

Expanding safety nets in response to shocks: The Experience of the Government of Sierra Leone's *Ep Fet Po* Programme's COVID-19 Response

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EXECUTIVE SUMMARY	i
INTRODUCTION	1
BACKGROUND	2
<i>Sierra Leone’s Ep Fet Po Programme</i>	<i>2</i>
<i>Sierra Leone Context and Impact of COVID</i>	<i>3</i>
DELIVERING THE COVID-19 EMERGENCY CASH TRANSFER	4
<i>The Delivery Chain.....</i>	<i>4</i>
<i>Overview of the Response</i>	<i>5</i>
DELIVERY CHAIN STAGE 1: TRIGGER	7
<i>Institutional Roles and Responsibilities</i>	<i>7</i>
<i>Early Warning and Other Data.....</i>	<i>8</i>
<i>Triggering the response and financing.....</i>	<i>9</i>
<i>Scale and Scope of Expansion</i>	<i>11</i>
DELIVERY CHAIN STAGE 2: OUTREACH AND REGISTER	12
<i>Outreach</i>	<i>12</i>
<i>Registration/Pre-listing</i>	<i>14</i>
DELIVERY CHAIN STAGE 3: ENROL.....	17
<i>Beneficiary selection and verification.....</i>	<i>17</i>
<i>Enrolment.....</i>	<i>22</i>
DELIVERY CHAIN STAGE 4: PROVIDE	24
<i>Payments.....</i>	<i>24</i>
DELIVERY CHAIN STAGE 5: MANAGE	30
<i>Management of Beneficiary Data and Use of Information and Communications Technology (ICT)</i>	<i>30</i>
<i>Grievance Redress Mechanisms.....</i>	<i>31</i>
<i>Exit and Recertification</i>	<i>33</i>
<i>Monitoring and Evaluation</i>	<i>34</i>
ADJUSTMENTS TO CORE PROGRAMME	35
COMPARISON BETWEEN PRE-COVID-19 EP FET PO PROGRAMME, ECT 1, ECT 2 AND COVID-19 EP FET PO	37
ACHIEVEMENTS AND IMPACTS OF COVID-19 EMERGENCY CASH TRANSFER.....	40
CONCLUSIONS AND LESSONS LEARNED	43
<i>Recommendations regarding future shock responsive safety net operations in Sierra Leone</i>	<i>46</i>
BIBLIOGRAPHY.....	49
ANNEXES	51
ANNEX 1: EMERGENCY CASH TRANSFER PAYMENT FLOW DIAGRAMME.....	51
ANNEX 2: SUMMARY OF RECOMMENDATIONS FROM MONITORING REPORTS	52
ANNEX 3: USE OF GPS DATA TO ESTIMATE THE NUMBER OF BENEFICIARIES SERVED BY PAYMENT POINT	54

Acronyms

ACC	Anti-Corruption Commission
CAPI	Computer Assisted Personal Interview
CERC	Contingent Early Response Component
ECT	Emergency Cash Transfer
ECT 1	The first phase of the COVID-19 Emergency Cash Transfer financed by the World Bank
ECT 2	The second phase of the COVID-19 Emergency Cash Transfer financed by the European Union
EU	European Union
EVD	Ebola Viral Disease
FCDO	Foreign, Commonwealth and Development Office (UK Government Department equivalent to Foreign Ministry)
FGD	Focus Group Discussion
GBV	Gender Based Violence
GriF	Global Risk Financing Facility
ICT	Information Communication Technology
LPMT	Light Proxy Means Test
MIS	Management Information System
NaCSA	National Commission for Social Action
PMT	Proxy Means Test
QAERP	Quick Action Economic Response Programme
RCB	Rokel Commercial Bank
SSN	Social Safety Net

Executive Summary

In 2020 and 2021, the Government of Sierra Leone rolled out an emergency cash transfer in two phases as part of a scale up of its Social Safety Net Programme, known as *Ep Fet Po*. Targeted at low-paid informal sector workers, whose incomes were hit by the economic impacts of the COVID-19 pandemic, a total of 65,083 households¹ benefited from a one-off payment of \$US 135. Assessments found that beneficiaries used their cash transfers to smooth consumption and invest in their ongoing businesses. Data collected through the Sierra Leone COVID Impact Monitoring Survey (after implementation of the first phase of the emergency cash transfer) found that beneficiaries were more likely to report that they had worked in the last week and that their main source of income was less likely to have decreased than an equivalent control group. However, most impacts were short lived with benefits no longer visible six months after transfers were received.

The Challenge

The rapid spread of COVID-19 around the globe forced Governments to take a series of public health measures. It also led to an unprecedented expansion of social protection measure worldwide as Government's sought to mitigate the economic impacts of the pandemic and containment measures. The Government of Sierra Leone was one of the many Governments who sought to assist households whose incomes had been hit as a result of the pandemic.

The Government identified low-paid informal sector workers as among those likely to be worst hit and least able to cope with the drop in income caused by the pandemic. However, Sierra Leone lacked any obvious data sets which could support the targeting of such households. Because of their informal nature they were not documented by tax authorities or employers. Furthermore, although Sierra Leone has a pre-existing Social Safety Net scheme, it was focused in rural areas where poverty rates tended to be higher and had limited delivery infrastructure in place in large urban centres.

The Approach

Triggering the response: The Government declared a state of Emergency on March 24th and launched its Quick Action Economic Response Programme (QAERP), aimed at maintaining economic stability, shortly after. The Government of Sierra Leone, through its National Commission for Social Action (NaCSA) had been implementing a Social Safety Net (SSN) Programme since 2014 with support from the World Bank. A 2019 Additional Financing to the SSN accommodated the Government's increasing interest in enhancing its ability to respond to shocks through an existing safety net and included both funding (from the Global Risk Financing Facility) for enhancing systems for shock response and the retention of US\$4 million of IDA funds as a contingency budget to fund the expansion cash transfers if needed. The declaration of a State of Emergency combined with the preparation of an Emergency Response Manual was sufficient to trigger release this contingency budget which financed the first phase of the emergency cash transfer (ECT).

Further financing was secured from the European Union to fund a second phase of the response. This financing followed a more typical post crisis process with a need to develop a project document on the basis of which formal funding agreements could be made.

Outreach and Registration: The first phase of the ECT (ECT 1) was geographically targeted to the four provincial capitals of Sierra Leone – Bo, Kenema, Makeni and Port Loko; and the capital Freetown. The number of households expected to benefit in each city was defined on the basis of the size of the informal sector in each of these cities (see Table 1 below). To address the lack of formal data sets to support household targeting, NaCSA worked with local city councils, market leaders and traders'

¹ At the time this report was written. Mop up payments continue to be made.

associations to compile pre-lists of beneficiary households. The second phase of the ECT (ECT 2) focused exclusively on Freetown and increased the quota for Freetown from 19,000 to 55,000. Prelisting under ECT 1 had identified large numbers of eligible households in Freetown that could not be covered through the budget available for this phase. ECT 2 relied, therefore, on the prelisting undertaken during ECT 1.

Table 1: Estimated size of informal sector, quotas assigned for the ECTs and number of pre-listed households by target city

City	Estimated Size of the Informal Sector	Quota for ECT 1 and 2 combined	Number of prospective beneficiaries pre-listed
Freetown	77,218	55,000	140,000 [#]
Bo City	9,713	2,500	3,010
Port Loko	11,395	2,500	2,700
Kenema	12,419	2,500	3,185
Makeni	10,978	2,500	2,997
TOTAL		65,000	151,892

Beneficiary Selection and Enrolment: Building on previous experiences, particularly targeting for an emergency scale up of cash transfers in response to the Ebola outbreak, it was decided to use a Light Proxy Means Test (LPMT) to verify households' eligibility for the ECTs. Data collection for the LPMT was administered by the Government of Sierra Leone's statistics agency - Statistics Sierra Leone. In Bo, Port Loko, Kenema and Makeni it was possible to collect relevant household data for the LPMT from almost all households included in the pre-lists. But in Freetown, the cost (both in terms of time and money) of collecting data for all 140,000 pre-listed households was too high. The Emergency Response Manual had included provisions for this stating that, if needed, a simple lottery could be applied. To manage this lottery approach, a quota was assigned to each market based on the number of listed households and the first names taken from the pre-list up to the limit of this quota. This approach was used for both ECT 1 and 2. Results of the LPMT were calculated in real time, allowing beneficiaries to be formally enrolled as soon as eligibility was confirmed through the LPMT. Enrolled beneficiaries' photographs were taken and they were provided with a targeting slip (with encoded beneficiary ID information using a QR code) to facilitate registration with the payment service provider and a Certificate of Enrolment. The certificate not only confirmed the beneficiary's enrolment with the programme but also included key information on the programme including: the benefit level, the fact that it was a one-off payment, and details on how complaints and feedback could be submitted.

Provision of benefits: To avoid any delays caused by trying to procure a new payment service provider, the Government amended an existing contract with a service provider already contracted to support routine payments under the Social Safety Net – the Rokel Commercial Bank (RCB). RCB proposed piloting the use of an existing RCB e-voucher function. This approach allowed beneficiaries with access to a mobile phone to be sent their e-voucher directly to their mobile number and beneficiaries without access to a mobile phone to receive a paper copy of the voucher. E-vouchers and paper vouchers could then be redeemed by beneficiaries at any RCB branches or points of presence. The number of payments being made under the ECTs and the limited existing capacity and points of presence meant that the service provided needed to establish temporary pay points to facilitate payments under the ECTs. The payment process was completed when the beneficiaries cashed their vouchers. RCB branches or agents confirmed the identity of payment recipients by visually comparing the recipient against the photograph taken by NACSA during enrolment. They then photographed the recipient with the paid benefit as proof that the correct recipient had received the payment. Any e-vouchers not cashed within a 15-day time limit were to be refunded to NaCSA.

Management of complaints and beneficiary data: Grievance redress procedures were built on systems established under the Social Safety Net. The Government's Anti-Corruption Commission (ACC) has been tasked with being a key partner in the Grievance Redress Mechanism (GRM): observing

key programme process (particularly targeting and payments) and collecting, collating and investigating complaints. During ECT 2 these core processes were complemented by the establishment of Grievance and Case Management centres staffed by representatives from NaCSA, the ACC and Rokel Commercial Bank. They provided a one-stop-shop for beneficiaries who had complaints or issues to be resolved and allowed instantaneous assistance of administrative issues.

Beneficiary selection, enrolment, payments and GRM were supported by a Management Information System (MIS) housed in the Social Protection Secretariat within NaCSA (and an additional GRM MIS housed in the ACC). Information Communication Technology (ICT) was used in other ways to support programme operations. Targeting and enrolment made use of Computer Assisted Personal Interview formats loaded on mobile phones or other handheld devices and the project made extensive use of QR codes to streamline the tracking of prospective beneficiaries through the various programme processes and reduce the risk of data entry errors.

Obstacles

The pre-listing and targeting process during ECT 1 in Freetown had to be suspended because of the level of complaints being received regarding the seemingly opaque pre-listing process. Complainants reported that some of those responsible for pre-listing were listing prospective beneficiaries on the basis of political affiliations, family connections and other personal interests. When ACC investigated complaints, they found that those responsible for the pre-lists expressed limited ownership of the results. To resolve concerns, it became necessary for NaCSA to play a more hands-on role. A Pre-Listing Review Committee, consisting of representatives of NaCSA, the City Council, traders councils and the Anti-Corruption Commission, was formed to provide oversight to the pre-listing process, review resulting pre-lists and conduct unannounced verification spot-checks for markets which were cause for concern. This revised process did resolve disputes but with delays, with the result that the majority of payments under ECT 1 in Freetown were made two months later than payments in other cities. The Pre-Listing Review Committee continued to undertake verification checks of pre-lists ahead of ECT 2 beneficiary selection.

The ex-post financing from the European Union for ECT 2 took significant time to process. Even though the EU had first indicated their interest in financing an extension of the ECT in June 2020 and the core design parameters of the activities to be financed were agreed by the end of August, financing was not able to flow until the project became effective in February 2021. This meant that the initial plan to make ECT 2 cash transfers in November 2020 could not be realized; and, because of other commitments by the NaCSA team, ECT 2 transfers did not start until May 2021.

Capacity constraints meant that NaCSA were largely unable to simultaneously conduct activities related to the ECTs with implementation of the core programme. Even without the additional workload of an ECT, NaCSA has frequently struggled to manage core programme processes and deliver timely payments with their existing implementation capacity. The addition of the ECTs did divert staff away from implementing the core programme; and targeting and payments under each stream of support had to wait for actions under other streams of support to be completed before proceeding, resulting in delays. The launch of ECT 1 delayed retargeting under the core Social Safety Net; and the targeting and enrolments of ECT 2 had to wait until the first tranche of payments to retargeted Social Safety Net beneficiaries had been completed.

