



1. Project Data

Project ID
P090712

Project Name
GW-Community-Driven Dev. Proj

Country
Guinea-Bissau

Practice Area(Lead)
Social Protection & Jobs

L/C/TF Number(s)
IDA-D1160,IDA-H5130,TF-A2392,IDA-H9080

Closing Date (Original)
31-Dec-2014

Total Project Cost (USD)
38,380,591.47

Bank Approval Date
24-Sep-2009

Closing Date (Actual)
20-Sep-2019

	IBRD/IDA (USD)	Grants (USD)
Original Commitment	5,000,000.00	0.00
Revised Commitment	5,000,000.00	0.00
Actual	33,380,591.47	0.00

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Project ID
P117861

Project Name
GW - Participatory Rural Development SPF (P117861)

L/C/TF Number(s)

Closing Date (Original)

Total Project Cost (USD)
5000000.00

Bank Approval Date

Closing Date (Actual)



20-Jul-2009

	IBRD/IDA (USD)	Grants (USD)
Original Commitment	0.00	5,000,000.00
Revised Commitment	0.00	5,000,000.00
Actual	0.00	5,000,000.00

2. Project Objectives and Components

a. Objectives

As per the Financing Agreement (p.5) the project objective is “to support the Recipient’s efforts to increase access to priority basic social and economic infrastructures and services in participating Communities in at least two regions of the Recipient’s territory”.

b. Were the project objectives/key associated outcome targets revised during implementation?

Yes

Did the Board approve the revised objectives/key associated outcome targets?

Yes

Date of Board Approval

06-Nov-2014

c. Will a split evaluation be undertaken?

No

d. Components

The original project had three components (1 to 3 below). A further three (4 to 6 below) were added through Additional Financing (AF) and restructurings. Funding was also moved between components as a result of restructuring. The planned costs for components 1-3 below are those originally estimated in 2013. The planned costs for Component 4 are those estimated at the time of the first AF and associated restructuring February 7, 2014 when that component was introduced. The planned costs for Component 5 are those estimated at the time of the first AF and associated restructuring September, 6, 2014 when that component was introduced. The planned costs for Component 6 are those estimated at the second AF and associated restructuring on May 10, 2016 when that component was introduced.



Component 1: Capacity Building for Local Development (Planned: US\$2.75 million; Actual: US\$1.52 million): Component 1 supported capacity building of Project Coordination Unit (PCU) staff, Community Committees, Regional Advisors, and Facilitators to support the preparation of Community Development Plans and the implementation and monitoring of micro-projects through outreach and training. Increased allocations to this component under restructuring supported: (i) the scaling-up of micro-projects in all regions of the country; (ii) enabling Community Committees to implement an information campaign for communities to adopt individual and collective health practices to prevent the spread of Ebola and other communicable diseases in coordination with the WHO; and (iii) providing technical assistance to the PCU to develop the manuals and systems for the implementation of the cash transfers program, including surveys.

Component 2: Local Investment Fund (Planned US\$5.01 million; Actual US\$17.76 million): Component 2 sought to finance micro-projects – to a maximum US\$12,000 per project, and communities could implement multiple projects and receive a maximum of \$30,000 - prioritized by local communities. In December 2010, the decision was reached to limit the micro-projects to the construction/rehabilitation of primary schools, feeder roads, water points, and hydro-agricultural systems. The micro-projects were to be carried out by the communities with the support of the PCU and implemented by contracted construction firms. The selection of micro-projects was to be based on the quality of the Community Development Plans, community priorities, and some minimum population requirements for the more costly micro-projects.

Component 3: Project Coordination and Monitoring and Evaluation (Planned: US\$2.24 million; Actual US\$8.71 million): Component 3 supported activities undertaken by the PCU including: (i) project coordination, fiduciary management, and M&E activities related to the scaling-up of community-based micro-projects, preparation of social and environmental assessment sheets (components 1 and 2); (ii) payments of salaries to teachers and health workers; (iii) activities related to the Ebola prevention campaign; and (iv) piloting the cash transfer program (including project management costs and training), operating costs, development of management information systems, as well as expenses related to the advisory services of the Steering Committee).

Component 4: Delivery of Education and Health Services (Planned US\$9.0 million; Actual US\$8.5 million) provided bridge financing for the PCU to pay teacher and health worker salaries from May to December 2014.

Component 5: Prevention of the Ebola Epidemic (Planned US\$0.5 million; Actual US\$0.5 million) provided financing to the WHO (contracted to the MoH from October 2014 to October 2015) to train 1,000 health workers and purchase the necessary medical equipment and supplies for the prevention, early detection, and treatment of Ebola.

Component 6: Pilot Cash Transfer Program (Planned US\$1.0 million; Actual US\$1.5 million) piloted a cash transfer program exploring several targeting methodologies (scoring, means-tested, and community-



based targeting) and payment mechanisms (banks, mobile money, and cash cards). The component supported the development of (i) a registry of current and potential beneficiaries (the development of the Unified Registry had already begun in 2015 during the implementation of the Rapid Social Response (RSR) multi-donor trust fund); (ii) a basic management information system, including modules to track payments and prepare reports; and (iii) an information and communication campaign about the cash transfers program. The component also supported program monitoring and evaluation studies, including a baseline impact evaluation to inform program up-scaling in the medium term.

e. Comments on Project Cost, Financing, Borrower Contribution, and Dates

Project Costs

The project cost at appraisal was US\$ 5.0 million. AF revised projected cost to US\$33.5 million, of which \$33.49 million were disbursed. The AF was introduced in response to various crises, including payment for teacher and health workers who were on strike in the run up to the 2014 elections (the government could not pay them) and the outbreak of Ebola in 2014. We also note that the project (Results Framework) effectively absorbed a State and Peacebuilding Trust Fund (SPTF) TF094746 project that ran in parallel with exactly the same objective as the IDA project. The cost for that project was US\$5.0 million. In other words, the total cost of the operation assessed here is US\$38.49 million although, for systems reasons, the assessed entity can show as a single project only, i.e., the IDA-assisted project.

