

**PROJECT INFORMATION DOCUMENT (PID)
IDENTIFICATION/CONCEPT STAGE**

Report No.: PIDC95609

Project Name	
Region	AFRICA
Country	Sierra Leone
Lending Instrument	IPF
Project ID	P162166
Borrower Name	IBIS Sierra Leone
Implementing Agency	IBIS Sierra Leone
Environment Category	C - Not Required
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Initiation Note Review Decision	The review did authorize the preparation to continue

I. Introduction and Context

Country Context

Sierra Leone recently emerged from a devastating Ebola epidemic that shattered its health and economy, as well as neighboring countries. As of June 2016, there were 28,616 confirmed, probable and suspected cases, and 11,310 reported deaths from the outbreak, in the three most affected countries of Guinea, Liberia and Sierra Leone . The outbreak revealed the precarious nature of over ten years of post-conflict reconstruction and reform in Sierra Leone, which included poverty reduction, and interventions in the health and education sectors. According to the World Bank's World Development Indicators, 56.6 percent of Sierra Leone's population live below the international poverty line of \$1.25 per day, while 82.5 percent live on less than \$2 per day. Infrastructure remains inadequate and Sierra Leone continues to be one of the poorest countries in the world.

In addition to systemic poverty, governance challenges in all the countries affected by Ebola have been pointed out as a contributing factor that exacerbated the outbreak and prolonged its duration. Despite economic gains prior to the Ebola Virus Disease (EVD) outbreak, Sierra Leone did not meet the 2015 Millennium Development Goals (MDG) in education, health and water and sanitation. This is despite the fact that the health and education sectors have been identified as two of the most important ways for Sierra Leoneans to escape poverty, with government allocations to both these sectors forming nearly one third of combined government and donor budgetary allocations at 27 percent. Reports indicate that leakages within these as well as other key sectors are high despite significant gains made by the government in the fight against corruption, including systems' reviews of ministries followed by prosecutions of high profile cases. For example, a recent audit report by the Auditor General's office in Sierra Leone, noted distressing levels of corruption, mismanagement and lack of transparency and accountability among the Ministry of Health and Sanitation (MoHS) and the National Ebola Response Council (NERC) in the disbursement and use

of funds. Although the audit was limited primarily to local donations, given Sierra Leone's record of corruption and lack of transparency in financial transactions, concerns about the appropriate use of development funds are high. For example, Transparency International's 2013 Global Corruption Barometer noted that Sierra Leone had the highest incidences of bribery in sub-Saharan Africa. The most recent Afrobarometer report based on 2015 survey findings in Sierra Leone, also noted high incidences of corruption and bribery.

The Government of Sierra Leone (GoSL) is aware of the challenges in public financial management and waste in service delivery and is putting systems in place through the Audit Service and the Anti-Corruption Commission (ACC) to address the leakages. The Post-Ebola response also includes a section on governance, designed to address concerns with corruption. GoSL has developed a 24-month Post-Ebola Recovery Strategy --spanning 2016 to 2017-- focusing on two sequential steps. The first nine-month phase focused on implementing immediate recovery priorities, with a special focus on restoring access to basic health care, reopening and running of schools in a healthy environment, providing social protection support, improving energy and infrastructure, and revamping the private sector, including agriculture activities.

The second phase which is currently underway since April 2016, focuses on transitioning back into the Agenda for Prosperity Plan, with a focus on education, health, social protection, private sector development, energy and water. The recovery strategy relies on the internationally derived, New Deal for Engagement in Fragile States as an implementation guide to attain and sustain resilience, whereby governance is included as the seventh pillar. Overall, GoSL's recovery plan prioritizes delivery assurance by committing to building delivery and accountability architecture, systems and capacities.

The government's approach for post-Ebola recovery places governance at the center of such efforts. To address concerns about corruption and theft, new governance structures have been set up that work largely in parallel with existing decentralized structures, geared to implement the Post-Ebola recovery efforts that have been titled, the "Presidents Recovery Priorities". A "President's Delivery Team" has been established at the Office of the President (State House) to supervise the recovery goals, with sector delivery coordinators embedded within all the relevant ministries. Additional staff is embedded within the local councils in the country's 14 districts.

