

Maintains



Research supporting social
services to adapt to shocks

Towards shock-responsive social protection: lessons from the COVID-19 response in Sierra Leone

Research report

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About Maintains

This five-year (2018–2023) operational research programme is building a strong evidence base on how health, education, nutrition, and social protection systems can respond more quickly, reliably, and effectively to changing needs during and after shocks, whilst also maintaining existing services. Maintains is working in six focal countries—Bangladesh, Ethiopia, Kenya, Pakistan, Sierra Leone, and Uganda—undertaking research to build evidence and providing technical assistance to support practical implementation. Lessons from this work will be used to inform policy and practice at both national and global levels.

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List of abbreviations

ACC	Anti-Corruption Commission
CIC	Community identification committee
ECT	Emergency Cash Transfer
FCDO	UK Foreign, Commonwealth and Development Office
GDP	Pound sterling
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GoSL	Government of Sierra Leone
GRiF	Global Risk Financing Facility
GRM	Grievance redress mechanism
IDA	International Development Association
KfW	German Development Bank
LPMT	Light proxy means test
M&E	Monitoring and evaluation
MFI	Microfinance institution
MIS	Management information system
MLSS	Ministry of Labour and Social Security
MSWGCA	Ministry of Social Welfare, Gender and Children's Affairs
MTNDP	Medium-term National Development Plan
NaCSA	National Commission for Social Action
NCPD	National Commission for Persons with Disabilities
NGO	Non-governmental organisation
NSPIAF	National Social Protection Inter-Agency Forum
NSPP	National Social Protection Policy
ODK	Open Data Kit
PMT	Proxy means test
PWD	Person with disability
PWDLH	People with Disability Lockdown Handout

QAERP	Quick Action Economic Response Programme
SLIHS	Sierra Leone Integrated Household Survey
SLUDI	Sierra Leone Union on Disability Issues
SPACE	Social Protection Approaches to COVID-19 – Expert Advice Helpline
SPRINT	Social Protection Registry for Integrated National Targeting
SPTWG	Social Protection Technical Working Group
SSN	Social Safety Net
StatsSL	Statistics Sierra Leone
UNDP	United Nations Development Programme
UNICEF	United Nations Children’s Fund

1 Introduction

1.1 Purpose of this study

In response to COVID-19, around 200 countries/territories have adapted their social protection systems in order to support households and mitigate the economic impact of the pandemic. The ways in which social protection systems have been adapted have differed widely and have included both the development of new social protection programmes and the expansion and adaptation of existing programmes (Gentilini *et al.*, 2020).

All of the countries in which Maintains is active (Bangladesh, Ethiopia, Kenya, Pakistan, Sierra Leone, and Uganda) have announced adaptations of their social protection system, albeit with varying degrees of comprehensiveness. Given the many reforms and initiatives currently being implemented as part of the COVID-19 response, the current crisis presents a unique opportunity to learn across different countries, and to better understand how exactly social protection is used to respond to shocks – and what implications this has for investments in shock-responsive social protection systems going forward.

This study aims to:

- document the social protection responses in all six Maintains countries and, in particular, the use of social protection delivery mechanisms¹ and information systems;²
- assess these responses in terms of adequacy, coverage, and comprehensiveness;³ and
- draw out lessons for future responses and investments in shock-responsive social protection systems.

This report presents the findings from the Sierra Leone case study and is part of a series of case studies across the six Maintains countries. The findings from this report will also be used to feed into a cross-country synthesis report.

1.2 Overview of the social protection landscape

Sierra Leone ranks among the lowest countries in the world in terms of human development,⁴ with more than half the population (57%) living below the poverty line⁵ and 10.8% of the population considered to be extremely poor.⁶ Sierra Leone has also faced a series of shocks over the past two decades: the civil war ended in 2001, and seven years later the country was affected by the global financial crisis (World Bank, 2013). In 2014, Sierra Leone faced the twin shock of the sharp drop in international prices for iron ore (the country's main export at the time) and the outbreak of Ebola. Further, between 2013 and

¹ The mechanisms in place for delivering cash or in-kind assistance to social protection beneficiaries and/or people affected by shocks (e.g. targeting mechanisms, payment mechanisms, etc.).

² Socioeconomic, disaster risk, and vulnerability information to enable decision-making before and after a shock, including social registries and beneficiary registries, disaster risk management information systems, etc.

³ For definitions of key concepts see O'Brien *et al.* (2018).

⁴ Sierra Leone is ranked 182 out of 185 on the Human Development Index. See UNDP (2020b).

⁵ The national poverty line in 2018 was Sierra Leonean Leone (SSL) 3,921,000 (£293) per adult equivalent annually.

⁶ Authors' own calculations, using 2018 Sierra Leone Integrated Household Survey (SLIHS) data.

2018, the country faced several episodes of intense flooding, often coupled with landslides, which affected more than 220,000 people during this time (ACAPS, 2020).

In this context, over the past decade social protection has become an increasingly important policy instrument in Sierra Leone. While the Government of Sierra Leone (GoSL) has implemented a series of social protection initiatives on a small scale since 2001, largely focused on crisis support, it was not until 2011 that a National Social Protection Policy (NSPP) was approved (World Bank, 2013). The NSPP outlined 10 priorities for the sector⁷ and called for analytical work to guide the rationalisation and the expansion of social assistance. In 2018, the NSPP was revised to reflect new vulnerabilities and to redefine the institutional arrangements for implementing the policy, although these changes have not been enacted yet (Sandford *et al.*, 2020). More recently, the Medium-term National Development Plan (MTNDP) 2019–2023 has been developed. This plan outlines a number of ambitious targets and policy actions to enhance social protection. These include strengthening foundational systems (e.g. establishing an integrated national ID card system), enhancing the shock responsiveness of the sector (e.g. establishing a social safety net fund for emergency response), expanding social security in the formal sector, and expanding social assistance to cover 30% of the vulnerable population.

The primary institutions involved in social protection in Sierra Leone are the National Social Protection Inter-Agency Forum (NSPIAF), the National Commission for Social Action (NaCSA), and the Ministry of Labour and Social Security (MLSS) (World Bank, 2015).⁸ NSPIAF is an inter-ministerial body that is responsible for setting and guiding social protection policy,⁹ while NaCSA and the MLSS are the primary implementers of social protection programmes. NaCSA is a semi-autonomous government agency that operates under the Ministry of Planning and Economic Development. Within NaCSA, the National Social Protection Secretariat leads the day-to-day implementation, coordination, and facilitation of the social protection programmes and projects, including social assistance programmes (World Bank, 2015). The MLSS implements two small-scale social pensions. Finally, a separate institution, the Anti-Corruption Commission (ACC), manages fraud and corruption enquiries, and handles grievances related to the social protection programmes.

Disaster response is led by the Office of National Security. The disaster management department within the Office of National Security is mandated to act as the chief coordinator for both man-made and natural disasters. Coordination takes place through a National Platform for Disaster Risk Reduction, the National Strategic Situation group, groups of

⁷ These are: (i) increasing access to education and health services (scholarship and health fee waivers); (ii) expanding existing pilot social assistance programmes; (iii) encouraging traditional family and community support for the vulnerable; (iv) promoting insurance schemes; (v) providing transfers to increase the use of social services; (vi) providing homes or shelter for vulnerable groups, such as orphans, the physically and mentally challenged, the elderly, and abused children; (vii) promoting gender equality and women's empowerment; (viii) supporting livelihoods and employment opportunities; (ix) developing small and medium-sized enterprises; and (x) building infrastructure that is accessible to the physically challenged.

⁸ The emerging policy on social protection, which is waiting to be enacted, notes that some changes will be made to the institutional landscape (Sandford *et al.*, 2020). NSPIAF will be replaced with the National Social Protection Board, to be chaired by the MLSS. To the best knowledge of the authors, this structure has not yet been implemented.

⁹ The membership comprises: the Chief of Staff at the Office of the President; and state actors/other ministries, including the Minister of Social Welfare, Gender and Children's Affairs, and the ministers of health, education, and local government (amongst others). Non-state actors are also part of NSPIAF, including international organisations.

stakeholders organised around key pillars, and district disaster management committees. Currently, there are 10 pillars,¹⁰ each led by a government agency and some of them supported by United Nations agencies. Notably, there is no social protection pillar. However, during the Ebola outbreak and the 2017 landslide response, NaCSA led the shelter pillar and was responsible for coordinating the cash transfer interventions in response to these shocks (Sandford *et al.*, 2020).

Spending on social protection in Sierra Leone is lower than in many other sub-Saharan African countries. In 2016, 0.9% of GDP was spent on social safety nets, compared to a regional mean of 1.5% (World Bank, 2018). The sector is funded by the national government and its development partners. However, the sector is heavily reliant on external support. For example, while the GoSL allocated SLL 19.4 billion (approximately £1.4 million)¹¹ to NaCSA for the 2020 financial year, NaCSA will also receive SLL 89.9 billion (approximately £6.7 million) from development partners, including the World Bank, Islamic Development Bank, German Development Bank (KfW), Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), and the United Nations High Commissioner for Refugees (GoSL, 2019).

In terms of programmes, there are a number of non-contributory social assistance programmes in Sierra Leone:

- The largest such programme in Sierra Leone is an unconditional cash transfer programme known internationally as the Social Safety Net (SSN) and locally as ‘Ep Fet Po’ (Krio for ‘Help fight poverty’). It was launched in 2014 and is implemented by NaCSA, with funding from the World Bank. The most recent phase of the SSN, which ended in December 2019, supported 28,500 households. With additional funding from the World Bank, the SSN was expected to expand to support 30,000 households across all districts from 2020 for three years.¹² However, the expansion phase was redesigned to respond to COVID-19 (see Section 3.1.3).
- The MLSS also runs two social pensions: the Social Safety Net Programme for the Vulnerable Aged (since 2004) and the National Social Safety Net Programme (since 2007). Both support approximately 16,000 pensioners; however, due to lack of funding, both provide irregular payments to beneficiaries (Sandford *et al.*, 2020).
- Finally, there are also a number of public works programmes in operation, implemented by various ministries, including the Ministry of Agriculture, Forestry and Food Security, and NaCSA. The number of beneficiaries these programmes support varies depending on available financing (Sandford *et al.*, 2020).

