease surveillance, detection, and response network.

NUMBER OF DISEASE OUTBREAKS (2013-2018)

STUNTING HAS BEEN SLOW TO DECLINE IN AFRICA

STUNTING RATES IN AFRICA ARE VERY HIGH...

SOUTH ASIA
SUB-SAHARAN AFRICA
EAST ASIA
MIDDLE EAST & NORTH AFRICA
LATIN AMERICA & CARIBBEAN


0 10 20 30 40 50 60 70

SOURCE: World Development Indicators.

STUNTING RATES IN AFRICA ARE VERY HIGH...

• 151 million children under-5 are stunted globally; 59 million in SSA.
• An increase of 14 million in SSA since 1990 – modest progress and high fertility.
• But some countries in the region have shown that rapid progress is possible.

AND HAVE PROFOUND SOCIAL AND ECONOMIC CONSEQUENCES

SCHOOLING: early nutrition programs can increase school completion by one year.

EARNINGS: early nutrition programs can raise adult wages by 5-50%.

POVERTY: children who escape stunting are 33% more likely to escape poverty as adults.

ECONOMY: reductions in stunting can increase GDP by 4-11% in Asia & Africa (Ezeneou and Meera, 2017).
ADDRESSING STUNTING REQUIRES ACTION ACROSS SECTORS AND THE LIFE CYCLE

<table>
<thead>
<tr>
<th>PREPREGNANCY</th>
<th>PREGNANCY</th>
<th>BIRTH</th>
<th>12 MONTHS</th>
<th>24 MONTHS</th>
<th>36 MONTHS</th>
<th>54 MONTHS</th>
<th>72 MONTHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antenatal visits including: IPA/multiple micronutrient supplementation counseling on adequate diet provision of bednets &amp; IPT for malaria</td>
<td>Exclusive breastfeeding</td>
<td>Promotion of appropriate complementary feeding</td>
<td>Promotion of appropriate complementary feeding</td>
<td>Adequate, nutritious and safe diet</td>
<td>Therapeutic zinc supplementation and ORS for diarrhea</td>
<td>Balance energy protein supplementation</td>
<td>Treatment of severe acute malnutrition</td>
</tr>
<tr>
<td>Attended delivery</td>
<td>Immunizations</td>
<td>Deworming</td>
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</tr>
</tbody>
</table>

- Promotion of appropriate complementary feeding
- Adequate, nutritious and safe diet
- Therapeutic zinc supplementation and ORS for diarrhea
- Balance energy protein supplementation
- Treatment of severe acute malnutrition

**HNP**
- Micronutrients fortification of staple foods
- Planning for family size and spacing
- Access to healthcare
- Prevention and treatment of parental depression
- Access to safe water, adequate sanitation, and hygiene/handwashing

**WATER/SANITATION EDUCATION**
- Maternal education
- Education about early stimulation, growth and development
- Early childhood & preliminary education
- Continuity to quality primary education

**SOCIAL PROTECTION**
- Child protection services
- Parental leave and adequate childcare

**AGRICULTURE**
- Improve access to more diversified, nutritious diet and reduced women’s workload


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Africa Human Capital Plan
DEEP DIVES
6.
EDUCATION
EDUCATION AND HUMAN CAPITAL

MAIN CHALLENGES

CONTRRAINTS

• Low teacher performance.
• Demand-side constraints for women and disadvantaged populations (e.g. financing).
• High fertility rates resulting in an influx of children.
• Inadequate learning infrastructure.
• Lack of private sector engagement in Technical and Vocational Education and Training (TVET).
• Insufficient effective financing in the education sector.
• Weak management implementation capacity.
• Fragility and conflict.

INTERVENTIONS

• Reform teacher recruitment, deployment, and promotion.
• Effective teacher training: focus on pre-service training, on the job training; use of technology.
• Performance-based financing focused on systemic reforms in management.
• Multi-sector approaches especially for Early Childhood Development and adolescent girls.
• Targeted incentives for last mile primary school students and secondary education for girls (e.g. Conditional Cash Transfers, safe schools).
• Incentivize private sector partnerships with TVET.
• Improved use of technology-enabled education delivery.
• Labor market relevant digital skill training programs.
EDUCATION: PRIORITY AREAS AND PRINCIPLES

4 PRIORITIES

- TEACHERS
  - REFORM TEACHING AND TEACHERS’ CAREERS
- TECHNOLOGY
  - INVEST IN TECHNOLOGIES TO DRIVE INCREASED LEARNING OUTCOMES
- MANAGEMENT
  - REFORM MANAGEMENT AND IMPLEMENTATION CAPACITY
- SKILLS
  - DIGITAL JOBS AND TRADE SPECIALIZATIONS WITH GROWTH POTENTIAL