Incidents of severe over-crowding marred the implementation of ECT 2. Some concerns were expressed during ECT 1 that a limited number of pay-points had led to crowding and long-waiting times; but in ECT 2 both targeting and payments were affected by overcrowding. LPMT data collection was conducted over 13 sites, but the number of prospective beneficiaries expected to attend each site varied enormously – from 281 to 12,917. As a result, long queues and chaotic scenes were

observed at a number of centres. The number of payment sites was even more limited with only 7 payment sites established and more than 23,000 beneficiaries accessing their payments from one site alone. The problems caused by the limited number of payment points was severely exacerbated by national liquidity issues. The 15-day expiry date on e-vouchers combined with the liquidity constraints led to beneficiaries feeling a high sense of urgency. All payment sites saw overcrowding, with beneficiaries camped out overnight, but the situation became particularly chaotic at the National Stadium and Murray Town Junction sites. More than 10,000 people attended the National Stadium site in one day resulting in reports of fainting and the use of force by police or military personnel who had been brought in to support management of the crowds; and at Murray Town Junction there was a stampede resulting in injury to at least one person. In response, NaCSA paused targeting and enrolment processes to allow RCB to catch up on payments and reduce the flow of newly enrolled beneficiaries to payment sites. They also prepared a Security Risk Mitigation Measure guidelines to improve crowd management procedures for the remaining caseload.

Achievements

More than 65,000 households received a one-off cash payment of \$US 135 to help them cope with the negative impacts of the COVID-19 pandemic on the wellbeing, smooth consumption and supplement lost or reduced income.

Table 2: Numbers of beneficiaries enrolled and paid by city prior to July 2021²

City	Quota for ECT 1 and 2 combined	Enrolled	Paid
Freetown	55,000	66,619	55,514
Bo City	2,500	2,430	2,383
Port Loko	2,500	2,336	2,324
Kenema	2,500	2,465	2,501
Makeni	2,500	2,350	2,361
TOTAL	65,000	76,200	65,083

Post payment spot-checks for ECT 1 and a process evaluation for ECT 2 found that the vast majority of beneficiaries (92% and 96.5% respectively) were petty traders/ small business owners in line with the intended beneficiaries of this intervention. The spot-checks found that these beneficiaries had similar characteristics to those categorized as poor according to the 2018 Sierra Leone Integrated Household Survey.

The majority of ECT 1 beneficiaries outside Freetown received their payments by early June 2020, just over two months from an emergency being declared and one month after formal agreement of the programme procedures as defined in an Emergency Response Manual. A high volume of complaints regarding targeting in Freetown led to the process for ECT 1 being suspended and redesigned contributing to a 6-to-8-week delay. Payments made between June and August 2020 likely coincided with the period when the economic impacts of COVID-19 were being most significantly felt.

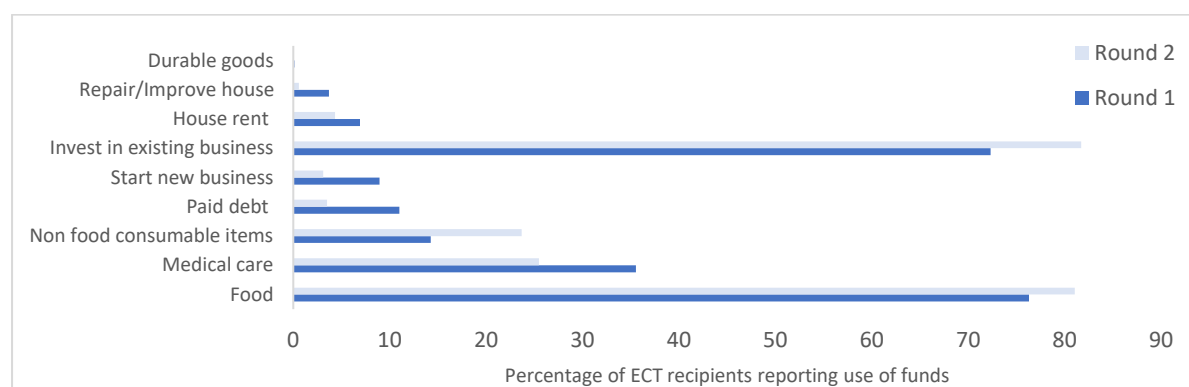
Payments under ECT 2 experienced significant delays, taking place more than 14 months since the declaration of an emergency. As such, they are less likely to have contributed to helping households meet consumption shortfalls due to COVID-19 but will have supported households with ongoing consumption shortfalls and will have supported people to rebuild damaged livelihoods post crisis.

To monitor impacts of the programme, the World Bank added questions related to the COVID-19 ECT to the already scheduled Sierra Leone COVID Impact Monitoring Survey (CIMS). 5,685 households

² The financing available was sufficient for more than the initial 65,000 beneficiaries planned at the start of implementation. Mop up payments have continued in Freetown reaching an additional 8,905 beneficiaries.

were tracked over two rounds of data collection.³ This survey found that the majority of beneficiaries used their transfers to smooth consumption and invest in their ongoing businesses in line with the intended objectives of the programme. Figure 23 below shows how households reported using the income from the COVID-19 ECT over the two rounds of data collection.

Figure 1: COVID Impact Monitoring Survey Findings Regarding the Use of COVID-19 ECT 1 Benefits (World Bank, 2021b and Adhikari & Seetahul, 2021)



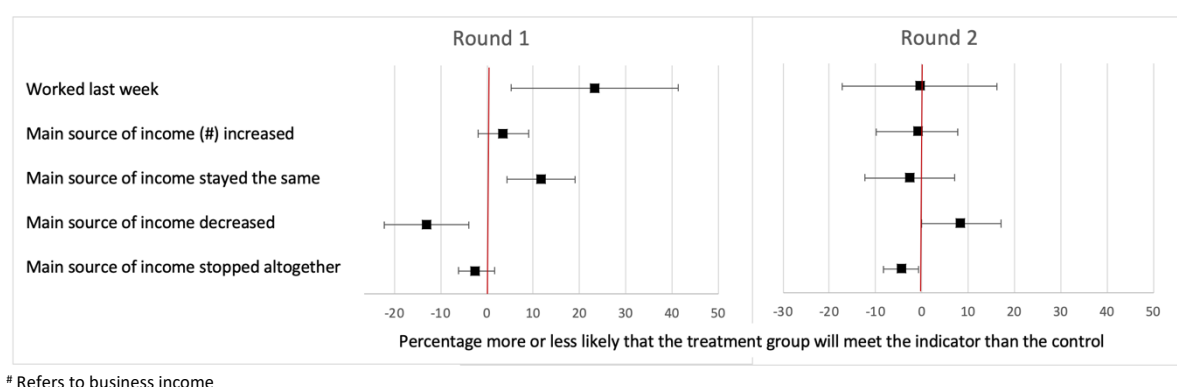
The process evaluation and post payment spot-checks from ECT 2 found beneficiaries using ECT 2 benefits for similar uses. Spot-check survey results showed that 40% of beneficiaries reported that the main impact of transfers was improved their access to food, while 24% reported that it helped with their business and/or income.

Data collected through the CIMS survey found that the ECT 1 intervention had a number of positive impacts. It found that during the first round of data collection (June to August 2020) beneficiaries of the Emergency Cash Transfer programme were statistically significantly more likely to report: that they worked in the last week; that their main source of income stayed the same or was less likely to have decreased. However, when data collection was repeated or a second round (between November and December 2020), these effects had largely disappeared indicating that these positive impacts are of a short duration. Given that this was a one-off transfer – indexed to one month of consumption expenditure of the poorest 25% – this finding is as anticipated. It shows that such programmes can have important short-term benefits, but if impacts are to be sustained then support needs to be for longer and/or complemented by other interventions. In addition, it's important to note that the relatively small scale of intervention means that the social protection response to the COVID-19 pandemic will not have mitigated the likely increase in poverty resulting from the pandemic.⁴

³ The timing of this data collection means it only assessed beneficiaries from ECT 1.

⁴ Analysis by the FCDO financed Maintains research indicated that poverty may have increased by between 4% and 15% with social protection responses only mitigating this increase by between 1.5% and 2.2%. Most of the modelled reduction in poverty increase will have been driven by the core Social Safety Net intervention because its generosity was greater.

Figure 2: Preliminary Findings from the COVID Impact Monitoring Survey Regarding the Impact of the COVID-19 ECT (World Bank, 2021b and Adhikari & Seetahul, 2021)



Learning

The provision of cash transfers to informal workers did allow them to purchase food and invest in business and helped to mitigate the immediate impacts of the COVID-19 on their businesses. Such impacts were largely short-term in duration, as should be expected from a one-off benefit.

The availability of a pre-financed contingency budget helped to catalyse the development of the emergency cash transfer and ensured that there was significant pressure to make use of the funds quickly. As a result, Sierra Leone was the first country in West Africa to provide an IDA financed COVID-19 cash transfer response. Providing a stark counterfactual to this, the process of securing additional financing for an expansion emergency cash transfers under ECT 2 took seven months, highlighting the weakness in ex-post financing of shock response.

Previous experience in Sierra Leone had highlighted the potential challenges of providing an emergency cash transfer response in Freetown, but insufficient attention was paid to putting in place mitigating measures resulting in dangerous overcrowding, particularly during payments in Freetown. The potential for large crowds and unpredictable behaviour needs to be anticipated, particularly in urban settings, and provisions to minimise the formation of crowds and to ensure adequate crowd management need to be considered during programme design.

While reviews show that the vast majority of households benefiting from the program met the eligibility requirements, there are a number of modification options which could reduce the risk of manipulation during pre-listing and beneficiary selection:

- Better outreach and communication can ensure stakeholders involved in targeting and prospective beneficiaries have better understanding of targeting criteria and processes and their rights and responsibilities.
- If a lottery approach is to be employed, then random sampling across the whole pre-list, rather than selecting the first names from the list, can guard against the risk of manipulation; alternatively, a community based method of reducing the long pre-list to a manageable short list could also provide a more transparent approach.
- Ensuring that any PMT is applied to a larger number of beneficiaries may also allow it to play a strong role in the selection process.

The combination of high rates of poverty and vulnerability and the low coverage of 'routine' safety nets means that exclusion, rather than inclusion error was the major challenge facing any COVID-19 response. With a combined coverage of just over 101,000 households the COVID-19 *Ep Fet Po*, ECT 1 and ECT 2 reached only a small proportion of households living below the poverty line (approximately

one seventh). For social protection to have meaningful impacts on reducing national poverty rates, coverage of routine social protection needs to increase substantially.

The effective functioning of the ECT grievance and complaints system did provide feedback which led to critical corrective action to ensure appropriate targeting and address stakeholders' concerns. ACC engagement led to changes in the pre-listing process, which – while they did not mitigate all concerns – allowed stakeholders to move forward with an agreed improved process.

The innovative 'e-voucher' approach used by the payment service provider worked well both for those with or without mobile phones. For those with their own mobile phone it operated similar to other 'mobile money' payment solutions. Those without their own SIM card sometimes made use of a neighbour's phone but were also able to use a printed voucher. However, in areas where payment service infrastructure is limited, it is critical for interventions to plan to ensure adequate numbers of points of presence and sufficient liquidity to cope with the surge of demand created by an emergency cash transfer.

The review also identified some specific recommendations for how to improve future shock responsive safety net operations in Sierra Leone:

1. **Core safety net operations need to be strengthened in Sierra Leone so that they are a firmer foundation on which an ability to scale up in response to shocks can be built.** This should include: expanding the coverage of the core programme, ensuring that geographic coverage includes areas affected by recurrent shocks, allowing core operations to become routine, and further enhancing key systems and instruments
2. **One key area for enhancement is the mechanism for delivering payments.** Sierra Leone suffers from low levels of financial inclusion and service providers currently have poor penetration in areas where target populations for social protection live. This limited penetration means that bespoke payment solutions and parallel delivery infrastructure are needed to allow transfers be delivered. While this cannot be resolved in the short term, measures should be considered which support progress towards a long-term vision such as: considering ways in which payment agents can plan an increased role in delivering payments; making use of hybrid payment delivery models which allow account-based payments for those with access to such services but parallel mechanisms for those who can't.
3. **There is a need to think about how the Government can call on surge capacity to enhance the human resources available to operationalize a scaling up of safety nets in response to shocks.** This should include both enhancing the core implementation capacity of NaCSA and identifying ways in which NaCSA can temporarily increase human resources capacity for example by entering into partnership agreements with other agencies that could second staff.
4. **Implementing shock responsive transfers in urban settings such as Freetown brings substantial challenges and risks which need to be addressed.** The Government has learned painful lessons from the ECT 2 operation and developed Security Risk Mitigation Measures which should continue to be used and updated for future operations.
5. **There is a need to expand the available information on vulnerable populations, particularly in urban settings, to better inform the scaling up of safety nets and to inform the prioritization of target groups.**
6. **The Government and its partners should continue to build on its positive experience of using a pre-financed contingency budget to further develop how its core Social Safety Net can be used as a vehicle for channelling funds for shock response.** The inclusion of a contingency budget and a Contingent Emergency Response Component in the new World Bank operation

are valuable steps, as is the Government's broader work to prepare a Crises and Disaster Risk Financing Strategy.

Introduction

The rapid spread of a novel coronavirus – COVID-19 – around the globe, forced Governments to take a series of public health measures. It also led to an unprecedented expansion of social protection measure worldwide as Governments sought to mitigate the economic impacts of the pandemic and containment measures. The Government of Sierra Leone was one of the many Governments who sought to assist households whose incomes had been hit as a result of the pandemic with an emergency cash transfer intervention focused on expanding social assistance to low-paid workers in sectors most impacted by travel restrictions and temporary-workers.

The Government of Sierra Leone through its National Commission for Social Action (NaCSA) has been implementing a social safety net program, known by its Krio name – *Ep Fet Po*,⁵ since 2014 with International Development Agency (IDA) financing from the World Bank. Initially planned to have a coverage of 12,000 households, its core caseload has expanded; and by mid 2022 *Ep Fet Po* was providing support to 65,000 households through its core programme.