There has also been growing interest in using social protection to respond to shocks. In 2016, the SSN was temporarily expanded for nine months (known as the RE-SSN), with donor funding, to support 59,797 households affected by the Ebola outbreak and iron ore price shock. A similar approach to expansion was taken in the response to the 2017 floods and landslides, funded largely from humanitarian budget lines. However, shock response

¹⁰ Coordination; logistics; protection and psychosocial; health and burials; security and safety; social mobilisation and communication; food and nutrition; water, sanitation, and hygiene; registration; and shelter.

¹¹ All conversions to GBP in this report use Google Currency Converter exchange rates as at 21 December 2020.

¹² NaCSA implements a range of smaller social protection programmes, which can be viewed on [its website](#).

has so far taken place on a needs basis, without dedicated funding or an institutional framework to guide responses.

In relation to contributory social protection, since 2001 the MLSS has run a small-scale social security scheme, the National Social Security and Insurance Trust. The Trust has 227,856 members and is currently providing retirement and other benefits to 20,639 (0.75% of the labour force)¹³ contributing workers and their dependents.¹⁴

1.3 COVID-19 in Sierra Leone

Sierra Leone confirmed its first COVID-19 case on 30 March 2020 (TpiSENT COVID-19, 2020). As at 7 December 2020, the country had reported 2,420 cases and 74 deaths, equivalent to 0.97 deaths per 100,000 (World Health Organization, 2020). The Western Urban region of the country (which includes Freetown, the capital) was the first affected area and has borne the brunt of the nation's reported cases, although the virus quickly spread to the rest of the country.¹⁵

The GoSL adopted a 'light-touch' policy approach in response to COVID-19, eschewing heavily restrictive social distancing policies that it would be unable to enforce, and which might result in serious economic impacts. Prior to the confirmation of the first case, the GoSL declared a 12-month state of emergency effective from 24 March 2020, with the borders closing for 30 days (extended to four months) from 27 March 2020. On 31 March 2020, schools were closed across the country and land borders were closed until June. This was followed by a pair of three-day lockdowns, during which people were required to stay at home, which took place between 5 and 7 April and 3 and 5 May 2020. The purpose of the lockdowns was to scale up contact tracing and testing abilities. In addition, from the onset, a curfew was in place, shops were instructed to sell only essential items and, where possible, people were instructed to remain at home. From 1 June 2020, a national mask-wearing mandate began.¹⁶ From 24 June, the GoSL began to ease lockdown restrictions, including lifting a ban on inter-district travel, easing the curfew, and, from July, allowing places of worship and the airport to re-open.

Despite the relatively limited restrictions in place in Sierra Leone (in comparison to other countries), the COVID-19 containment measures and the global recession are expected to have negative impacts on the economy. Pre-COVID-19, real GDP growth for 2020 was estimated at 2.3–4% (World Bank, 2020b). The latest figures from Statistics Sierra Leone (StatsSL, 2020) now predict negative GDP growth of 2.2% in 2020.¹⁷ A recent mobile phone survey run by the United Nations Development Programme (UNDP) (2020a) indicates that 68% of business owners have seen their weekly income halve since March 2020, 57% of them have had to lay off workers, and 37% have reduced their working hours.

¹³ The size of the labour force was estimated at 2,751,178 in 2020. See <https://data.worldbank.org/indicator/SL.TLF.TOTL.IN?end=2020&locations=SL&start=1990&view=chart>

¹⁴ See <https://nassit.org.sl/> for further details.

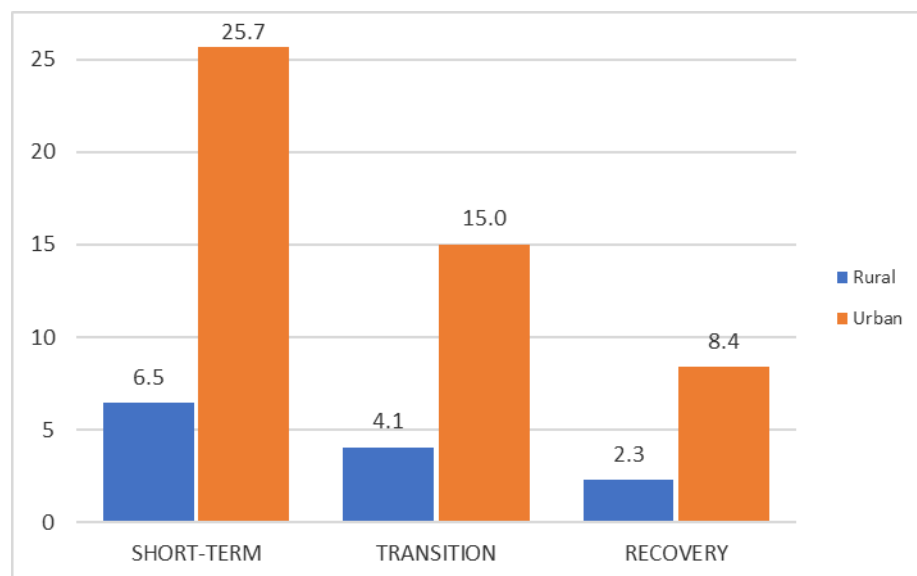
¹⁵ In a separate report in this series, we describe and analyse the national government's response to the COVID-19 outbreak. See Grieco and Yusuf (2020), available [here](#).

¹⁶ See Shaban (2020) for a full timeline of restrictions.

¹⁷ Report on the 2019 and 2020 real gross domestic product (RGDP) figures at 2006 prices.

As seen in other countries, COVID-19 has been more disruptive in urban settings. Figure 1 highlights the percentage-point increase in headcount poverty at the national poverty line in both rural and urban Sierra Leone. In all three microsimulation scenarios, from least optimistic to most optimistic – called ‘short’, ‘transition’, and ‘recovery’,¹⁸ respectively – we find that urban areas are significantly more affected than rural areas. Moreover, regions in Sierra Leone with a large urban population are likely to be disproportionately affected by COVID-19, with the Western Area being the most affected (see Figure 4 in Annex B).

Figure 1: Percentage-point increase in headcount poverty at national poverty line, by area of residence, by scenario



Source: Authors based on the microsimulation results using 2018 SLIHS.

The impact of COVID-19 in Sierra Leone is gendered. A UNDP (2020a) report on the impact of COVID-19 in Sierra Leone notes that the pandemic has hit women more than men in almost all respects at the household level: ‘from food insecurity to receipt of cash grants, from job losses to revenues earned, and dips into savings where these exist’. This is in line with experiences from previous crises: the Ebola outbreak saw a rise in maternal deaths, adolescent pregnancy, gender-based violence, and avoidable child deaths. Furthermore, although there are limited data on gender-based violence in Sierra Leone, local anecdotal reports (according to the UNDP) suggest that this has increased, in particular during the lockdowns.

¹⁸ The ‘short-term’ impact scenario adopts the most dramatic assumption on the impact of the pandemic, based on the expected impact of lockdown and restriction measures, and on the likely impact on the most affected sectors of the economy. The ‘transition’ scenario mitigates the impact parameters assuming that over time some of the negative effects of the pandemic will fade. Finally, the ‘recovery’ scenario adopts the most optimistic set of assumptions to model a situation where the impacts of the pandemic have almost faded away. The full methodology note for the microsimulations can be found [here](#).

2 Methodology

2.1 Conceptual framework

To assess the different aspects of the social protection system in each of the Maintains countries, and how this was adapted in the COVID-19 response, we developed a [conceptual framework](#) (Beazley *et al.*, 2020). Our framework focuses the analysis of shock-responsive social protection on three dimensions:

- **Response type:** This focuses on three broad options for response: i) undertaking measures to ensure system resilience; ii) adapting programmes through vertical and/or horizontal expansion and/or launching temporary new programmes; and iii) humanitarian assistance that piggy-backs on or aligns with the social protection system.
- **Policies and operational procedures:** This examines how the response is operationalised, including how the policies, systems, and operational procedures used along the delivery chain are developed and/or adjusted for the implementation of the responses.
- **Outcomes:** This provides an assessment of the outcomes of each social protection response in terms of adequacy, coverage, comprehensiveness, timeliness, and long-term implications.

Although social insurance, labour market or employment policies, and social assistance programmes are covered by this framework, our focus is on the latter, which includes both in-kind and cash transfers, and where the response interacts in some way with the social protection system.¹⁹

Using this framework, we developed a detailed set of research questions that were used to guide the research in each of the Maintains countries, and to ensure that data collection across countries was consistent. The conceptual framework and detailed research questions provide a comprehensive framework to guide the assessment and, in each country, we have focused on answering the most salient questions based on the country's existing social protection system, the way in which responses are implemented, and the data available for this assessment.

2.2 Data collection and analysis

The initial stage of data collection for the study in Sierra Leone comprised a mapping of the social protection sector in general, and the social protection responses to COVID-19 specifically. The literature review focused on key documents on shock-responsive social protection, as well as a more thorough investigation of relevant laws, reports, and policy documents related to the social protection response. In order to gather more in-depth information, we also conducted a series of key informant interviews with relevant government officials, development partners, non-governmental organisations (NGOs), humanitarian actors, and other stakeholders at the national level involved in the COVID-19

¹⁹ Social assistance responses that are entirely implemented in parallel to the government's social protection systems are beyond the scope of this study.

response. A full list of organisations consulted is provided in Annex A. Further, we worked closely with the [Social Protection Approaches to COVID-19 – Expert Advice Helpline](#) (SPACE)²⁰ country focal points, to draw on their experiences, share data collected, and reduce the burden on key stakeholders.

2.3 Microsimulations

To assess the adequacy, coverage, and comprehensiveness of the response, we conducted a partial equilibrium microsimulation based on a partial equilibrium modelling framework using nationally representative household-level data. To do this, we simulated the impact of the pandemic on poverty and inequality, as well as the effect of social protection policies that can mitigate negative effects on people’s well-being. Our model, which is based on data outlined in Table 1, accounts for two main channels of impact: an income channel, and an inflation channel. Household income is impacted through a decrease in the level of remittances received and through a sector-level shock to employment and/or business income. The latter is the result of an unemployment effect for a certain percentage of individuals who lose all their income, and a reduced income effect for all the workers who do not become unemployed and for those who are self-employed or own a business.