Donors provide over 90 percent of the health and education recovery budgets, a majority of which is channeled through international and national non-governmental organizations. GoSL's capacity for overseeing both its investments and the unprecedented donor support for health and education recovery for the next 15 months, however, is limited.

Sectoral and Institutional Context

The deep impoverishment of Sierra Leone's rural and peri-urban population is reflected in health and education statistics. While life expectancy has improved (2002 to 2014) to the regional average of 57 years, the under-five mortality rate (per 1,000 live births) is 156 (compared to a global average of 48 and a regional average of 95) and maternal mortality rate per 100,000 live births is 857 (compared to a global average of 210 and a regional average of 500).

Over the last 10 years, the GoSL allocated an average of 9 percent of its annual budget to strengthening primary health care including the recently instituted free health care for children,

pregnant women and lactating mothers. Despite this investment level, media and NGO reports indicate that service delivery continues to face challenges with plummeting development outcomes in infant mortality. According to UNICEF and World Vision reports (2012) Sierra Leone has experienced increases in maternal and infant mortality and teenage pregnancy as well as rampant misuse and theft of drugs, funds and medical equipment. A 2011 Public Expenditure Tracking Survey Report by the Government of Sierra Leone noted that only an estimated 40% of essential drugs purchased at the center reached rural health centers.

Sierra Leone also has problems in education that span all levels, from enrollment, school completion, quality of education, learning outcomes, coordination, management and financing to civil society's limited role in education. Such problems are reflected in the adult literacy rate which is 56% for men and 34% for women compared to a sub-Saharan average of 68% for men and 50% for women.

The period from 2005-2011 saw a decrease in the Government's allocation to education, from 14.2% to 9.8% of the total budget . Despite a recent survey that positively revealed that 84% of all children of primary school age were enrolled and attending school in 2013, low completion rates are a concern. In 2013, the completion rate in primary school was 73%, less than the SSA average by eight points, for primary school. Drop out rates were higher for girls than boys (72.6% for boys; 69.5% for girls). Completion rates were even lower at the Junior Secondary School (JSS) level, at 54% (58% for boys; 50% for girls). Informal school fees and other school related costs affect attendance and completion rates for all children despite primary education being ostensibly free. Other cited concerns include overcrowding of classes, acute shortage of textbooks, poor facilities, lack of trained teachers, early marriage, teenage pregnancy and sexual gender based violence.

Education quality is also a concern. An early grade reading assessment conducted in 2014 found that less than 2% of children in second grade (around eight years old) were able to read to learn while a vast majority are still learning to read, lacking the most basic reading, writing and comprehension skills to properly pursue their schooling. There is no single institution providing training for certifying teachers in Sierra Leone. Moreover, only a little over half of all primary school teachers are qualified with more than 30% of secondary teachers being unqualified.

Quality monitoring and supervision of teachers has proven to be a key element in ensuring that teachers take learning from trainings and apply them in the classroom. However, the limited human and financial resources available in Districts Education Offices (who have the mandate to provide monitoring and supervision of teachers and schools), hinders the ability of Ministry of Education Science and Technology (MEST) to conduct and maintain effective monitoring and supervision.

Citizen engagement in the education sector is historically low. The capacity of community education structures including MCs, SMCs and CECs to mobilize communities in support of education as well as their capacity to take up their oversight role of education management and financing, was further weakened by the EVD outbreak. Furthermore, the presence of CSOs at district level working within the sector is limited, with Education For All, SL (EFA-SL) being the key civil society education actor and central in promoting accountability and better civil society action within the sector.

Ebola further affected the overall quality of social services. About 78 teachers reportedly died, while educational institutions were closed for one year, with some school facilities used as Ebola

holding and treatment centers. Closure of schools also led to increases in teenage pregnancy. In health, GoSL estimates a 23 per cent decrease in health service delivery.

