

Beneficiary Assessment For the Project on “Strengthening Community Mobilization and Local Council Service Delivery in the Post-Ebola Context”

Terms of Reference

1.0 Background

Sierra Leone introduced the Decentralization process in 2004, just after the end of the civil war. The militating effect of the war required urgency to address needs for recovery and reconstruction; restore core functions of Government for effective economic and fiscal management; reduce conflict by opening up space for political participation (Governance and Development at the door steps of the Local People); promote transparency, accountability, inclusion & prudent public financial management; improve democratic accountability of the state to citizens and restore citizens’ trust in government; and reverse the economic downturn and bring about improved service delivery.

Sierra Leone made impressive economic gains in 2012 and 2013, with the country growing at a double-digit real GDP rate of 15.2 and 20.1 percent respectively. However, the trend reversed in 2014 with the outbreak of the Ebola Virus Diseases (EVD). The GDP growth rate, 11.3 percent at the beginning of the year, recorded an end of year rate of to 4.6 percent.

Although Sierra Leone was declared Ebola-free by the World Health Organization (WHO) on November 7, 2015, the disease had not only damaged the economy, but also provoked important social capital losses and a decrease in service delivery effectiveness. The number of health service delivery beneficiaries decreased by 23 percent during the Ebola Virus Disease (EVD) outbreak. Educational indices were shattered by the pervasive effects of the disease, with schools closed to avoid contagion and some educational facilities being used as EVD holding and treatment centres. Other services, such as water and sanitation projects, were disrupted – especially in urban communities. There was also

a large exodus of technical personnel and experts emigrating to other jurisdictions whilst public works were virtually put on hold in many parts of Sierra Leone. The strain of EVD on the provision of government services particularly affected the poor, vulnerable and disadvantaged, making pro-poor development responses necessary.

In order to boost resilience and service delivery at the local level, after the Ebola outbreak, the Government of Sierra Leone received a grant from the Japanese Social Development Fund (JSDF) to implement the 'Strengthening Community Mobilization and Local Council (LC) Service Delivery in the Post-Ebola Context' in four (4) severely affected local councils namely; Freetown City Council, Western Area Rural District Council, Port Loko District Council and Bombali District Council.

The Government of Sierra Leone intends to apply part of the proceeds of this grant for payment under the contract for the conduct of a Beneficiary Assessment for the JSDF project.

1.1 Project Development Objective and components

The Project Development Objective (PDO) of Project is to deliver an immediate response to the post-EVD needs at the local level in Sierra Leone by building community resilience through social mobilization and adequate service delivery at the Local Councils level.

The PDO will be achieved through: (i) community sensitization activities to enhance social cohesion in the four (4) districts most affected by EVD (ii) effective social accountability and community-based monitoring instruments in the two (2) districts most affected by EVD; and (iii) a participatory budgeting initiative in the two (2) districts most affected by EVD.

The Project has three interdependent components:

Component 1–LC social sensitization activities. The component seeks to promote social cohesion and resilience through strengthening LC capacity and by implementing community-wide sensitization meetings, forums and health talks, diminishing the negative effects of Ebola on social trust and providing much needed support to the victims.

Component 2– Tailoring LC service delivery through social mobilization. The component focuses on building community resilience in the two districts most affected by EVD by: (i) creating social accountability and community monitoring mechanisms for the effective delivery of social services; (ii) promoting direct citizen engagement in the monitoring of LC services; and iii) piloting participatory budgeting.

Component 3 - Project management, M&E and knowledge management. The component focuses on the operational support geared towards project management, M&E and knowledge management.

1.2 Key Results

It is estimated that at the end of the project 50,000 direct beneficiaries will be reached, of which 50 percent will be female:

1. 25,000 participants in LC trauma and sensitization interventions (of which 50 percent female);
2. 20,000 participants in community monitoring activities in new districts in which the CMI is piloted (of which 50 percent female); and
3. 5,000 participants in the participatory budgeting pilot (of which 50 percent female).