Table 1: Data sources for the microsimulation

Data	Source	Year
SLIHS	StatsSL	2018
Urban and rural population data	World Development Indicators (World Bank)	2018–2020
Actual and projected GDP by sector	StatsSL	2018–2020
Consumer Price Index	International Monetary Fund and StatsSL	2018–2020
COVID-19 impact mobile-survey data	International Growth Centre ²¹	2020

The resulting drop in household-level income translates into a drop in household-level consumption, which is also impacted by the change in consumer prices. Poverty and inequality post-COVID-19 are then estimated based on the resulting consumption estimates. Finally, the model estimates the impact on income, and therefore consumption, of the most relevant social protection interventions implemented or planned in each country, to assess their effectiveness, coverage, and adequacy. Assumptions regarding price and income changes are based on available sector-level GDP projections, estimates from mobile surveys looking at the household-level impact of COVID-19, type of containment measures (stringency of lockdowns), and available information on changes in prices. Medium- and longer-term effects of the pandemic are captured only in so far as exogenous parameters based on general equilibrium modelling are integrated into the modelling framework. Social protection programmes are simulated based on available information on targeting criteria

²⁰ SPACE is a multi-disciplinary ‘ask-the-experts’ service offered to government departments working to deliver social protection responses to COVID-19. SPACE provides independent and unbiased, practical, and actionable advice, drawing upon up-to-date global evidence, relevant experience, tailor-made tools, and a suite of thematic briefing papers to support effective and inclusive decision-making.

²¹ www.theigc.org/project/covid19-sl/

and coverage. In so far as possible, we aim to use a comparable methodology across the Maintains countries.

The full methodology note and results for the microsimulations in Sierra Leone can be found [here](#).

2.4 Limitations

This study is designed to be a rapid appraisal of initial phases of the ongoing COVID-19 response. The following are the study's limitations:

- Due to widespread travel restrictions, we have not been able to conduct in-country primary data collection at the household level. Therefore, this study does not assess fully how these social protection responses were implemented in practice. In the case of the COVID-19 SSN (see Section 3.1.3), for example, the programme had not been implemented at the time of the research. We therefore focus on the design features of the chosen response options and – as far as possible – the reasons for choosing a given response. Similarly, we were unable to assess the outcomes of the response for beneficiaries.
- The key informant interviews took place between June and September 2020, with some follow-up exchanges in October and November via email and telephone. Undertaking key informant interviews was at times challenging. Individuals and organisations in the social protection sector are currently implementing response efforts and providing immediate support to those most affected by COVID-19, and therefore have competing demands on their time.
- As the COVID-19 global pandemic is unprecedented, much planning and learning is happening in real-time. There are continuous changes in processes and procedures that are difficult to capture. While the authors strive to provide the most up-to-date information, the situation may have changed by the time of publication.

We welcome future research that examines various aspects of the response more comprehensively.

2.5 Quality assurance

The study design, methodology, and report have been subject to a rigorous process of quality assurance. The methodology has received inputs from colleagues at SPACE and external quality assurance has been provided by two experts selected specifically for this assignment. All outputs from this study have also been through a thorough process of review, with each report internally peer reviewed by a senior social protection expert and the study team leader prior to submission to external quality assurance.

3 Overview of social protection responses

This section provides an overview of the main social protection actions that have been implemented – or that will be implemented – by the GoSL in response to the COVID-19 pandemic. The details of the implementation and operations of each programme are described in Section 5.

As outlined in the [conceptual framework](#), the first dimension of the social protection response to COVID-19 encompasses strategies to minimise disruptions to routine delivery of benefits and services to *existing* beneficiaries. According to interviews with NaCSA, social protection programmes were able to continue as normal, in spite of the pandemic, with only small tweaks to delivery in place to ensure social distancing requirements were met (e.g. use of Veronica buckets (i.e. handwashing stations), providing hand sanitiser etc.). The rest of this case study focuses on responses implemented to cover *new* vulnerabilities.

The second dimension of the response is system adaptation, i.e. how governments adapted to address new vulnerabilities arising from the crisis. In Sierra Leone, this involved extending coverage to new beneficiaries via existing and new programmes. We describe these in turn below, and summarise the responses in Table 2.

3.1 Extending support to new beneficiaries

3.1.1 People with Disability Lockdown Handout (PWDLH)

In order to mitigate the effects of the most stringent COVID-19 measures on the most vulnerable, the GoSL allocated SLL 4 billion (approximately £299,000) to NaCSA to provide cash and in-kind support to extremely poor persons with disabilities (PWDs) during the two three-day lockdowns. Support was provided in two tranches, to coincide with each of the lockdowns. At the time of the first lockdown, the PWDLH provided a cash payment of SLL 250,000 (approximately £18.50), as well as 25 kg of rice and a bar of soap, to 3,367 beneficiary households. Given the inter-district travel ban, the poor road network, and the difficulty of coordinating the delivery of the in-kind portion of the transfer, in the second tranche only cash was distributed, to a further 7,616 beneficiaries. The transfer was geographically targeted, with 500 beneficiaries receiving support in each district except in the Western Urban region (which includes Freetown), where 2,500 beneficiaries were targeted.

The target population was selected due to the expected impacts of the lockdown on PWDs' ability to engage in street begging, resulting in a disruption to their income. The target population for the PWDLH changed between the two tranches. For the first tranche, only PWDs were targeted. For the second tranche, the transfer also targeted the poor and destitute, orphans in institutions, albinos, and children with mental disabilities. In both transfers there was a particular emphasis on providing benefits to women and children, and pregnant and lactating mothers (NaCSA, 2020a). In addition, the geographic scope of the transfer was expanded between the tranches to reach those outside regional headquarter towns in the second tranche.

3.1.2 Emergency (urban) Cash Transfer (ECT)

The COVID-19 ECT was designed to protect and support the well-being of households that were expected to be especially vulnerable to the impacts of COVID-19. The ECT was targeted at informal sector workers, low-wage workers in the services sector, and workers in small and micro enterprises (i.e. petty traders). These households were expected to be especially vulnerable to the immediate and indirect impacts of lockdowns and other measures, such as social distancing, and likely to face a reduction in employment and income. The ECT was geographically targeted in urban areas as this is where COVID-19 was expected to be most disruptive, including Freetown, Bo, Kenema, Makeni, and Port Loko. As Freetown is the most populous city, 19,000 beneficiaries were allocated to Freetown, with the remaining cities allocated 2,500 beneficiaries each.²²

The ECT provided a one-time cash payment of SLL 1,309,000 (approximately £98) to 29,000 households (approximately 88,000 individuals). The transfer value was set as '[the] equivalent of two months minimum wage and represents one month of consumption expenditure of the bottom 25 percent of households in Freetown', according to the ECT Manual (NaCSA, 2020b).

The programme was ready to expand to an additional 38,700 vulnerable households in Western Urban region in October 2020, with anticipated funding from the European Commission (NaCSA, 2020f).

3.1.3 COVID-19 SSN

The COVID-19 SSN programme is an adaptation of the existing SSN, and comprises a horizontal expansion of the programme (i.e. expanding to reach new beneficiaries). In April 2019, a US\$ 30 million (£22.6 million) grant was provided to the GoSL from the World Bank in order to expand the SSN to provide quarterly transfers of SLL 450,000 (approximately £34) to 35,000 beneficiaries over three years. However, in light of the pandemic, the programme was restructured by NaCSA, in discussion with the World Bank, to respond to COVID-19.

The COVID-19 SSN is targeting a new cohort of 65,000 extremely poor households, affected by COVID-19, across all 16 districts of Sierra Leone in both urban and rural areas. The first 35,000 households were targeted in September 2020 and received their first payment in December 2020. Targeting for the next 30,000 households was planned for November 2020, with payments expected to commence in early 2021. The programme will deliver four payments to beneficiary households over a nine-month period. The first payment will amount to SLL 1,309,000 (approximately £98), followed by three quarterly payments of SLL 450,000 (approximately £34). An additional one-off payment of SLL 450,000 (approximately £34) will be transferred to households with a PWD. The first payments took place in December 2020.

In sum, the key changes to the routine programme (SSN) in response to COVID-19 are:

²² The beneficiary number was decided *ex ante*, with the distribution of the caseload informed by evidence from the 2015 Census. However, NaCSA noted that the number of households in need of support, and meeting the eligibility criteria, is likely to be significantly higher.

- compressing the SSN from three years to nine months;
- increasing the frequency of payments from 12 quarterly payments of SLL 450,000 (~£34) (over three years) to four payments of SLL 1,309,000 (~£98) once and SLL 450,000 (~£34) three times (over nine months), reflecting increased household needs during the pandemic;
- increasing the number of beneficiary households from 30,000 to 65,000 in all 16 districts; and
- altering the eligibility criteria to specifically target those affected by COVID-19 within the original SSN target group (i.e. the extreme poor and households with a PWD).

Box 1: Social protection responses not covered by this report

In addition to these measures, the GoSL and other agencies have introduced policies and interventions to offset income losses from the pandemic that are not discussed further in this paper. These include the following:

- The Ministry of Health and Sanitation provided benefits (such as housing) for health-care workers involved in the COVID-19 response, and free schooling for their children.
- The AT-2030 research programme, which works with urban informal settlements in Freetown to improve access to assistive technology for PWDs, provided in-kind benefits to 721 people in three communities (Dworzark, Thompson Bay, and a community dubbed HEPPO – The Help Empower Polio People Organisation). The support was distributed by the Federation of the Urban and Rural Poor. The parcels included: rice, onions, tinned tomatoes, salt, face masks, pints of oil, maggie/spices, and drinking water. These were handed out on a weekly basis for six weeks. The total value of the programme was £6,000.²³

²³ For more information, please see Vermehren *et al.* (2020).

Table 2: Summary of social protection responses

Response	Caseload	Geographic coverage	Eligibility	Targeting process	Transfer value	Implementing agency	Response type
Adaptation: New programmes							
PWDLH	First tranche: 3,367 households; second tranche: 7,616 households	Townships in all 16 districts	First tranche: households with PWDs; second tranche: households with PWDs, albinos, the poor and destitute, orphans in institutions, and children with mental disabilities	Collated lists from Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA), in collaboration with the National Commission for Persons with Disabilities (NCPD), the Sierra Leone Union on Disability Issues (SLUDI), and district headquarter towns	One-off transfer of SLL 250,000 (approximately £19) for all beneficiaries 25 kg rice and one bar of soap for beneficiaries during first lockdown	NaCSA and ACC	New programme
ECT	29,000 households; 38,700 additional households planned	Five main cities (Freetown, Bo, Kenema, Makeni, and Port Loko)	Informal workers, low-wage employees in services industry, workers in small and micro enterprises	Three-step targeting, including geographical, community-based (involving lists from relevant associations), and verification using light proxy means test (LPMT)	One-off transfer of SLL 1,309,000 (approximately £97)	NaCSA and ACC	New programme
COVID-19 SSN	65,000 households	National (majority rural)	Extreme poor, affected by COVID-19, household with PWD	Three-step targeting, including geographical, community-based (involving lists from relevant associations), and verification using proxy means test (PMT)	Four payments: first one of SLL 1,309,000 (approximately £98), three of SLL 450,000 (approximately £34). Plus a fifth payment of SLL 450,000 (approximately £34) for households with a PWD	NaCSA and ACC	Horizontal expansion

4 Policy

In this section, we discuss how the GoSL's social protection response to COVID-19 is operationalised, focusing on relevant legislation, policies, and strategies; financing of responses; governance and mandates with regard to social protection; and coordination of the overall social protection response.