Ep Fet Po and the systems established in NaCSA have also been used as a vehicle to deliver an emergency cash response to the devastating Ebola Viral Disease (EVD) outbreak in 2015 and, in 2017, NaCSA also took a lead role in a cash transfer intervention to support households in Freetown affected by a catastrophic flood and mudslide event. Based on lessons learned from these earlier efforts, the Government sought to mainstream a shock responsive approach into the *Ep Fet Po* programme (Sandford, Rajput, Coll-Black, & Kargbo, 2020). An Additional Financing to IDA-financed Social Safety Net (SSN) project in July 2019 added a new sub-component to allow *Ep Fet Po* to scale up in response to shocks and enabled the Government hold US\$ 4 million of IDA resources in contingency to finance the expansion. In addition, US\$ 2.5 million from the Global Risk Financing Facility (GRiF) was secured to help strengthen the delivery systems which could facilitate a shock response, of which US\$ 1 million was programmed to the new shock-response sub-component of *Ep Fet Po*.

Following the declaration of a Public Health Emergency in March 2020, a scale up of *Ep Fet Po* was triggered and the decision to launch an emergency cash transfer intervention (ECT 1) in five cities of Sierra Leone reached. With the contingency financing already available to the program, a target of 29,000 households across the five cities was agreed. Additional Financing from the European Union (EU) of € 4.65 million (approximately US\$ 5.5 million) made it possible to roll-out a second phase of the emergency cash transfer intervention (ECT 2). This second phase was focused on Freetown and allowed an expansion of support to a further 36,000 beneficiaries. The core *Ep Fet Po* programme, which had been paused in early 2020 to allow retargeting to take place, was also reoriented to form part of the Government's Covid-19 response and was renamed the COVID-19 *Ep Fet Po* or COVID-19 Social Safety Net.

This report aims to document the Government of Sierra Leone's efforts to respond to the COVID-19 crisis through its social protection system during the period April 2020 to June 2022; and to learn lessons which can be used to inform further design to shock responsive social protection in Sierra Leone and elsewhere. The report is based on a review of existing documentation including: process evaluations, a telephone survey impact assessment and Government of Sierra Leone documentation; interviews of key informants involved in implementation; and administrative data held by stakeholders involved in implementation (NaCSA, the Anti-Corruption Commission and Rokel Commercial Bank). The report focuses on the emergency cash transfer interventions (ECT 1 and ECT 2), but also includes a summary of the COVID-19 *Ep Fet Po* operation to further enrich the lessons learned.

⁵ *Ep Fet Po* is the Krio for "Help to Fight Poverty".

Background

Sierra Leone's *Ep Fet Po* Programme

Ep Fet Po or the Social Safety Net programme was first launched in 2014 in four districts, one from each of Sierra Leone's administrative regions. The objective of the programme was to provide income support to extremely poor households in Sierra Leone.⁶ Implemented by NaCSA, with financial support from the World Bank's Sierra Leone Safety Nets Project, the programme was designed to support an initial target of around 12,000 households. Soon after the programme was launched, Sierra Leone was devastated by an outbreak of Ebola Virus Disease (EVD). As a response, NaCSA provided support to additional 24,000 households under the Rapid Ebola – Social Safety Net⁷; 13,228 households were supported by IDA financing and 10,759 by financing provided by the UK's Department for International Development (DFID)⁸ through the World Bank. Many of these emergency clients were then enrolled into the core programme, which by December 2018 supported 28,500 households in 11 districts. Targeting reflected poverty rates, with the result that the majority of *Ep Fet Po* beneficiaries could be found in rural areas (Sandford, Rajput, Coll-Black, & Kargbo, 2020).

Design discussions related to the preparation of an Additional Financing in 2019, led to a commitment by the Government to review the geographic footprint of *Ep Fet Po* and a decision to conduct a complete new targeting of the programme. Preparations for this new targeting exercise were interrupted by the COVID-19 pandemic, which meant that at the time the pandemic hit no core *Ep Fet Po* payments were ongoing

The ability to provide support to households affected by the EVD outbreak, highlighted the value of a cash transfer response to crises and the need to consider how the programme might respond to further shocks going forward. Further experience was gained through NaCSA's involvement in a cash transfer response to devastating flooding and a mudslide in Freetown in 2017. The World Bank commissioned a lesson learning review, the findings from which were thoroughly discussed with Government and helped to inform a policy dialogue with government around the potential to build better systems for the future.

An Additional Financing to the World Bank's Sierra Leone Safety Nets Project in 2019 was an opportunity to incorporate some of this learning. A new sub-component was added to allow the provision of emergency transfers through the scale up of *Ep Fet Po*. The Government requested that US\$ 4 million of the IDA financing be held as a contingency budget to finance this sub-component. This meant that financing was pre-positioned and available to finance a shock response as soon as it was triggered. In addition, the Global Risk Financing Facility (GRiF) awarded a US\$ 2.5 million grant to support the Government of Sierra Leone to build systems for the shock-responsive safety net. US\$ 1 million was channelled directly through the World Bank's Social Safety Net Project to allow the Government to build systems and strengthen implementation related to the scaling up of emergency payments; the remaining US\$ 1.5 million was to finance technical assistance in support of the strengthening of Government systems and to assess the feasibility of risk-transfer.

The Government, with support from the World Bank, started work to further develop the operational modalities for this sub-component in early 2020. The high risk and frequency of flooding meant this was the initial focus of the work both because of the impact it had on affected households and because of its frequency it would allow an early assessment of proof of concept and lesson learning. Work had

⁶ The objectives of the World Bank project supporting *Ep Fet Po* also include the objective of establishing "the key building blocks for a basic national safety net system."

⁷ Under the same RE-SSN umbrella, USAID financed NGOs also supported approximately 35,800 households.

⁸ This has now been merged with the Foreign Office to become the Foreign and Commonwealth and Development Office (FCDO).

begun to develop an Emergency Response Manual to be annexed to the wider *Ep Fet Po* Project Implementation Manual.

However, almost as this initial progress was made, the extent of the threat posed by the COVID-19 pandemic became apparent. It was clear that responding to the pandemic not only required a public health response, but also support to households affected by the economic impacts of the crisis. The Government established a Quick Action Economic Response Programme (QAERP) to maintain economic stability of Sierra Leone for the duration of the pandemic and NaCSA was requested to operationalize its shock-responsive sub-component as part of this economic response. The Government decided to draw down the full US\$ 4 million of contingency financing to finance the expansion of cash transfers under the *Ep Fet Po* shock responsive sub-component and the preliminary work to further develop the operational modalities for this sub-component was reoriented to address the needs of a COVID-19 response.

Sierra Leone Context and Impact of COVID

Prior to the COVID-19 pandemic, poverty rates in Sierra Leone had been decreasing but remained at a very high level. 4.3 million people, or 56.8 percent of the population were found to be living below the National Poverty Line in 2018 (compared to 4.7 million and 62.4 percent in 2011). Poverty in Sierra Leone typically has a strong rural urban divide with a poverty headcount of 73.6 percent in rural areas and only 35.3 percent in urban areas (Statistics Sierra Leone, 2019).

Sierra Leone confirmed its first COVID-19 case on 30 March 2020 and by the same time the following year had reported 3,970 COVID-19 cases and 79 COVID-19 related deaths. While under-reporting likely partly accounts for the low reported infection rates, there is evidence to suggest that Sierra Leone, along with much of sub-Saharan Africa, did escape the high infection rates and associated mortality that was seen in Europe, Asia and the Americas.⁹ In response to the pandemic, the Government of Sierra Leone declared a Public Health Emergency on 24 March 2020 and introduced a series of restrictions including temporary lockdowns, closure of land and air-borders, limitations to inter-district travel, and restrictions on public gatherings. By July 2020 many of these restrictions had lifted (Centre for Accountability and the Rule of Law, 2021).

Despite the relatively limited nature of the restrictions, there were significant socio-economic affects particularly in the short-term. Businesses reported steep declines in their weekly income with the result that they had to lay off workers or reduce the number of working hours; many households saw decline in their income with those relying on self-employment incomes (often small-scale trading activities) being the hardest hit, and an increase in the number of households reporting consuming fewer meals (Meriggi, et al., 2020 and World Bank, 2021c).

Table 3: Selected data on economic consequences of COVID-19 in Sierra Leone¹⁰

Indicator	Data
Self-employed business owners reporting a drop in income between March 2020 and May 2020	68.4%
Average percentage change in self-employed business income between March 2020 and May 2020	-48.1%
Number of workers reporting that employers had laid off staff because of government restrictions	57%
Increase in the number of respondents who reported that they went seven with fewer than normal meals between June 2019 and May 2020	20%

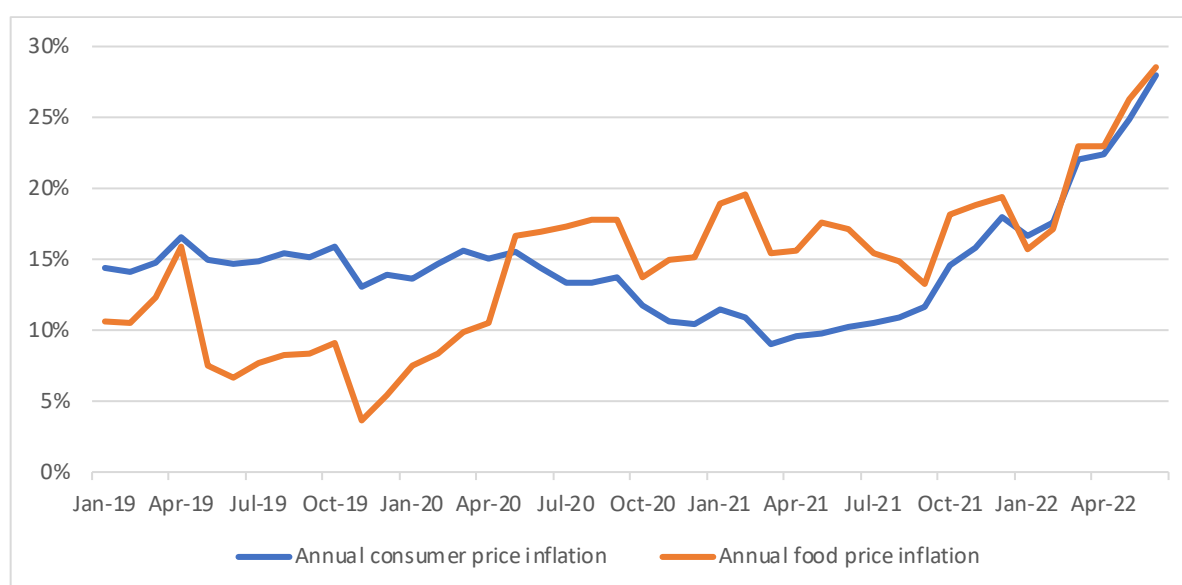
⁹ Analysis presented in the Lancet medical journal showed that while excess mortality in Sierra Leone was significant higher than the number of reported COVID-19 related deaths it remained well below the rates seen in Europe or India. By 2021 the number of excess deaths in Sierra Leone estimated by the Lancet paper stood at 47.3 deaths per 100,000 of population compared to 140 in Western Europe, 152.5 in India and 120.3 globally. (COVID-19 Excess Mortality Collaborators, 2022)

¹⁰ Meriggi, et al., 2020

Those working in the informal sector, hospitality industries and/or tourism sector were the worst affected, with the result that the greatest impacts were seen in urban areas. Analysis by the World Bank indicated that while national poverty rates only increased marginally between 2018 and 2020 (from 56.8 percent in 2018 to 58.9 percent in 2020)¹¹, poverty rates in urban areas have increased dramatically. Freetown has experienced the largest increase in poverty – from 17.7 percent in 2018 to 29.1 percent in 2021 (in other urban areas the increase was much smaller, World Bank, 2021c).

Although the economy has shown signs of recovery since the shock of COVID-19, growth remains below pre-COVID 19 levels. Per-capita GDP contracted by 4 percent in 2020 and grew by only 1 percent in 2021 (World Bank, 2022). Sierra Leone, in common with much of the world, was also suffering (at the time of report writing in September 2022) from accelerating inflation with food prices a key driver of this inflation. As Figure 3 below shows, the food price inflation has been accelerating since October 2021 driving increases in consumer price inflation. When inflation is caused by high food prices, it has a larger impact on those living in poverty or closer to the poverty line who typically spend a higher proportion of their income on food. August 2022 saw violent protests in the streets of Freetown, and other cities, at the rising cost of living.¹²

Figure 3: Annual consumer and food price inflation January 2019 to June 2022¹³



Delivering the COVID-19 Emergency Cash Transfer

The Delivery Chain

All social protection programmes, whether shock responsive or routine, pass through similar implementation phases:¹⁴

- Potential beneficiaries are clients that need to be made aware of the intervention through some kind of outreach

¹¹ It should be noted that, if the COVID-19 pandemic hadn't occurred, poverty could have been expected to continue to decline.

