Sierra Leone

Maintains

Research supporting social services to adapt to shocks

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

POLICY BRIEF | March 2021

Introduction

The Maintains programme is studying how Bangladesh, Ethiopia, Kenya, Pakistan, Sierra Leone, and Uganda have adapted and expanded their social protection systems in order to support households and mitigate the economic impact of COVID-19. This study aims to identify policy actions to better prepare national social protection systems to respond to future crises. Based on a conceptual framework, the study analyses data from literature reviews, key informant interviews, and microsimulations.

This brief presents findings from the Sierra Leone case study, including microsimulations that simulate the impact of the crisis and the subsequent social protection responses using secondary household survey data.

As at 7 December 2020, the country had reported 2,420 COVID-19 cases and 74 deaths. Despite the relatively limited restrictions in place in Sierra Leone (in comparison to some other countries), Statistics Sierra Leone estimates that the COVID-19 containment measures and the global recession will result in GDP contracting by 2.2% in 2020, compared to 4.5% growth the previous year. Microsimulations indicate the staggering poverty impacts of this slowdown; post-crisis poverty is estimated to rise by 25.7 percentage points and 6.5 percentage points, in urban and rural areas respectively, compared to pre-crisis levels.

How did the social protection system respond to the pandemic?

The largest social assistance programme in Sierra Leone, the Social Safety Net (SSN) – a cash transfer programme – has been implemented in phases, with funding and technical support from the World Bank. At the onset of the crisis, the Government of Sierra Leone (GoSL) was preparing to implement the third phase of the SSN, as the previous phase, which had supported 28,500 households, had ended in December 2019.

In order to mitigate the immediate effects of the most stringent COVID-19 measures on the most vulnerable, the National Commission for Social Action (NaCSA) provided cash and in-kind support to 10,983 extremely poor persons with disabilities (PWDs) in two tranches to coincide with the two three-day lockdowns. The GoSL subsequently introduced two emergency cash transfer programmes (see Table 1) to support other vulnerable households.

Table 1: Extending support to new beneficiaries in response to COVID-19

Programme	Targeted coverage	Eligibility criteria	Benefit size
People with Disability Lockdown Handout (PWDLH) *NaCSA and ACC*	10,983 households	Households with PWDs, albinos, poor and destitute people, orphans in institutions, and children with mental disabilities	One-off transfer of SLL 250,000 (£18) for all beneficiaries 25 kg rice and one bar of soap for beneficiaries during first lockdown
Emergency (urban) Cash Transfer (ECT) *NaCSA and ACC*	29,000 households; 38,700 additional households planned	Informal workers, low-wage employees in services sector, workers in small and micro enterprises	One-off transfer of SLL 1,309,000 (£92)
COVID-19 SSN *NaCSA and ACC*	65,000 households	Extreme poor, affected by COVID-19, households including PWD	Four payments: first, one of SLL 1,309,000 (£92), followed by three of SLL 450,000 (£32). Plus a fifth payment of SLL 450,000 for households with a PWD

Note: currency conversion correct as at 22 February 2021 using 1 GBP = 14,276.06 SLL

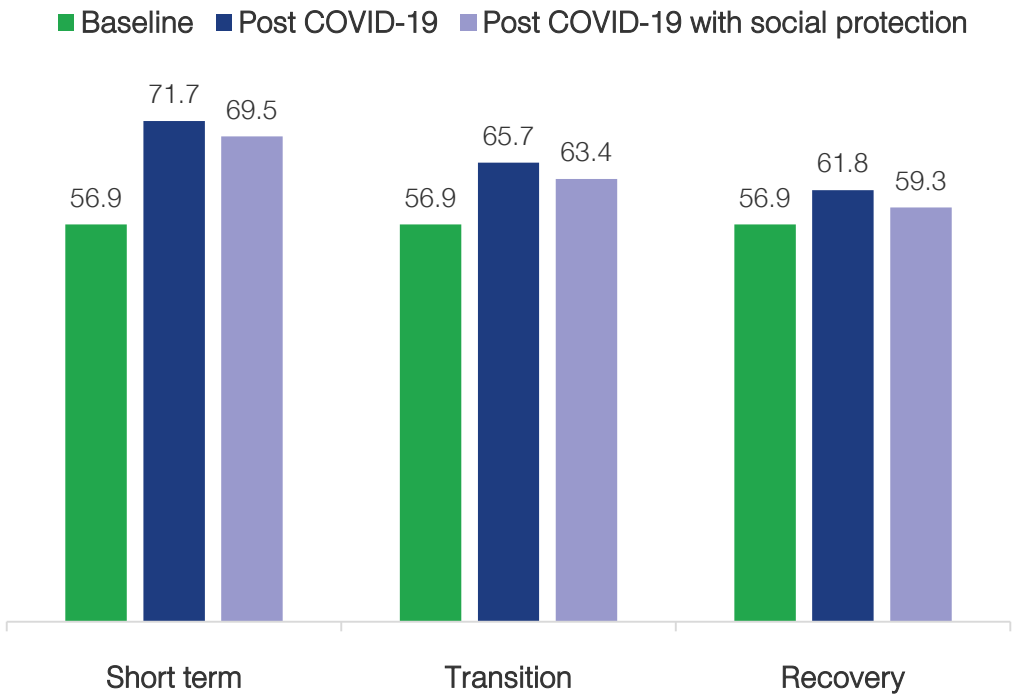
How well designed were these responses in mitigating the impact of the pandemic?