4.1 Legislation, policies, and strategies

The institutional environment for social protection and disaster response is emerging in Sierra Leone. While the MTNDP outlines targets for enhancing the shock responsiveness of the social protection sector, there is currently no institutional framework that supports shock-responsive social protection specifically with previous emergency cash transfers led and coordinated by NaCSA through the shelter pillar (see Section 1.2).

To guide the COVID-19 response, the GoSL prepared a Quick Action Economic Response Programme (QAERP). The document was developed by the Ministry of Finance, the Bank of Sierra Leone, and the National Revenue Authority, and established six technical working groups, including one on social protection (the Social Protection Technical Working Group – SPTWG). The QAERP outlines five areas of priority support:

1. building and maintaining an adequate stock level of essential commodities at stable prices;
2. providing support to the hardest-hit businesses to enable them to continue operations, avert lay-offs of employees, and reduce non-performing loans;
3. providing safety nets to vulnerable groups;
4. supporting labour-based public works;²⁴ and
5. providing assistance for the local production and processing of staple food items.

In addition to the QAERP, a national COVID-19 Preparedness and Response Plan (dated 31 March 2020) was developed, which 'presents strategic priorities, implementation strategies, response delivery structures, roles and responsibilities, innovative interventions and summary budget for the National COVID-19 prevention and response'. This document focuses on health rather than on socioeconomic measures.

4.2 Financing

The social protection response to COVID-19 has been financed by the GoSL, including through a US\$ 30 million (£22.6 million) International Development Association (IDA) grant from the World Bank, and external financing from the European Commission and UNICEF (see Table 3):

- Before the outbreak of COVID-19, the **World Bank** had committed US\$ 30 million (£22.6 million) in IDA grant funding to the GoSL to further expand the SSN. Of this, US\$ 4

²⁴ Labour-based public works programmes are also part of social protection. However, we were unable to find any evidence that labour-based public works programmes were implemented in response to COVID-19.

million (£3 million) was set aside as contingency funding to be used for social protection purposes in the event of a shock, while the remaining US\$ 26 million (£19.6 million) was allocated to the expansion of the SSN. The process of designing the next round of the routine SSN was underway when the state of emergency was declared, which prompted the GoSL to re-programme the US\$ 30 million (£22.6 million) into the ECT (using the US\$ 4 million (£3 million) contingency financing) and the COVID-19 SSN.²⁵

Following the agreed processes, to access the contingency finance, a shock had to be declared a national emergency by the Office of National Security²⁶ and an emergency response manual validated by NaCSA had to be submitted to the World Bank for approval.²⁷ While setting up this fund demonstrated a certain level of preparedness, accessing it quickly was difficult without pre-agreed plans and coordination mechanisms having already been set up; in practice, coordination between different government bodies and the World Bank was time-consuming and delayed the ability to respond quickly (see Section 4.3).

- **UNICEF** allocated US\$ 250,000 (£189,000) to support the ECT and COVID-19 SSN. UNICEF funds were aimed at supporting programme delivery.²⁸ UNICEF also trained community monitors to strengthen the recording and reporting of grievances, and supported a phone survey on the socioeconomic impact of COVID-19 (UNICEF, 2020b).
- The **European Commission** committed €5.5 million (£5 million) to support a social protection response to COVID-19.²⁹ These funds were intended to support the ECT programme. However, the European Commission faced challenges in disbursing and administering the funds. Disbursement was approved in November 2020 (World Bank, 2020a).

Table 3: Financial support for social protection response to COVID-19

Programme	Organisation	Amount	Type of funding	Status
PWDLH	GoSL	£297,000	Additional budgetary allocation by GoSL	Completed May 2020
COVID-19 SSN	World Bank	£19.5 million	Grant, re-programmed funding	Phase 1 targeting complete, disbursement of funds in December 2020
ECT	World Bank	£3 million	Grant, contingency finance	Completed August 2020
	European Commission	£5 million	Grant, additional COVID-19 funding	Unknown

²⁵ Key informant interview with the World Bank.

²⁶ A declaration of a public emergency due to the COVID-19 pandemic was issued on 24 March 2020 by His Excellency President Dr Julius Maada Bio for a period of 12 months.

²⁷ Global Risk Financing Facility (GRiF) resources were used to develop the COVID-19 Emergency Response Manual (GRiF, 2021).

²⁸ Key informant interview with UNICEF.

²⁹ Donor briefing 11 May 2020.

Support to implementation of ECT and COVID-19 SSN	UNICEF	£185,000	Grant, re-programmed funding	-
	Total	£28,085,000		

4.3 Governance and coordination

The QAERP provided NaCSA with the mandate to create new, or adapt existing, social protection programmes in response to COVID-19. In addition, NaCSA had the responsibility for implementing all three social protection programmes, as well as for coordination, working closely with key funders, including the World Bank, UNICEF, and the European Commission.

The key coordination mechanism for the social protection response was the SPTWG, co-chaired by NaCSA and the World Bank. The SPTWG included key government ministries, departments, and agencies, local council members, as well as development partners and humanitarian organisations. This body was expected to act as the driving force behind all COVID-19 social protection programmes. It met regularly and discussed the ongoing social protection activities.

In practice, however, both the PWDLH and ECT were implemented rapidly, which restricted the role of the SPTWG in programme design and implementation. In particular, the ECT was rolled out with technical assistance from the World Bank, and was therefore only discussed to a limited degree in the SPTWG.³⁰ Interviews indicate that the SPTWG was primarily used to coordinate the COVID-19 SSN, and to clarify roles and responsibilities.

Finally, while coordination took place within the SPTWG, all designs for the COVID-19-related social protection programmes were also discussed with the National COVID-19 Emergency Response Centre and, as is the case for routine programmes, ultimately approved by the NSPIAF.

³⁰ Key informant interview with NaCSA.

5 Implementation and operations

This section discusses the implementation processes underlying the social protection responses reviewed by this study. In this section, we at times discuss the operational processes of the ECT and the COVID-19 SSN together, where the programme operations were the same. There were numerous linkages between these programmes, and the predecessor of the COVID-19 SSN. For instance, the ECT built on the institutional and implementation arrangements for the routine SSN, upon which the COVID-19 SSN was based. Key informants also described the ECT as an influential programme as a pilot to learn lessons to inform the design and implementation of future emergency cash transfer programmes (NaCSA, 2020b).

5.1 Outreach and communications

5.1.1 The PWDLH

Key informants highlighted that the speed of roll-out for the PWDLH meant there was little time for outreach and communication about the programme prior to distribution.³¹ Most beneficiaries heard about the intervention through word of mouth, although specific information on eligibility and total caseload in each area were thought not to have reached beneficiaries.³²

5.1.2 The ECT and COVID-19 SSN

The ECT developed a comprehensive communication strategy, which is documented in the programme manual.³³ NaCSA utilised a number of communication channels – including mass media (e.g. radio, television, and newspapers), press/news releases, posters, leaflets and brochures, and social media – to provide potential beneficiaries with relevant programme information, and partners and stakeholders with integrated information. Messaging on radio and television stations was primarily done in Krio, while jingles and skits that aired on local stations were translated into the major local languages of the district. Beyond these communication channels, NaCSA leveraged its partners (e.g. Freetown City Council, the ACC etc.) to further communicate directly with the beneficiary groups.

There was concern that potential beneficiaries might confuse the ECT, COVID-19 SSN, and routine SSN, due to similarities between the programmes. Thus emphasis was put on outreach to inform potential beneficiaries, including information sessions organised in coordination with partner organisations, such as trade associations, microfinance institutions (MFIs), the ACC, Freetown City Council, and the payment service provider. A

³¹ NaCSA were notified on 2 April 2020 that a lockdown will commence at midnight on 4 April 2020. Due to the timing of the announcement, NaCSA had just over 24 hours to target beneficiaries and disburse the first transfers.

³² Key informant interview with NaCSA.

³³ We were not able to access the manual for the COVID-19 SSN but key informant interviews suggest the process for outreach and communications of the ECT would be similar to that for the COVID-19 SSN.

communications campaign was also planned, involving mass media, press releases, posters, leaflets, and social media (NaCSA, 2020b).

5.2 Beneficiary registration, verification, and enrolment

5.2.1 The PWDLH

Given that there was no single list of eligible people to use for targeting the PWDLH, other mechanisms were used to identify and register beneficiaries. Initially for the purposes of targeting, NaCSA (through its partners) compiled lists of PWDs in all district headquarter towns. These lists originated from the MSWGCA who, according to key informants, have a list of 'all' PWDs in the country.³⁴ The ministry worked together with other relevant organisations (such as the NCPD, the SLUDI, and district headquarter towns) to compile the list to be used for targeting. NaCSA used the pre-listing approach to minimise the extent to which people congregated centrally for registration and enrolment. Exchange of beneficiary lists required memoranda of understanding, which were time-consuming for NaCSA to set up. However, it is unclear to what extent these lists were ultimately used to actively target known PWDs. It is also unclear whether these lists were used to verify beneficiaries in the registration process.

In addition, field officers (from NaCSA's district offices and StatsSL) were asked to register and enrol beneficiaries. Field officers were required to assess whether the potential beneficiary met the programme's eligibility criteria, by determining whether the person had a disability (i.e. if physically visible or if on NaCSA's list) and assessing if an applicant was extremely poor, or filled any of the other eligibility criteria. No poverty assessment was conducted³⁵ and key informant interviews with NaCSA in Freetown indicate that no one who applied to receive a transfer was rejected.³⁶ The ACC supported registration by observing the process and handling any grievances or corruption-related issues.