Progress toward the achievement of the PDO will be measured through 3 outcome indicators. Measuring intermediate results at the end of project implementation will be significant in assessing the level of success and outputs delivered by the project. The 3 outcome indicators and intermediate results are provided in Annex 1.

2.0 Beneficiary Assessment of the project

The implementation of the JSDF project started in 2017, and since then the project has been providing diverse support in furtherance of achieving its development objective. The support among others include, the provision of inputs, matching grants and capacity building to target beneficiaries at local, central, community and institutional levels. The Decentralization Secretariat seeks to recruit a consultant to conduct a Beneficiary Assessment of the project.

The objectives of the assessment are:

1. Assess the overall performance of the project in terms of achieving the project's development objective which is to deliver an immediate response to the post-EVD needs at the local level in Sierra Leone by building community resilience through social mobilization and adequate service delivery from Local Councils;
2. Conduct a Beneficiary Assessment (BA) and the perception of progress made on outputs and outcomes as articulated in the results framework of the project
3. Identify facilitating factors for programme success and/or constraints to achieving the expected project results;
4. Assess the value of activities as perceived by project beneficiaries by voicing the priorities and concerns of the poor and marginalized groups and determine their level of satisfaction (satisfaction levels will be disaggregated by poorest, survivors, women, youth, men etc) to clearly understand their perceptions and advice on best mitigation approaches of trauma and other psychosocial effects of EVD.
5. Monitor changes in beneficiary attitudes to ensure project success especially sustainability, social cohesion and how the project has complemented the DSDP2; capture beneficiaries by type, sector etc; understand the degree and manner of beneficiaries participation in projects (awareness, participation, decision making and oversight; and .
6. capture and report any unintended benefits from the project as observed or reported by beneficiaries and whether other government programs are also implemented using similar approaches to community engagement.

The BA is also expected to provide key lessons to inform future project implementation and targeting.

2.1 Brief Description of the Assignment

The Beneficiary Assessment (BA) will provide feedback on the projects' interventions since the start of the JSDF project to key stakeholders highlighted above. The assessment will: (a) determine the level of satisfaction of the project beneficiaries, (b) understand the degree and manner of beneficiary community members' participation or constraints to participation in various phases of the implementation of the projects' activities (c) determine levels of participation at various levels of activity implementation (d) obtain feedback on reactions of the target group and (e) provide learning points on how stakeholders feel the project could be improved and/or fine-tuned (f) understand from the citizens perspective how well Community Monitoring activities are being implemented at the local level to increase participation and strengthen trust (g) determine the degree of improvement social cohesion using the Participatory Budgeting (h) the number of beneficiaries who affirm social sensitization activities are positive toward bringing people together in the four (4) districts and how well the project was able to use the Participatory Budgeting (PB) as an innovative mechanism to involve citizens in the decision-making process of local councils.

The BA will use appropriate techniques including: (a) conversational interviews among representative groups of key stakeholders – beneficiaries, contractors; (b) focus group discussions (c) participant observations (d) institutional assessments (e) community meetings and stories. To the extent possible, findings will be quantified so that they can be used to inform policy and programme change.

2.1a Sample size

This evaluation will be carried out in all the four(4) Local Councils of the project. The total number of beneficiaries to be reached in all of the four(4) Local Councils is 1,000. However, the exact sampling framework will be proposed by the consultant and agreed upon by the JSDF Component Manager.

2.2 Tasks and Responsibilities

The consultant will be expected to undertake: (i) an extensive desk review (ii) designing of the study approach and the analytical framework, following, but not limited to the key results indicators for the project, (iii) organizing and implementing the study in close coordination with the Decentralization Secretariat (Decsec), specifically the M&E Unit; the Project Fiduciary Management Unit (PFMU); the Local Government Finance Department (LGFD) and (iv) Collating and analyzing data;(v) preparing a report containing a clear assessment of the project outcomes with lessons learnt during project implementation.

