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Report No: 38769-SL

PROJECT PAPER

ON A

PROPOSED ADDITIONAL FINANCING GRANT

IN THE AMOUNT OF SDR 5.3 MILLION
(US$8 MILLION EQUIVALENT)

TO THE

REPUBLIC OF SIERRA LEONE

AND ON A

PROJECT RESTRUCTURING

FOR THE

HEALTH SECTOR RECONSTRUCTION AND DEVELOPMENT PROJECT

April 19, 2007

Human Development II
Country Department W1
Africa Region

CURRENCY EQUIVALENTS

(Exchange Rate Effective February 2007)

Currency Unit = Leone (Le)
US$1 = Le 2900

FISCAL YEAR
January 1 – December 31

ABBREVIATIONS AND ACRONYMS

ACGF	Africa Catalytic Growth Fund
CAS	Country Assistance Strategy
DGA	Development Grant Agreement
GDP	Gross Domestic Product
IDA	International Development Association
KPI	Key Performance Indicator
MoHS	Ministry of Health and Sanitation
NGO	Non-Government Organization
PHU	Primary Health Unit
SDR	Special Drawing Rights
TB	Tuberculosis

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REPUBLIC OF SIERRA LEONE

HEALTH SECTOR RECONSTRUCTION AND DEVELOPMENT PROJECT

ADDITIONAL FINANCING AND PROJECT RESTRUCTURING

CONTENTS

Page

MAP No.: IBRD33478

REPUBLIC OF SIERRA LEONE

HEALTH SECTOR RECONSTRUCTION AND DEVELOPMENT PROJECT ADDITIONAL FINANCING AND PROJECT RESTRUCTURING

PROJECT PAPER DATA SHEET

Date: April 19, 2007 Country: Republic of Sierra Leone Project Name: Health Sector Reconstruction and Development Project Project ID: P074128 and P103740	Team Leader: Evelyn Awittor Sector Manager: Eva Jarawan Country Director: Mats Karlsson Environmental Category: B
Borrower: Government of Sierra Leone Responsible Agency: Ministry of Health and Sanitation (MoHS)	

Estimated disbursements (Bank FY/US$million)

FY	2008	2009	2010						
Annual	4.0	3.5	0.5						
Cumulative	4.0	7.5	8.0						

Current Closing Date: February 28, 2008
Revised Closing Date: August 31, 2009

Does the restructured or scaled-up project require any exceptions from Bank policies?	No
Have these been approved by Bank management?	Not applicable
Is approval for any policy exception sought from the Board?	No

Revised project development objectives/outcomes: The project development objectives have not been revised.

Does the scaled-up or restructured project trigger any new safeguard policies? No

For Additional Financing

[ ] Loan [] Credit [X] Grant [ ] Guarantee [ ] Other:
For Loans/Credits/Others:
Total Bank financing (US$m.): 8.00 equivalent
Proposed terms:

Original Financing Plan (US$m)

Source	Local	Foreign	Total
BORROWER/RECIPIENT	1.00	0.00	1.00
INTERNATIONAL DEVELOPMENT ASSOCIATION	14.15	5.85	21.00
Total:	**15.15**	**5.85**	**21.00**

Additional Financing Plan (US$m)

Source	Local	Foreign	Total
BORROWER/RECIPIENT	0.00	0.00	0.00
INTERNATIONAL DEVELOPMENT ASSOCIATION	6.30	1.70	8.00
Total:	**6.30**	**1.70**	**8.00**

Borrower: Republic of Sierra Leone
Responsible Agency: Ministry of Health and Sanitation (MoHS)
Contact Person : Mr. Clifford Kamara, Director of Planning and Information
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A. INTRODUCTION

1. This Project Paper seeks the approval of the Executive Directors to (a) provide an additional grant in an amount of SDR 5.3 million (US$8.0 million equivalent) to Republic of Sierra Leone for the Health Sector Reconstruction and Development Project (project identification P074128 and P0103740, grant number H0210-1-SL), and (b) introduce changes in the project and accompanying amendments to the project's legal documents.

2. The proposed additional grant would help finance the costs associated with (a) completing original civil works activities that face cost overruns, and (b) implementing additional activities related to the control and prevention of onchocerciasis and avian influenza. The proposed restructuring would support (a) modification of key performance indicators to strengthen the project focus on critical health outcomes, and (b) scaling back of the malaria program in response to increased funding for these activities now available from other development partners.

