

## Sierra Leone Decentralized Service Delivery Project (DSDP) 2 Activity Summary Report 2: Community Monitoring Intervention

105838

This short note will summarize the lessons learned from the community monitoring intervention (CMI) in health sector and progress made to date in scaling-up the CMI through the Decentralized Service Delivery Project 2 in Sierra Leone. Through the project, the phased scaling of CMI is currently taking place in four selected Local Councils and this phase is expected to complete in July 2016. This note will be updated upon the completion of this scaling phase.

### 1. Introduction

The Government of Sierra Leone (GoSL) embarked on a decentralization program in 2004 and committed to the transfer of power, authority, and resources to local level institutions. The World Bank has been supporting the GoSL's devolution efforts through the Decentralized Service Delivery Project (DSDP) since 2008. The overall objective of DSDP, which currently is at its second phase (DSDP 2), is to support decentralized delivery of basic services and to achieve this, it provides (i) block grants to LCs to deliver basic services in five focus sectors (health and sanitation; education; solid waste management; rural water; and social assistance for disabled and other vulnerable groups) and (ii) capacity development and technical assistance to LCs as well as central government.

with an aim of boosting community level dialogue and social mobilization for participatory development. LCs align their services with sectors at the national level by subsidiary agreements with the relevant MDAs and need to comply with the local development plans they approve.

### 2. Results and Social Accountability in DSDP 2—Community Monitoring

During the phase 2, the project focuses on achieving results through selected social accountability (SA) approaches and tools. Social accountability refers to the extent and capability of citizens to hold the state accountable and make it responsive to their needs. Monitoring by non-state actors, including community monitoring, is essential for achieving project outcomes and ensuring the development initiative's reach to the intended beneficiaries. While traditional monitoring and evaluation (M&E) mechanisms are do not fully account for the project beneficiaries' perspectives, monitoring by non-state actors, including community members, can supplement M&E mechanisms and provide project managers, service providers, and beneficiaries with a better understanding of project results and effectiveness.<sup>1</sup>

The Community Monitoring Intervention (CMI) of DSDP 2 is built upon the CMI pilot undertaken in the health sector during the first phase of DSDP (see section 3 below). The current plan is to scale this up in new sectors beyond health, including rural water, education, waste management, and social services. The project indeed includes an intermediate results indicator on CMI in its project appraisal document—"community monitoring mechanisms in four LCs in four sectors established"<sup>2</sup>—in order to ensure quality scale-up of this intervention during the second phase.

### 3. Lessons Learned from the Health Sector CMI

As part of devolution effort in health services, the GoSL launched an ambitious initiative in 2010 to institute free health care for

<sup>1</sup> "Monitoring by Non-State Actors" on Social Accountability E-Guide, World Bank, <https://saeguide.worldbank.org/monitoring-non-state-actors> (Retrieved on April 13, 2016)

<sup>2</sup> Project PAD, Page 38.



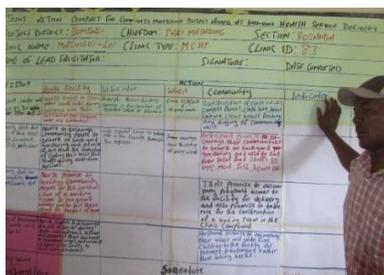
#### Box 1. Sierra Leone's Devolution and Local Councils

Sierra Leone has been making a rapid recovery following a decade-long civil war that killed 20,000 people and displaced half of its population. The country has been on a path of reconciliation, reconstruction, and stabilization of its economy and governance systems. That being said, the challenge to sustain political stability, address the striking human development deficits, and build infrastructure remains. There is a particular need to strengthen the national and sub-national democratic institutions and translate the likely gains of economic growth into improvements in poor and vulnerable peoples' lives through services delivered at the local level. To address shortfalls in service delivery and poor human development outcomes, the Parliament passed the Local Government Act (LGA) and its attendant Statutory Instrument in 2004, effectively launching a program of decentralization. The legislation provided for a phased transfer of service delivery functions from 17 Ministries, Departments, and Agencies (MDAs) to the 19 Local Councils (LCs). Regular elections to LCs have become a hallmark of decentralization in Sierra Leone.