Project Financing

The project was financed with IDA funding of US\$ 30.0 million and by an Africa Catalytic Growth Fund grant (TF-A2392) in the amount of US\$3.5 million. As above, the results assessed in this project are inclusive of US\$5 million from the parallel SPTF.

Borrower Contribution

There was no planned borrower contribution.

Dates

The project was approved September 24, 2009 and became effective July 7, 2010 with a planned closing date of December 3, 2014. The gap between approval and effectiveness was due to a decision to wait for initial implementation of an earlier approved but otherwise identical project (see below) that was operating in other regions so that lessons could be learned.

A mid-term review (MTR) was completed Jan 14, 2013. Given approved extensions (see below), the project finally closed September 20, 2019.

Restructurings and AF

A first level 2 restructuring was approved April 6, 2011 in response to slow progress - no financing agreements had been signed for the implementation of micro-projects given difficulties in channeling funds to communities and capacity deficits related notably to fiduciary management skills, as well delays in



establishing the PCU and the Steering Committee. Because of this situation, the Minister of Economy and Finance (MoEF) requested the World Bank to restructure the SPF- and IDA-funded projects. The restructuring resulted in fiduciary responsibility for the micro-projects shifting to the PCU within MoEF with the Community Committees retaining responsibility for the identification, supervision, implementation, and maintenance of micro-projects. The restructuring involved: revisions to component names to better define project activities as they related to community development; revisions to component activities and budget allocations; merging of the RFs for the SPF-funded and IDA-funded projects; revisions to outcome and intermediate indicators.

On April 17, 2012, as result of a military coup (April 12, 2012), the World Bank suspended missions to the country and disbursements to the project. The ban was lifted eight months later on December 7, 2012.

On July 11, 2013, the closing date of the SPF grant was extended by 22 months from August 31, 2013, to June 30, 2015 to enable the completion of the SPF-financed activities that were delayed by the suspension of activities following the military coup.

A first AF with IDA funding of US\$15 million (and level 2 restructuring) was approved February 7, 2014. The coup had impacted government revenue and led to severe fiscal deterioration resulting in arrears in the payment of teachers and health workers salaries, and a severe shortage of qualified health sector personnel in the face of an outbreak of cholera and diarrhea. The AF was processed as an emergency response to pay salary arrears to teachers and health workers and as an input towards broader political stabilization. The accompanying restructuring included the following changes: scaling-up the preparation of Community Development Plans with an additional allocation to Component 1 and the construction/ rehabilitation of community-based micro-projects through an additional allocation to Component 2 for two new regions (Quínara and Tombali); adding a new Component 4 (Delivery of Education and Health Services) to finance teacher and health worker salaries for six months from January to June 2014; increasing funding to strengthen project management under Component 3; revising the RF with new outcome and intermediate indicators adopted for Component 4; and upward revision of all outcome indicator targets for components 1 and 2; 3-year extension of the IDA grant closing date, from December 31, 2014, to December 31, 2017 in line with the project scale-up.

A second level 2 restructuring was approved September 6, 2014, again as an emergency response to prevent the spread of the Ebola virus from Guinea into Guinea-Bissau and to ensure the uninterrupted continuation of project activities in rural communities. The second restructuring included the following changes: addition of Component 5 (Prevention of the Ebola Epidemic) with proposed activity limited to a rapid response for a period of one year, starting October 2014, to stop the spread of Ebola into Guinea-Bissau through awareness raising and capacity building of health workers; reallocation of funding from Component 2 to Components 1 (for Ebola awareness raising activities) and to the new Component 5; changes to targets of outcome indicators reflecting the reallocation of funding and introduction of a new component; financing the construction of water points in communities located along the border with Guinea under components 1 and 2.



The SPF grant closed on June 30, 2015, with 100 percent of the original US\$5 million grant disbursed.

A second AF (and level 2 restructuring) was approved May 10, 2016 to build on the work of the project, and to pilot a cash transfers program to establish the building blocks for a broader social safety net (SSN) system in the medium term noting the existing SSN programs had low coverage, and the only government social assistance program was a very small unconditional cash transfers program for people with disabilities. The restructuring associated with the second AF involved the following: scaling-up up micro-infrastructure projects to (components 1 and 2) to cover all nine regions of Guinea-Bissau; addition of a new Component 6 (Pilot Cash Transfer Program; Scaling-up Component 3 (Project coordination, Monitoring, and Evaluation) to align with the scaling-up of micro-projects and to support the new pilot SSN activities; revisions to intermediate indicators to reflect the scaling-up of micro-projects, and the adoption of a new intermediate indicator for the cash transfer pilot; extension to the project closing date by 21 months (from December 31, 2017, to September 20, 2019).

A split rating was not conducted for the ICR, as (i) the PDO was not revised; (ii) there was only one outcome indicator defined in the PAD (p.35) - micro-projects attaining at least 50% of their target for increased access to the relevant social/economic infrastructure/service – and there was no further definition given the bottom-up nature of the support (i.e., the micro-projects could only be identified during implementation); and iii) the additional financing increased the scope of the project overall. Other changes in outcome targets were consequent on and aligned with reallocations across components over the course of the project life cycle, and most original and revised targets were essentially met or exceeded.

3. Relevance of Objectives

Rationale

The PAD (pp. 4-5) informed that the Community-Driven Development (CDD) approach was part of the Government's strategy to test and develop a framework for participatory local development noting other donors – United Nations Development Program, African Development Bank, and the International Fund for Agricultural Development – were testing other approaches. The project was developed at the Government's request and was intended to play a catalytic role in coordinating and harmonizing various interventions in favor of rural local development. The project also supported the main objective of the 2011-15 Second Poverty Reduction Strategy Paper (IMF, 2011), which sought to significantly reduce poverty and create income generation and employment opportunities. The project represented a key element of the overall World Bank assistance strategy for Guinea-Bissau (Interim Strategy Note FY09). The project would build upon previous positive experiences with World Bank-financed Community-Driven Development (CDD) activities in Guinea-Bissau and it would complement three new operations with interventions supporting rural local development and would draw on the World Bank's experience with rural CDD in Africa and



elsewhere. Within the ambit of the project objective, AF (and restructuring) over the extended lifespan of the project responded to emergency needs brought on by political violence and natural disaster.