3. No changes to the project development objective, general design, and implementation modalities are sought. The proposed additional financing and the related project restructuring are designed to scale up the project's impact and development effectiveness, and help Sierra Leone speed up progress in restoring essential functions of the health delivery system.

B. BACKGROUND AND RATIONALE

4. ***Country Context.*** Sierra Leone is a low-income country that has emerged from a decade long civil war that ended in January 2002, and is no longer eligible for IDA post-conflict or Low Income Countries Under Stress trust fund resources. Since the end of the conflict, the conduct of macro policy has been conducive to sustained medium-term growth: real GDP growth in recent years has been impressive, exceeding 9 percent in 2003 and reaching 7.2 percent in 2005. The fiscal deficit after grants has been falling for four years (as recurrent spending is slowing) from 10.6 percent of GDP in 2001 to 2.7 percent of GDP in 2005. Expenditure policies have successfully avoided crowding out: private sector investment has increased from 3 percent of GDP (and 41 percent of the total) in 2001 to 11.2 percent of GDP (and 71 percent of the total) by 2004

5. The Sierra Leone Poverty Reduction Strategy is clear that redressing the inequities between Freetown and the rest of the nation are central to the maintenance of peace. This drives Government policy in many respects, notably through an increased focus on decentralization. Following election of local councils in 2004, the Government designed and implemented formula-based grants to local councils based on the principle of equity. Grants to help local councils finance recurrent expenditures related to primary health, schools, solid waste management, and capital expenditures have been allocated according to objective indicators of needs for services. Grants are directly disbursed to local council accounts, thus eliminating leakages that had been occurring between the central government and district levels. The transition to equalization grants and the direct transfer mechanism favor rural districts and hence improve the pro-poor orientation of public spending. Sierra Leone is also a Highly Indebted Poor Country Initiative beneficiary and is therefore obligated to use interim debt relief for increased spending on poverty reducing programs.

6. ***Project Background.*** The original grant in the amount of SDR 15.1 million (US$20.0 million equivalent) was approved in February 2003, with an expected closing date in February 2008. It became effective in May 2003. The total project cost is US$21 million, of which the Government was expected to finance US$1 million. However, on January 22, 2007, IDA agreed to allow for 100 percent financing of all eligible expenditures according to the Country Financing Parameters.

7. The original project development objective, which remains unchanged, is to assist the Government to: (a) restore the most essential functions of the health delivery system; and (b) strengthen both public and private health sector capacities, so as to improve the efficiency and responsiveness of the health sector to the needs of the population. Project activities are focused in four priority districts. It uses the Ministry of Health and Sanitation's (MoHS) capacity to plan, taking into account changes in health status and in the overall situation in the country, through a participatory annual review and planning process.

8. Project oversight is the responsibility of the MoHS. Implementation of the activities is and will continue to be carried out by a variety of actors at different organizational levels, including the District Health Management Teams in the four beneficiary districts, and technical program managers and NGOs to make the best use of the capacity of civil society.

9. The project has two components:

- restoring essential health services through (i) restoring health service delivery in four priority districts (Bombali, Koinadugu, Kono and Moyamba), and (ii) supporting three priority technical programs to improve their performance and control infectious diseases of high public importance in Sierra Leone (malaria, tuberculosis (TB), and sanitation; and
- strengthening public and private sector capacity through (i) fostering decentralization and improving the performance of District Health Management Teams; (ii) strengthening the key MoHS support programs in the area of human resources development, planning, financial management, monitoring and statistics, procurement and donor/NGO coordination; and (iii) promoting development of the private sector and participation of civil society in the health sector.

10. ***Project Performance.*** Project implementation started slowly but has progressed satisfactorily since the mid-term review in February 2006, and the project is currently on track to achieve the project development objective and achieve significant development benefits. The Implementation Status Report ratings for Implementation Progress and Development Objective ratings have consistently been moderately satisfactory or satisfactory.

11. Despite difficulties in obtaining counterpart funds and some delays in submitting withdrawal applications, as well as weak implementation of the environmental management plan (EMP) at the beginning of the project, available data indicate that health care accessibility has increased from 41 percent in 2004 to 57 percent in 2006. The project has managed to equip fifty health posts in the four priority districts, which are currently functioning. Twenty-four rehabilitated laboratories are now capable of performing malaria microscopy, surpassing the original target of 15 and improving malaria treatment. The four district hospitals under

rehabilitation are at various stages of completion. Finally, five out of a target of twelve primary health units have been fully rehabilitated and equipped under the project.