Shock-responsive social protection requires: (a) **expanding coverage** to those made vulnerable by the crisis; (b) **adequacy** of benefit levels that will address the new needs; and (c) **comprehensiveness** of benefits linked to longer-term rehabilitation and recovery. Given resource constraints to meet the scale and range of needs, no single response can meet all three criteria simultaneously while guaranteeing **inclusion,** resulting in difficult trade-offs. In Sierra Leone, the fiscal space for shock-responsive social protection beyond current donor funding remains an issue that has limited the coverage and adequacy of the response:

- **Coverage:** The microsimulations suggest that approximately 1.3 million additional people might have fallen into poverty in 2020 because of COVID-19. Coverage rates range from 47% for the ECT, 23% for the COVID-19 SSN, and 12% and 2%, respectively, for each tranche of the PWDLH. Overall, with an estimated 6.2 million people living in poverty (post-COVID-19), the level of need is significantly higher than is covered by the caseload of the three programmes.
- **Adequacy:** 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, while the PWDLH covers only 2%. Unlike the nine-month COVID-19 SSN, the PWDLH and ECT were intended to be short-term, one-off transfers to stabilise consumption during and immediately after the lockdowns. However, at the current benefit levels and considering the protracted nature of the crisis, we estimate that, in aggregate, poverty is likely to increase after COVID-19 (see Figure 1).
- **Comprehensiveness:** Responses were limited to subsistence support, without linking to interventions that address additional risks that vulnerable households might face.
- **Inclusion:** It is likely that the beneficiary selection process for all programmes excluded the most marginalised people. To avoid crowding, registration was based on existing lists and/or pre-identification processes. However, the poorest and most marginalised households are typically weakly connected to existing support mechanisms, not well known by the community, and have limited involvement in community groups. Further, as part of the rapid registration for the PWDLH, the concept of disability was assessed visually, which is likely to exclude people whose disability may be less visible or non-physical.

Figure 1: Headcount poverty at upper national poverty line

Figure 1 shows that the three programmes combined are likely to have only a marginal impact on reducing poverty. It shows the estimated impact of the COVID-19 crisis on headcount poverty under three scenarios: The 'short-term' scenario is based on the expected impact of containment measures; the 'transition' scenario assumes that over time some of the negative effects of the pandemic will fade; the 'recovery' scenario assumes the impacts of the pandemic have almost faded away.



Source: Authors using 2018 Sierra Leone Integrated Household Survey data. For full details, see the microsimulations report.

How effective were the responses in practice?

Sierra Leone entered the COVID-19 crisis with a nascent social protection system. Despite this, the PWDLH was rolled out rapidly to coincide with the two national lockdowns. The ECT, using contingency financing and the SSN's delivery mechanisms, made the first payments within three months of Sierra Leone recording the index case. The SSN was preparing to launch a new phase of implementation, targeting a new cohort of beneficiaries, but instead was redesigned to respond to the crisis (see box 1), which took time and undermined the **timeliness** of the largest response. The COVID-19 SSN made its first payments in December 2020. Key enablers and constraints to timely and effective implementation included the following:

- There have 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 Grievance Redress Mechanism (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).
- **Pre-arranged funding** was mobilised quickly while ex post funding was much slower to disburse. For example, World Bank contingency funding 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 and without pre-agreed plans and coordination mechanisms having already been set up, these funds were available significantly more quickly than ex post funding from the European Commission.
- That said, the **fiscal space** for shock-responsive social protection beyond current donor funding remains an issue and resulted in low coverage rates for the three programmes. The PWDLH was funded using the national budget. However, the programme coverage and budget allocation 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.
- In the absence of **information systems** with data on potential beneficiaries, programmes needed to undertake a whole range of activities to identify them. This included compiling lists of potential beneficiaries or conducting community identification exercises, poverty assessments (for the ECT and COVID-19 SSN), data verification and capture in the Management Information System, and enrolment.

Box 1: Key design changes to the routine SSN in response to COVID-19

- 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 target those affected by COVID-19 within the original SSN target group (i.e. the extreme poor and households with a PWD).

Preparedness actions toward a shock-responsive social protection system

The GoSL has shown strong commitment to using social protection to respond to crises (including the Ebola outbreak, flooding/landslides, and COVID-19). While there were considerable successes in the COVID-19 response, there are a range of actions required to ensure that systems are well placed to respond next time (for full details, see the main report).

The social protection sector is relatively nascent in Sierra Leone and it is important that the GoSL continues to focus investments in the core foundational delivery mechanisms that underpin social protection to support routine service provision, while considering how these systems can support shock response. 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:

- The GoSL should seek to **secure financing** to establish a longer-term routine programme to avoid the ongoing 'projectification' of the SSN. 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.
- The forthcoming National Social Protection Strategy should reflect the GoSL's **vision** for the future role of social protection in crises, drawing on lessons from recent shock responses, to guide investments.
- Shock-responsive social protection requires a strong **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.
- To further develop SPRINT (the **integrated beneficiary registry**), demographic and delivery data collected on new beneficiaries through the PWDLH, ECT and COVID-19 SSN should be integrated into the database for future use in emergencies.
- **Targeting processes** should be strengthened to reach marginalised households and individuals. This includes ensuring any disability assessments are carried out by trained professionals or frontline workers following national and international assessment protocols. The data 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.

About Maintains

Maintains is a five-year (2018–2023) operational research programme 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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