Enrolment and payment took place at the same time and location (see Section 5.3 for payment details). Once enrolment was complete, the beneficiary received a slip with the beneficiary's details, which stated that they were enrolled in the programme. The beneficiary then advanced to a payment desk, which was situated at the same location. The enrolment and payment information was digitised and recorded by field officers in the management information system (MIS) or the Social Protection Registry for Integrated National Targeting (SPRINT) (see Box 2) through the 'COVID PWD Emergency Package' using the Open Data Kit (ODK) platform (NaCSA, 2020e).

There was no process of de-duplication between and within rounds of support. Key informants noted that it was difficult to verify whether multiple individuals from the same household registered for the PWDLH. Further, although it was intended that the beneficiaries

³⁴ Originally, the lists were specifically developed as a starting point for a social registry on PWDs. The current administration has a PWD agenda, and key informants believe that there was an intention to announce other programmes targeting PWDs.

³⁵ Key informant interview with NaCSA.

³⁶ Key informant interview with NaCSA.

of each tranche would be different, in some instances households that received support for the first lockdown also received support at the time of the second lockdown.³⁷

Box 2: SPRINT

SPRINT is an MIS that is managed by the National Social Protection Secretariat and housed within NaCSA. Initially, SPRINT was the beneficiary registry for the SSN, but it was subsequently separated from the SSN's MIS to form the foundation of a single registry, set up with a view to it being used by other programmes implemented by ministries, departments, and agencies other than NaCSA. Aside from the SSN, other programmes are increasingly sharing data on beneficiaries with SPRINT (e.g. this occurred during the Ebola response), thus enabling SPRINT to evolve into a national social registry.

The vision for SPRINT is for the system to be able to accommodate information about beneficiaries of other programmes and produce maps and charts showing the geographical distribution of beneficiaries and the amount disbursed over time.

Source: Sandford *et al.* (2020), World Bank (2019)

5.2.2 The ECT

Within the identified regions which were eligible for the ECT, city councils, the MLSS, the Employers Federation, MFIs, trade associations, and other organised market groups were asked to provide lists of names and contact information of informal sector workers to be considered for enrolment into the ECT.^{38,39} Once potential beneficiaries were identified via these lists, field officers went to the household to collect data on households' circumstances. In line with the routine SSN, the ECT planned to utilise three strategies to target the most vulnerable households (ECT Manual, 2020):

- targeting households with PWDs, elderly members, women, and other vulnerable groups (categorical targeting);
- targeting households residing in particularly vulnerable sections within each region (geographic targeting); and
- implementing an LPMT using data on household assets and demographics.

It is not clear whether all three strategies were used in practice.⁴⁰ However, statements from NaCSA suggest that the LPMT was used to determine eligibility for all beneficiaries (NaCSA, 2020c).

Potential beneficiaries' level of vulnerability was assessed using the LPMT by teams comprising NaCSA employees, community and district monitors from the ACC, and

³⁷ Key informant interview with NaCSA.

³⁸ Trade associations (also known as trade unions in Sierra Leone) are organisations of informal sector workers, founded and funded by businesses that operate in a specific industry. Trade associations are managed by the Sierra Leone Labour Congress, registered under the MLSS, which has information on workers from nine trade unions, including traders, motor-vehicle drivers, bikers' association, fishermen, keke drivers, cart pushers, petty traders, and musicians and entertainers.

³⁹ To complement the potential beneficiaries obtained through trade unions and other sources, beneficiaries from existing MFIs in target locations were selected for the ECT using data provided by MFIs. For example, BRAC currently serves around 37,615 borrowers in Sierra Leone.

⁴⁰ The manual states that 'the selection of the most suitable approach will be determined once the potential beneficiary lists from the second step have been acquired and reviewed, with the final approach agreed upon between NaCSA and the World Bank prior to implementation, and reflected in an updated version of this manual'.

enumerators from StatsSL. This assessment utilised a scoring matrix based on 10 areas of potential vulnerability: those scoring more than seven on the matrix were deemed eligible for support (UNICEF, 2020a). The questionnaire used for the LPMT was a reduced version of the one used for the routine SSN.

After targeting, a pre-enrolment process took place, which involved importing and validating data on potential beneficiaries. Clean data on those households identified as eligible for the ECT through this targeting process were uploaded to the dedicated ECT MIS, managed by StatsSL. To facilitate the upload, NaCSA provided a data template specifying the mandatory variables to be included, such as contact, geographic and payment information, as well as optional data fields. Once uploaded, NaCSA ran data quality checks to detect incomplete or duplicate entries. Entries with errors were rejected in order for StatsSL to verify and update the data. Once amended, these entries could be re-uploaded.

In order to complete enrolment in the programme, potential beneficiaries' payment account details needed to be confirmed and their profile 'activated' on the MIS. Activated beneficiaries were included in the payroll. Enrolment took place either remotely or through field visits, as follows:

- Remote enrolment: Potential beneficiaries whose account details were verified as valid with the payment service provider were immediately activated. Accounts found not to be active needed to be verified through field enrolment.
- Field enrolment: Where valid account information was missing, field enrolment took place at registration desks.⁴¹ Potential beneficiaries were called to the registration desks and asked to bring a valid national ID or to confirm their identity by filling in a declaration form accompanied by a witness (ideally from the organisation that listed the potential beneficiary). NaCSA staff then entered contact and payment details, and took a photo of the beneficiary using an electronic device. Additional information could be collected (e.g. phone number, alternative beneficiary) but this was not mandatory. Data from the field enrolment were then uploaded to the MIS. The profiles of applicants whose uploads were successful were then activated.

5.2.3 The COVID-19 SSN

Similar to the ECT and routine SSN, the COVID-19 SSN followed a three-stage approach to enrolment. First, using wealth information data from the 2015 census, enumeration areas with a high concentration of poor and extreme poor people were identified. The COVID-19 SSN planned to reach 35,000 households in the first phase of roll-out, and the remainder in a second phase. According to NaCSA, the selected enumeration areas in the first phase covered approximately 36,000 households selected from the 1,225 poorest enumeration areas (NaCSA, 2020f).

Potential beneficiaries were identified using lists provided by NCPD, SLUDI, MSWGCA, and the National COVID-19 Emergency Response Centre in major cities, and by a community identification committee (CIC) within the rural and urban enumeration areas selected for

⁴¹ The proposed location of the registration desks is unknown. The ECT manual states only that these would be located in strategic geographic areas.

implementation outside major cities. The CICs were identified by the communities, who were instructed to 'choose credible members'. The CICs were composed of teachers, health workers, religious leaders, youth representatives, or a PWD. 60% had to be women and 40% men. Political and public personalities, including traditional leaders, were excluded from becoming CIC members, although female traditional leaders (i.e. Mammy Queens) were eligible.⁴²

Similar to the process followed in the routine SSN, data on potential COVID-19 SSN beneficiaries were collected by enumerators from StatsSL and assessed using a PMT. The questionnaire included 20–25 questions covering household demographics, housing conditions, assets, work status, disability/illness, and other information, such as gender and age, which StatsSL determined as being highly correlated with poverty (StatsSL, 2020b). Registration and enrolment took place in two rounds to provide an opportunity for eligible beneficiaries who were not enrolled in the first round to be enrolled in the second round. The first round of targeting for 35,000 extreme poor beneficiary households was complete as at the date of this report (NaCSA, 2020f). A second round of targeting is still to take place.

5.3 Payment and delivery systems

Before describing the delivery systems for each programme, it is worth noting that social distancing protocols were developed for all COVID-19 social protection programmes in Sierra Leone. These included:

- minimising face-to-face contact at points of delivery;
- the wearing of masks in public places by implementing agency staff and potential beneficiaries;
- the wearing of gloves by implementing agency staff at all points of interaction with beneficiaries;
- avoiding large gatherings and enforcing social distancing (of two metres) between beneficiaries that were required to queue to enrol, register, and receive payment; and
- providing handwashing materials at payment sites.

However, compliance with these protocols was limited, and social distancing proved difficult during distribution. Key informants noted that very few beneficiaries wore facemasks.

5.3.1 The PWDLH

The first round of the PWDLH involved the provision of cash and in-kind assistance, which was distributed to beneficiaries simultaneously. Only cash was disbursed in the second round. In order to receive the support, beneficiaries were asked to present the PWDLH paper registration slip to the payment desk, where he or she received the payment. The payment clerk then annotated the slip number alongside the number on the payment voucher and the beneficiary provided a signature or thumbprint against the two numbers,

⁴² As made clear in a press release statement released by NaCSA and StatsSL.

before receiving the rice and soap. A picture was then taken of the beneficiary with their support package, and uploaded to the ODK platform.

5.3.2 The ECT

According to the ECT Manual, the programme was planned to replicate the SSN's payment approach (i.e. using a third-party payment service provider to deliver cash 'over the counter'). However, key informant interviews suggest that, instead, payments took place using an e-payment platform, to minimise in-person interactions. To facilitate this, during the enrolment process, beneficiaries were also registered for an e-payment service (SimKopor Plus) offered by Rokel Commercial Bank.⁴³ It is not clear how this service provider was selected.

However, this approach required all beneficiaries to have a mobile phone. While connectivity has been a constraint in some other social protection programmes in Sierra Leone which have attempted to utilise e-payment platforms (see Box 3), this was not considered a constraint in the ECT due to the urban nature of the initiative and the likelihood of a high concentration of mobile phone ownership (or access) among beneficiaries.

Box 3: Experience using e-payments for social protection

A number of social protection programmes, including the routine SSN and RE-SSN, have previously attempted to use e-payment platforms to deliver support to beneficiaries. However, these programmes faced issues of poor connectivity and difficulty in hiring and retaining pay agents who were residents of the beneficiary communities. Further, this approach requires all beneficiaries to have a SIM card and mobile phone.

To overcome some of these issues, the RE-SSN adapted its payment process, building in turn upon approaches previously trialled by the routine SSN. In RE-SSN, when beneficiaries received their first over-the-counter cash payment by an agent, they also registered with the payment service provider (SPLASH) through the pay agent, and received a SIM card. This meant that subsequent payments to the beneficiaries could be made remotely, which reduced the need for multiple visits by the agent.

Source: Sandford *et al.* (2020)

5.3.3 The COVID-19 SSN

The COVID-19 SSN used both e-payments (as per the ECT) where mobile phone ownership and network connectivity allowed, and over-the-counter cash payments to beneficiaries where this was not the case – particularly in rural areas. Payment for the first round of beneficiaries took place in December 2020.⁴⁴ An expansion is anticipated in early 2021.