12. The performance of the MoHS and implementing agencies at the decentralized level has been satisfactory. The project is in compliance with the legal covenants and has effectively followed the agreed procurement, financial management, monitoring and evaluation, and safeguard requirements. Disbursements picked up significantly after the mid-term review. Currently, the project has disbursed an amount of US$16.7 million leaving an undisbursed amount of US$5.3 million. It is projected that the entire grant amount would be fully disbursed by project end.

13. ***Rationale for Additional Financing.*** The Government has requested additional financing for the following reasons:

- Scale up Onchocerciasis control and prevention – The prevalence of Oncho, a debilitating and often blinding disease endemic to tropical areas of Africa, has increased in Sierra Leone over the past few years. Oncho prevention was not included in the original project design because it was expected to be financed through other sources of funding, which did not materialize. The disease can be treated through an annual dose of the drug ivermectin, and the Government has launched a massive campaign involving the World Bank, the private sector, voluntary organizations, and local communities.

- Strengthen Avian Influenza awareness and preparedness – Since the Avian Influenza H5N1 virus remains a potent threat in Africa, the Government has developed a new monitoring and prevention program in line with Bank, FAO, and WHO recommendations. There are no known outbreaks of H5N1 in Sierra Leone, but in 2006, eight countries (Nigeria, Egypt, Niger, Cameroon , Burkina Faso, Sudan, Côte D'Ivoire, and Djibouti) reported outbreaks that resulted in sixteen confirmed human cases with seven fatalities.

- Improve operational conditions of health facilities – Additional financing is needed to (a) complete civil works included in the original project design that face cost overruns, because of increased unit costs for building materials and increased scope of work required for repairing basements and roofing structures; and (b) support some additional facilities for hospitals and community health centers that lack adequate infrastructure to effectively deliver project activities.

14. ***Rationale for Restructuring.*** While the project is performing satisfactorily, the Government has also requested several project changes for the following reasons:

- Redeploy resources – The Global Fund to Fight AIDS, Tuberculosis, and Malaria recently committed additional funds to support the Government's malaria program, which means that the IDA funding originally allocated to malaria can be redeployed to other high priority uses in the health sector.

- Revise the outcome indicators in the results framework – The original outcome indicators in the project results framework were very general, overly numerous for strategic management for results, and not consistent with the sector-wide indicators recently developed by the MoHS for monitoring its activities. The Government is therefore proposing to make them more specific, measurable, and outcome-based.

C. PROPOSED CHANGES

15. ***Project Restructuring***. The following changes are proposed to be made:

- Scale down malaria control activities, including the promotion and distribution of insecticide-treated bed-nets; training of health workers; establishment of a sentinel surveillance system for monitoring antimalarial drug treatment efficacy; strengthening of laboratory diagnostic capacity at health facilities through provision of equipment and supplies and training of laboratory staff; supervision of clinical staff; procurement of reserve stocks of drugs; and operational research on approaches to improve case management; and procurement of office equipment and supplies.

- Revise Key Performance Indicators (KPIs) to reflect a better linkage with project activities. A detailed review of the changes are included in Section F and Appendix A.

16. ***Additional Financing***. The activities proposed for additional financing are:

(a) a new Oncho program, including provision of office equipment, procurement and distribution of drugs, furniture, community sensitization, training, operational research and monitoring and evaluation. The total cost of the program is estimated at US$2.70 million equivalent.

(b) a new Avian Influenza program, including staff training, establishment of sentinel sites, and provision of laboratory equipment. The total cost of Avian Flu activities is estimated at US$0.40 million equivalent; and

(c) the scaling up and completion of civil works, in the form of staff quarters, incinerators, clinical and surgical wards, one administrative building, oxygen in the theaters, maternity and surgical wards, solar power systems for the facilities and an access road for the Makeni hospital. The total cost of all additional civil works is estimated at US$4.75 million equivalent.

17. The Additional Financing also includes an unallocated category of US$0.15 million equivalent. Activities to be financed under the Additional Financing are expected to be completed by February 28, 2009; as such the closing dates of both the initial and additional grants are proposed for August 31, 2009 (18 months extension).

18. ***Costs***. The original project costs were estimated at $21 million, of which $20 million to be financed by IDA and $1 million by the Government of Sierra Leone. On January 22, 2007, IDA agreed to increase the IDA financing of all eligible expenditures for the remainder of the project period to 100 percent, The total cost of the additional financing, based on actualized unit

costs, is estimated at US$8.0 million, all of which would be allocated to the first component aimed at restoring essential health services. Contribution from Government will continue in kind through payment of salaries for regular staff of the MoHS who work on the project implementation in the four priority districts, taxes and customs duty waiver on imported items, and utility bills in the four priority Districts Health Management Teams' offices. The value of the Government's in-kind contribution is estimated at $1.4 million for the remaining period of project implementation. The revised total project cost, including additional financing is therefore estimated US$29.0 million (Appendix B).