7 PRINCIPLES

1. System-wide approach that focuses on learning:
   All inputs are part of a coherent plan to increase learning for all.
2. Capacity to delivery:
   All interventions should imply a change in the permanent capacity to deliver.
3. Whole-of-government approach:
   Policy change - Public servant change - Decentralization - Other Ministries.
4. Plan to reach all, inclusiveness and equity:
   Scalable, cost-effective interventions that eventually reach everyone.
5. Financing for results:
   Finance only what moves the needle and based upon results (not inputs).
6. Measure Results, process, and inputs:
   Know your theory of change - you cannot fly blind.
7. Larger, ambitious projects:
   To achieve large impacts.
PRIORITY 1: REFORM TEACHING AND THE TEACHER’S CAREER

ACCELERATOR

HR TEACHER REFORM IN EDUCATION
- ONLY HIRE TESTED QUALIFIED TEACHERS
- MERITOCRATIC CAREER PATHWAYS
- EFFICIENT DEPLOYMENT
- STUDENT LEARNING AS A MEASURE OF TEACHERS’ SUCCESS

REFORM CLASSROOM TEACHING
- TEACH TO THE LEVEL OF THE CHILD
- LANGUAGE OF INSTRUCTION
- EARLY GRADE READING
- SCRIPTED LESSON PLANS

WHAT WE WILL CHANGE
- Expand engagement in pre-service training emphasizing practicum component.
- Invest in effective and impactful teacher training that emphasizes practice and feedback that leads to changes in teachers’ behavior.
- Incentivize merit-based teacher recruitment, promotion, and need-based deployment.
- Use technology to enhance teachers’ effectiveness.
PRIORITY 2: REFORM MANAGEMENT AND IMPLEMENTATION CAPACITY

WHAT WE WILL CHANGE

• Engage countries in the definition of career frameworks for school principals and system managers; eliminate politics from selection of personnel as a critical condition for reform.
• Leverage our global and results-oriented training opportunities for ministry staff.
• Invest in ICT for education management.
• Empower parents and communities to improve education quality (i.e. improved information, school grants, etc.).
PRIORITY 3: TECHNOLOGY TO DRIVE INCREASED LEARNING OUTCOMES

ACCELERATOR

TRANSFORMING CLASSROOM DYNAMICS WITH TECHNOLOGY

• DIGITAL TEACHER TRAINING AND COACHING
• DIGITAL READING MATERIALS & GAMES, ONLINE LEARNING - ADJUST CONTENT TO STUDENT’S LEVEL

UNIVERSALIZE ICT IN EDUCATION MANAGEMENT

• MOBILE DATA COLLECTION AND COMMUNICATION SYSTEMS
• TABLET-BASED STUDENT ASSESSMENTS AND BIG DATA
• TEACHER HR SYSTEMS WITH MOBILE SALARY PAYMENT

WHAT WE WILL CHANGE

• Delivery systems for semi-self learning.
• Invest in technology to improve teaching - tablets for lessons plan, digital materials, automatize teachers’ administrative tasks.
• Using technology to improve learning of students - digital library, gaming, personalized learning, mobile-phone based learning.
PRIORITY 4: SKILLS FOR DIGITAL JOBS AND TRADE SPECIALIZATIONS WITH HIGH GROWTH POTENTIAL

ACCELERATOR

TRAINING PROGRAMS GEARED TOWARDS DIGITAL JOBS AND TRADE SPECIALIZATIONS WITH HIGH GROWTH POTENTIAL IN THE LABOR MARKET

PARTNERSHIPS OF INSTITUTIONS WITH THE PRIVATE SECTOR

ENABLE PRIVATE PROVIDERS

TRAINING FUNDS TO FOSTER DEMAND-RESPONSIVENESS OF PROGRAMS

UPSKILL WORKERS/PROFESSIONALS THROUGH LIFE-LONG LEARNING TO CHANGING NEEDS OF INDUSTRY

REGIONAL INITIATIVES (ACE, PASET): INTERNATIONAL ACCREDITATION AND SUSTAINABLE REGIONAL FUNDS

WHAT WE WILL CHANGE

• Consider employment outcomes in institutional funding formulas.
• Incentivize partnerships with industry including supporting workplace learning through apprenticeships, internships and short programs.
• Foster skills development opportunities for female youth: incentive programs, broadening the range of occupational areas.
• Invest in digital skills development and support appropriate digital infrastructure in skills development institutions.
• Support teacher training for digital skills and modern teaching and learning methodologies.
• Incorporate basic ICT competences into all basic education projects.
• Incentivize/support STEM careers.
CRITICAL CROSS-CUTTING AREAS

SUPPORTING YOUNG WOMEN TO MEET THEIR POTENTIAL

Work in multi-sectoral teams to invest in:

- **Demand and supply-side interventions** to improve access to girls in lower secondary education (e.g. CCTs, reduce distance to school).
- Vocational training, life-skills and second chance education.
- School health and Reproductive health curricula.
- **Safe schools**: reduction of gender-based violence in schools.
- Girls’ socio-emotional and employability skills for **empowerment**.
- Helping more women to cross over to traditionally male-dominated sectors of the economy by providing **relevant training programs** and information on the higher earnings potential in male-dominated sectors.
- Unleash the potential of the digital economy to **offer good jobs** for women by supporting targeted skills and jobs programs.
- **Review policies** for girl's access and retention to school – including issues about teen pregnancies.
- Include boys and men to be a part of discussions about cultural and societal practices.
- **Expand the evidence** on what works to improve the school-to-'good jobs' transition for women.

