

COP Face to Face

Learning from COVID-19. How COVID-19 Social Protection Shock Response Interventions Have Been Integrated into National Policies

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date

COVID-19 Emergency Cash Transfers in Sierra Leone

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Sierra Leone: Diverse risks and widespread vulnerability

POVERTY

74 percent of the population in rural areas living below the poverty line (35 percent in urban areas).

COVID-19 and Poverty:

Using the international poverty line, expected to increase from 40.5 percent in 2019 to 43 percent in 2021, reversing the limited progress made to reduce poverty in recent years.

FOOD SECURITY

The total food insecure population increased to 47.7 percent (3,921,752 people) just prior to the onset of COVID-19.

COVID-19 and Food Security:

Food consumption decreased significantly. Early surveys found share of post-COVID respondents that went at least 1 day 7 with fewer than normal meals increased by about 20 percentage points. The percent that went seven days with fewer meals increased by 20 percentage point.

**A series of
devastating
crises**

2014



The West Africa
Ebola epidemic

2017



Severe flooding
and the Freetown
landslide

2019



COVID-19 global
pandemic



Reaching the poor and vulnerable with Sierra Leone's emerging social protection system

The Social Safety Net Project (IDA)

Established 2014, financing the government's flagship cash transfer program, "Ep Fet Po";

Provides regular income support to extreme poor households in rural areas;

Initial phase of implementation reached c. 238,142 extreme poor individuals;

Current phase will reach an additional c. 508,300 beneficiaries through additional financing;

Supported the development of foundational cash transfer delivery systems: targeting, payment, grievance redress, etc.



A developing safety net system that has been forged by crises

Ebola Virus Disease (EVD) outbreak:

- Donor financed scale-up of the cash transfer program benefiting nearly 60,000 of the poorest households nationwide. Introduces a new, rapid targeting approach for emergencies.

Freetown flooding and landslides:

- Registration, payment and emergency shelter for affected, displaced households.
- Challenges initiated contingency planning for future crises, STEM-PRP.



Contingency finance and COVID-19 Emergency Cash Transfers

Phase 1: The fastest cash transfer response to COVID-19 in the Africa region

- **US \$ 4 million IDA contingency finance** in the SSN project enabled the speed of the response to COVID-19 – c. 2 months after declaration of national emergency;
- Emergency Cash Transfers (ECT) rolled out in five cities to **29,000 households** (c. 174,000 individuals) with vulnerable informal sector workers;
- **Adapted existing delivery systems** – targeting, enrolment, registration, payment and grievance redress;
- **Leveraged existing partnerships** with Stats SL (targeting) and Anti-Corruption Commission (ACC) for delivery;
- **New partnerships** established with trade associations, ministries and local councils to develop lists of potential eligible beneficiaries;

Phase 2: Additional European Union (EU) financing to scale-up the ECT (ongoing)

- Due to the demonstration effect from Phase 1, the ECT is being **expanded to 36,000 additional households** (c. 216,000 individuals) in Phase 2, thanks to support (5 m. Euro) from the EU.



Lessons learned and preparations for the future

CONTINGENCY FINANCE

Access to contingency finance in times of emergency is critical for a fast response:

- Pre-positioned funds as opposed to lengthy appeals and budget reallocations
- Contingency financing in forthcoming IDA project
- Need comprehensive risk financing strategy to be able to reach larger shares of those affected

DELIVERY SYSTEMS

Long-term investment in delivery systems benefits day-to-day social protection delivery and shock preparedness:

- The Social Registry (SPRINT) - including pre-registration of households in disaster prone areas
- Digital payments - pilot showed potential value as well as challenges

CONTINGENCY PLANNING

Contingency planning clarifies roles and responsibilities and the main program design and delivery parameters:

- Capturing learning from COVID to prepare for the next shock;
- Outline adaptations along the delivery chain in times of crisis
- Seek multistakeholder buy-in to the plan, ex ante

Thank you

Any questions?