¹² See <https://www.reuters.com/world/africa/sierra-leone-imposes-nationwide-curfew-amid-deadly-anti-government-protests-2022-08-10/> and <https://www.theguardian.com/global-development/2022/aug/21/sierra-leone-protests-inflation-cost-of-living>

¹³ Authors own analysis based on (Statistics Sierra Leone, 2022)

¹⁴ This introduction to the delivery chain draws heavily on (Lindert, Karippacheril, Nishikawa Chavez, & Rodriguez Caillava, 2020)

- There needs to be mechanisms to register potential clients and gather information on their needs
- Their eligibility to receive benefits from the intervention needs to be assessed and confirmed and they need to be effectively onboarded to be able to start receiving the benefits
- Services to which beneficiaries are entitled need to be provided
- There needs to be ongoing management to ensure data on the beneficiaries is accurate and up to date, that beneficiaries comply with programme rules, that there are procedures to reassess and/or exit beneficiaries and that beneficiaries or other citizens are able to submit complaints and have grievances resolved.

In addition to the above, there are additional requirements for emergency interventions or programmes which aim to scale up in response to shock related to the need to identify when to intervene and scale up and ensure that this intervention is informed in terms of scale and coverage by relevant data.

Figure 4 on the next page illustrates the delivery chain for a shock responsive safety net intervention. It includes key processes which: **trigger** a response and define its coverage and other key design parameters; allow **for outreach to and registration** of potential beneficiaries; confirm beneficiary eligibility and **enrol** them so they can receive programme benefits; **provide** benefits to selected beneficiaries; and continue to **manage** the programme caseload. This figure will provide the organizing framework for the remainder of this chapter.

Overview of the Response

Following the declaration of a Public Health Emergency in March 2020, the decision to launch an ECT as a scale of the Government's *Ep Fet Po* programme was reached. The first phase was launched rapidly, with prelisting completed and beneficiary selection underway at the time financing was disbursed. Payments to beneficiaries, through an e-voucher mechanism, began in early June. However, complaints regarding the prelisting process in Freetown led to a suspension of the programme in this locality. Improvements were made to the prelisting process including a validation step and prelisting restarted in mid-July. Payments were relaunched in early August 2020 and largely completed by the end of the month.

The ECT 2 operation was first discussed in early June 2020 with the key design parameters agreed between NaCSA, the World Bank and the EU by the end of July 2020. The administrative steps on both the World Bank and the EU that needed to be completed to allow financing to be made available, meant that funds were not available until February 2021. The ECT2 operation made use of the prelisting undertaken for ECT 1 in Freetown, but further verification of the prelisting and a small amount of additional pre-listing was undertaken prior to funds being available. By the time funds were available NaCSA staff were busy with the COVID-19 *Ep Fet Po* programme leading to a further delay in beneficiary selection and payments which did not start until May 2021. Payments were largely completed by the end of July 2021.

Redesign of the core *Ep Fet Po* programme to become part of the COVID-19 response took place in May 2020 at the same time the design of the ECT 1 was agreed. The resulting COVID-19 *Ep Fet Po* or COVID-19 SSN was seen as a largely rural response to the economic impacts of the COVID-19 pandemic and was targeted to poorer households and households with disabled members. Targeting and enrolment of a first cohort of beneficiaries took place in June and July 2020. The first tranche of payments was delayed until the verification of pre-listing for ECT 2 was largely completed and took place between mid-December 2020 and April 2021. Subsequent tranches were made in October 2021 and March 2022.

Figure 4: Illustrative delivery chain for a shock responsive safety net intervention¹⁵

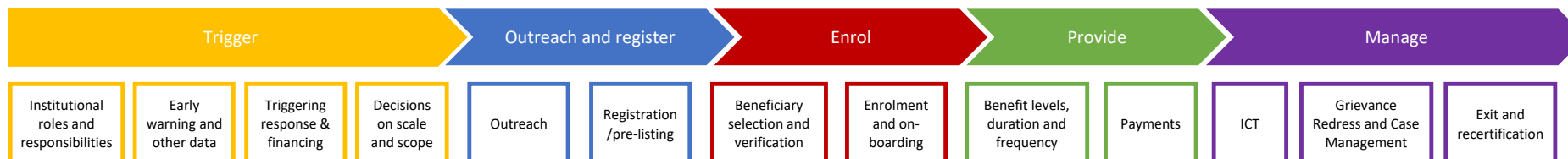
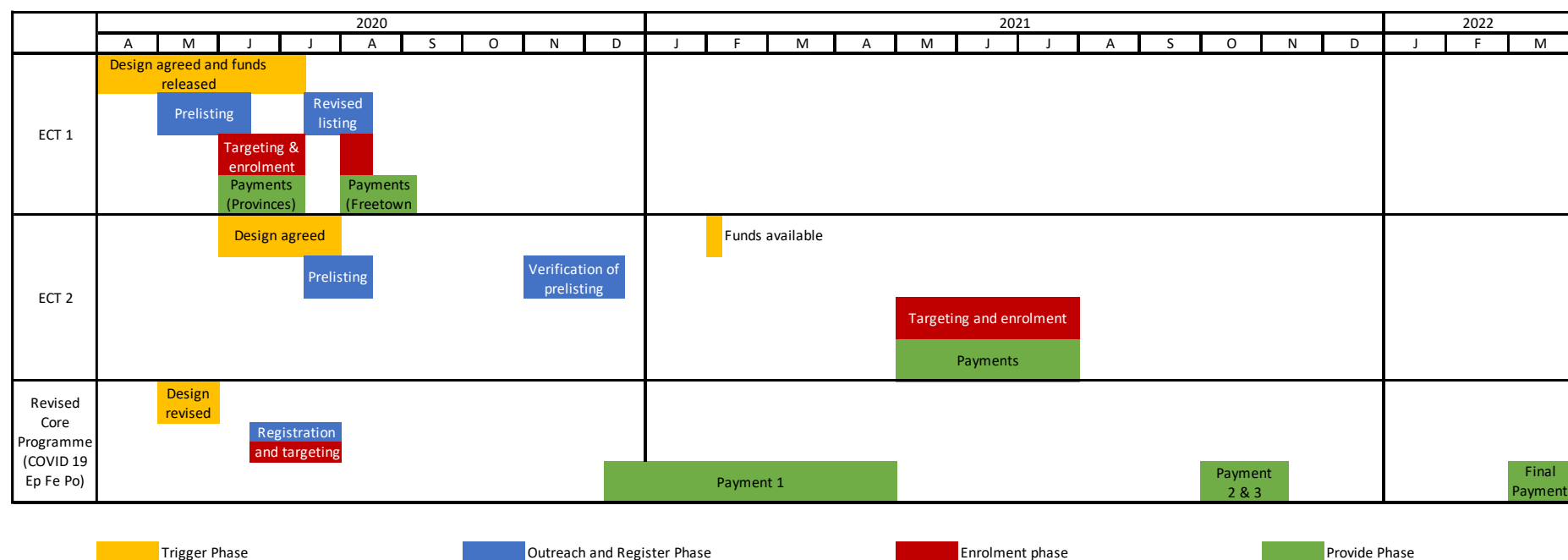


Figure 5: Overall timeline of implementation for ECT 1, ECT 2 and the COVID-19 Ep Fet Po



¹⁵ Adapted from (Lindert, Karippacheril, Nishikawa Chavez, & Rodriquez Caillava, 2020)

Figure 5 above illustrates how, in practice, the implementation of prelisting, targeting and enrolment and payments across the three interventions tended to be sequenced with limited overlap of activities. This points to constraints to NaCSA's capacity and the fact that progress in key areas of programme implementation heavily relies on the engagement and oversight of a small group of NaCSA staff. This can be particularly seen with regards to payments under ECT 2 which had to wait until the first round of payment of the COVID-19 *Ep Fet Po* intervention was completed.

These issues and the details of implementation of each phase of the delivery chain are outlined in the sections below for the Emergency Cash Transfer Interventions, with each phase of the delivery chain subdivided to indicate what steps were involved in the implementation of ECT 1 and ECT 2 respectively. The COVID-19 *Ep Fet Po* intervention is summarized in its own section. A table (Table 13) on page 37 compares the three interventions and the previous *Ep Fet Po* programme, highlighting any key variations in the processes followed.

Delivery Chain Stage 1: Trigger

During the Trigger Phase of the delivery chain, Governments implementing shock responsive interventions will typically make use of available early warning and other information, trigger response and make decisions regarding their scope and scale. This is also the stage in which pre-approved financing is released or additional funds are secured. In some well-established shock responsive safety nets, particularly those responding to relatively predictable shocks such as the Hunger Safety Net Programme in Kenya or the Productive Safety Net Programme in Ethiopia, pre-agreed rules regarding the programme scope (and in the case of the Hunger Safety Net, scale) have been determined. However, in the case of the ECT interventions in Sierra Leone key implementation details had to be worked out as part of the trigger stage. It is also critical, during periods of emergency, that Governments define who is responsible for what and how different ministries, departments or agencies communicate with each other to deliver a particular intervention and coordinate across sectors when a multi-sectoral response is needed. In the core *Ep Fet Po* programme, the equivalent activities to the trigger stage are largely completed during programme design or during a start-up phase.

Institutional Roles and Responsibilities

Prior to the COVID-19 pandemic, NaCSA managed the Government of Sierra Leone's largest safety net programme – *Ep Fet Po* – and housed the Social Protection Secretariat. However, parliamentary oversight for social protection lies with the Labour and Social Security Parliamentary Sub-Committee and the Ministry of Labour and Social Security operated a smaller, social pension, social assistance programme. Institutional arrangements for disaster management were in flux. A Disaster Management Department within the Office of National Security had been responsible for the identification of disaster risk and the coordination of responses to disaster that required a national response; but a new Disaster Management Policy had been drafted which proposed the establishment of a National Disaster Management Agency. This agency was established in June 2020.

To respond to the COVID-19 crisis the Government established a Public Health National Emergency Operations Centre to coordinate and manage COVID-19 Health Response Plan focused on preventing and containing the disease and a Quick Action Economic Response Programme (QAERP) with the objective of: (i) maintaining macro-economic and financial stability; and (ii) mitigating the impact of the COVID-19 shock on businesses and households.

The QAERP had six pillars to support the coordination of sector specific focus areas of the response, each reporting to a high-level coordination group. One of these pillars was dedicated to Social Protection. Although the Ministry of Social Welfare was designated at chair of the working group

responsible for this pillar, they requested that NaCSA lead discussions. The pillar was co-chaired by the World Bank. The QAERP explicitly provided NaCSA with the mandate to create new, and scale up existing, social protection programmes in response to COVID-19.

The National Disaster Management Agency, or its predecessor – the Disaster Management Department of the Office of National Security - did not play a significant role in the COVID-19 response either with regards to coordination nor with reference to a specific technical sector.

Early Warning and Other Data

In the case of frequently occurring shocks, it is typical that Governments establish appropriate early warning systems and other mechanisms to provide data which can help it identify when and where an intervention is needed, the interventions scale and scope, and use this evidence to secure or trigger financing. In some countries the availability of data even extends to the existence of social registries which can facilitate rapid beneficiary identification.

The Government did put in place mechanisms to detect and monitor the spread of COVID-19, but a social protection response to the COVID-19 pandemic is less about addressing infection prevalence and more about responding to the economic impacts caused by restrictions and the global economic downturn. These restrictions and other economic impacts had the biggest impact in urban areas where poverty is typically lower and where there is, for example, less focus on collecting early warning data related to food security.

A number of institutions did attempt to provide additional data rapidly, often through the use of telephone surveys. A collaboration between the London School of Economics, Wageningen University and Yale University launched a phone-based survey in Sierra Leone which ran between the end of April 2020 and February 2022¹⁶ and the World Bank's global programme of phone surveys monitoring the impact of COVID-19 on households (COVID-19 Impact Monitoring Survey - CIMS) undertook surveys in Sierra Leone.¹⁷ Both surveys aimed to provide decision makers with key data to inform policy decisions.

While this data was important in providing ongoing insights into the impact of COVID-19 at household level, information from these phone surveys was available too late to actively play a role in triggering or informing the response. Instead, decision makers – supported by technical assistance from the World Bank – relied on logic to decide which communities in what areas were likely to be going to be most affected by the economic impacts of COVID-19 related restrictions; and informal data to estimate the size of these communities. Global literature and evidence regarding the hardest hit sectors was also taken into account. Decision makers reasoned that informal workers, particularly those working in the hospitality industry and tourist trade and petty traders, were likely to be the most affected by restrictions on international and domestic travel and temporary lockdowns. These assumptions were largely confirmed when data from the phone surveys was made available.

Sierra Leone lacked any obvious data sets on the target group of the emergency cash transfer programme. As many of them were informal workers, they were not documented by employers or tax authorities. The Government made use of the 2015 Census data which asked people for information regarding employment and published information of the number of “self-employed, without employees, in small retail and trade services”. This data was used to assign quotas to the different cities as described in the section on Coverage Strategy below.

¹⁶ <https://sl-dashboard.github.io/corona/>

¹⁷ The CIMS survey in Sierra Leone was requested to add questions to its survey related to the receipt and impact of the COVID-19 Emergency Cash Transfer. This data is the basis for many of the findings Achievements and Impacts section of this report.

Triggering the response and financing

First Phase (ECT 1)

The Government of Sierra Leone's decision to hold a proportion (US\$ 4 million) of the 2019 Additional Financing to the Social Safety Net project in a contingency budget for a new sub-component to allow the provision of emergency transfers through a scale up of the *Ep Fet Po* meant that financing for an initial phase of the response had already been secured and only had to be formally 'triggered'. As the detailed operational procedures for the shock responsive sub-component of the *Ep Fet Po* programme had not yet been established it was necessary to confirm what the trigger activation mechanisms should be; but it was quickly agreed that the Government's declaration of a Public Health Emergency on 24th March 2020 could and should be recognized as an appropriate trigger.