⁴³ The SimKopor Plus is a digital wallet which can be used both online and offline and is not based on a mobile phone network. Rokel Commercial Bank agents are located across the five cities, which should provide beneficiaries with flexibility to withdraw the cash as needed.

⁴⁴ Key informant interview with NaCSA.

5.4 Complaints, appeals, and case management

5.4.1 The PWDLH

We did not find any documented evidence of grievance redress, referrals, and/or linkages to the PWDLH.

5.4.2 The ECT and COVID-19 SSN

The ECT aimed to improve transparency and accountability at all stages of implementation by leveraging the grievance redress mechanism (GRM) of the routine SSN. As noted in Section 1.2, the GRM is managed by the ACC, which has community-level structures in place (known as community monitors) to support immediate grievance resolution at the community level as part of the routine SSN.

Replicating the routine SSN GRM, complaints related to the ECT and the COVID-19 SSN could be lodged with ACC community monitors or the routine SSN toll-free number (515). The public were also able to register complaints or allegations of corrupt practices by calling the toll-free number or visiting ACC offices in person. Complaints made to community monitors or the hotline were centrally logged in a web-based complaints management ticket system. Complaints and grievances were classified into three broad categories: 'informational', 'administrative', or 'corruption / fraud'. Administrative complaints were automatically accessible to NaCSA, who were responsible for follow-up and resolution, while 'corruption / fraud' reports were channelled to the ACC for formal review, investigation, and additional action.

In anticipation of increased call volumes (for informational requests and grievances) during the implementation period of the ECT, the programme manual stated that the programme would enhance its capacity at the GRM. To this end, the ACC planned to hire 741 community monitors to monitor the identification, enrolment, and payment processes, and to receive and file grievances issues.⁴⁵ UNICEF and the World Bank provided support to the GoSL and ACC to strengthen the GRM for the COVID-19-related programmes.

To what extent these processes were effective remains to be seen, and understanding this would require an evaluation.

5.5 Monitoring and evaluation

5.5.1 The PWDLH

As discussed in Section 5.2, data on enrolment in the PWDLH were recorded in the SPRINT. At the end of the programme, NaCSA produced a project completion report to document and share lessons learnt, so as to inform policy and future project design targeting PWDs and other vulnerable groups in emergencies.

⁴⁵ This was discussed in the donor meeting held on 11 May 2020 on the Social Protection COVID-19 Response Plan.

There are no plans for further M&E related to the PWDLH.

5.5.2 The ECT

The M&E system for the ECT built upon the M&E system of the routine SSN. According to the ECT Manual, monitoring was intended to include:

- routine monitoring and/or spot-checks during ECT payment and delivery;
- data collection on the overall financial management and procurement;
- regularly updating of the ECT MIS and reporting against the ECT M&E indicators (e.g. number of households that receive the emergency cash transfer, cash transfer-related grievances, as well as payment-related indicators, such as the total amount of cash transferred);
- bi-weekly reporting by both NaCSA and the ACC.

The ECT also planned an evaluation, starting with a post-payment review exercise to be conducted by phone or in person. The timing of this planned evaluation is not known.

The M&E Unit within the National Social Protection Secretariat at NaCSA was responsible for M&E activities related to the ECT. This included the timely provision of data to stakeholders who were involved in implementation and who used the data to report against the project's results framework (i.e. the Sierra Leone SSN Project, funded by the World Bank).

5.5.3 The COVID-19 SSN

Details on the COVID-19 SSN M&E system were not available at the time of writing. However, key informants stated that the system would also build upon the routine SSN's monitoring system.

The COVID-19 SSN will also be required to report against the World Bank's SSN Project results framework.

6 Assessment of the response

This section provides an assessment of the three social protection responses to COVID-19 in terms of coverage, adequacy, and comprehensiveness, as well as an estimation of the impact of the three social protection programmes on poverty using microsimulations. This section also discusses the timeliness of the programmes. For more detail, including the methodology and additional results of the microsimulation, see the microsimulation report.

6.1 Coverage

To estimate the coverage of each of the three programmes, we compare the caseload for each programme – specified either at design stage or published after disbursement (see Table 4) – with the estimated size of the eligible populations.

To estimate the number of eligible households for the PWDLH we reproduced the target group, defined as made up of people with a ‘visible’ disability who live in extreme poverty (e.g. living on the streets). We assumed that beneficiary households are selected from among the poorest 80% of households nationally, and that they have one or more member reporting at least a lot of difficulty on at least one of the questions of the Washington Group’s short set of questions on disability, excluding the question on cognitive impairments.

For the ECT, we selected urban households in the targeted districts who had at least one member managing a micro enterprise⁴⁶ outside the agricultural sector, or where the household head worked as a casual worker in the service sector. In addition, we reproduced consumption scores and applied the LPMT. A similar process was used for the COVID-19 SSN.⁴⁷

Table 4: Proposed caseload and estimated coverage of eligible population

Programme	Caseload (households)	Coverage ^a
PWDLH – first tranche	3,367	11.8% ⁴⁸
PWDLH – second tranche	7,616	1.8%
ECT	67,700	47.2%
COVID-19 SSN	65,000	23.2%

Source: Authors, using 2018 SLIHS data, with population size updated based on population growth. Note: ^a Coverage is computed as caseload over the number of households identified as eligible according to the programme targeting criteria as replicated in the data. For details see the full microsimulations report.

Coverage rates for the programmes range between 23% for the COVID-19 SSN to 47% for the ECT and 12% for the first tranche of the PWDLH covering households with PWD and

⁴⁶ StatsSL defines micro enterprises as having one to four employees and small enterprises as having five to 19 employees.

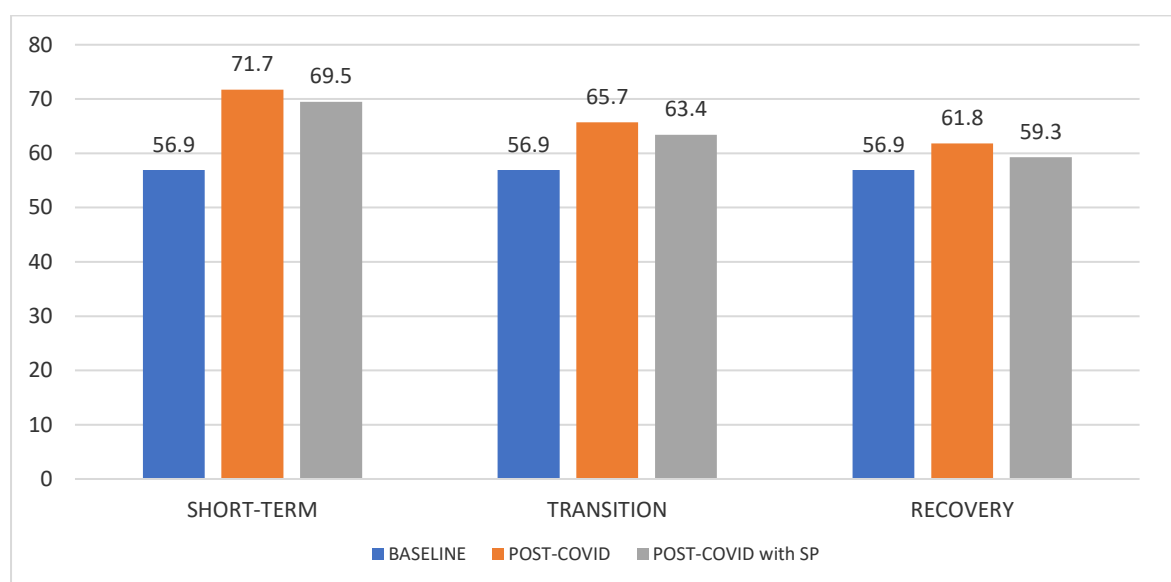
⁴⁷ Please see the microsimulations report ([here](#)) for more details on how we estimated the size of the eligible population.

⁴⁸ It is difficult to know how many people with disability there are in the country. In the final report on the PWDLH from NaCSA (2020e), it states that 11.79% of people with disability were covered (they note that in 2015 there were an estimated 93,129 people with disability in the country). The 2015 assessment was a disability assessment and likely captured more people due to the data collection methods.

less than 2% for the second tranche (see Table 4). This indicates that the level of need is higher than covered by the caseload of the three programmes.

Since the transfers are unlikely to reach everyone in need, and do not cover the consumption shortfalls experienced by poor households (see Section 6.2), in aggregate, poverty is likely to increase after COVID-19. Figure 2 shows headcount poverty, using the national poverty line, at the 2020 baseline (pre-COVID) and post-COVID-19. We compare poverty rates with and without the three social protection interventions. The orange bar shows the estimated poverty levels following COVID-19 without the social protection transfers, the grey bar shows the impact of COVID-19 with the transfers. The blue bar indicates poverty rates without COVID-19. The figure shows that poverty rates after COVID-19 are higher and that the three programmes combined likely only have a small impact on reducing the impact of COVID-19 on poverty. Most of the reduction is driven by the COVID-19 SSN (see Figure 5 in Annex B).

Figure 2: Headcount poverty at national poverty line (% of population) at baseline and post-COVID-19 (with and without social protection interventions)



6.1.1 GESI considerations

It is likely that the beneficiary selection process for all three programmes excluded marginalised people. Both the PWDLH and the ECT compiled lists to identify potential beneficiaries. For the COVID-19 SSN, CICs played a similar pre-identification role, by identifying households in the community they deemed extremely poor. It is unclear what data these lists or pre-identification processes contained, or how they were actually used or digitised. It is very likely that the poorest and most marginalised households – who are typically weakly connected to existing support mechanisms, not well known by the community, and do not have access to MFIs or involvement in market groups – were excluded from these lists or pre-identification processes.

Exclusion is likely to have been particularly problematic in the case of the PWDLH, where, other than the in-field monitoring by the ACC, there was no additional verification of the registration process. In contrast, the ECT and COVID-19 SSN included an additional

verification step, which involved collecting household data and validating poverty using a PMT formula.

In addition, the concept of disability is often interpreted by non-specialists as implying a very significant physical impairment, thus excluding people whose disability may be less visible (i.e. non-physical and/or non-visible). Further, if verification is ascertained by asking about their condition, beneficiaries may not know their diagnosis. This is pertinent as knowledge about diagnosis usually correlates with education, socioeconomic status, and access to health services. Furthermore, given that messaging for the PWDLH was limited, it likely meant that PWDs in larger towns were more likely to be aware of the programme than those in smaller urban areas.