D. CONSISTENCY WITH THE CAS AND THE PRSP

19. The ongoing Project, which started in 2003, and the proposed additional financing are consistent with the strategic priorities set out in the current Country Assistance Strategy (CAS, Report No. 31793, May 5, 2005) and the PRSP. They support the long-term country development outcome set out in the third pillar of the CAS "to improve the health status of the people of Sierra Leone," and directly feed into the specific CAS outcome "to restore and develop the health sector in four districts." The additional financing activities will speed up progress towards the intermediate indicators to track implementation towards expected CAS outcomes.

E. APPRAISAL OF ADDITIONAL ACTIVITIES

20. The Bank has completed appraisal of the economic, financial, technical, fiduciary, environmental, and social aspects of the proposed additional activities. Appraisal verifies that all arrangements are set, fiduciary controls are in place, and the Borrower is ready and has adequate capacity to implement the additional activities. The implementation systems are expected to continue to operate satisfactorily during the remainder of the project. The implementation of the environmental safeguard system is also expected to continue to improve over the period.

F. EXPECTED OUTCOMES AND IMPROVEMENTS TO RESULTS FRAMEWORK

21. The following new performance indicators are proposed to be added to better measure the original project activities as well as the scaled up oncho and avian flu programs:[1]

(a) At least 50 percent of PHUs in the four priority districts have either an incinerator or a burning pit;

(b) Percentage of pregnant women in the four priority districts who sleep regularly under insecticide-treated bednets is at least 40%;

(c) Therapeutic coverage of Ivermectin nationwide increase from 0 percent in 2005 to at least 60 percent;

[1] The targets in this Section F are set as of the closing date of the Project

(d) Increase in geographic coverage of community-directed Ivermectin distributed (CDTI) from 0 percent in 2005 to 70 percent;

(e) The number of health workers trained on surveillance of Avian Influenza increased from 0 in 2006 to 250.

22. The following indicators are proposed to be dropped or scaled back for the reasons described below:

(a) "60 percent of deliveries to be assisted by qualified provider in the four priority districts": This indicator is proposed to be dropped because there are no corresponding project activities and will be addressed under the forthcoming ACGF Child Survival and Maternal Health Program;

(b) "The number of insecticide-treated bed nets purchased under the project and distributed to the population exceeds 750,000": This target is proposed to be revised to 160,000 because new donors (Global Fund) have taken over the financing for certain malaria commodity provision including bednets.

23. The following revised indicators have replaced those that are considered poor measures:

(a) "percentage of population within one mile radius from the nearest PHU in the four priority districts increased from 41 percent in 2004 to at least 60 percent" is proposed as a better measure of access to health services to replace "the health centers rehabilitated and equipped in the four Priority Districts have at least 0.5 contacts per inhabitants per year";

(b) "percentage of children aged 12-23 months completely immunized is at least 75 percent" is proposed as a better measure of utilization to replace "the bed occupancy rates in the hospitals rehabilitated and equipped is at least 85 percent".

24. No changes are being proposed to 5 other KPIs in the DGA. The original KPIs from the DGA and the revised Results Framework are presented in Appendix A.

G. BENEFITS AND RISKS

25. ***Benefits***. The project will continue to provide the following benefits to Sierra Leone:

- Improve access to health care for rural populations by: (a) rehabilitating health infrastructure in mid-size rural districts; (b) financing strategies such as primary health care and prevention offering a comparative advantage to the poor; and (c) supporting programs as Malaria, TB, Sanitation, Onchocerciasis and Avian Flu;
- Contribute to making the health delivery system more responsive to the needs of the rural population by promoting the decentralization of decision-making.

26. ***Risks***. Some of the risks that were classified as substantial at the time of Project's approval are being addressed. The risk of weak capacity of the MoHS to implement sector reform has been downgraded from substantial to moderate as the Ministry now has increased capacity for implementation through the project-supported capacity building and data collection activities. Additionally, the risk associated with insufficient political determination to effect the decentralization policy has become negligible. The Government is currently implementing a decentralization policy with primary health decentralized to the local councils. The risk of poor coordination of donor programs has been downgraded from substantial to moderate. The MoHS is now better equipped to coordinate donor programs and ensure their alignment with government's program.