The preparation of an Emergency Response Manual was also a precondition for the release of the \$4 million contingency financing. An annotated outline of such a document had already been discussed between NaCSA and the World Bank as part of more general discussions regarding the shock responsive sub-component. This outline was reoriented to fit the needs of a COVID-19 social protection response and the manual was further developed and submitted by NaCSA. Formal clearance by the World Bank on 14th May 2020.

A timeline of key events related to triggering and releasing the contingency financing are summarized in Figure 6 on the page below and shows that there was little more than two months between the formal triggering of the response and the release of financing. If an Emergency Response Manual had already been in existence with key design parameters already agreed, the process could have been even faster.

Second Phase (ECT 2)

Further financing from the EU followed a more typical process of ex-post emergency project funding. An initial meeting was held between the EU and the World Bank on 23 June 2020 during which the EU expressed their interest in topping-up the financing for emergency cash transfers. Core design parameters of the activities to be financed by the EU were effectively agreed by the end of August when a 'Decision Meeting' was held to authorise the further processing of an Additional Financing to the World Bank Sierra Leone Social Safety Net Project with funding to be provided by the EU. An administrative agreement was signed between the EU and the World Bank in October 2020, and the Additional Financing was approved by the Regional Vice President in December 2020 with financing able to flow when the project became effective in early February 2021.

As Figure 7 illustrates, this process took more than seven months from the preliminary discussions between the EU and the World Bank to financing being available following the declaration that the Additional Financing was effective. The initial plan had been for cash transfers to be made to beneficiaries in the latter months of 2020, but - because of these delays - transfers could not start until early 2021 and were actually delayed until May 2021. Some preparatory activities, including steps to finalize beneficiary pre-lists, did take place during the intervening period.

Figure 6: Timeline for the release of financing under ECT 1 (2020)

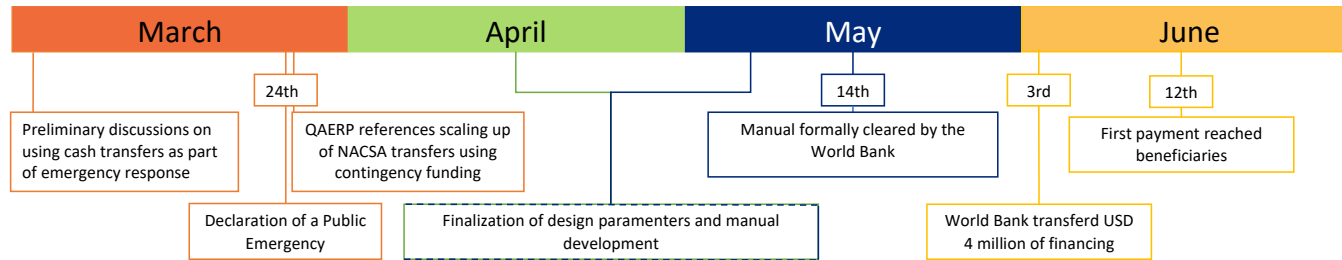
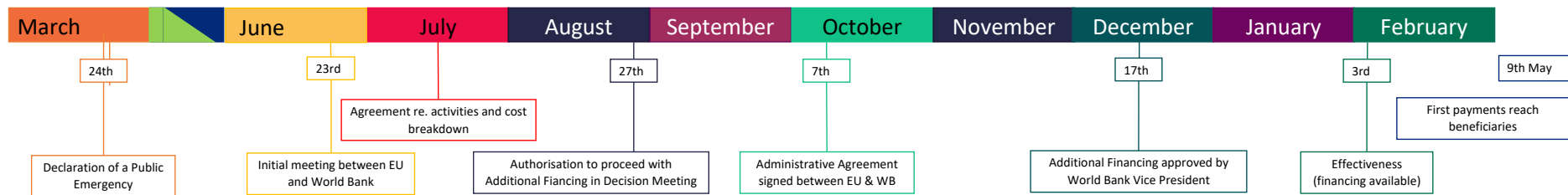


Figure 7: Timelines until effectiveness of ECT 2 (2020/21)



There were specific issues that contributed to the length of this process. In other circumstances where a donor wished to channel money through an existing World Bank supported project there might have been an existing Trust Fund they could have used. However, the EU was not part of an existing Trust Fund and there was therefore a need to establish a new Trust Fund from scratch. Further complicating the issue was that the EU and World Bank were in the process of renegotiating their corporate level Financial Framework Partnership Agreement and this process needed to be finalized to allow the needed to be in place before this financing could be finalized. However, it's important to note that such a timeline is not unusual and highlights the challenges of securing funds rapidly post crisis.

Scale and Scope of Expansion

Setting the Objective

The Government of Sierra Leone's Quick Action Economic Response Programme (QAERP) established an overall objective for its economic response to the COVID-19 pandemic which was to maintain economic stability in Sierra Leone. Within this, the Government saw the expansion of cash transfers as a way of protecting the wellbeing of households anticipated to be particularly vulnerable to the economic impacts of COVID-19. The objective of the ECTs was to provide support to such households to help them cope with the immediate negative impact on their wellbeing; smoothing consumption and supplementing lost or reduced income. While the broad objectives were set by the QAERP high-level coordination group, the specific objective of the ECT was set by NACSA in liaison with the World Bank.

Coverage Strategy

First Phase (ECT 1)

The planned target of both phases of emergency cash transfers support were communities likely to be most affected by the economic impacts of COVID-19 – vulnerable informal sector workers and low paid workers in the hospitality sector. This target group were largely located in urban areas and were not necessarily amongst the poorest sectors of society prior to the COVID-19 pandemic, but they were likely to be impacted by restrictions on international and domestic travel and temporary lockdowns in ways that were likely to drive them below or further below the poverty line. As a result, the Government decided to focus the emergency cash transfer intervention on the capital city – Freetown; and the four provincial capitals: Bo City, Kenema, Makeni and Port Loko. Although these five cities are not necessarily the largest cities in the country, they are the largest city in each of the provinces.

Table 4: Population Size of the Largest Seven Cities and Towns of Sierra Leone

City	Province	Population Size [#]
Freetown	Western	1,055,964
Kenema	Eastern	200,443
Bo	Southern	174,369
Koidu	Eastern	124,662
Makeni	Northern	124,634
Waterloo	Western	40,000
Port Loko	North Western	33,541
[#] Data sourced from the 2015 census, except for Waterloo where estimates for the district capital are not available in the 2015 census. Informal sources estimate the population between 40,000 and 55,000		

Data from the 2015 census was then used to estimate the number of self-employed households in the informal sector (defined as those who are self-employed and without employees in small retail and trade services) in each of these five cities. This data was used to provide indicative quotas that helped to inform household listing and beneficiary registration.

Table 5: Estimated size of informal sector and proposed number of beneficiary households by targeted city (NaCSA, 2020c)

City	Estimated size of the informal sector	Quota
Freetown	77,218	19,000
Bo City	9,713	2,500
Port Loko	11,395	2,500
Kenema	12,419	2,500
Makeni	10,978	2,500
TOTAL		29,000

Second Phase (ECT 2)

Initially a number of options were explored regarding the geographic focus of the second phase of the COVID-19 Emergency Cash Transfer. NaCSA initially proposed expanding ECT 2 to additional cities, while the EU pointed to the large size of the informal sector in Freetown and the low levels of coverage of this sector in Freetown by ECT 1. As described in the sections on Registration and Beneficiary Selection and Validation below, there were significant numbers of households listed during the registration process in Freetown but limited financing under ECT 1 meant that only a small proportion of them were covered. It was therefore agreed that the ECT 2 would focus exclusively on Freetown and that the coverage strategy of ECT 2 should rely heavily on the household listing undertaken under ECT 1.

Benefit Levels, Frequency and Duration

With a need to reduce opportunities for the transmission of COVID-19, it was quickly agreed that a single lump-sum payment would be the most appropriate modality for paying benefits under the first ECT 1. This approach was continued under ECT 2.

A benefit amount of Le1,309,000 (approximately \$135) was agreed. The benefit level for the core *Ep Fet Po* programme was set at Le436,000 per quarter; making the one-off payment from the ECT equivalent to just over 3 quarterly benefits. The benefit level was broadly equivalent to two months of the official minimum wage of Sierra Leone and one month of consumption expenditure of the poorest 25% of households in Freetown.

Delivery Chain Stage 2: Outreach and Register

Outreach

Effective outreach and communication are critical to ensure that prospective beneficiaries are aware of the existence of a new intervention and its characteristics (who is eligible for it, how registration will happen, what are the benefits and payment mechanisms and what are the avenues for complaint). Similarly, it is also critical that stakeholders involved in implementation are clear about programme rules and their roles and responsibilities in operationalizing the intervention.

The types of activities planned for outreach under the ECTs replicated those typically implemented for the core programme, but with a need for implementation to take place in a significantly more limited timeframe. The ECTs also required outreach to new sets of operational stakeholders, many of whom had little familiarity with ongoing operations.

First Phase (ECT 1)

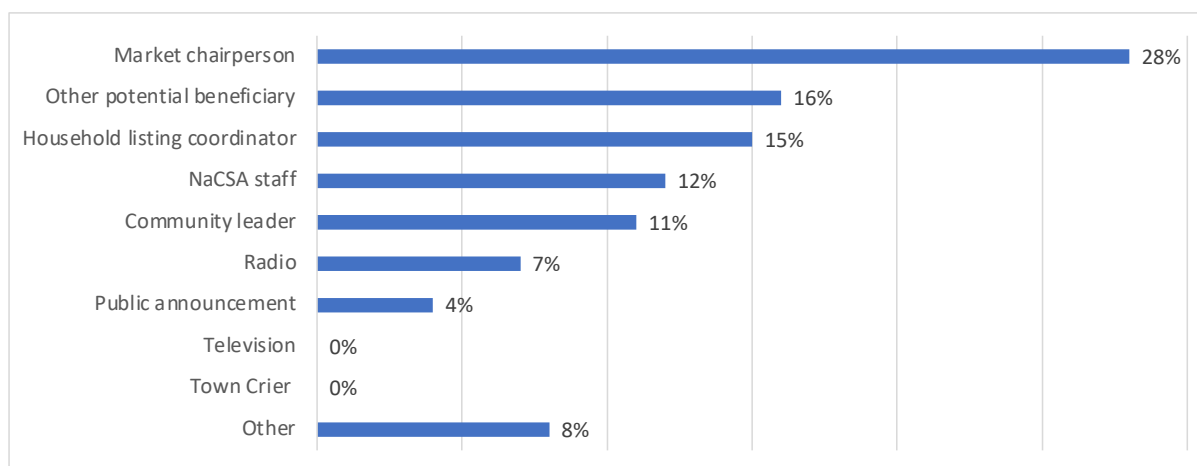
Under ECT 1, a comprehensive communications campaign was planned, but delays in the procurement of key posters and other publicity materials and problems in convening key stakeholders hampered implementation. These challenges had two main results:

- Delays to the planned communication activities had knock on effects on other activities for example delaying teams going to the field to undertake household listing
- Communication was heavily reliant on word of mouth resulting in an uneven dissemination of information. Poor understanding of the targeting process in Freetown was a major factor in the high number of complaints related to targeting which resulted in implementation being suspended¹⁸ and subsequent delays in payments.

As part of the efforts to address the weaknesses in the pre-listing process in Freetown (discussed more in the section on pre-listing below), a Public Relations Committee was formed. This committee was responsible for providing clear information to potential beneficiaries and to deter attempts at fraud or corruption by individuals who had been claiming to conduct the pre-listing exercise and/or demanding bribes. A key approach taken by the committee was the use of face-to face communication assisted by public address systems mounted on vehicles which toured the various markets in the capital and provided simplified messages regarding the ECT, its objectives and eligibility criteria, status of project implementation, and the fact that bribes were not to be paid. Eighty-eight markets were visited to provide these messages. In addition, a series of Radio and TV appearances (five radio and three TV) allowed further communication of key messages, and – in the case of the radio programmes – allowed community to phone-in with their questions (Samai, 2021).

Post payment beneficiary spot-checks confirmed the dependence of word of mouth for communication. As Figure 8 below shows people largely received information regarding the ECT programme through the market chairperson, other potential beneficiaries, coordinators of the household listing process or NaCSA staff. Only 59% of beneficiaries were aware in advance of the targeting process with others only becoming aware of the programme during household data collection. Despite this most respondents surveyed by the post payment beneficiary spot checks were aware of the intended targets of the ECT programme with 75 reporting that ECT beneficiaries were households with small businesses (petty traders) and 45% reporting that they were households with unreliable sources of income or affected by job losses due to COVID-19.

Figure 8: How beneficiaries became aware of the ECT 1 programme (Mileiva & Ngowi, 2021)



Second Phase (ECT 2)

By the time the ECT 2 was launched in May 2021 NaCSA were able to implement a greater range of communication activities. The Public Relations Committee established in response to the challenges faced in ECT 1 continued to function and supported communications under ECT 2. NaCSA prepared a number of press releases that ensured coverage by a range of media organisations and undertook

¹⁸ Suspension took place after some initial payments to beneficiaries had been made

interviews with five radio stations. There was also market-to-market sensitization with posters distributed prior to and during targeting (posters were also distributed during ECT 1 but not ahead of the targeting process).