TAILORED SUPPORT TO CHILDREN LIVING IN FRAGILE CONTEXTS

WORK IN MULTI-SECTORAL TEAMS TO INVEST IN:

- **Deliver education** through non-state actors, including NGOs, CBOS, private and religious groups.
- **Third-party and technology oversight and support**
- **Safe schools for teachers and students**
- **Psycho-social support for teachers and students**
- **Flexible project design** to allow for adaption to dynamic on-the-ground situations.
- **Collaboration** with multiple ministries and World Bank global practices to implement community based-approaches.
SUCCESS IS POSSIBLE

KENYA: PROGRESS IN BOTH PRIMARY COVERAGE AND LEARNING

WITHIN 20 YEARS, KENYA HAS MADE SIGNIFICANT PROGRESS IN PRIMARY COVERAGE AND LEARNING OUTCOMES:

• GROSS ENROLLMENT RATE OF ABOUT 100 PERCENT IN GRADE SIX; ALMOST ALL CHILDREN ENROLL IN SCHOOL, EVEN IF LATE

• TOP PERFORMER IN REGIONAL LEARNING

• SECOND ONLY TO MAURITIUS ON ASSESSMENTS AT THE PRIMARY LEVEL

Success factors include:

• Strong government commitment to education (17.1% of national budget in 2014).
• Introduction of free primary and secondary (day-school) education.
• Introduction of new curriculum reducing the number of examinable subjects.
• Expansion of early childhood education covering children from birth through age 5.
• Legal reforms to strengthen and streamline the institutional framework in the education sector.
• Enforcement of consistent teacher training and recruitment policies: all teachers in primary and secondary education are trained; teachers’ performance monitoring; entry standards into the profession.
SUCCESS IS POSSIBLE

BURUNDI: OUTPERFORMING COUNTRIES ON EDUCATION ASSESSMENTS

DESPITE BEING ONE OF THE POOREST COUNTRIES IN AFRICA, BURUNDI SCORES HIGH IN PASEC AND EGRA:

- OVER 1 FULL STANDARD DEVIATION ABOVE THE PASEC MEAN IN READING AND MATHEMATICS AT GRADE 2
- 1/3 STANDARD DEVIATION ABOVE PASEC MEAN IN READING
- A FULL 1 STANDARD DEVIATION ABOVE THE SAMPLE MEAN IN MATHEMATICS
- IN SOME AREAS, GIRLS OUTPERFORMED BOYS

Success is a result of:

- **Linguistic homogeneity**: 90% of population shares mother tongue Kirundi. Instruction and teaching aids in local language.
- **Community participation**, i.e. through community contributions to school infrastructure, creates ownership.
- **Focus on teachers’ training**: 90%+ of teachers are qualified; high proportion of female teachers.
- **Modern child-centered pedagogical approach** and ongoing support to teachers.
- **Reduction of class sizes** through flexible double-shift systems.
DEEP DIVES

7.

SOCIAL PROTECTION AND JOBS
### SOCIAL PROTECTION AND JOBS

<table>
<thead>
<tr>
<th>INTERVENTIONS</th>
<th>OUTPUTS</th>
<th>OUTCOMES</th>
<th>HUMAN CAPITAL OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SPJ INTERVENTIONS</strong></td>
<td><strong>GOODS</strong></td>
<td><strong>REduced poverty and vulnerability.</strong></td>
<td><strong>IMPROVED CHILD SURVIVAL</strong></td>
</tr>
<tr>
<td>• SOCIAL ASSISTANCE</td>
<td>• more/better food, water, soap, medicines, etc.</td>
<td>• Increased savings.</td>
<td><strong>IMPROVED SCHOOLDING</strong></td>
</tr>
<tr>
<td>• (CASH, IN-KIND, VOUCHERS)</td>
<td>Services: more health and education.</td>
<td>• Reduced inequality.</td>
<td><strong>IMPROVED HEALTH OUTCOMES</strong></td>
</tr>
<tr>
<td>• SOCIAL INSURANCE</td>
<td>Time use: reduced child labor, more and better caring time.</td>
<td>• Higher birthweights.</td>
<td></td>
</tr>
<tr>
<td>• SKILLS-TRAINING</td>
<td>Socio-emotional functioning: reduced stress and depression, greater bandwidth for parenting.</td>
<td>• Lower morbidity.</td>
<td></td>
</tr>
</tbody>
</table>

### ‘PLUS’: INFORMATION, SERVICES DIRECTLY PROVIDED, NUDGES OR CONDITIONS TO USE OTHER SERVICES

- Diversification of income, better employment.
- Parenting: breastfeeding, nutrition education, EC stimulation.
- Training: job skills, literacy, socio-emotional, entrepreneurial.