While the ECT's LPMT was weighted towards targeting women, we did not identify any details suggesting that the programme explicitly sought to register women as the beneficiary.

Finally, the ECT used only an e-payment platform to pay beneficiaries. This approach implicitly excludes any vulnerable people without a SIM card or mobile phone.

6.2 Adequacy

Table 5 compares the annual value of the three social protection interventions with the national poverty line and with the consumption expenditure at baseline for the bottom 25% of the population in rural and urban areas. We use annualised values since much of the impact on COVID-19 has been felt throughout 2020.

Our simulation shows that the ECT and the COVID-19 SSN transfer values cover 11% and 23%, respectively, of the annual consumption needs of the poorest urban households in Sierra Leone. The PWDLH covers a much smaller share, at 2%. This amounts to between one and two weeks of consumption for the bottom 25% of the population. Unlike the COVID-19 SSN, the duration of which is nine months, the PWDLH was intended to be a short-term, one-off transfer that aimed to stabilise consumption during lockdown.

Table 5: Social protection measures simulated

Social protection programme	Total annual value (SLL/GBP)	% of annual national poverty line (household level)	% of annual consumption expenditure of bottom 25% household at baseline	
			Rural	Urban
PWDLH	SLL 250,000/£19	1.2%		2%
ECT	SLL 1,309,000/£98	6.2%		11%
COVID-19 SSN	SLL 2,659,000/£196	12.5%	23%	23%

The intention of the ECT was to cover one month of consumption expenditure of the bottom 25% of households in Freetown, which is about 8% of annual consumption expenditure. Our estimates show that 11% of annual urban needs would be met by the transfer and validate that the transfer level chosen was appropriate to meet the stated objective.

To assess the adequacy of the proposed intervention for the COVID-19-related shortfalls in household income, we examined the predicted additional needs of households falling into poverty, and of those already poor at baseline that fall deeper into poverty. Specifically, we computed the average shortfall from the national poverty line for households falling into poverty because of the COVID-19 shock, and the additional shortfall from the poverty line for households that were already poor at baseline, before the pandemic, but that fell deeper into poverty because of the shock. For example, in the short-term scenario, households that fall into poverty because of the COVID-19 shock need a transfer equal to 28% of the poverty line to go back to being non-poor. On the other hand, households that were already poor at baseline will need a transfer equal to 13% of the poverty line to go back to the level of poverty they had a baseline.

Table 6: Transfer (as percentage of the poverty line) needed for new poor to get out of poverty and for 'old poor' to return to pre-COVID-19 income

Scenario	New poor			Baseline poor		
	All	Rural	Urban	All	Rural	Urban
Short-term	28%	22%	30%	13%	9%	24%
Transition	21%	15%	23%	40%	40%	40%
Recovery	19%	11%	22%	36%	37%	34%

The three transfers only meet part of these consumption shortfalls from the poverty line. We compare the annual monetary value of the average consumption shortfall from the poverty line with the total annual value of each of the three social protection transfers. In urban areas the PWDLH covers approximately 4% of the additional amount needed to bring households' consumption to its pre-shock level, while the ECT narrows the gap by 21%.

Table 7: Average shortfall from the poverty line for individuals falling into poverty because of COVID-19 and for those falling deeper into poverty

	% of shortfall covered for new poor			% of shortfall covered for baseline poor		
	All	Rural	Urban	All	Rural	Urban
COVID-19 SSN	45%	57%	42%	28%	29%	25%

While the implementation of the routine SSN was modified to accommodate for the emergency, the new COVID-19 SSN's objectives were not only related to the emergency but were also intended to cover the poverty alleviation objectives of the routine programme. This means that its value should have been such that it helped to narrow the poverty gap in general, rather than making up exclusively for the increased needs of households due to the COVID-19 pandemic. Table 7 therefore compares the amount provided by the COVID-19 SSN to the amount needed to bring new and baseline poor out of poverty. It shows that

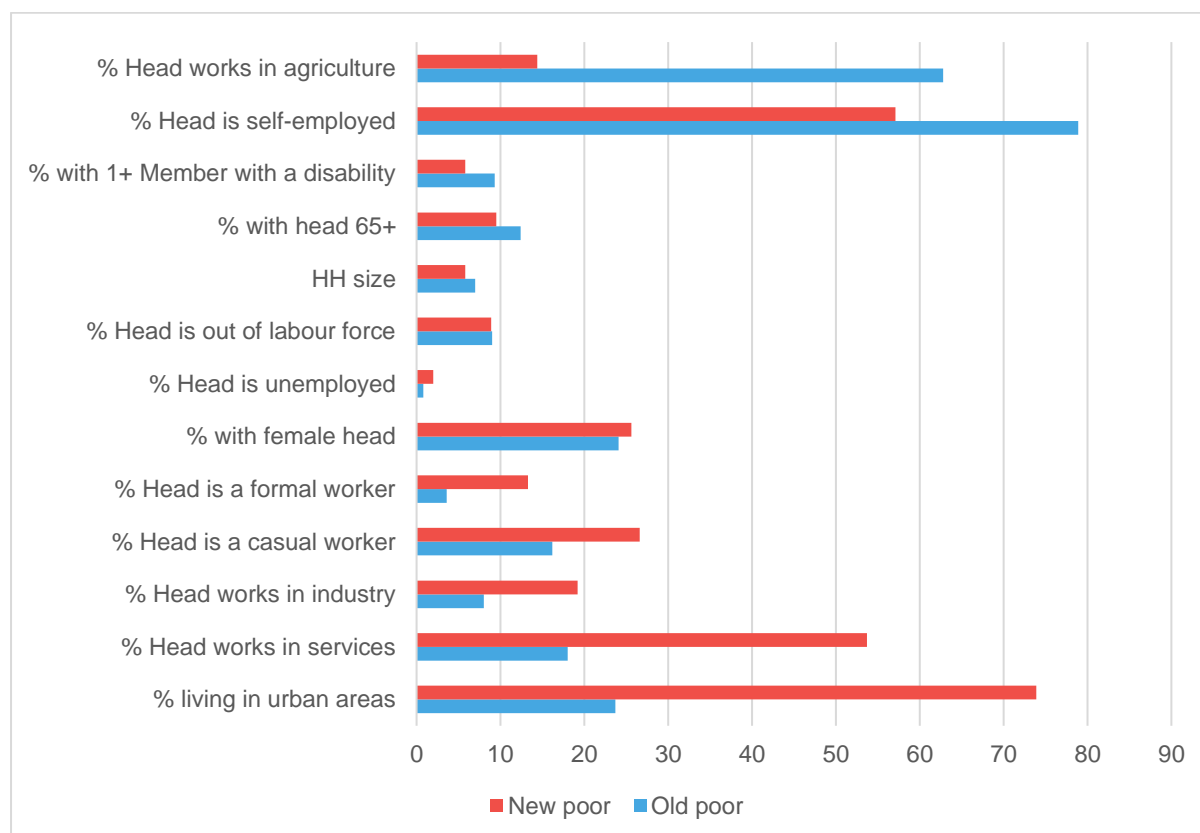
while for newly poor households the COVID-19 SSN covers 45% of the amount needed to escape poverty, for baseline poor the value of the transfer covers only just over a quarter (28%) of the poverty gap.

In conclusion, we estimate that the transfer amounts selected by the PWDLH and ECT were appropriate to meet the stated objectives of covering short-term consumption needs. The objectives of the COVID-19 SSN were less clear, but we assume they included poverty alleviation objectives. We estimate that the transfer amounts disbursed by all three programmes were too small to cover consumption shortfalls experienced due to COVID-19.

6.3 Comprehensiveness

The characteristics of who is poor in Sierra Leone changed with the arrival of COVID-19. There are marked differences in the characteristics of poor households pre- and post-pandemic, which indicates that the pandemic is likely to be hitting households that are not traditionally poor. Households that are likely to fall into poverty post-COVID-19 have younger household heads. Most strikingly, newly poor households reside in urban areas. COVID-19 has meant that those working in services or as a casual worker are more likely to be poor. Households with a head who is unemployed, female, or old, or with a household member that has a disability, remain at higher risk of being poor (see Figure 3).

Figure 3: Characteristics of households that fall into poverty (new poor) with respect to households already in poverty at baseline (old poor)



Note: New poor refers to the short-term scenario. Source: Authors, using 2018 SLIHS

The COVID-19 programmes that were introduced took these changed risk categories into account. Both the PWDLH and the ECT programme were targeted at urban areas. The PWDLH was targeted specifically at PWDs and the ECT was targeted at micro-entrepreneurs, own-account workers, and casual workers.

We did not find evidence of additional interventions that were layered upon social protection responses to comprehensively address the risks that these groups might face.

6.4 Timeliness

The PWDLH and the ECT were rolled out quickly. For the PWDLH, NaCSA and its partners were notified on 2 April 2020 that a lockdown would commence at midnight on 4 April 2020, a Saturday. Negotiations with implementing partners, such as Rokel Bank or rice wholesalers, took place at short notice and required mobilising staff on a Saturday, which is not usually a working day. Furthermore, special permits were required to travel across the country, due to the inter-district travel ban in place. NaCSA was able to provide cash and in-kind transfers to just under 3,400 beneficiaries from 3 April, although not all beneficiaries received their transfers before lockdown commenced (on 5 April).⁴⁹ Delays for such beneficiaries were of the magnitude of a few days, spilling over into the lockdown, and likely had limited negative impact on the programme's objectives, but it did mean that beneficiaries were not adhering to lockdown restrictions when travelling to distribution points.

The first ECT payments were made to 29,000 households within three months of recording the index case in Sierra Leone. While this may be perceived as relatively timely for the local context and in comparison with similar responses in other sub-Saharan African countries, implementation of the ECT was nonetheless delayed due to the processes required to access the contingency financing (see Section 4.2) and grievances around the process of pre-listing beneficiaries (NaCSA, 2020f). In addition, funding from the European Commission, which will extend the programme to a further 37,800 households, was delayed due to discussions on how to best mobilise the funding, which meant that fewer beneficiaries were reached in the short term.