Relationship to CAS/CPS/CPF

The grant is aligned with the Joint Country Assessment Strategy that is under preparation. More specifically the project will focus on addressing the underperformance of the health and education sectors in the aftermath of the Ebola virus disease outbreak, by enhancing accountability and contributing to the achievements of the post-Ebola recovery targets.

II. Project Development Objective(s)

Proposed Development Objective(s)

The project's development objective is to support the attainment of GoSL's post-Ebola recovery targets in Education and Health sectors by strengthening citizen monitoring of recovery targets at community level and improving the oversight capacity of public sector institutions and accountability of service providers.

Key Results

The key result of the project are:

- Improved learning outcome as a result of increased training of teachers, reduced overcrowding in severely affected schools and, feeding of children in government assisted schools.
- Increased number of hospital and health care facilities with the capacity to provide essential health care services.

III. Preliminary Description

Concept Description

The overall objective of the project is to support the attainment of GoSL's post-Ebola recovery targets in the education and health sectors through strengthening citizen participation in monitoring and accountability of recovery targets at community level and improving oversight capacity of the state institutions and accountability of service providers. The project will work with selected hospitals and schools in three districts out of fourteen districts in the country, training civil society and citizens to monitor and advocate around improved service delivery, and to take ownership of service delivery outcomes that are specifically derived from the post-Ebola recovery targets in education and health.

To support change, key reform "champions", will be identified at all levels: national, central and local, within the Recovery Unit and government at-large that will address service delivery issues identified by community members. Delivery agents within the Delivery Unit also have recovery targets they are supposed to meet; through facilitating dialog between community members, members of the delivery team and other relevant government counterparts, the project will complement work undertaken by the Delivery Team and enhance their results, thus concretely supporting delivery agents in their work.

The project will identify and engage leaders within local structures for information and advocacy and establish dialog platforms ("accountability forums") with the Delivery Unit. The project will facilitate the translation of identified concerns into concrete programmatic and policy changes that will ensure that the project moves beyond information and sensitization to tangible improvements in

service delivery. Finally through using mechanisms such as awards for the most improved sector, the project will provide additional incentives for change within targeted sectors.

This project has the following components.

Component 1: Generating information to monitor sectorial service delivery.

The aim of this component is to produce systematic data and information to feed into citizen monitoring mechanisms that will in turn help to identify budget and service delivery gaps and bottlenecks. The Service Delivery Index (SDI) will capture citizen perceptions and track demand and supply gaps in education and health services (e.g., availability of teachers, school administrators, nurses and doctors, teaching and learning materials, health equipment as well as sector-specific infrastructure investments such as the renovation and construction of new hospitals and health clinics, classroom and other education support infrastructure) in their communities.

Component 2: Building state-citizen interfaces on public service delivery and community-based structures for Social Accountability.

This component aims at opening up spaces for constructive engagement between consumers of service delivery institutions (schools, hospitals and PHUs) and decision-makers that may in turn result in concrete and observable improvements in health and education services at the facility level. This will be accomplished through engagement with service delivery institutions on evidence-based data on impact of services and perception of service users on quality.

Component 3: Managing knowledge and learning, and project coordination.

This component aims to ensure production of knowledge and analysis about key political economy dimensions of the project that will inform project strategy over the years on how to actually do social accountability in fragile contexts. This information will also be available for external dissemination.

IV. Safeguard Policies that Might Apply

Safeguard Policies Triggered by the Project	Yes	No	TBD
Environmental Assessment OP/BP 4.01		x	
Natural Habitats OP/BP 4.04		x	
Forests OP/BP 4.36		x	
Pest Management OP 4.09		x	
Physical Cultural Resources OP/BP 4.11		x	
Indigenous Peoples OP/BP 4.10		x	
Involuntary Resettlement OP/BP 4.12		x	
Safety of Dams OP/BP 4.37		x	
Projects on International Waterways OP/BP 7.50		x	
Projects in Disputed Areas OP/BP 7.60		x	

V. Financing (in USD Million)

Total Project Cost:	0.684	Total Bank Financing:	0
Financing Gap:	0		
Financing Source			Amount

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