Despite this, there continued to be weaknesses in the effectiveness of communication. Post-payment spot-checks (Ngowi & Mileiva 2022) found that, while the majority of beneficiaries received information regarding the enrolment criteria (75%), only 32% reported being informed of the amount of the cash transfer and very few (1%) reported receiving information regarding the frequency of payments.

Communication regarding ongoing operations also proved a challenge. Effective communication to prospective beneficiary households regarding what centre they should attend in order for that their eligibility for the programme be validated and/or where and when they should collect their payments was critical to the smooth running of the programme. However, many prospective or enrolled beneficiaries attended the wrong site or failed to follow guidance on timing. These challenges may in part have been due to inadequate messaging but will likely also have been the result of prospective beneficiaries relying as much on informal communication as they did formal communication. For example, there were reports that prospective beneficiaries were turning up for payments at certain localities because they had heard that other beneficiaries had been told to go there and so they also attended in the hope this might further progress on their enrolment.

While it is not possible to eliminate the possibility that prospective beneficiaries act on inaccurate information, or information that is not applicable to them, clear information which is consistently confirmed by action will increase trust in formal communication and reduce reliance on informal communication. For example, if prospective beneficiaries receive clear communication as to what process to expect when and are not then disappointed by delays or changing plans than their dependence on this accurate source of information will increase.

Registration/Pre-listing

A standard cash transfer programme such as the core *Ep Fet Po* Programme, which includes a means-test, will typically follow clearly separately delineated steps that involve:

- 1) A first step in which prospective beneficiaries are registered and relevant details collected which can determine their eligibility for a service
- 2) A second process in which the service provider determines which of the prospective beneficiaries meet the entry criteria (including possibly ranking them and selecting a sub-set who most meet the criteria).
- 3) A third step during which selected prospective beneficiaries are enrolled.

Under the ECT programme a condensed version of the procedures were followed. Registration was limited to a pre-listing exercise confined to the collection of prospective beneficiary names and contact details. The collection of data relevant to determining that prospective beneficiaries met the eligibility criteria was only undertaken on a subset of pre-listed beneficiaries and this process is described in the 'Enrol' phase of the delivery chain section of the report. The section below, therefore, only describes the pre-listing process.

First Phase (ECT 1)

The pre-listing step of the implementation of ECT 1 involved the development and verification of a pre-list of prospective beneficiaries who were considered categorically eligible for the Emergency Cash Transfer. Households were categorically eligible for the ECT 1 because they were vulnerable informal sector workers and low paid workers in the hospitality sector. This required a deviation in the pre-listing approach from that followed under the core *Ep Fet Po*. Registration under the core programme

involved locally selected Community Identification Committees who agreed with communities locally appropriate poverty related targeting criteria. For the ECTs, NaCSA worked closely with city councils, trader associations and market leaders to develop pre-lists according to the categorical criteria. There was also some effort to reach out to restaurants and hotels to identify those engaged in the hospitality industry, who were not represented by any umbrella organisation, and – in the case of Freetown – the Ministry of Labour and Social Security provided a list of vulnerable elderly prospective beneficiaries, and the Ministry of Tourism provided a list of affected tourism sector workers.

While monitoring by the agency responsible for managing the grievance redress mechanism – the Anti-Corruption Commission (ACC) – indicated there were challenges in the pre-listing in all cities, with market leaders and city council representatives expressing limited ownership of resulting pre-lists. Issues were resolved and pre-listing completed fairly rapidly in Bo, Port Loko, Kenema and Makeni. However, in Freetown ACC received a high volume of complaints. Some of these complaints originated because of a lack of clarity regarding who were the intended beneficiaries of the intervention, an indication of communication weaknesses; but there were also more substantive complaints of bias in the process. Complainants reported that some of those responsible for pre-listing were listing potential beneficiaries on the basis of political affiliations, family connections and other personal interest. Furthermore, the generated lists were frequently not documented properly – there was limited use of headed note paper, and lists were not properly signed by responsible parties. These weaknesses in procedure were an indication of flaws in earlier outreach and communications but also were a sign that those involved in pre-listing were unwilling to be held accountable for the accuracy of the pre-listing exercise, particularly as requests for signed copies of pre-lists were met with refusal (ACC, 2020a).

As a result, it became necessary to suspend implementation in Freetown, even though a small number of payments had been made. This suspension allowed NaCSA to revise pre-listing procedures to make them more robust and to include a step in the process to allow pre-lists to be verified by a review committee.

A pre-listing template was prepared and shared with those involved in targeting which required the names and signatures of all those involved in the listing as well as the relevant information of prospective beneficiaries. This preliminary list was then checked to verify the completeness of the data and identify any gaps before being passed to a pre-listing review. The pre-listing review committee was comprised of representatives from NaCSA, the City Council, traders' councils, and the Anti-Corruption Commission. For all pre-lists, the market leaders for each list were directly contacted to confirm their role in the pre-listing process and check that they were happy with the resulting list. If there were any reasons to be concerned about the quality of the pre-listing, then an unannounced verification spot-check was conducted at the relevant market to conduct a fresh pre-listing. Only once the pre-lists were revised and reviewed could the process of targeting and enrolment be completed, and payments restart. This revised process did successfully resolve the disputes, but negotiating and rolling out the new procedures and significant knock-on delays on implementation in Freetown of nearly two months.

The number of households registered by city as a result of this pre-listing exercise are presented in Table 6 below. As this table shows, the pre-listing exercises in Bo, Kenema, Makeni and Port Loko resulted in lists which exceeded the proposed quotas by a reasonable 8 to 27%. However, the pre-listing in Freetown produced lists of more than five times the proposed quota.

Table 6: Number of prospective beneficiaries pre-listed in comparison to planned quota

	Quota	Number of prospective beneficiaries pre-listed
Freetown	19,000	140,000 [#]
Bo	2,500	3,010
Kenema	2,500	3,185
Makeni	2,500	2,997
Port Loko	2,500	2,700
	29,000	151,892

[#]The original pre-listing was done on paper and accurate data on the full number of beneficiaries on the prelist is no longer available. 140,000 is the estimate provided in contemporary accounts

The difference in variation from the quota is likely due to several reasons:

- In Bo, Kenema, Makeni and Port Loko those involved in the pre-listing may have limited their listing to be in line with the quotas given;
- The number of residents of Freetown engaged in the formal sector; and
- The fact that there are many people engaged in the Freetown informal sector who travel in from the surrounding areas with the result that the pre-listing exercise likely captured both Freetown residents and residents of Western Area Rural.¹⁹

Second Phase (ECT 2)

Pre-listing for ECT 2 built on the process already conducted for ECT 1 in Freetown. The pre-lists developed during ECT 1 were supplemented through limited additional outreach and listing specifically targeting those who may not have been captured during the first pre-listing. This included some additional pre-listing by the Ministry of Tourism of those in the hospitality industry and some pre-listing in markets which had not been successfully covered during the ECT 1 pre-listing.²⁰ All the pre-lists, both newly generated and those brought forward from ECT 1, were then subject to further verification by the pre-listing review committees. Following verification, potential beneficiaries were provided with a verification slip – which included a QR code – to facilitate the retrieval of the household's records during the targeting phase.

Despite improvements to the pre-listing process and the introduction of further validation, people continued to reference concerns with the initial pre-listing process (Turay, Kadiatu Koroma, & Turay, 2021 and ACC, 2021). In addition, during the ECT 2 validation process there were some credible reports of individuals falsely claiming that they had a role in ECT registration and fraudulently claiming bribes; (NaCSA, 2022a) and others involved in registration requesting bribes to ensure the inclusion of specific households on the list (Turay, Kadiatu Koroma, & Turay, 2021). As a result of these accusations, NaCSA and ACC immediately initiated a thorough investigation, and NaCSA dismissed eight staff due to misconduct. The investigation verified that the processes followed during the enrolment and payment described in the following sections ensured that none of the potential beneficiaries included in these fraudulent cases actually received any cash benefits.²¹ The number of people involved in pre-listing, many of whom were not formal employees of any institution, made it easier for those hoping to defraud would-be beneficiaries to claim that they had a substantial role in targeting processes.²²

¹⁹ A process evaluation of the ECT 2 found that around 20% of the beneficiaries comprising its Focus Group Discussion groups resided in Western Area Rural towns, even though their businesses were located in Freetown. (Turay, Kadiatu Koroma, & Turay, 2021)

²⁰ Pre-listing in Murray Town, Wilberforce, Crab Tong, Aberdeen Village and Dokorty was incomplete because chairpersons to conduct pre-listing were not nominated.

²¹ Given the thorough investigations conducted by NaCSA and ACC, followed by immediate actions, the World Bank's INT concluded that no further investigations were required on this case.

²² NaCSA has now learned from this experience and those involved in future pre-listing exercises will be provided with temporary IDs by NaCSA making it easier for prospective beneficiaries to identify NaCSA authorised personnel and/or report those asking for bribes.

Delivery Chain Stage 3: Enrol

The Enrol stage of the ECTs comprised both the process of selecting/verifying pre-listed beneficiaries and formally onboarding or enrolling them so that they were in a position to start receiving benefits. The processes followed by the ECTs echoed those conducted under the core *Ep Fet Po* programme but with some adaptations to allow them to be conducted more quickly.

Beneficiary selection and verification

The Emergency Response Manual stated that beneficiaries would be ‘targeted using a light proxy means test (LPMT)’. The core *Ep Fet Po* programme has used a Proxy Means Test (PMT) since its inception. When the Ebola Viral Disease struck in 2015, there was a need to simplify this process and an LPMT was developed which used a reduced number of key criteria. For the COVID-19 ECT 1 & 2 a slightly modified version of this LPMT was developed including the gender of the household head, household size, easily verifiable household assets and the impact of COVID-19 on households.

Box 1: LPMT Questions (Turay, Kadiatu Koroma, & Turay, 2021 and NaCSA, 2020d)

Section A: Demographics A1/2: First and last name of respondent A3: Age of respondent in years A4: Sex of respondent A5: How many children <18 are in the household A6: How many household members > 18 are in the household A7: Can respondents read or write in English or a Sierra Leonean language A8: Household Mobile Number	Section C: Work Status C1: Does the respondent have a contract with their employer? C2: What is the occupation of the respondent? C3: What is the capital or salary of the respondent?
Section B: Household Assets B1: How many rooms does your house have? B2: Does your house have cement walls? B3: Does your household use. Flush or pit latrine? B4: Does your household use bottled/sachet water for drinking?	Section D: Disability/Illness D1: Does the respondent or anyone in the household suffer from any form of disability or chronic illness, including COVID-19 D2a: Select the form of disability or chronic illness that the respondent or family member suffers D2b: How does COVID-19 distress your household? D2c: How does COVID-19 affect your business/work?

Data collection for the LPMT was administered by the Government of Sierra Leone’s statistics agency – Statistics Sierra Leone who were provided with an online ‘Computer Assisted Personal Interview’ (CAPI) format loaded on a mobile phone or other handheld device. Initially the proposal had been for interviews to be conducted at prospective beneficiaries’ residences, but it quickly became clear that this would be time-consuming and challenging to operationalize. In addition to asking questions relevant to the LPMT, this contact with the prospective beneficiary allowed confirmation of their existence and that they did indeed carry out their trade or work in the market or site where they had been pre-listed.

First Phase (ECT 1)

In Bo, Kenema, Makeni and Port Loko it was possible to collect the relevant household data for the LPMT from almost all households included in the pre-lists. Data collection and analysis was largely completed by the end of May 2020 in the four provincial capitals with prospective beneficiaries immediately provided with feedback on whether or not they had met the PMT threshold. Not all pre-listed households were traced and therefore a slightly smaller number of prospective beneficiaries passed through to the LPMT process. Nearly 90% of households registered on the pre-list were assessed using the LPMT.

However, in Freetown a different approach was required. With approximately 140,000 households included in the prelists the cost - in terms of time and money - of collecting the data required for the

LPMT for all prelisted households was too high. The Emergency Response Manual (NaCSA, 2020c) had made provisions for a scenario in which the programme was oversubscribed stating that, if needs be, a simple lottery could be applied. To manage this 'lottery' approach, a quota was assigned to each market based on the number of listed households and the first names taken from the pre-list up to the limit of this quota. Challenges in pre-listing described above, resulted in delays to the LPMT data collection and analysis which was only completed around the end of July 2020.

As Table 7 below shows, the vast majority of those assessed by the LPMT were found to meet the LPMT cut-offs and were therefore eligible for enrolment with the percentage of those meeting the LPMT threshold ranging from 92% in Bo to 98% in Freetown.

Table 7: Progress of pre-listed households through the LPMT process

	Number of prospective beneficiaries pre-listed	Number of prospective beneficiaries to whom LPMT applied	Number of prospective beneficiaries who met the LPMT threshold
Freetown	140,000 [#]	21,909	21,464
Bo	3,010	2,698	2,477
Kenema	3,185	2,692	2,538
Makeni	2,997	2,733	2,534
Port Loko	2,700	2,417	2,364
	151,892	32,449	31,337

[#]The original pre-listing was done on paper and accurate data on the full number of beneficiaries on the prelist is no longer available. 140,000 is the estimate provide in contemporary accounts

Although this selection process echoed the steps followed in the core *Ep Fet Po* programme, including being administered by the same third-party government agency (Statistics Sierra Leone), there were two key differences:

- The core programme aimed to apply its PMT to at least 20% more households than the assigned quota for a geographic area, ensuring that the PMT played a meaningful role in beneficiary selection.
- The core programme did not need to make use of a lottery approach to reduce the shortlisted number of households to be assessed by the LPMT to a level that NACSA believed was manageable.