The specific tasks are:

- a) Conduct desk review;
- b) Hold discussions with relevant stakeholders e.g. LGFD, PFMU, DECSEC, Chiefs, Ward Committees and communities etc;
- c) Design survey instrument with appropriate questionnaires/interview notes;
- d) Presentation of the study design and analytical framework during the inception workshop;
- e) Organize and conduct field surveys; Focus Group Discussions, community meetings etc.
- f) Organize and ensure correct data entry, processing and analysis;
- g) Produce a draft report and present initial findings during the stakeholder validation workshop; and
- h) Based on comments received on the draft report, complete and submit the finalized report to the PFMU.

The detailed specific scope of the assignment includes assessing the following:

1. **Targeting of projects:**

- i. The perception and opinions of local officials and beneficiaries in the project districts/communities on the methods through which the communities were sensitised and mobilised to participate in project activities and their roles in the JSDF project;
- ii. Socio-economic and gender profiling of the direct project beneficiaries (50% of which is women);

- iii. The perception and opinions of the local officials and beneficiaries in the project districts on the relevance of the intervention to communities in addressing their needs;
- iv. The effectiveness of trauma; participatory approaches and targeting focusing on constraints for the poorest; and
- v. Adequacy and effectiveness of support to women and other vulnerable groups.

2. Implementation of Interventions

- i. The planned versus what was achieved and the reasons for the discrepancies (if any);
- ii. How local sub-projects were implemented, monitored/supervised;
- iii. The degree and nature of beneficiary community involvement in decisions regarding project interventions;
- iv. Partnerships /collaboration with other entities that are operational in local areas e.g. Local councils, NGOs, private sector etc.

3. Quality and Sustainability of the Interventions

- i. Type of mechanisms that have been put in place by communities to ensure that the initiatives are of adequate quality;
- ii. Technically/physically (quality of implemented works, as well as involvement of technical experts during design and execution);
- iii. Financially (assess the cost-effectiveness of the implementation of the sub-projects) from the perception of the beneficiaries;
- iv. Any proven ability or arrangements by communities to maintain community assets as a measure of local ownership, utility and functionality;
- v. Governance arrangements including access, use and equity for sub-projects at the local level; role of Chiefs and Ward Committees etc
- vi. The beneficiaries knowledge of and compliance with trauma healing, social cohesion and social risk management tools prepared for implementation to mitigate the identified risks;

- vii. Beneficiaries' capacity to continue to mitigate against the residual risks to the sustainability of the development outcomes.

4. Impact of the Interventions

- i. The extent to which project interventions have improved efficiency of local councils in service delivery;
- ii. Mechanisms that have been put in place to ensure that the interventions are sustainable (including the assessment of technical, financial and physical sustainability of the interventions);
- iii. Most significant achievements from the beneficiaries' perception which JSDF has made through the various interventions at the different levels; and
- iv. Assess the overall project achievement of the PDOs against performance indicators as provided in the Results Framework.

5. Institutional Arrangements (for local, regional and national officials)

- i. The extent to which the project is aligned with, or conflicted with similar projects; and
- ii. Institutional arrangements at local council level, safeguarding transparency, fair targeting and combating misuse of resources; involvement of technical experts; fiduciary controls (financial management and procurement committees);

In addition to these aspects, the BA will also examine and report on the following:

- i. The most significant social changes (at Ward, Local Council and institutional levels) that can be attributed to the JSDF Project, from beneficiaries' view point;
- ii. The main success and problem areas being faced by beneficiaries; and
- iii. Key lessons and/or changes in terms of the design and implementation that need to be explored in order to improve the impact of the project on the beneficiaries.

3.0 Deliverables and Timelines

The deliverables of this consultancy are:

1. Inception Report detailing, appreciation of ToR, sample methodology and draft schedule of implementation
2. Final Survey design and questionnaires
3. Draft report and Summary PowerPoint
4. Clean version of primary data collected
5. Final Report

4.0 Key staff required:

Team Leader (1) – Economist

4.1 Qualification/Experience of Team Leader

- a) A Master's degree or equivalent in Economics that may be relevant to the anticipated assignment;
- b) Demonstrated experience of not less than ten years in conducting surveys/social research, and assessments of a similar nature.
- c) Experience working with Local councils will be an added advantage.
- d) Ability to conduct economic/financial analysis and cost/benefit analysis
- e) Good leadership, communication and writing skills.