The project objective remains relevant in the current context. The Government's strategic plan for the period 2015 to 2020, identifies peace and governance as the highest priority for sustainable development. The foundation for stability in that regard will rest upon five fields of action, one of which is the promotion of local development, decentralization and citizen participation. This strategy states that this foundational aspect will be supported by programs in decentralization and local development, and in the promotion of women's participation in political activities. The CPF FY18-21 (p. 15) notes that working at the community level has proven an effective way to deliver resources to poor people, despite continued political turmoil. As such, the CPF will deploy CDD approaches in education (school grants), transport (some rural roads selected through CDD participatory approach) and through community empowerment programs.

Rating

High

4. Achievement of Objectives (Efficacy)

OBJECTIVE 1

Objective

To increase access to priority basic social and economic infrastructures

Rationale

The theory of change (ToC) developed for the ICR (pp. 19-20) draws on the original PAD, project restructuring papers, and AF papers. The first identified outcome – increased access to priority basic services – is plausibly mapped and reflects the intent of the project as originally designed. Provision of support for capacity building of communities and provision of finances and relevant training to the PCU would deliver respective outputs being i) Community Development Plans and associated proposals for micro-projects and ii) financing for low complexity social and economic infrastructure and services and the capacity to support the delivery of micro-projects (e.g., design, supervision, procurement, building). Ongoing support and experience would result in improved capacity of communities to plan and oversee implementation and maintenance of basic micro-projects as well as a growing stock of basic infrastructure, all of which would deliver the outcome. The second outcome - increased access to priority basic services – reflects the AF injected into the project to meet various crises. It too is plausibly mapped. Disparate activities introduced at various stages over the project lifecycle - payment of salaries for teachers and health workers, capacity building and awareness-raising activities in communities on hygiene practices for disease prevention, capacity building and provision of equipment at health posts for clinical detection and early reporting of Ebola and other cases of communicable diseases, and design and implementation of a pilot SSN program – would respectively ensure that i) all teachers and health workers were paid, bringing a halt to strikes and ensuring operation of basic services leading to improved access to education and health services; ii) awareness campaign on hygiene practices for disease prevention leading to improved awareness of Ebola and communicable disease prevention practices as well as the possibility for continuation of micro project



activities in relevant areas; iii) improved diagnosis of and referral for cases of communicable diseases leading to improved detection and treatment of communicable diseases; and iv) establishing the basic building blocks of a SSN system through piloting of a cash transfer program, development of a social registry of beneficiaries, support for the elaboration of a safety net strategy, and provision of cash transfers and nutritional support for mothers and infants from poor and vulnerable households, leading to improved access to SSNs for poor and vulnerable households.

For the purposes of this validation review and in line with the approach taken in the ICR, the project will be assessed with reference to two objectives associated, respectively, with access to i) priority basic social and economic infrastructures; and ii) to priority basic services.

Intermediate Outcomes

Community-Development Plans completed: the baseline was 0 and a target of 120 was set December 31, 2014 and formally revised to 180 with an actual outturn of 216 plans.

Tabancas (villages) with Community-Development Plans completed (i.e., villages covered by Community Development Plans): the baseline was 0 and a target of 120 was set December 31, 2014 and formally revised to 850 (May 10, 2016) with an actual outturn of 1,084 plans.

Population with a Community-Development Plan completed: the baseline was 0 and a target of 60,000 was set December 31, 2014 and formally revised to 200,000 (May 10, 2016) with an actual outturn of 216,787 people.

Community-based sub-projects initiated: the baseline was 0 and a target of 120 was set December 31, 2014 and formally revised to 355 (May 10, 2016) with an actual outturn of 448 community-based sub-projects.

Community-based sub-projects completed: the baseline was 0 and a target of 120 was set December 31, 2014 and formally revised to 355 (May 10, 2016) with an actual outturn of 427 community-based sub-projects.

Community-based sub-projects functional and properly maintained two years after completion (%): the baseline was 0 and a target of 75 percent was set December 31, 2014 with an actual outturn of 87 percent.

Improved community water points constructed or rehabilitated under the project: the baseline was 0 and a target of 270 with an actual outturn of 350 water points.

Roads rehabilitated, Rural: the baseline was 0 and a target of 230 was set with an actual outturn of 363 roads.

Additional classrooms built or rehabilitated at the primary level resulting from project interventions: the baseline was 0 and a target of 275 was set with an actual outturn of 216 classrooms.



Land benefiting from hydro-agricultural systems improved by the project: the baseline was 0 and a target of 659 hectares was set with an actual outturn of 635 hectares.

Outcomes

Number of direct project beneficiaries, and percentage female (core indicator): The August 4, 2009 baseline was 0 and the overall target was 60,000. The target was revised to 76,500 at the first AF (February 7, 2014) and reduced to 72,000 at the second restructuring (September 6, 2014) and increased again to 137,000 at the second AF (May 10, 2016). The actual number of direct project beneficiaries at project close was 204,725 of whom 50 percent were female (as per target).

Number of people in project areas with access to improved water source (rural): The August 4, 2009 baseline was 0 and the target was 29,775 which was increased to 100,000 at the second AF (May 10, 2016). The actual outturn was 104,362 people.

Number of people with access to an all-season road built/rehabilitated by the project. The original baseline was 0 and a target was first set at 11,250 at the first AF (February 7, 2014) and increased to 73,000 at the second AF (May 10, 2016). The actual outturn was 84,054 people.