The COVID-19 SSN had the dual objectives of responding to the pandemic and fulfilling the poverty alleviation objectives that typically characterise a routine social assistance programme. This second objective necessitated a more comprehensive targeting approach than the ECT, which in turn slowed implementation and impeded the first objective. The COVID-19 SSN was launched in June 2020, and targeting for the first cohort of 35,000 households took place in August 2020. The first payment was due in September 2020, but key informants suggested the first disbursements only took place in December 2020, due to issues with Rokel Bank's e-payment system. The COVID-19 SSN's first payments therefore took place more than eight months after the index case was identified in Sierra Leone. Targeting for the second cohort of 30,000 households is expected in January 2021.

⁴⁹ Key informant interview with NACSA.

7 Conclusions and implications for policy

This study has sought to document and learn from the social protection responses introduced by the GoSL to address the economic impacts of COVID-19 in Sierra Leone, via desk-based research and key informant interviews. In this concluding section, we summarise the Sierra Leone experience and suggest broad policy implications, although we acknowledge that these will need to be reviewed as the response evolves with the pandemic and as implementation nuances are analysed more comprehensively than was feasible within the scope of this study.

7.1 Conclusions

Social protection is not a mature sector in Sierra Leone and the experience of responding to COVID-19 has been challenging, with many lessons learned.

Despite the relatively limited lockdown restrictions imposed in Sierra Leone, the COVID-19 containment measures and the global recession are expected to have negative impacts on the economy and overall levels of poverty. Our microsimulations show that the post-crisis poverty headcount is expected to rise most sharply in urban areas by an estimated 8–25 percentage points.

The GoSL was quick to announce a number of social protection measures to mitigate the negative impacts of the crisis on the most vulnerable, although the timeliness of implementation varied. In April and May 2020, the GoSL implemented two one-off transfers (a cash and in-kind transfer in advance of the first lockdown and cash only ahead of the second) targeted at PWDs and other marginalised groups whose income was expected to be severely impacted during the two three-day lockdowns. The GoSL also used US\$ 4 million (£3 million) of contingency financing, allocated for shock response through a World Bank grant, to provide a one-off cash transfer (the ECT) to 29,000 urban households with informal sector workers between June and August. With additional financing from the European Commission, the ECT will reach a further 38,700 households. Finally, the GoSL adapted the World Bank SSN Project to provide four transfers over nine months to another 65,000 households (in two tranches) affected by the pandemic.

While the social protection system in Sierra Leone is not at an advanced state of maturity, there have nonetheless been encouraging examples of harmonisation and building on what exists. All three programmes were implemented by NaCSA and leveraged part of the existing social protection systems and processes (e.g. the GRM) or aligned their processes with each other (e.g. beneficiary selection for the ECT and COVID-19 SSN followed a similar three-step process).

Financing of the social protection response shows that fiscal space for shock-responsive social protection beyond current donor funding remains an issue. The PWDLH was funded using the national budget. However, the coverage of the programme (around 10,000 households) and budget allocation (approximately £302,000) were small relative to the ECT and COVID-19 SSN, both of which were funded from a US\$ 30 million (£22.5 million) World Bank grant. Further, limited fiscal space resulted in low coverage rates for the three programmes.

In addition, pre-arranged funding was mobilised quickly while ex-post funding was much slower to disburse. For example, contingency funding available through the World Bank project was released to support the first cohort of 29,000 households through the ECT. While there were some delays to this disbursement, due to the requirement of drafting an emergency manual for the programme, these funds were available significantly more quickly than ex-post funding from the European Commission.

The limited scale of the three programmes, in terms of transfer value and coverage, means they are unlikely to have a significant impact on poverty caused by COVID-19. While the transfer amounts of the PWDLH and the ECT were enough to meet the stated objective of covering consumption expenditure for poor households for a limited period (a couple of weeks in the case of the PWDLH and a month for the ECT), they were too small to make up wider consumption shortfalls expected over the year. The objectives of the COVID-19 SSN included long-term poverty alleviation objectives, but the transfer only covered 22% of consumption expenditure over the year. Further, we estimate that the transfer amounts disbursed by all three programmes were too small to cover the consumption shortfalls experienced due to COVID-19. Overall, the three programmes combined are estimated to only have a small impact on reducing poverty caused by COVID-19 with most of the reduction driven by the COVID-19 SSN.

The programmes addressed new risk profiles which have arisen as a result of COVID-19. It is noteworthy that new risk categories, such as urban households and those working in the service sector, were taken into consideration when designing the eligibility criteria for the programmes. Both the PWDLH and the ECT programme were focused on urban areas, and the ECT was targeted at micro-entrepreneurs, own-account workers, and casual workers.

The beneficiary selection process for all three programmes was relatively rapid, but it is likely that marginalised people were excluded due to the lack of pre-existing data on potential beneficiaries. Both the PWDLH and the ECT compiled lists to identify potential beneficiaries and it is very likely that the poorest and most marginalised households, who are poorly connected to existing support mechanisms, not well known by the community, and do not have access to MFIs or involvement in market groups, were excluded from these lists or pre-identification processes. Further, for the PWDLH, the concept of disability was assessed visually, which is likely to exclude people whose disability may be less visible.

7.2 Implications for policy

Over the last 10 years, there has been increasing investment in the social protection system in Sierra Leone. In addition, in response to shocks (e.g. the Ebola outbreak, landslides) the system has been used to respond to shocks and to mitigate the negative impacts on the most vulnerable. Therefore, it is important that the GoSL continues to invest in the core foundational delivery mechanisms that underpin social protection to support routine service provision, while considering how these systems can support shock response. This includes developing systems that can facilitate piggy-backing of responses or horizontal and/or vertical expansion, by the GoSL or development partners, in times of shock.

To strengthen the social protection sector's capacity to deliver routine social protection, and in turn the capacity of the social protection sector to respond to shocks, the GoSL should

strengthen financing arrangements, the enabling environment (including coordination and policy frameworks), and delivery mechanisms:

Financing

- Spending on social protection in Sierra Leone is lower than the regional average and is heavily reliant on external financing. Even though donor funding is likely to remain an important source of social protection funding in Sierra Leone in the short to medium term, efforts should go into securing support to establish a longer-term routine programme to avoid the ongoing ‘projectification’ of the SSN. This could be achieved by setting up a social protection fund into which both government and development partners contribute. This would allow for more design stability to invest in the delivery of one routine programme, which could act as the backbone for future shock responses.
- Having a contingency fund within routine programme funding worked well and should be retained as a feature of funding the routine programme, in the short term. Activating the funding should be made easier and should be sped up: for instance, by preparing any required manuals or documents in advance, or simplifying the funding triggers.
 - In the longer-term, the GoSL should develop a risk-financing strategy, comprising a set of funding instruments, which can be used to fund responses to different types of shocks.

Enabling environment

- The forthcoming National Social Protection Strategy, which operationalises the NSPP, should reflect the GoSL’s vision for the future role of social protection in crises, drawing on lessons from the COVID-19 response as well as other recent responses (e.g. Ebola, landslides).
- Shock-responsive social protection requires an institutionalised coordination mechanism. There is a need to clarify the longer-term role and status of the social protection pillar under QAERP and consideration should be given as to whether a dedicated pillar to support the coordination of shock-responsive social protection should be incorporated into the mainstream disaster response structure going forward or whether a separate structure would be more appropriate.

Delivery systems

- The payment mechanisms for routine programming could be strengthened by introducing e-payments into the SSN, particularly in urban areas, to complement manual payment mechanisms, where mobile phone ownership, network connectivity and access to pay agents allow.
 - Further, to facilitate shock response, NaCSA could enter into pre-shock agreements with payment service providers, including e-payment platforms, to facilitate payments in times of shock.
- Data collected on beneficiaries of the PWDLH, ECT, and COVID-19 SSN should be integrated into SPRINT for future use in emergencies.

- Processes for targeting should be developed to reach marginalised households and/or individuals, who may be excluded by the current process, which relies on existing lists.
 - Going forward, any disability assessments should be carried out by trained frontline workers or professionals following national and international assessment protocols.
 - The data in the PWD registry compiled as part of the PWDLH on the basis of a visual assessment of disability, should be validated through in-person visits by trained staff before being used for other programmes.

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Annex A Stakeholders interviewed

Organisation	Type
NaCSA	Government
World Bank	Development partner
UNICEF	Development partner
The International Growth Centre	NGO
FCDO Sierra Leone	Development partner
AT2030/Sierra Leone Urban Research Centre	NGO
Native Consortium	NGO

Annex B Microsimulation results

Figure 4: Percentage-point increase in headcount poverty at national poverty line, by region

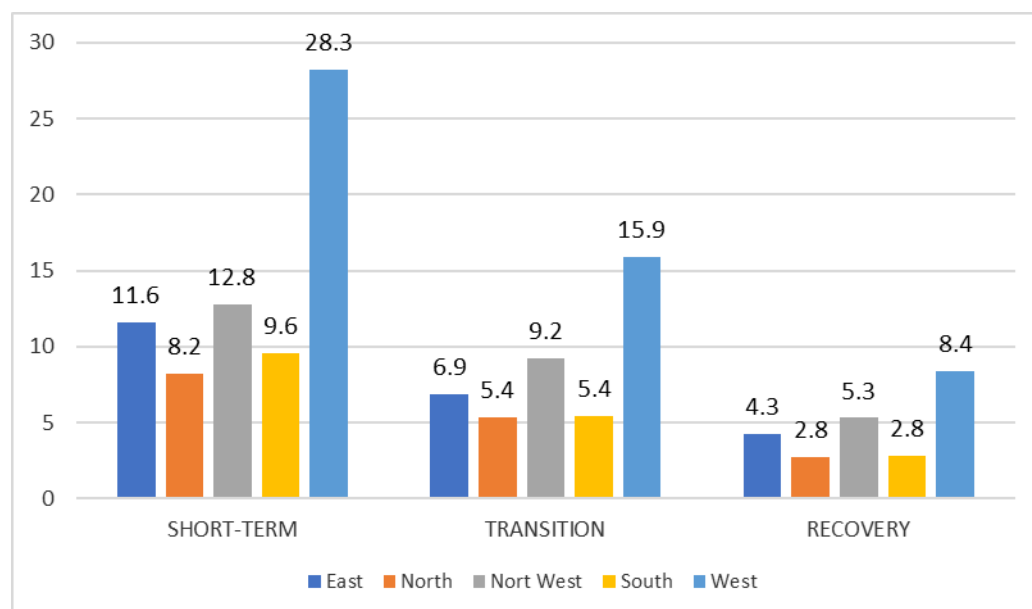


Figure 5: Percentage-point increase in poverty headcount at national poverty line with and without social protection measures