5.0 Duration of the Assignment

The anticipated duration of the study is **21 (twenty-one)** calendar days **or 3 weeks** from the day of signing the contract. A breakdown of the phases is proposed below:

- Study Design, Training and Field Testing of interview guide - 3 days
- Field Work (including interim progress review) - 10 days (1 1/2 weeks)
- Data Processing, Analysing and tabulation - 4 days

- Final Report Preparation

- 4 days

6.0 Reporting Requirements and Obligations

The Consultant shall report to the Team Lead, PFMU through the Director, Dec-Sec. The Consultant shall liaise with the M&E and Capacity Building Managers of Dec-Sec and staff of the Local Government Finance Department(LGFD) in carrying out this assignment. The final report will also be sent to the the World Bank team for final review.

7.0 Duty Station

Freetown, Western Area Rural, Port Loko District and Bombali District Councils with extensive travel to their environs.

ANNEX 1: RESULTS FRAMEWORK AND MONITORING

Project Development Objective (PDO): to deliver an immediate response to the post-EVD needs at the local level in Sierra Leone by building community resilience through social mobilization and service delivery support from Local Councils.										
PDO Level Results Indicators	Unit of Measure	Baseline	Cumulative Target Values			Frequency	Data Source	Responsibility for Data Collection	Description (indicator definition)	
			YR 1	YR 2	YR3					
Indicator one. Percentage of beneficiaries who affirm social sensitization activities have been positive toward bringing people together in the four (4) districts in which sensitization activities are conducted	%	-	40%	50%	65%	Annual	INPSS	INPSS Consultancy (under DSDP2)		
Indicator two. Number of sectors in CMI piloting districts periodically assessed and managed considering citizen feedback	No.	-	5	10	10	Annual	CLOGPAS	CLOGPAS Consultancy (under DSDP2)		
Indicator three. Percentage of beneficiaries who affirm public budgeting processes generated a positive social mobilization effect in	%	-	35%	50%	65%	Annual	INPSS	INPSS Consultancy (under DSDP2)		

the two (2) districts in which participatory budgeting is conducted										
Indicator four. Number of direct project beneficiaries, of which female	<input checked="" type="checkbox"/>	No. (%)	0	15,000 0 50%	40,000 0 50%	50,000 0 50%	Annual	Project reports	LCs / DecSec	

INTERMEDIATE RESULTS										
Intermediate Result (Component One): LC social sensitization activities										
Number of WDC members, LC councilors, traditional and religious healers trained on trauma healing (% of which are females)	<input type="checkbox"/>	No.	0	100	200	200	Annual	Project reports	LCs / DecSec	
Number of beneficiaries reached through LC trauma and sensitization interventions (% of which are females)	<input type="checkbox"/>	No.	0	7,500	20,000	25,000	Annual	Project reports	LCs / DecSec	
Communication means/tools linking DHMTs, CSOs, PERS, and EERP, are maintained	<input type="checkbox"/>	Yes/No	Yes	Yes	Yes	Yes	Annual	Project reports	IPAU	
Intermediate Result (Component Two): Tailoring LC service delivery through social mobilization.										

Number of RTFs and LC officers received special training on social accountability	<input type="checkbox"/>	No.	0	100	200	200	Annual	Project reports	LCs / DecSec	
Number of citizens participated in social accountability initiatives in CMI piloted districts (% of which are females)	<input type="checkbox"/>	No.	0	5,000	15,000	20,000	Annual	Project reports	LCs / DecSec	
Number of beneficiaries in the participatory budgeting pilot (% of which are females)	<input type="checkbox"/>	No.	0	2,500	5,000	5,000	Annual	Project reports	LCs / DecSec	
Number of joint monitoring visits to LCs, conducted by relevant MDAs	<input type="checkbox"/>	No.	0	8	16	20	Annual	Project reports	IPAU / DecSec	