27. While Sierra Leone is rated as a high risk country due to poor governance, the ministry has implemented the on-going project effectively and efficiently, with no significant problems related to financial management or procurement. The rating for project financial management has been consistently satisfactory. For this reason, the existing fiduciary arrangements are being retained without any changes for the additional financing: the Designated Account will continue to be maintained by the MOH, who handles all accounting and reporting. Support to District Councils (DC s) has not yet started, and this is not expected to change during the life of the current project, as the DCs do not yet have financial management capacity. The project audit covered the four districts in which the project is active, and the audit opinion was unqualified. There are no outstanding audits.

28 As a small post-conflict state, Sierra Leone is making real but still fragile progress towards good governance and low corruption. So far no Country Procurement Assessment Report (CPAR) has been issued for Sierra Leone. However, in June 2003, the Bank prepared an **Issues Paper (IP) on Public Procurement.** The assessment rated public procurement practices as poor and not contributing effectively to value for money. The Government has introduced a number of proactive reforms in public financial management (PFM) including Public procurement that are meant to reduce the opportunities for corruption. The implementation of the public procurement law enacted in 2004 is part of the public financial management reforms component of the proposed Bank-financed Institutional Reforms and Capacity Building (ICRB) Project that is being implemented by the Ministry of Finance. The Public Procurement Act (PPA) is comprehensive and covers all procurement in the public sector. The PPA created the National Public Procurement Authority (NPPA), an autonomous regulator empowered to set rules and oversee public procurement practices by all public sector bodies. In turn, the NPPA has issued standard bidding documents and set rules for open, competitive procurement across government. At the same time, challenges remain in several areas such as dissemination of regulations, training of Government staff and the private sector, establishment of procurement plans tied into the budgeting process, and audits of main spending entities. Progress is being monitored under the MDBs Budget support for Sierra Leone. It is expected that the implementation of the *Procurement reform* will reduce opportunities for corruption and improve the efficiency of public spending through fair, open competition. Attention is currently focused on the proper execution of procurement plans and establishment of the institutional framework mandated by the PPA. In summary, while there are some very real governance risks, the authorities have been making tangible progress that should be supported and deepened. Government and the key budget support donors have agreed on a well defined program of

governance reforms backed by a harmonized approach to reform and monitoring. These reforms and other measures will help reduce the currently high fiduciary risks faced by the donor community.

29. Regarding the additional financing, the procurement risk is low. The design, Bills of Quantities and Bidding Documents have been prepared to be submitted to IDA by end May. The supervising consultant for the civil works was hired under the main project and with IDA clearance an extension of the contract will be negotiated. The design engineer and manufacturer of the Smokeless incinerator (proprietary) have been identified. Bidding documents for the Goods component have been prepared to be submitted to IDA by end May for tender to be launched. The MOH civil engineering and procurement staff are in place to manage procurement. This is captured in the Procurement Plan which has been cleared by the Bank. UN/IAPSO will be used for supply of vehicles. Sierra Leone Banks have serious problems in establishing and processing letters of credit. The use of the UN system solves this while effort in being made by financial management to build the capacity of the banks. However, risks associated with inadequate human resources for the rehabilitated health facilities and inadequate budget allocation to the sector are raised to "high". Human resources development will be pursued in the sector and will become a policy priority for the public sector. All donors will be mobilized to harmonize human resources planning with infrastructure planning and the dialogue will be intensified. The Government will also ensure that more resources will be made available to the social sectors from debt relief/Poverty Reduction Support operations.

H. FINANCIAL TERMS AND CONDITIONS FOR ADDITIONAL FINANCING

30. The additional financing of US$8.0 million equivalent would be provided as a Grant. The only condition of effectiveness is the receipt of a legal opinion certifying that the Additional Financing Agreement will have been duly authorized and executed by the Republic of Sierra Leone and is legally binding upon the Republic of Sierra Leone in accordance with its terms.