Cumulative number of students enrolled in classrooms built/ rehabilitated by the project. The original baseline was 0 and a target was first set at 7,194 at the first AF (February 7, 2014) and decreased to 6,800 at the second restructuring (September 6, 2014) and further increased to 20,000 at the second AF (May 10, 2016). The actual outturn was 16,102 students.

Number of beneficiaries from hydro-agricultural systems improved by the project. The original baseline was 0 and a target was first set at 4,079 at the first AF (February 7, 2014) and decreased to 3,800 at the second restructuring (September 6, 2014). The actual outturn was 3,786 beneficiaries.

A 2013 satisfaction survey showed that almost all communities were satisfied with the project and this satisfaction level was strongly related to the impact of the micro-projects. The communities reported increased self-esteem and satisfaction following the implementation of the micro-projects.

A 2017 beneficiary satisfaction survey reports that through participation in the community development decision-making process the integration of women in community life has improved. Local democracy has also improved, and although women may sometimes be excluded from information/decision-making processes, they are rarely excluded from the infrastructure management processes or from using them.

Rating
Substantial



OBJECTIVE 2

Objective

To increase access to priority basic services

Rationale

Intermediate Outcomes

All of the intermediate outcomes listed under Objective 1 are also relevant under Objective 2. The following are exclusive to Objective 2:

Number of community health agents who receive training on Ebola prevention: from a baseline of 0 the target was to train 1,000 health agents – by project close, there were 346 health agents trained. The WHO trained the 346 health workers. This intermediate indicator target was not met because many health workers had already received training from UNICEF prior the IDA grant becoming available, and because of delays signing agreements with the appropriate ministries to implement the measures.

Percentage of teachers on the Folha Única (single registry) whose salary has been paid by the project: from a baseline of 0 the target was to reach 90 percent of teachers – in fact, the salaries for 100 percent of teachers were paid by the project for the designated period.

Percentage of health workers on the Folha Única whose salary has been paid by the project: from a baseline of 0 the target was to reach 90 percent of health workers – in fact, the salaries for 100 percent of health workers were paid by the project for the designated period.

Beneficiaries of Safety Nets programs (number): from a baseline of 0 the target was to reach 2,000 people with SSNs – by project close, there were 387 beneficiaries of SSN projects.

Beneficiaries of Safety Nets programs (Female, number): from a baseline of 0 the target was to reach 1,000 female beneficiaries with SSNs – by project close, there were 194 female beneficiaries of SSN projects.

Beneficiaries of Safety Nets programs - Unconditional cash transfers (UCTs, number): from a baseline of 0 the target was to reach 2,000 people with UCTs – by project close, there were 387 beneficiaries of UCT projects.

Outcomes

All of the outcomes listed under Objective 1 are also relevant under Objective 2. The following is exclusive to Objective 2:

There was no interruption of the 2013/14 school year due to the non-payment of current salaries (time limited). All teachers received payment and schools remained open.



The ICR (p.26) noted that the Folha Única (single registry), derived from the Public Administration Human Resources Management System (SIGRHAP) database managed by the Ministry of Public Service, provided the lists of teachers and health workers owed salary payments. The PCU removed duplicate and “ghost employee” data creating a single electronic unified registry, which for the first time contained the names of current teachers and health workers and those in the process of being recruited, their identification numbers, and bank account details. Payment protocols were established with the country’s four commercial banks; software was developed for the banks to report on the payments at the individual level (previously, the system only reported on an aggregate basis), and to generate receipts. This enabled, for the first time, the payment of all salaries through the banking system.

The project piloted and laid the groundwork for a national SSN system. The relevant intermediate target (above) was not met as a lot of time had to be invested in identifying a sound targeting methodology, especially as the first two proxy-means test (PMT) formulas lacked accuracy and revealed weaknesses in the quality of the household survey data. Ultimately, the project contracted and worked with three NGOs with experience supporting vulnerable groups in Bissau to develop lists of poor and vulnerable households, the PCU then conducted a household survey that led to a ranking of all households based on a scoring mechanism. This methodology, developed by the project team during workshops with different stakeholders defining the characteristics of poor households for targeting, was simpler to understand for partners than the PMT. But, the early challenges resulted in the delay of cash transfer deliveries.

Rating

Substantial

OVERALL EFFICACY

Rationale

The project evolved over time during which it evidently, as per its objectives, supported the government's efforts to increase access to priority basic social and economic infrastructures and services in participating communities. The vast majority of intermediate results and outcomes were met or exceeded. However, two important outcome level indicators - regarding school enrollment and access to water - were not fully met.

Overall Efficacy Rating

Substantial

5. Efficiency

The PAD (p.88) noted that because the planned project had a large institutional development component, the overhead expenditures for training, community organization, supervision, and follow up would likely be as high



as 16 percent of the value of the individual micro-projects. It added that, given that the project involved community development, that cost was not excessive. The PAD (p.87) also calculated Internal Rates of Return (IRR) according to different types of micro-projects that communities might choose. For example, the PAD calculated an IRR of 21 percent for the rehabilitation of rice dykes in low lands but a relatively low Net Present Value (NPV) noting however the value of such dykes that would allow for a more intensive use of existing low lands, with the environmental bonus of reducing the need for deforestation. The estimated IRR for micro-projects that supported the construction of water wells was 22 percent with a significant NPV as a well can produce benefits for 20 years. Finally, the estimated IRR for a palm oil micro-project - generally administered by women's groups – was more than 50 percent with a high NPV.