### PROJECT ILLUSTRATION

**NIGER: THE ADAPTIVE SAFETY NETS PROJECT**

It combines cash transfers and accompanying measures to support poor and food insecure households by increasing income and investing in human capital – especially the health and education of young children.

Accompanying measures have improved nutrition practices, child stimulation, preventive health behaviors, food consumption and resilience to shocks, among others (Premand et al, 2016).
SOCIAL PROTECTION AND JOBS: PRIORITY AREAS AND PRINCIPLES

4 PRIORITIES

1. **Incentivize Households’ Investments in Human Capital**

2. **Improve Delivery Systems**

3. **Promote Economic Inclusion and Jobs**

4. **Strengthen Resilience**

5 PRINCIPLES

1. Prioritize the poorest and ensure inclusion with scalable, cost effective and sustainable solutions that can ensure social protection for all.

2. Implement efficiently using strong delivery platforms to reach the poorest, scale up rapidly, coordinate services, leverage technology, ensure transparency and accountability.

3. Innovate and evaluate to tackle difficult challenges, build evidence. Use creative solutions, tailor to fragile settings, partner with non-traditional implementers, ensure rapid response to crises, use evidence on cost effectiveness to guide investments.

4. Integrate across sectors ensuring demand and supply side complementarities, access to social services and markets; lead work on cross sectoral agendas (Early Years, Jobs and Youth, Identification).

5. Invest in one Africa team with a strong field presence and promote cross country knowledge sharing.
PRIORITY 1: INCENTIVIZE HOUSEHOLDS’ INVESTMENTS IN HUMAN CAPITAL: THE ‘CASH+’ AGENDA

Robust evidence that cash transfers raise school attendance, reduce monetary poverty, stimulate health service use, improve dietary diversity, reduce child labor, and increase women’s decision-making power.

Cash transfer programs allow poor households to invest in human capital, while facilitating flexibility and choice in household spending and allocation of time.

Transfers that target the poorest and most vulnerable groups have high potential to close human capital gaps.

Accompanying measures boost the effects of cash transfers on human capital while increasing demand for education and health services throughout the lifecycle.

Prioritize the poorest: there is a strong correlation between the human capital index and poverty.

SOURCE: World Development Indicators.
PRIORITY 2: IMPROVE DELIVERY SYSTEMS

• REGISTRIES AND IDENTIFICATION (ID4D) SYSTEMS

• SERVICE DELIVERY PLATFORMS AND MIS FOR TARGETING, PAYMENTS, GRIEVANCES

• TARGETING, PAYMENT AND GRIEVANCE SYSTEMS

• SOCIAL CARE SERVICES

• TECHNOLOGIES TO LOWER COSTS AND RAISE EFFICIENCY


WEST AFRICA
Foundational ID systems with mutual recognition and capacity for authentication across countries.

ZAMBIA
Mobile money payments to keep girls in school and promote women’s livelihoods.
PRIORITY 3: PROMOTE ECONOMIC INCLUSION

- YOUTH EMPLOYMENT: SUPPORT ASPIRATIONS AND JOBS FOCUS OF NEXT GENERATION

- LIVELIHOOD: PRODUCTIVE DIVERSIFICATION, TRAINING, PROMOTION OF SAVINGS AND INVESTMENTS

- JOB PROMOTION AND CREATION: COMBINING SUPPORT FOR BOTH THE WORKFORCE AND FIRMS

**NIGER**
Enhancing livelihoods of the poorest and youth through training and apprentices.

**GHANA**
Cross-sectoral collaboration to foster informal sector skills development, entrepreneurship and firm expansion.

PRIORITY 4: STRENGTHEN RESILIENCE THROUGH ADAPTIVE SOCIAL PROTECTION

- Adaptive social protection helps prevent deterioration or loss of human capital in the face of shocks and crisis, whether related to climate, conflict, or the economy.

- Social protection systems help individuals and families cope while preventing the loss of productive assets and skills.

- Adaptive social protection helps to identify who is vulnerable to different shocks and how to support them in recovery as well as in times of crisis.

- Improved social protection systems facilitate crisis response and mitigate vulnerability to shocks and provide support to humanitarian interventions.

- In post-conflict settings, SP systems can connect people to jobs, promote investment in health and education, and protect vulnerable groups.

- Programs can build social coherence between refugees and hosting communities.

FRAGILITY, CONFLICT AND VIOLENCE (FCV) CONTEXTS

THE WORLD BANK’S ROLE IN HUMANITARIAN SETTINGS HAS EXPANDED IN FRAGILE AND CONFLICT AFFECTED COUNTRIES:

- IN 2017, A US$ 1.8 BILLION PACKAGE OF 17 PROJECTS DELIVERED CASH TO HIGHLY FOOD-INSECURE POPULATIONS IN NORTH EAST NIGERIA, SOMALIA, SOUTH SUDAN AND YEMEN

- ALLOWS HOUSEHOLDS TO PURCHASE FOOD, STRENGTHENS COMMUNITY RESILIENCE, AND MAINTAINS SERVICE DELIVERY
DEEP DIVES

8. YOUTH, SKILLS AND PRODUCTIVITY
CHALLENGING LABOR MARKET ENVIRONMENT

12 MILLION NEW LABOR MARKET ENTRANTS EVERY YEAR

80% OF ALL JOBS ARE IN THE INFORMAL SECTOR

420 MILLION YOUTH AGED 15-35: 31% UNEMPLOYED OR DISCOURAGED; 35% IN VULNERABLE EMPLOYMENT; 19% INACTIVE; 15% IN WAGE EMPLOYMENT (ADB, 2015)

One million young people enter the labor market every month.