Local Councils operate within the LGA framework, and have quickly assumed major responsibilities in service delivery, including education and health. The Decentralization Secretariat (DecSec) at the Ministry of Local Government and Rural Development (MLGRD) is in charge of supervising Sierra Leone's decentralization agenda. DecSec assigns Resident Technical Facilitators (RTFs) to every LC to provide technical assistance and to facilitate communication flows with relevant MDAs. In turn, LCs operate with the Ward Committees (WDCs), which have been established under LCs

pregnant women, new mothers, and children under age of five, while at the same time raising health workers' salaries. These reforms in health sector unfortunately occurred without introducing institutional features to improve oversight of health workers or changing underlining incentive systems, hence the health sector continued to face challenges including fee-charging, nurse absenteeism, and poor health outcomes. Given these challenges, the GoSL implemented two interventions to influence the health outcomes, which were community monitoring and provision of non-financial awards.

While community monitoring of health care, facilities, and staff introduced an accountability interface between users/community members and health facility staff to collaboratively improve health service delivery through scorecards and face-to-face meetings, the non-financial award provided health facility staff an incentive to perform better by competition. Financed by the first phase of DSDP, these two complementary interventions were designed and implemented by DecSec through three Non-Governmental Organizations (NGOs), and were piloted in four selected districts (Bombali, Tonkolili, Bo, and Kenema) from May 2012 to February 2013.



Through the piloting, the communities and health facility staff established joint action plans (see photo) to hold each other accountable to the promises made in improving health service delivery at community level. The evaluation of the interventions by the Innovations for Poverty Action indicated the community monitoring contributed in reducing illegal fee-charge practices, increasing the utilization of health clinics, improving child delivery at government facilities and clinics, and enhancing the nutritious status of under-five children.<sup>3</sup>

#### 4. Next Steps – Scaling of CMI in DSDP 2

The implementation of CMI scale up has been delayed due to the recent Ebola Virus Disease (EVD) outbreak. Plans are underway to implement the scale up from April to October 2016. In preparation for this, DecSec has: (i) updated the CMI manual that applicable to all five sectors covered under DSDP2; (ii) established CMI communications materials (see photo); (iii) trained CMI facilitators; and (iv) held an implementation planning meeting with relevant stakeholders. The roll out of the scale up -out will take place in four districts that previously had health sector CMI

models implemented, they include: Bombali, Tonkolili, Bo, and Kenema. In each district, 15 communities with DSDP 2 supported projects were identified for the roll-out which is under implementation.

Lessons learned from the health CMI piloting were incorporated at every step of the CMI scaling architecture. For example, a total of 12 local facilitators were trained on CMI instead of contracting the CMI implementation out to international/ local NGOs with a hope of building in-country capacity and sustainability. According to the CMI manual, the community monitoring processes has also been modified from the previous round. The key steps are as follows:

- Step 1:** Formation of a Community Monitoring Group (CMG), where Ward members, local chief/chives, civil society organizations, religious groups, youth groups, and staff of five target sectors are represented.
- Step 2:** Participatory monitoring of facilities and services by the CMG and the CMI facilitator(s) around pre-identified sector indicators. A report will be prepared and submitted to the LC's Social Accountability Team.
- Step 3:** Identification of challenges and possible solutions to form a draft joint action plan among the CMG members.
- Step 4:** Finalization of the joint action plan at a community meeting to form a compact.
- Step 5:** Implementation of the compact and follow-up community meetings to hold each other account.

The CMI communications materials have been delivered to the target communities and the CMG joint meetings as well as the community meetings are starting to take place. Results and lessons learned of this CMI scaling are expected to emerge upon completion of this phase in October 2016. A rapid assessment of this phase is planned to capture lessons learned, which is expected to be incorporated into a phased CMI scaling plan to other LCs.

*Photo of the joint action plan (left): From DecSec's presentation "Mid-Term Review Component 3" (Nov. 2015)*

*Photo of the CMI poster (above): Found on the wall of the Kenema CL office (Nov. 2015)*

This note was prepared by Saki Kumagai, Governance Specialist, under the guidance of Randa El-Rashidi, Senior Social Protection Specialist. The author thanks Cerni Escala, Social Protection Consultant, for providing inputs. The findings, interpretations, and conclusions expressed in this note are entirely those of the authors and do not necessarily reflect the view of the World Bank, its Board, or its member countries. Last updated: May 19, 2016.

<sup>3</sup> "Improving Health Service Delivery through Community Monitoring and Non-Financial Awards: Final Report" Innovation for Poverty Action, August 2014.