Of course, the project as implemented differed significantly in scale and scope from that originally envisaged. The ICR (p.28) calculated efficiency across several dimensions: (a) cost-effectiveness of project activities; (b) project administrative costs; (c) internal economic rate of return (ERR) of the infrastructure built/rehabilitated; and (d) innovations/actions that led to increased efficiency. For effectiveness, the ICR used technical audits of the project undertaken in 2014 and 2016 to compare the cost of micro-projects generated under the CDD approach with other approaches implemented by Government and by UNICEF. In each instance the CDD approach was, on face value, cheaper (per square meter of build, per construction of water points, per kilometer (km) of feeder road rehabilitated) although there are no other dimensions to the comparison provided such as relative quality noting that even within the project itself the cost per km of road rehabilitated increased \$6,000 per km to \$27,000 between 2014 and 2016 due to major improvements in the design and construction of roads, informed by the technical audits. The ICR suggested, although no evidence is provided, that the inclusive nature of the CDD approach generated local ownership, which, combined with complementary activities, such as capacity building, made the micro-projects more sustainable.

The only type of micro-project that was evaluated both at project appraisal and before project closure is for water points, where the actual ERR (67 percent) exceeded the estimated ERR (23 percent) at project appraisal by 44 percentage points. The ERR for feeder roads and schools as measured in 2016 was, respectively, 15 percent (found to oversized requiring high maintenance although this was later corrected) and 12 percent (associated with challenges such as deficits in other inputs such as a scarcity of teachers, textbooks, and supplies).

Administrative costs – the operating ratio – fluctuated over the project life cycle. Implementation delays prior to the first restructuring saw operating costs rise to 70 percent by May 2011 well above the 16 percent referenced in the PAD or the under 20 percent target referenced in the ICR. The transfer of fiduciary responsibility to the PCU resulted in time and cost efficiencies and led to lowering the operational ratio to 44 percent by December 31, 2013 (noting further delays caused by the suspension of disbursements following the 2012 military coup). By project close, the operating cost was 17 percent.

The cash transfer program does not lend itself to traditional cost-benefit analysis - the ICR noted that, on average, about US\$500 were transferred to each household over two years representing around 22 percent of annual food consumption of poor households. The ICR informs that limiting the type and design of micro-



projects to the construction/ rehabilitation of four types of infrastructures reduced costs that would otherwise have been incurred (e.g., on engineers and consultants) with an a la carte approach. The technical audits of micro-projects conducted in 2014, 2016, and 2019 informed ongoing practical adjustments that led to enhanced standards for classrooms and roads, and the suspension of work on schools and roads pending government taking appropriate measures to ensure their proper use. These measures realized cost efficiencies in the construction/ rehabilitation and maintenance of the infrastructures. The ICR also noted that the use of technology – i.e., the creation of the electronic unified registry for teachers and health workers, use of banking systems, and the development of simple software to create individual payment receipts and provide information - realized time and cost efficiencies for the payment of salaries. Other aspects that contributed to enhanced efficiency included: improved targeting methodology using the list of poor and vulnerable households identified by NGOs followed by household economic surveys; restructuring the PCU based on institutional audits to better align with the changed demands and characteristics of the project as it evolved; optimization of the use of vehicle and computers to support supervision, field visits and ongoing implementation; and enhanced conditions in regional offices (cell phones, transport, and equipment, such as generators, air conditioners, and computers) that contributed to improving staff efficiency

Efficiency Rating

Substantial

a. If available, enter the Economic Rate of Return (ERR) and/or Financial Rate of Return (FRR) at appraisal and the re-estimated value at evaluation:

	Rate Available?	Point value (%)	*Coverage/Scope (%)
Appraisal		0	0 <input type="checkbox"/> Not Applicable
ICR Estimate		0	0 <input type="checkbox"/> Not Applicable

* Refers to percent of total project cost for which ERR/FRR was calculated.

6. Outcome

Relevance of objectives is rated High based on strong alignment with both country and Bank strategies in a volatile context. Overall Efficacy is rated Substantial based on Substantial achievement of both objectives. Efficiency is rated Substantial based on evidence provided to support efficiency at various levels including project administration, infrastructure development and use of technology. Overall outcome is rated Satisfactory which is indicative of minor shortcomings in the project's preparation and implementation.

a. Outcome Rating

Satisfactory



7. Risk to Development Outcome

The ICR (pp. 44-45) informed that responsibility for the infrastructure assets built/rehabilitated under the project has been transferred to beneficiary communities within which training has been provided for their maintenance (particularly for water points). Schools are to be maintained by local school administration financed by the Ministry of Education, and road maintenance fund is to be supported by a road maintenance fund supplemented by technical assistance from the Rural Transport Project (P161923) to support the governance of the road maintenance fund. In addition, other World Bank supported projects will enable continuation of certain activities initiated under the project: implementation of basic micro-infrastructure projects and provision of services to help rural communities are being continued and scaled-up under the Safety Nets and Basic Services Project (P163901); and the Rural Transport Project (P161923) is designed to build synergies (e.g., financing the construction of several wells and schools, rehabilitation and maintenance of about 110 km of unpaved feeder roads) with the RCDD Project, with the objective of improving the rural communities' physical access to markets and social services in the regions of Cacheu and Oio. The ICR also reported that the scope of the emergency measures for the payment of teachers' and health workers salaries (2014) and to contain the Ebola epidemic (2014–2015) were designed to be time limited although, according to the ICR, the Ebola awareness campaign has, for example, improved hygiene practices, and built the capacity of health workers.