Post payment spot-checks²³ found that the vast majority of ECT 1 beneficiaries (92%) were petty traders/ small business owners in line with the intended beneficiaries of this intervention. This spot-checks assessment found that ECT 1 beneficiaries had similar characteristics to those categorized as poor according to the 2018 Sierra Leone Integrated Household Survey. For example, 90% of beneficiaries did not consume sachet water, 82% lived in dwellings with 1-2 sleeping rooms and 74% had family members living with disabilities or chronic disease. 94% of beneficiaries thought the process of targeting was fair and transparent, with 95% of beneficiaries reporting that they were either satisfied or very satisfied with the selection process (Mileiva & Ngowi, 2021).

Evidence suggests that woman make up the majority of petty traders and hawkers in Sierra Leone (approximately 60%). The prelisting and targeting process under ECT also sought to ensure that women were not excluded from the programme. As a result, 71% of the households benefiting from ECT 1 were registered under a female household member (often, but not always, the head of household).

²³ These were conducted in September 2020 using Computer Assisted Telephone Interviews (Mileiva & Ngowi, 2021).

Second Phase (ECT 2)

The selection of beneficiaries for ECT 2 followed a similar process as that followed for ECT 1 in Freetown. Firstly, approximately 2,700 households that had met the LPMT threshold during phase 1 but had not received cash transfers because of budget limitations and had instead been placed on a waiting list were automatically selected from the programme. Thereafter, the same lottery exercise used for ECT 1 was put into place for ECT 2 with the next tranche of prospective beneficiaries selected for the LPMT process up to the new quotas made possible by the additional financing. Table 9 below illustrates how the quotas were applied across markets. However, as accurate data on the full number of initially prelisted beneficiaries by market (approximately 140,000 plus additional listing) is not available it is not possible to adequately reflect the impact, by market, of the establishment of quotas.

LPMT results were generated in real time, allowing beneficiaries to receive the results of their assessment immediately. This allowed enrolment to take place at the same time as beneficiary selection as discussed below.

However, the administration of this process faced a number of challenges. Firstly, the timing of the new LPMT process was delayed until May 2021, because NaCSA were also administering the core *Ep Fet Po* programme and were unable to manage the dual workloads of processing core payments for the *Ep Fet Po* programme alongside the LPMT data collection. Secondly, the significant delay between the pre-listing exercise and the LPMT exercise made it more difficult to retrace households that had been pre-listed and meant that a number of prospective beneficiaries had lost their verification slips.²⁴ Thirdly, it became necessary for NaCSA to slow down the administration of the LPMT because of challenges in the administration of ECT 2 payments. The way ECT 1 and ECT 2 were designed meant that as soon as beneficiaries had been enrolled by NaCSA into the Emergency Cash Transfer they could proceed to the Payment Service Provider (PSP) – Rokel Commercial Bank (RCB) – and initiate the process for accessing payment. Under ECT 2, the number and speed of enrolment with NaCSA led to beneficiaries trying to access their benefits faster than RCB could manage. The challenges in processing payments are discussed in more detail in the section on Payments below. In order to ease overcrowding for payments, it became necessary to slow down beneficiary selection and enrolment and thereby reduce the flow of beneficiaries to payment centres.

Finally, although there was an attempt to divide the LPMT data collection across 13 sites in Freetown this approach did not work as intended. The way the prospective beneficiaries were distributed across these 13 sites reflected proximity to their place of work, but resulted in significant varying numbers of people who were to be assessed at each site with some sites having to process significantly more prospective beneficiaries than others. As Table 8 below shows the number of potential beneficiaries attending different targeting centres varied from 281 to 12,917. And although more teams were assigned to targeting centres with higher caseloads, there were still huge variations in the expected number of beneficiaries per team per day which needed to be processed by site.

Table 8: Distribution of Prospective Beneficiaries across Targeting Centres (Turay, Kadiatu Koroma, & Turay, 2021)

Targeting Centre	Number of Markets	Number of prospective beneficiaries	Number of Teams	Average beneficiaries per team	Average beneficiaries per team/day
Beacons Field	2	281	1	281	19
Old Skool	3	819	2	410	27
Boston Community Field	5	1,112	2	556	37
Calaba Town Police Station	4	928	2	464	31
Willington Community Center	5	1,421	3	474	32

²⁴ These were slips of paper issued following the verification of pre-lists under ECT 2 which included QR codes to support the matching of prospective beneficiaries with their records.

Brima Attouga Stadium	10	3,081	5	616	41
Lion's Field /Ferry Terminal	5	1,332	2	666	44
Cassablanca Field	6	1,363	3 [#]	454	30
Maffa Field	6	3,099	5 [#]	620	41
Labour Congress	3	576	6 [#]	96	6
Parade Field	12	3,493	6 [#]	582	39
Sewa Ground	24	5,597	11	509	34
National Stadium	5	12,917	27	478	32
Total	90	36,019	75	515	34

Note[#]: 5 teams worked in more than one centre. Teams supporting the Labour Congress Centre also worked in Cassablanca Field, Maffa Field and Parade Field

Furthermore, despite attempts to communicate who amongst the prospective beneficiaries should attend which site on which day some prospective beneficiaries did not receive the necessary information or remained confused as to where or when they should attend. Poor communication was particularly a challenge during the first four days of targeting. Following these early challenges, efforts were made to improve communications, including by sending direct text messages to the phone numbers of prospective beneficiaries directing them to the right centre on the right day.

"I am from Kolleh Town Market, I came today to the centre (National Stadium) because I don't know when they will call our market"
Female potential beneficiary (Turay, Kadiatu Koroma, & Turay, 2021)

As a result, members of the ECT 2 process evaluation team who attended targeting centres as part of their assessment observed long queues and chaotic scenes at several centres, particularly during the first four days. Some of the centres were ill-equipped to deal with the numbers involved with a lack of space and inadequate seating.

Table 9 below indicates the market quotas and the number of beneficiaries which met the LPMT threshold by market. It also includes the data regarding households who met the LPMT threshold during ECT 1 targeting but were carried over to ECT 2 because of insufficient funds. As this table shows and was the case for ECT 1, the majority of those to whom the LPMT was applied met the threshold for inclusion. The low number of households not meeting the LPMT threshold did cause challenges. Prospective beneficiaries assumed that they would be accepted by the LPMT and when this didn't happen they became angry in some instances threatened violence.

Table 9: Pre-listed potential beneficiaries, market quotas and number of beneficiaries meeting LPMT thresholds by market

Market	# of pre-listed & verified potential Beneficiaries [#]	Market Quota	ECT I Residual Caseload	Total beneficiaries meeting LPMT threshold
Abacha Street Market 1	713	577	-	602
Abacha Street Market 2	492	299	65	557
Aberdeen Road Market	288	258	-	280
Aberdeen Village Market	214	208	-	195
Allen Town Market	117	110	99	216
Back Street Market	279	265	-	262
Black Tank Market	336	262	-	256
Bombay Market	330	292	-	275
Bottom Mango Market	292	265	-	276
Brass Street Market	74	74	-	74
Calaba Town Foamex Market	192	157	-	150
Calaba Town Market 1	458	419	361	819
Calaba Town Market 2	285	242	-	234
Charlotte Street Market	32	16	-	16
Circular Road Market	300	254	-	241
Clay Factory Market	181	137	-	126
Congo Market	487	381	-	375

Market	# of pre-listed & verified potential Beneficiaries #	Market Quota	ECT I Residual Caseload	Total beneficiaries meeting LPMT threshold
Congo Town Market	82	49	-	47
Congo Water Market	248	225	-	219
Cow Yard (Hagan Street) Market	217	171	-	150
Crab Town Market	127	127	361	488
Dorkoty (Calton Carew)	341	338	954	1,295
Dwarzak Market	328	232	-	259
East Brook Street Market	251	209	-	206
Eastern Police Market	297	280	-	267
Ecowas Street Market	448	371	-	406
Elba Street Market	34	8	-	7
Elk Street Market	171	143	-	145
Ferry Terminal Market	216	134	-	148
Fire Burn Market	304	277	230	534
Fisher Street Market	287	259	-	250
Fourahbay Road Market	374	353	-	338
Free Street Market	295	239	-	238
Funkia Market	1,408	1,395	556	1,964
Gloucester Street Market	224	172	-	165
Goderich Street Market	415	387	-	356
Goree Street Market	118	100	-	100
Government Wharf Market	248	228	-	215
Guard Street Market	860	752	-	694
Hagan Street Market	414	405	358	772
Hillstation Market	196	165	-	173
Howe Street Market	271	245	-	236
Juba Barracks Market	315	309	-	6
Kabia-Lot Market	357	294	-	289
Kamayama Market	203	203	-	-
Kanigo Market	304	274	-	255
Kennedy Street Market	354	323	-	311
King Jimmy Market	253	226	-	212
Kingtom Market	178	178	-	171
Kissy Black Hall Road Market	307	294	-	294
Kissy Road Market	342	297	-	320
Kolleh Town Market	281	272	-	269
Kroo Town Road Market	200	122	-	128
Low-Cost Market	378	271	-	268
Lower Garrison Street Market	267	248	-	242
Lower Regent Road Market	374	369	-	343
Lower Siaka Stevens Street Market	394	325	-	311
Lumley Market	714	656	-	616
Lumley Street Market	372	335	-	313
Magazine Cut Market	525	463	-	446
Malama Thomas Street Market	306	271	-	264
Market	37	37	-	26
Mehuex Street Market	489	461	-	427
Ministry of Labour & Social Security	5,011	4,915	628	5,639
Ministry of Tourism & Cultural Affairs	7,184	7,171	-	5,640
Model Market	216	207	-	193
Murray Town	251	237	-	237
Murray Town Barracks	195	195	-	194
P.M.B. New Road Market	298	294	-	285
Palm Bridge Market	310	309	-	299
Peace Market	479	313	-	309
Peterson Street Market	243	230	-	213
Portee City Road - Approve Sch. Market	250	246	-	235
Rawdon Street Market	304	295	-	266

Market	# of pre-listed & verified potential Beneficiaries #	Market Quota	ECT I Residual Caseload	Total beneficiaries meeting LPMT threshold
Regent Street Market	157	61	-	60
Rock Street Market	209	180	-	176
Rusia Market	342	260	-	246
Sackville Street Market	442	282	-	307
Salad Ground Market	354	314	-	310
Sewa Ground Market	333	267	-	247
Shell New Road Market	261	190	-	184
Shell Old Road Market	313	220	-	201
Short Street Market	257	221	-	230
Tree Planting Market	325	307	-	301
Upper East Street Market	178	160	-	157
Upper Garrison Street Market	92	80	-	79
Upper Rawdon Street Market	120	93	-	89
Upper Regent Road Market	267	185	-	161
Wesleyan - Rokupa - Portee Market	431	347	-	397
Wilberforce Barracks Market	444	417	366	810
Wilberforce Street Market	236	192	-	183
Wilberforce Village Market	273	237	22	295
TOTALS	39,969	36,133	4,000	38,080
[#] The initial total of prelisted beneficiaries actually exceeded 140,000, but accurate totals and breakdowns by market are not available as pre-listing was only done in hardcopy. The number reflected in this column excludes beneficiaries targeted in Freetown under ECT 1 and only document those recorded in NaCSA systems following the verification exercise.				

The fact that the LPMT was applied at centralized targeting and enrolment centres, weakened the extent to which the LPMT could be considered to be based on easily observable characteristics. Household visits by enumerators allow enumerators to visually verify answers to questions regarding the number of rooms of a dwelling and its construction type, in a way which is not possible at a centralized targeting location. The decision to conduct targeting and enrolment at centralized locations was based on the need to limit costs and ensure speedy implementation, but will have had an impact on the accuracy of data collection.

As with the ECT 1, the vast majority of beneficiaries (97%) and the majority of non-beneficiaries (78%) found the targeting process to be fair (Turay, Kadiatu Koroma, & Turay, 2021). Where concerns were expressed with the process, these tended to focus on challenges and weaknesses with the pre-listing process and not with the application of the LPMT. As with ECT 1, the majority of beneficiary households (62%)²⁵ targeted under the ECT 2 were registered under a female household member.

Enrolment

Under both ECT 1 and 2, beneficiary enrolment took place at the same place and time as beneficiary selection with beneficiaries formally enrolled in the beneficiary list in the MIS once the result of the LPMT confirmed their eligibility. Initially it had been intended that beneficiary enrolment would be a joint exercise between NaCSA and the payment service provider; and that the process of formally onboarding beneficiaries in the programme would be combined with onboarding with the payment service provider. However, it became difficult to coordinate activities with the payment service provider.

During formal enrolment, each beneficiary was called to the enrolment desk and their ID verified (preferably through a formal ID card, but failing that through validation of their identity by the parties (market leaders etc.) involved in pre-listing). NaCSA staff confirmed that the records previously collected (through pre-listing and the application of the LPMT) were correct, recorded a phone





²⁵ NaCSA administrative data

number for the beneficiary if available, and photographed the beneficiary. The beneficiary then received a 'targeting slip'. This slip included a QR code with encoded beneficiary details to make it easier for the Payment Service Provider to retrieve beneficiary records prior to issuing the e-voucher. Samples of the targeting slip and Certificate of Enrolment are included below. The certificate not only confirmed the beneficiary's enrolment with the programme but also included key information on the programme including the benefit level, the fact it was a one-off payment and details on how complaints and feedback could be submitted.