Tomorrow’s economy is increasingly looking for new skills sets (digital skills, green skills) and high adaptability to rapidly changing labor markets.

The bulk of the labor force in 2050 will comprise people who are young children today and those who are not yet born.

Job creation in the formal sector is inadequate. New jobs are mainly created in the informal sector (up to 90%).

Females are underrepresented in good jobs, but the digital economy is creating new chances for good jobs and gainful employment.
WHAT IS REQUIRED TO MAKE YOUNG ADULTS PRODUCTIVE?

CONDUCIVE ENVIRONMENT FOR JOB CREATION
• Improved public services and ICT infrastructure.
• Improved environment of doing business.

THE RIGHT SKILLS TO ENTER INTO AND RETAIN JOBS
• Specialized technical skills in line with market needs: quality training programs, workplace learning and experience (apprenticeships, internships).
• Digital skills: digital literacy; specialized skills to catch up with modern job requirements; skills for emerging digital professions (ICT professions, e-marketing, etc).
• Employability skills: solid foundational skills, soft skills, work attitudes, communication, entrepreneurial skills, etc.

MEANS AND OPPORTUNITIES TO START SELF-EMPLOYMENT
• Entrepreneurship and management skills, complemented by wrap-around services such as access to finance and markets, mentorships.

INFORMATION ABOUT JOB MARKET, AND EDUCATIONAL OPTIONS AND SUPPORT OPPORTUNITIES AVAILABLE TO THEM
• Vocational counselling and guidance underdeveloped; placement services.
• Information on emerging job markets and well paying job options, especially to change career aspirations of women.
WHAT WORKS TO ENHANCE YOUTH PRODUCTIVITY?

Programs that incorporate soft-skills or life-skills training, in addition to technical skills, are more successful than those with only a traditional focus on technical and vocational skills.

Programs that integrate workplace learning (apprenticeships, internships), instead of learning only in a classroom, produce better employment results.

Programs that focus on entrepreneurship are more successful than those that focus on wage employment (this is especially true in the poorest environments, where there are few jobs available).

Programs that include a package of services, such as training, mentoring, financial support (e.g., BRAC), are more successful than those that have only one or a few components.

Source: Kluve et al., 2017; Blattman and Ralston, 2015; Fox and Kaul, 2018; and Filmer and Fox, 2014.
WOMEN’S EMPOWERMENT

• **Females are underrepresented** in employment and in skills programs (Only 20% of students in Technical Colleges in Nigeria are female).

• **Income of women increases** if they leave traditionally female career paths. For example, when women work outside agriculture, their earnings increase by roughly 35%.

• **Information on job markets and earning prospects** is supporting cross-over to traditionally male occupations, connected to higher earnings.

• **The digital revolution holds new opportunities** ready for young females. Focusing on digital literacy and training for IT professions improves the range of training and job chances for women.

• **Role models matter.** Female teachers and successful female professionals stimulate young women to aspire for better careers.

• **Life and soft skills training** helps young women develop self-confidence and overcome gendered career aspirations.

ICT FOR DEVELOPMENT (ICT4D)

**ACWICT SAMSUNG REAL DREAM PROGRAM IN KENYA**

• **TARGETED YOUNG WOMEN IN INFORMAL SETTLEMENTS (SLUMS) IN NAIROBI**

• **COMBINED IT PROFESSIONAL TRAINING, LIFE SKILLS, AND TRAINING IN BUSINESS PROCESS OUTSOURCING WITH INTERNSHIPS AND ENTREPRENEURSHIP SUPPORT**

• **GOOD EMPLOYMENT OUTCOMES**

• **HIGH POSITIVE IMPACT OF LIFE SKILLS TRAINING**

WHAT CAN WE DO DIFFERENTLY?

SIMULTANEOUSLY BUILD A SUPPLY OF PRODUCTIVE WORKERS THROUGH SKILLS PROGRAMS, AND A DEMAND FOR LABOR THROUGH JOB CREATION

SUPPORT PRODUCTIVITY INCREASE IN THE INFORMAL SECTOR
- Improve government services, including ICT infrastructure.
- Improve Doing Business Environment.
- Improve informal apprenticeships.

LEVERAGE PRIVATE SECTOR INVOLVEMENT AND RESOURCES
- Public/private partnerships in skills development.
- Support Workplace Learning: Apprenticeship training, internship.