8. Assessment of Bank Performance

a. Quality-at-Entry

The project was prepared at the Government's request (PAD, p.6) and was intended to play a catalytic role in coordinating and harmonizing various interventions in favor of rural local development. The PAD (pp.12-14) details lessons learned and reflected in project design as well as alternatives considered and reasons for rejection. Lessons learned and reflected in the project include the choice of a CDD approach which had demonstrated its effectiveness in addressing several key concerns – need for quick disbursement, participatory approach, and the need to rebuild or strengthen social capital and foster peaceful, representative, and inclusive forms of planning and decision-making at local level. The PAD also drew on lessons from IEG's 2005 review of the CDD portfolio with reference, for example, to the benefits of standardizing, to the extent possible, micro-project documents, technical designs and unit costs so as to simplify the micro-project design and evaluation processes, improve micro-project quality, facilitate ease of procurement of goods and works and prevent over-design; and recognizing the important contribution of supervision and M&E to learning, drawing on insights derived from monitoring to address project design and implementation issues. Alternatives considered by the team included: implementation of a national CDD program – this option was rejected because other donors were testing other approaches in other regions and a national level effort would have overcrowded capacity; level of emphasis on the evolving decentralization agenda – decision to focus mostly on helping the poor and rely on the existing social and institutional structures to the extent possible as the important decentralization work was in its infancy and it would not have been realistic to address it through the project; inclusion of micro credit activities was rejected as the skills and knowledge needed to achieve the overall goal of equipping beneficiaries with basic social and economic infrastructure and services through a transparent and participatory process are substantively different to those necessary for developing durable financial systems. Necessary ESS and M&E arrangements were developed as were arrangements for the set up



and staffing of the PCU. The ICR (p.43) noted that preparation focused on critical gaps and opportunities for intervention given poverty in the country, as well as weak government capacity and resources to effectively support rural development. The ICR also noted that the lessons (as above) used by the team to design the project facilitated the development of several pragmatic implementation measures that saved time and costs and reduced duplication of effort for the development of Community Development Plans and the implementation of the micro-projects.

On the other hand, initial design was overly ambitious given over-estimation of the size (critical mass) and capacity of the rural communities, this latter with particular reference to their fiduciary capacity to manage their own development agenda. This led to initial implementation delays. That said, the TTL explained to IEG that there were many 'villages', essentially comprised of extended families and that it took a lot of work to set up an inclusive mechanism to ensure the CDD approach worked effectively. The ICR (p.43) also noted that the emergency nature of the Ebola response did not provide sufficient time for prior analysis of the training requirements necessary for health workers on the ground.

Quality-at-Entry Rating

Satisfactory

b. Quality of supervision

The ICR (pp.43-44) notes that the World Bank team was proactive and worked closely with the PCU, communities, Steering Committee, and other government agencies to identify and resolve issues as they arose. The monitoring effort was significant with various assessments and surveys (see below) and with beneficiary involvement in data collection. The team monitored project activities through regular virtual (Skype) conferences and project sites were visited regularly with the participation of appropriate sectoral and technical experts. The team participated in two missions per year and produced detailed aide-memoires and Implementation Status Reports (ISRs), which were clear and candid, reflecting for example, issues arising in implementation and procurement as discussed elsewhere in this report. The ICR also noted that the team provided evidence-based feedback with reference to various technical audits, assessments, surveys, and research activities, all of which enabled timely adjustments and fed into Government plans for a national safety net program, including the targeting methodology, transfer amount, and payment delivery mechanisms.

There were two Task Team Leaders (TTLs) for the Project, the latter effectively leading the project from mid-2009. The project was well supported with dedicated technical expertise in financial management, procurement, safeguards, and registries

Quality of Supervision Rating

Satisfactory

Overall Bank Performance Rating



Satisfactory

9. M&E Design, Implementation, & Utilization

a. M&E Design

Project M&E was supported under Component 3 of the original project design (PAD, pp.10-11) to include: recruitment of M&E Specialist; development and implementation of a participatory M&E system, in particular the set-up of a management information system (MIS) and the associated data gathering plan and tools. The PCU would produce regular project progress reports, and quarterly financial management reports. Development of the project M&E manual was financed by the Project Preparation Facility through the hiring of an experienced international consultant. The manual described in detail the roles and responsibilities of project staff and stakeholders as well as the tools, data type and periodicity for data collection and analysis. The PAD (p.10) noted that the M&E system would track implementation efficacy, beneficiary satisfaction, use and maintenance of investments, and degree of stakeholder participation and that the M&E system would comprise: an M&E plan; various tools/questionnaires for collection of key data; and, an MIS to track both quantitative and qualitative data. The PAD (p.40) noted that Regional Advisors would be responsible for compilation of information gathered by Facilitators and participating stakeholders from each of their regions on a quarterly basis. Participatory M&E would be key data collection and analysis – the participatory approach would promote ownership and empower stakeholders by involving them directly in the exercise of data collection and analysis of the implementation of activities, and by encouraging them to express their views and suggestions for improvement. Planned reporting requirements included: (i) quarterly Project Progress Reports; (ii) three independent technical audits of micro-projects; and (iii) annual independent environmental and social safeguard assessments, and (v) surveys. As noted in the ICR (p.40) the original RF was over-elaborated with too many indicators. The RF was revised at the first restructuring to better reflect the relationship between the project objective and interventions. As the project evolved and components added, the RF was further elaborated. Outcome and intermediate indicators were selected for the new Component 4 (payment of salaries). Intermediate indicators were included for Components 5 (Prevention of the Ebola Epidemic) and 6 (Pilot cash transfer program) to track access to priority basic services.

b. M&E Implementation

As per design, qualitative and quantitative data were collected at the community level. Facilitators gathered data through interviews with community members and direct observation, and this was complemented by the technical audits. Additional data was collected on training and capacity-building activities. The M&E Officer used the project MIS to monitor and update the RF and provided regular quarterly Project Progress Reports. As detailed in Annex 7 of the ICR, about 20 audit, assessment and evaluation reports were produced – e.g., “Estimation of the Economic Rate of Return of World Bank-funded Micro-Projects in Guinea-Bissau”(2016), Beneficiary Satisfaction Assessment of RCDD Micro-Projects (2017), and “Baseline Economic and Social Indicators for the Bissau Cash Transfer Intervention” (2019) - together with two beneficiary satisfaction surveys relating to supported micro-projects, a survey of educational services provisions, an assessment of the Ebola-related activities, and a baseline survey of beneficiaries of the SSN Project (163901). All survey results and reports were shared with the National Steering Committee, relevant ministries, the World Bank, and the participating communities.



c. M&E Utilization

The ICR informed (p.41) that monitoring and audit reports were used to identify the reasons for delays and non-compliance with the Financing Agreements and/or World Bank standards, and to take appropriate corrective measures. The findings of technical audits were used to revise the design and standards for infrastructure support and the PCU provided training to sensitize the communities on the management and handling of water points and school infrastructures. The surveys and assessments undertaken (as noted above) informed the design of the national SSN. The PCU commissioned a report on how best to integrate the CDD approach with the local administration and relevant findings were presented at a workshop in November 2016.