SIERRA LEONE HEALTH SECTOR RECONSTRUCTION AND DEVELOPMENT PROJECT

ADDITIONAL FINANCING

APPENDIX A: KEY PERFORMANCE INDICATORS*

* Except as otherwise specified below, the targets are set as of the closing date of the Project

Original Indicators	Proposed Indicator	Comments
1. At least fifty (50) posts in the four Priority Districts are fully equipped as specified in the Project Implementation Plan.	1. At least fifty (50) health posts in the four Priority Districts are fully equipped as specified in the Project Implementation Plan.	No change
2. At least Four (4) District Hospitals in the Priority Districts have been rehabilitated and fully equipped with as specified in the Project Implementation Plan	2. At least four (4) District Hospitals in the Priority Districts have been rehabilitated and fully equipped as specified in the Project Implementation Plan.	No change
3. The health centers rehabilitated and equipped in the four Priority Districts have at least 0.5 contacts per inhabitants per year.	3. Percentage of population within one mile radius from the nearest PHU, in the four priority districts increased from 41% in 2004 to at least 60% in 2007.	Indicator revised. Better measure of physical access than original target
	4. Twelve primary health facilities fully rehabilitated and equipped in the four Priority Districts.	New indicator. Additional measure of physical access
4.The bed occupancy rates in the hospitals rehabilitated and equipped is at least 85%	5. Percentage of children aged 12-23 months completely immunized is at least 75%.	Indicator revised. Better measure of utilization; original indicator on bed occupancy rates is not possible to measure over project period (District Hospitals will become operational close to project completion)
5. The number of insecticide-treated bed nets purchased under the project and distributed to the population exceeds 750,000.	6. The number of insecticide-treated bed nets purchased under the project and distributed to the population exceeds 160,000.	New donor has taken over the bulk of this activity, so IDA target has been scaled back.
6. At least fifteen (15) laboratories are capable of performing malaria microscopy in the territory of the Recipient.	7. At least 15 laboratories are capable of performing malaria microscopy in the territory of the Recipient.	No change
7. The percentage of children	8. The percentage of children	No change

Original Indicators	Proposed Indicator	Comments
under five years of age in the four Priority Districts who sleep regularly under insecticide-treated bed nets, is at least 40%.	under five years of age in the four Priority Districts who sleep regularly under insecticide-treated bed nets, is at least 40%.	
	9. The percentage of pregnant women in the four priority districts who sleep regularly under insecticide-treated bednets is at least 40%.	New indicator for Additional intermediate outcome of utilization
8. The percentage of TB smear-positive cases successfully treated under Directly Observed Treatment Strategy (DOTS) strategy in the four Priority Districts is at least 85%	10. The percentage of TB smear-positive cases successfully treated under (DOTS) in the four Priority Districts is at least 85%.	No change.
9. The proportion of new TB smear-positive cases detected in the four Priority Districts is at least 70%.	11. The proportion of new TB smear-positive cases detected in the four priority districts is at least 50%.	Scaled back based on realistic assessment of what is feasible between now and project completion.
10. At least 60% of deliveries in the four Priority Districts will be assisted by a qualified provider.	To be dropped	No associated project activity; will be addressed under the forthcoming ACGF Child Survival and Maternal Health Program.
	12. At least 50% of PHUs in the four priority districts have either an incinerator or a burning pit.	New indicator added to better link with project activity.
	13. Therapeutic coverage of Ivermectin nationwide increase from 0% in 2005 to at least 60%.	New indicator for Oncho control activities.
	14. Increase in geographic coverage of community-directed Ivermectin distributed (CDTI) from 0% in 2005 to 70%.	New outcome indicator for Oncho control activities.
	15. The number of health workers trained on surveillance of Avian Influenza increased from 0 in 2006 to 250.	New indicator to measure for avian influenza.

SIERRA LEONE HEALTH SECTOR RECONSTRUCTION AND DEVELOPMENT PROJECT

ADDITIONAL FINANCING

APPENDIX B: PROJECT COSTS

(Amount in US$ million, including contingencies)

Additional Financing

Cost by Component and by Financier	IDA	Beneficiaries/ Government	Total
I. Restoring Essential Health Services:			
1. District Support and Key Technical Program	4.75	0.00	4.75
a) Cost Overrun	2.25		2.25
b) Scaling-up Activities	2.50		2.50
2. Onchocerciasis Program	2.70	0.00	2.70
3. Avian Flu	0.40	0.00	0.40
Unallocated	0.15	0.00	0.15
Total Additional Financing	**8.00**	**0.00**	**8.00**

Original Grant

Cost by Component	Indicative Costs	% of Total	Bank-Financing	% of Bank-Financing
I. Restoring Essential Health Services	15.02	71.5	14.24	71.2
II. Strengthening Public and Private Sector Capacity	5.98	28.5	5.76	28.8
Total Project Costs	**21.00**	**100**	**20.0**	**100**

SIERRA LEONE

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NOVEMBER 2004