STRENGTHEN SOFT AND EMPLOYABILITY SKILLS, INCLUDING FOUNDATIONAL SKILLS

FOSTER DIGITAL SKILLS AND TECHNOLOGY-ENABLED LEARNING
- Digital literacy for all youth.
- Design skills programs for digital jobs and job requirements.
- Boldly introduce technology (simulations, e-learning, etc.) in all skills development.

MAKE YOUNG FEMALES EMPLOYABLE
- Address cultural barriers to employment.
- Broaden the range of skill options, including digital jobs.
- Female targeted employability skills.
- Career counselling and information about labor market outcomes to facilitate cross-over to male-dominated job fields.

STRENGTHEN INTEGRATED YOUTH EMPLOYMENT PROGRAMS
- Employment/self-employment programs integrating technical with soft, life and foundational skills, business development/market access support, and mentoring.
- Introduce decentralized and tailor-made approaches.
DEEP DIVES

9.

MOBILIZING ALL WORLD BANK TEAMS TO SUPPORT THE HC AGENDA
## COMPLEX CHALLENGES CALL FOR MULTISECTORAL SOLUTIONS

**PRODUCTIVITY AND ECONOMIC GROWTH + INTRINSIC VALUE OF IMPROVED HC OUTCOMES**

### HUMAN CAPITAL OUTCOMES

<table>
<thead>
<tr>
<th>DIRECT DRIVERS</th>
<th>COVERAGE AND QUALITY OF ESSENTIAL SERVICES</th>
<th>HOUSEHOLD BEHAVIORS AND PRACTICES</th>
<th>EXPOSURE TO RISK FACTORS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SECTORAL PERFORMANCE</strong></td>
<td>Health, nutrition, social protection, family planning, education, energy, water, sanitation, transport.</td>
<td>E.g. diet, hygiene, child caring, gender.</td>
<td>E.g. extreme heat, natural disasters, conflict, pollution, pathogens, economic shocks.</td>
</tr>
<tr>
<td><strong>HEALTH</strong></td>
<td>Government capacity and accountability</td>
<td>Connectivity and innovation</td>
<td>Regulatory environment</td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
<td></td>
<td>Political prioritization of Human Capital</td>
<td></td>
</tr>
<tr>
<td><strong>INFRASTRUCTURE</strong></td>
<td></td>
<td></td>
<td>Data and evidence</td>
</tr>
<tr>
<td><strong>WASH</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>AGRICULTURE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SOCIAL PROTECTION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>POLICY AND INSTITUTIONAL ASPECTS</strong></td>
<td>Macro and fiscal context</td>
<td>Socio-cultural environment</td>
<td>Demographic trends</td>
</tr>
<tr>
<td><strong>CONTEXTUAL FACTORS</strong></td>
<td></td>
<td></td>
<td>Conflict and political instability</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Environment and climate</td>
</tr>
</tbody>
</table>

#InvestInPeople
Africa Human Capital Plan
AGRICULTURE AND HUMAN CAPITAL

INTERVENTIONS

AGRICULTURAL INTERVENTIONS

OUTCOMES

CLEAN AND SAFE ENVIRONMENT
Improved public health (zoonotic diseases protection, food safety).

IMPROVED NUTRITION
Changes in production and consumption (food access and availability, diversified diet, reduced food loss).

INCREASED INCOME
Better access to food, health, and education.

HUMAN CAPITAL OUTCOMES

• IMPROVED CHILD SURVIVAL
• IMPROVED HEALTH OUTCOMES
• IMPROVED SCHOOLING FOR SKILLS DEVELOPMENT

PROJECT ILLUSTRATION

COTE D’IVOIRE: AGRICULTURE SECTOR SUPPORT PROJECT

Its goal is to improve smallholder access to technologies and markets in Côte d’Ivoire for the enhancement and governance of selected value chains, which are cocoa, rubber, palm oil, cotton, and cashew. Commitment: $50 million.

Through higher incomes, it generates economy-wide effects.

Investments in school, clinics, water points and feeder roads.

OUTPUTS

Higher yields with better quality.
Diversified production.
Stronger food safety systems.
More and better jobs and higher revenues.
Better skills in agricultural education.
WASH AND HUMAN CAPITAL

INTERVENTIONS

WASH INTERVENTIONS

HARDWARE
- Safely managed drinking water and sanitation.
- Handwashing facilities.
- Irrigation and drainage.
- Water storage.

SOFTWARE
- Behavioral change.
- Geographic targeting and inclusion.
- Early warning systems.
- Drought insurance.

OUTPUTS

Reduced fecal-oral pathways of exposure.
Reduced vulnerabilities to climate impacts.
Time savings.
Increased access to nutritious food.
Healthier ecosystems.

OUTCOMES

- Reduced diarrheal disease.
- Reduced illness and disease.
- Better health.
- Higher income.
- Better nutrition.