The ICR (p.34) also noted that the project enhanced the M&E capacity of both the PCU (as noted elsewhere, the PCU also assisted the development of other PCUs for World Bank projects) and beneficiary communities who participated in the collection of data and monitored the progress of micro-projects through direct oversight.

As noted in the CPF, the experience of implementing the CDD approach is being taken on board in future programming.

M&E Quality Rating

Substantial

10. Other Issues

a. Safeguards

The environmental category for the project was 'B' (PAD, p.45) on the basis that micro-projects supported could potentially trigger the following safeguard policies: OP 4.01: Environmental Assessment; OP 4.04, Natural Habitats; OP 4.09, Pest Management; OP 4.11, Physical Cultural Propriety and OP 4.12, Involuntary Resettlement. However, because individual micro-projects would be small in scale the PAD did not anticipate significant or irreversible impacts.

As part of project preparation the Government prepared an Environmental and Social Management Framework (ESMF) and a Resettlement Policy Framework (RPF) - both disclosed March 2009 - to ensure that any potential negative safeguard impacts would be detected during the micro-project design phase, allowing appropriate design and mitigation measures to be incorporated prior to submission of micro-project proposals for appraisal and approval. Compliance would be assured through a three tiered process involving, at the micro-project preparation stage (beneficiary communities, assisted by trained facilitators, would identify issues of concern, and prompt the incorporation of appropriate mitigation measures) into micro- project design; at the micro-project appraisal stage, the Regional Advisors would verify the



appropriate identification of safeguard issues as well as the mitigation of safeguard concerns.; and, finally, the M&E specialist at project level would work together with advisors and facilitators to track safeguard compliance across the project as a whole. No additional safeguards were triggered on the basis of the AF or restructurings.

The ICR (pp.41-42) informed that in late 2010, the PCU recruited an Environmental and Social Safeguard Specialist and that the ESMF included a checklist that was used by beneficiary communities and facilitators to detect potential negative impacts of individual micro-projects, as well as mitigating measures to be taken. Regional Advisors, who were responsible for the preparation of the micro-projects and the related bidding documents, supervised the work of the facilitator at the local level to ensure that safeguards policies were applied, and this was complemented by audits conducted by the World Bank and independent experts. The ICR noted that up to the end of 2018 safeguards compliance received a “satisfactory” rating that was interrupted due to an issue arising in early 2019 – a community complaint that some feeder roads were being used by poachers who were damaging the road. The authorities were alerted by the project (further road rehabilitation by the project was suspended) but because the government would not provide assurances regarding future use of roads (weight restrictions) the project ceased financing for further road related micro-projects. During this period, the safeguards rating was downgraded to “moderately satisfactory” as it was also discovered that construction companies had not prepared Environmental and Social Management Plans for the construction of feeder roads, although their completion had been provisionally accepted. The ICR reported that the issue was resolved, and the ratings were subsequently upgraded.

b. Fiduciary Compliance

The PAD (pp. 23-24) stated that the PCU would have overall financial management responsibility in respect of which it would recruit a suitably qualified Financial Management Specialist and a Senior Accountant. The PCU and the Treasury Department would jointly manage a designated account through a World Bank approved commercial bank. Funds for approved micro-projects would be transferred to dedicated accounts in banks local to the micro-projects. Financial reporting would consist of: quarterly unaudited Interim Financial Reports submitted by the PCU to the World Bank; annual financial statements prepared by the PCU in accordance with International Accounting Standards; micro-project progress and financial reports submitted to the facilitators on a monthly basis for transmission to the project’s Senior Financial Specialist, through the Regional Advisors; quarterly consolidated financial and progress reports prepared by the Regional Advisors and submitted to the PCU; and annual independent safeguard compliance reviews. The project’s financial statements would be audited on an annual basis by approved, independent external auditors. Procurement would be carried out in accordance with the World Bank guidelines and the provisions stipulated in the Legal Agreement. Procurement functions would be carried out by a Procurement Specialist, who would draft the procurement documents, advise the team on the evaluation process and the contract award, and monitor the procurement activities conducted at the community levels for the implementation of micro-projects.

The ICR (pp.42-43) confirmed that a Financial Management Specialist and an Accountant were recruited and trained on World Bank fiduciary procedures and rules, that an integrated budgeting and accounting system was used, and that the PCU opened a Designated Account in an approved commercial bank that



was jointly managed by the PCU and the Treasury Department. The PCU submitted timely and acceptable quarterly Interim Financial Reports and annual financial statements and external auditors conducted third party annual audits. A number of financial management challenges arose. First, at the time of the military coup (April 2012) the PCU had about \$393,000 in designated accounts for the purposes of implementing ongoing projects and making some payments due to firms and suppliers; however, once the suspension was lifted in December 2012 the PCU could pay off arrears and initiate new micro-projects. Next, issues arose in making salary payments to teachers and health workers, as the PCU was focused on resolving issues with the Folha Única and was unable to implement micro-projects from April to September 2014. The ICR also note that a move from manual to automatic replenishments of the Designated Account caused challenges such that the PCU was unable to access IDA funds between mid-March and end-May 2014. This resulted in less disbursement than planned of the first AF for Component 1 (\$400,000 disbursed against a planned \$1 million) and Component 2 (\$1.59 million disbursed against a planned \$8.65 million). In addition, substantially more funds were required for Component 3 to manage the additional activities (\$4.36 million disbursed against a planned \$2.25 million). And, finally, the payment of salaries (Component 4) was \$500,000 less than the planned \$9 million following improvements to the Folha Única. Some challenges arose in relation to procurement from the start of implementation till late 2016 based on the underperformance of the first procurement officer (who was given training) and whose contract was not renewed in mid-2013. An experienced procurement specialist was recruited in January 2014. He was trained and teamed up with a high-level PCU staff and, over time, the standard of procurement improved such that, by the close of the project, procurement was in order - appropriate documentation and transparent processes, and timely implementation of procurement activities