HUMAN CAPITAL OUTCOMES

- IMPROVED CHILD SURVIVAL
- IMPROVED SCHOOLING
- IMPROVED HEALTH OUTCOMES

PROJECT ILLUSTRATION

GHANA: INCREASING ACCESS TO SCHOOL SANITATION AND MENSTRUAL HYGIENE MANAGEMENT

US$ 24 million was committed under the Ghana Sanitation and Water Project for institutional sanitation facilities. This includes new and rehabilitated facilities in 200 schools reaching 150,000 students with safe, inclusive sanitation and hygiene training. The project also includes technical assistance to enhance facilities, training and oversight of menstrual hygiene management in schools.
GOVERNANCE AND HUMAN CAPITAL

INTERVENTIONS

GOVERNANCE INTERVENTIONS

- Public Financial Management
- Public Administration
- Procurement
- Institutional Arrangements
- External Accountability

OUTPUTS

Improved Institutional Performance.

Fund flows to schools and hospitals on time.

Strong budget execution rate for education and health.

Qualified and present teachers, nurses, and doctors.

Availability of inputs.

OUTCOMES

- Improved service delivery.
- Improved quality of teaching.
- Improved quality of healthcare.
- Improved equity and access to education and health.

HUMAN CAPITAL OUTCOMES

- IMPROVED CHILD SURVIVAL
- IMPROVED SCHOOLING
- IMPROVED HEALTH OUTCOMES

PROJECT ILLUSTRATION

MOZAMBIQUE: PUBLIC FINANCIAL MANAGEMENT FOR RESULTS

Its goal is to improve the transparency and efficiency of expenditures for the storage, distribution and availability of medicines and for more transparent and accountable management of complete primary schools.
An emergency operation was carried out to avert a political and economic crisis in a difficult transition time, while supporting measures to limit drug shortages in health centers. The DPF proved to be an important vehicle to bring the issue of drug shortages and drug procurement issues to the attention of the new Minister of Finance. But implementation support through TA, IPFs, etc., is also key for sustained results in a fragile environment.
SOCIAL, URBAN, RURAL AND RESILIENCE, AND HUMAN CAPITAL

INTERVENTIONS
ADDRESSING GENDER GAPS AND DRIVERS OF GENDER-BASED VIOLENCE
ENGAGING CITIZENS TO IMPROVE DEVELOPMENT RESULTS AND STATE-SOCIETY RELATIONS
FOCUS ON MARGINALIZED SOCIAL GROUPS
SUPPORT TO HOST DISPLACED COMMUNITIES IN FCV CONTEXTS AND ADDRESS RESOURCE AND POWER CONTESTATIONS

OUTPUTS
Improved equity and accountability in front line service delivery.
Institutionalization and scale up of programs.
Inclusion of marginalized populations in development processes.

OUTCOMES
• Strengthened local government and institutions to be inclusive and equitable.
• Strengthened local capacity to adapt to shocks and reduce emissions.

HUMAN CAPITAL OUTCOMES
• IMPROVED CHILD SURVIVAL
• IMPROVED SCHOOLING
• IMPROVED HEALTH OUTCOMES

PROJECT ILLUSTRATION
HORN OF AFRICA: DEVELOPMENT RESPONSE TO DISPLACEMENT IMPACTS PROJECTS

The project consists of providing service delivery and livelihood support, including investing in health and education of children and skilling youth and women. The project aims to build the resilience to impacts of displacement among these populations. Throughout the project it was found that CDD approaches are effective in delivering services in FCV and displacement settings where government institutions are weak or under stress.
TRANSPORT AND HUMAN CAPITAL

<table>
<thead>
<tr>
<th>INTERVENTIONS</th>
<th>OUTPUTS</th>
<th>OUTCOMES</th>
<th>HUMAN CAPITAL OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>RURAL AREAS</td>
<td>Reduced vulnerability to climate impacts.</td>
<td>• Improved access to markets, health, education.</td>
<td></td>
</tr>
<tr>
<td>• Rural roads and connective infrastructure.</td>
<td>Stronger production value-chains, reduction of transport costs.</td>
<td>• Reduced poverty and improved equity.</td>
<td></td>
</tr>
<tr>
<td>• Resilient infrastructure.</td>
<td>Time savings.</td>
<td>• Improved quality of public services.</td>
<td></td>
</tr>
<tr>
<td>• Transport services.</td>
<td>Job creation.</td>
<td>• Higher labor force participation.</td>
<td></td>
</tr>
<tr>
<td>URBAN AREAS</td>
<td>Reduced fatalities.</td>
<td>• Reduced pollution and mortality.</td>
<td></td>
</tr>
<tr>
<td>• Public transport.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Fare collection/subsidies.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• First/last mile integration.</td>
<td></td>
<td></td>
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<tr>
<td>• NMT modes.</td>
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<tr>
<td>ROAD SAFETY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Transport services.</td>
<td></td>
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</tr>
</tbody>
</table>

**PROJECT ILLUSTRATION**

**HAITI: RURAL ACCESSIBILITY AND RESILIENCE PROJECT**

US$ 75 million to increase physical and comprehensive access by investing in feeder roads and a climate-resilient structuring network, with a focus on improving access to primary health facilities.

**EVIDENCE-BASED:**

Gage and Calixte (2006) find evidence that 43% of women living in an area linked to the nearest urban center by an asphalt road completed the recommended antenatal-care visits, compared to only 14% in areas linked by unpaved roads.
ENERGY AND HUMAN CAPITAL

INTERVENTIONS

INCREASE ELECTRICITY ACCESS USING CONVENTIONAL AND INNOVATIVE APPROACHES

USE DISRUPTIVE BUSINESS MODELS AND PROMOTE EFFICIENT APPLIANCES

PROMOTE PRODUCTIVE USES OF ELECTRICITY AND LOCAL ENTREPRENEURSHIP FOR SUSTAINABLE SERVICE

OUTPUTS

Households, businesses, water pumps, irrigation pumps, schools and health clinics have electricity supply.

Improved economic activities due to electricity availability.

OUTCOMES

• Improved productive hours.
• Improved jobs and firm productivity.
• Improved student school attendance.
• Improved quality service delivery at medical centers.
• Improved use of online and digital materials.
• Improved retention of medical and teaching professionals.

HUMAN CAPITAL OUTCOMES

• IMPROVED CHILD SURVIVAL
• IMPROVED SCHOOLING
• IMPROVED HEALTH OUTCOMES

PROJECT ILLUSTRATION

UGANDA: ENERGY FOR RURAL TRANSFORMATION, PHASE III

Through the Uganda ERT III project, the World Bank financed electrification of schools and health clinics in remote areas of Uganda using stand-alone solar systems, which are far from electricity grid network. Health centers now can serve their patients with electric medical appliances. Students can study at night with solar lights and teachers and health center workers have reported benefits of having electricity.
# ENVIRONMENTAL MANAGEMENT, CLIMATE CHANGE AND HUMAN CAPITAL

## INTERVENTIONS

### BLUE ECONOMY INTERVENTIONS
- Marine, coastal, rivers, inland.

### ENHANCED POLLUTION MANAGEMENT
- Solid and liquid waste, indoor air pollution.

### SUPPORT FOR COMMUNITY-BASED ECOSYSTEM MANAGEMENT
- Rangelands, forests, cropland.

### IMPROVING ENVIRONMENTAL RISK MANAGEMENT SYSTEMS
- Including OHS and community safety.

## OUTPUTS

- Stronger food safety systems.
- New skills development.
- Community participation for management of natural capital.
- Strengthened national systems (occupational health and safety, tenure rights).
- More sustainable institutional performance.

## OUTCOMES

- Increased incomes for natural resource-based livelihoods (fisheries, forests, tourism).
- Improved community resilience against shocks (including climate change).
- Clean and safe environment (reduced exposure to pollutants leads to better health).

## HUMAN CAPITAL OUTCOMES

- IMPROVED CHILD SURVIVAL
- IMPROVED SCHOOLING
- INCREASED HUMAN CAPITAL STOCKS TO MAINTAIN OR IMPROVE ENVIRONMENTAL QUALITY

## INTERVENTION ILLUSTRATION

### NIGERIA: EROSION AND WATERSHED MANAGEMENT PROJECT

The Nigeria Erosion and Watershed Management Project (NEWMAP), a US$ 500 million investment, has introduced an integrated watershed management approach aiming at alleviating poverty, maintaining sustainable ecosystems and improving disaster risk management. The project aims at reducing vulnerability to soil erosion that threatens the lives and homes of thousands of Nigerians.
## INTERVENTIONS

- **Investment in Education, Healthcare and Life Sciences (i.e. Innovative Delivery Models and Cost-effective Solutions)**
- **Investment in Related Sectors (ex. Water, Power, Transport)**
- **Advisory in Quality of Care and Employability**
- **Support in Implementing PPPs Across All Relevant Sectors**
- **Support Innovative Business Models and New Technologies in Health and Education**

## OUTPUTS

- Strengthened capacity to achieve quality of care using Healthcare Quality Tool.
- Strengthened capacity to achieve employability for students using the Employability Tool.
- Support establishment of national health insurance schemes and student lending programs.
- Improved standards introduced in both health and education markets.

## OUTCOMES

- Improved employability of students.
- Improved quality of care.
- Improved affordability of health.
- Improved access to quality and relevant education.
- Improved graduates with market-relevant skills, capable of adapting to the ‘future of jobs’.

## HUMAN CAPITAL OUTCOMES

- Improved Child Survival
- Improved Health Outcomes
- Improved Quality of Learning

## PROJECT ILLUSTRATION

**Ghana: Roll Out of Employability Tool**

The IFC provided advisory support to a number of public and private tertiary and vocational institutions in Ghana to strengthen the country’s capacity to achieve employability of students. The project showed the substantial potential to overcoming capacity constraints through the provision of education through targeted capacity building.

- Improved employability of students.
- Improved quality of care.
- Improved affordability of health.
- Improved access to quality and relevant education.
- Improved graduates with market-relevant skills, capable of adapting to the ‘future of jobs’.
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