The ICR (pp.41-42) informed that in late 2010, the PCU recruited an Environmental and Social Safeguard Specialist and that the ESMF included a checklist that was used by beneficiary communities and facilitators to detect potential negative impacts of individual micro-projects, as well mitigating measures to be taken. Regional Advisors, who were responsible for the preparation of the micro-projects and the related bidding documents, supervised the work of the facilitator at the local level to ensure that safeguards policies were applied, and this was complemented by audits conducted by the World Bank and independent experts. The ICR noted that up to the end of 2018 safeguards compliance received a “satisfactory” rating that was interrupted due to an issue arising in early 2019 – a community complaint that some feeder roads were being used, as discussed above in section 10a, by poachers who were damaging the roads. The authorities were alerted by the project (further road rehabilitation by the project was suspended) but the government would not provide assurances regarding future use of roads (weight restrictions) the project ceased financing for further road related micro-projects. During this period, the safeguards rating was downgraded to “moderately satisfactory” as it was also discovered that construction companies had not prepared Environmental and Social Management Plans for the construction of feeder roads, although their completion had been provisionally accepted. The ICR reported that the issue was resolved, and the ratings were subsequently upgraded.

c. Unintended impacts (Positive or Negative)



The ICR (p.35) noted that the project led to the development of long-term benefits, such as the elaboration of national norms for classrooms and rural roads, creation of a registry of teachers and health workers, and payment of teachers and health workers salaries through the banking system.

The PCU helped to incubate the project implementation unit of other IDA projects. The PCU provided training and support to the project management team at the Ministry of Public Works responsible for implementing the Guinea-Bissau Rural Transport Project (P161923), including preparing the project preparation advance.

Creation of a unified registry of teachers and health workers. Building on the registry created, the PCU collaborated with the Ministries of finance, public administration, Education, and health to create a unified registry of teachers and health workers in the Public Administration Human Resources Management System. For the first time, the registry was validated by all the relevant ministries and by the powerful labor unions and is being utilized to maintain civil servants' records.

Creation of a unified social registry and support to critically ill poor patients. A unified social registry was developed building on the cash transfers registry. During December 2015 and September 2016, the unified registry was created by screening patients from the Bissau national hospital with the help of an NGO and hospital social workers. The unified social registry included 1,500 critically ill people, resulting in a registry of 2,725 poor and vulnerable people. The NGO subsequently identified 303 seriously ill patients who were provided the equivalent of around \$205 each in cash, medical treatment and/or medicine, including 107 people who received emergency treatment that saved their lives.

d. Other

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11. Ratings

Ratings	ICR	IEG	Reason for Disagreements/Comment
Outcome	Satisfactory	Satisfactory	
Bank Performance	Satisfactory	Satisfactory	
Quality of M&E	Substantial	Substantial	
Quality of ICR	---	Substantial	



12. Lessons

The ICR provided lessons under four headings - governance and transparency in a fragile environment; building capacity and institutions in a fragile environment; collaboration; and technology. IEG highlights the following:

Use of local structures facilitated closer monitoring and maintenance of basic infrastructures. The success of the project relied heavily on working with Facilitators and Regional Advisors from the target communities, as well as traditional authorities from existing community structures that were called on to form Community Committees to organize micro-project activities. This approach enabled close monitoring of important basic infrastructure projects and facilitated ownership for their maintenance and sustainability.

CDD approach empowered communities, re-established critical link with the central government and reinforced government institutions. Participation in the CDD program and the participatory development of Community Development Plans has given communities voice and the tools to determine their development priorities in collaboration with the government. This has also restored some trust in and established links with the central government agencies

Close monitoring and supervision. In the fragile and low capacity environment, the World Bank provided close monitoring and supervision through regular missions and virtual conferences, flexible and timely support, and direct interventions, as needed, that ensured the project's success

Collaborating with organizations with comparative advantages expedited activities and led to greater impact. The agreement with the WHO facilitated prompt emergency health contingency measures to be implemented, with its comparative advantage on the prevention and treatment of communicable diseases. Collaboration with NGOs facilitated the targeting of cash beneficiaries, and the creation of a unified social registry, based on their experience of working with the poorest households. The Project supported synergies with other IDA-financed projects, such as the Safety Nets and Basic Services Project (P163901), including partnering with UNICEF on the national social protection strategy, and the Rural Transport Project (P161923).

Use of technology in the fragile environment [contributed to] the project's success. Apart from facilitating regular on the ground monitoring and reporting, virtual meetings enabled close supervision that was especially important during the suspension of missions after the military coup.



Technology [facilitated] transparency. The unified social registry enhanced maintenance of staff records and use of bank systems, accompanied by receipts, and ensured faster, safer, and more transparent delivery of salary payments. The unified social registry enables faster and more accurate targeting of beneficiaries (along with the PMT module), and the reconciliation of cash transfer payments.

13. Assessment Recommended?

No

14. Comments on Quality of ICR

The report was comprehensive and followed the guidelines. The theory of change was clear and well-presented and the ICR presented many well-articulated lessons under various headings. In the absence of an ERR calculation for the project overall, the ICR presented a variety of evidence in support of the Efficiency criteria. The ICR also usefully provided a list of reports and surveys undertaken in support of the project, some of which were referenced as evidence. The ICR was also candid about shortcomings, for example, in initial design and in relation to safeguard management. The ICR did contain some minor errors with reference to reporting dates for adjustment to intermediate outcomes dates (p.49) and the ICR narrative included implementation details that led to a lengthy ICR, reaching 47 pages.

a. Quality of ICR Rating Substantial