Figure 9: COVID-19 ECT Certificate of Enrolment (NaCSA, 2020d)

	COVID-19 Emergency Cash Transfer National Commission for Social Action (NaCSA)	
<h2 style="margin: 0;">CERTIFICATE OF ENROLMENT</h2>		
<p>Mr./Mrs./Miss _____,</p> <p>is hereby accepted to the COVID-19 Emergency Cash Transfer (ECT), as the primary household representative.</p> <p>By signing this agreement, the household representatives accept the following:</p> <p>Participation:</p> <ul style="list-style-type: none"> - This will be a one-off cash transfer - The household have the right to exit the program at any time; - Any household providing false information will be exited from the program; <p>Benefits:</p> <ul style="list-style-type: none"> - Your household will receive Le 1,309,000 - Location of withdrawal is with the Rokel Commercial Bank (RCB) Payment Staff - To access your money, you will have to bring your Enrolment Certificate; <p>Responsibilities:</p> <ul style="list-style-type: none"> - Use the money for food and health; <p>Assistance:</p> <ul style="list-style-type: none"> - The beneficiary has the right to submit feedback (complaints/suggestions/queries) through the appropriate channels, namely: <ul style="list-style-type: none"> o Community/District Monitors o Partner CSO, as applicable o NaCSA District Officers o Payment provider (RCB) o Grievance-Redress Mechanism (GRM) hotline (Anti-Corruption Commission) o All Networks 		
<p>Date: _____</p> <p style="text-align: center;"> _ _ / _ _ / _ _ _ _ </p>	<p style="text-align: center;">Signature/RTP</p> <p>_____</p>	<p style="text-align: center;">National Commission for Social Action (Commissioner)</p> <p style="text-align: center;">  _____ </p>

Figure 10: ECT 2 Targeting Slip with QR Code (NaCSA, 2020d)

 	ECT2 Targeting Slip	Age: 27		
	HHID: WESLY200002	Sex: Female		
	Name(s): XXXXXXXXXXX	Phone: 999999999		
	Address: Wesleyan Rokupa			

While the use of these slips may have reduced the risk of error and fraud, it did not eliminate it. ACC, the agency responsible for overseeing the grievance address mechanism, identified several challenges. Some would-be beneficiaries came forward with targeting slips which looked credible but did not accurately link the person to their associated record. In other cases, slips were sold by beneficiaries to other actors who then tried to claim the payment (ACC, 2020b).

Delivery Chain Stage 4: Provide

This stage of the delivery chain is focused on ensuring that the right people receive the correct amount benefits at the frequency and time expected. Making these payments may involve the manual delivery of benefits in cash to beneficiaries or the electronic delivery of payments through bank accounts or mobile devices.

Payments

First Phase (ECT 1)

To avoid any delays caused by trying to procure a specific payment service provider to support payments under the COVID-19 ECT, the Government decided to use the service provider already contracted to support routine payments under the *Ep Fet Po* programme – Rokel Commercial Bank (RCB).

For the core *Ep Fet Po* programme, RCB had been contracted to manually deliver cash payments to enrolled beneficiaries at temporarily established RCB payment sites (or points of presence). Beneficiaries have to collect their payment from a specified site on a specified day. Each payment site was staffed by a payment team made up of representatives from RCB, NaCSA, the ACC, and community representatives. During payment, RCB agents verify the identity of the beneficiary using NaCSA provided project identity cards and take the beneficiaries' photos as proof of payment. Uncollected sums are rolled over to a subsequent quarterly payment – as the core *Ep Fet Po* programme made several quarterly payments rather than the single lump sum payment used by the ECTs.

Following discussions between NaCSA and RCB a different approach was proposed for the ECTs. It was agreed to pilot the use of an existing RCB e-voucher function through its SIMKORPOR platform. The e-voucher approach allows beneficiaries with access to a mobile phone to be sent their e-voucher directly to their mobile number (or a mobile number of their choice). Those who don't have access to a phone, could be provided with a paper copy of the e-voucher. E-vouchers and paper vouchers could then be redeemed by beneficiaries at any RCB branches or points of presence – including those temporarily established RCB points of presence set up in areas of ECT implementation.

Although the use of e-vouchers was a pre-existing RCB payment approach, NaCSA requested two slight modifications to the process. Firstly, to assist the reconciliation process, the e-vouchers were time limited – beneficiaries needed to cash their e-vouchers within 15 days of receipt or they would expire. Secondly, RCB were required to photograph those cashing out the e-vouchers as an additional safeguard to confirm that the correct recipient had received the payment. The payment process was considered complete when the beneficiary cashed the e-voucher and had their photograph taken.

The requirement for a photographic record of the recipient of the cash payment has previously existed in the core *Ep Fet Po* programme. Its continued use under the ECTs was considered particularly important to mitigate any risks that ghost beneficiaries (fake beneficiaries) might have slipped through the targeting process.

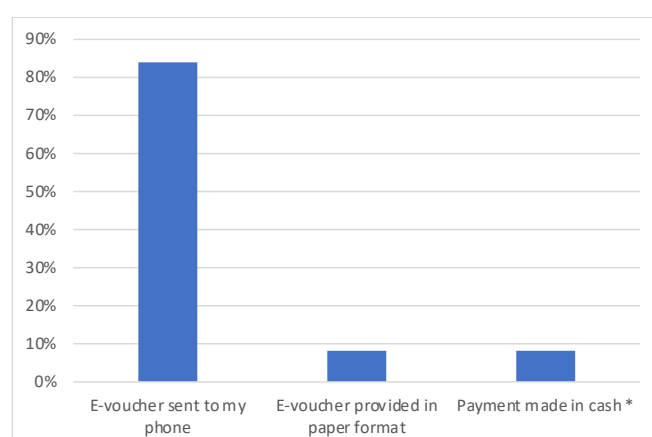
Table 10 below summarizes the process followed for paying beneficiaries with or without access to a mobile phone.

Table 10: Payment process for beneficiaries with and without access to a mobile²⁶

For beneficiaries with access to a mobile	For beneficiaries without access to a mobile
RCB reviews enrolment slip and scans QR code	RCB reviews enrolment slip and scans QR code
RCB captures key additional beneficiary details including mobile number to allow enrolment for payment	RCB captures key additional beneficiary details to allow enrolment for payment, phone number is recorded as “999999999”
RCB sends a text message to the mobile number comprising a one-time password (OTP), which is then read out to the RCB agent who keys it into his/her device to verify the mobile phone.	Beneficiary is provided with a slip labelled “RCB NaCSA-ECT Payment”. This slip includes the following details: beneficiary name, programme ID number, E-voucher number and amount to be received
RCB sends e-voucher to mobile number	
RCB captures photo and sends to RCB MIS server to allow agent cashing out e-voucher to confirm identity	RCB captures photo and sends to RCB MIS server to allow agent cashing out e-voucher to confirm identity
At the point of cashing out, the sixteen-digit code for the e-voucher is provided to the RCB staff/agent; all details about the beneficiary are displayed, including photo for verification	At the point of cashing out, the RCB staff/agent enters the e-voucher number on the slip
The RCB staff/agent pays out the cash and photographs the beneficiary as proof of payment.	The RCB staff/agent pays out the cash and photographs the beneficiary as proof of payment. The staff/agent also retains the payment slip as receipt of payment made

According to survey data, the majority of e-vouchers were provided to beneficiaries using mobiles under ECT 1. More than 84% of beneficiaries reported that the e-voucher had been sent to their phone.

Figure 11: Beneficiaries reporting on mobile phone or paper-based e-voucher transmission (Mileiva & Ngowi, 2021)



* Direct cash payments were not an option, possibly beneficiaries did not recall the e-voucher issuance step in the process

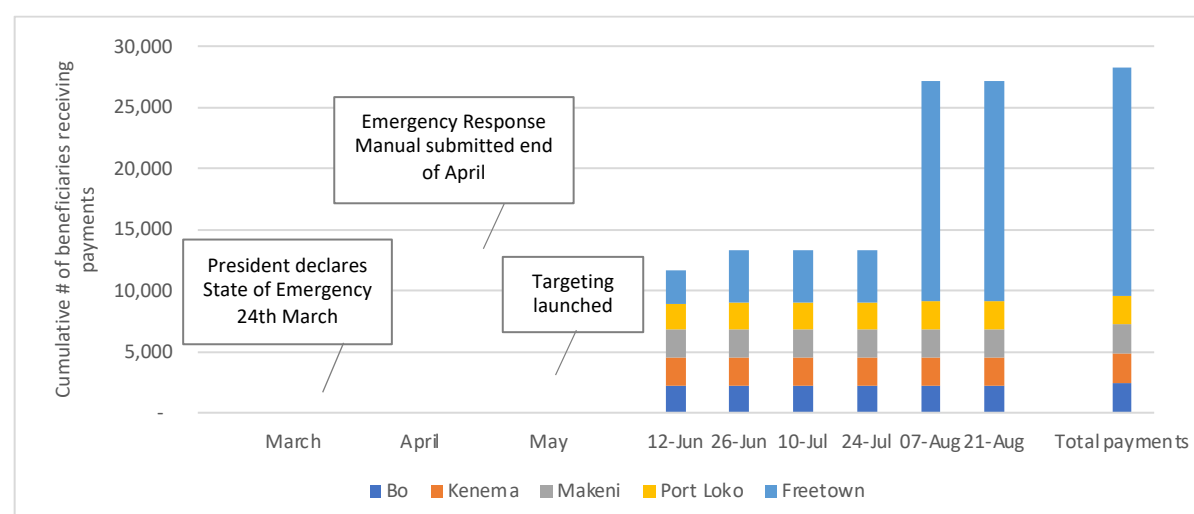
²⁶ NaCSA, 2020c and Rokel Commercial Bank

Payments for ECT 1 were largely executed through specially established payment sites, supported by bank branches, in the respective cities where the cash transfer was administered. This had the result that the number of payment points were limited. While in theory the use of e-vouchers should have made it possible for beneficiaries to cash out their e-vouchers with any RCB registered payment agent in practice the number of agents, outside of Freetown, were very limited. Furthermore, it was more difficult for payment agents to comply with the requirement to photograph and upload the photo of the person collecting the money.

Once pre-listing, targeting and enrolment were complete payments happened relatively rapidly. Outside of Freetown, the majority of payments were completed by the end of June 2020. Delays in pre-listing had knock on effects on targeting and payments affecting the timing of payments in this region.

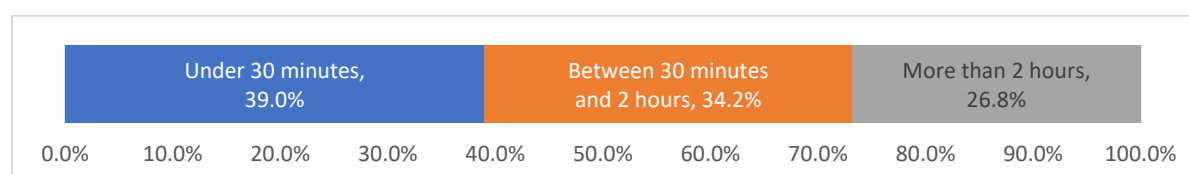
Figure 12 below provides a summary of the timeline of payments under ECT 1 and clearly shows the impact of targeting delays on payment timeliness in Freetown.

Figure 12: Timeline of key events and the roll-out of payments²⁷



While the limited number of payment points did not impact on the overall payment timelines under ECT 1, there were reports of long queues and delays at the points of payment in some areas. As Figure 13 indicates, while 39% of beneficiaries surveyed by a NaCSA monitoring team took less 30 mins to collect their payment, others (26.8% had to wait more than 2 hours to process their payment).

Figure 13: Waiting time at payment points (NaCSA, 2020b)



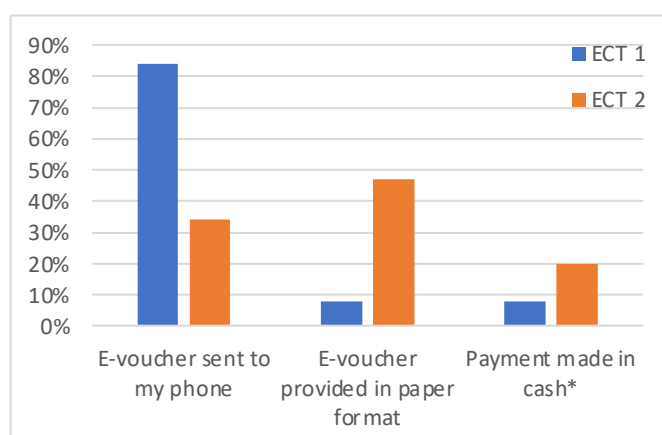
Second Phase (ECT 2)

The same payment methodology was used for ECT 2. Beneficiaries with mobile phones were expected to receive a text version of their e-vouchers; those without would receive a paper voucher. However, under ECT 2 there was a significant shift in the proportions of beneficiaries receiving paper vouchers. Only one third of beneficiaries reported receiving payments through an e-voucher to a mobile phone,

²⁷ Project administrative data

the remainder reported that they had received a printed paper voucher or received their payment directly in cash. This represented a significant change from ECT 1.

Figure 14: Comparison in use of e-vouchers between ECT 1 and ECT 2 (Mileiva & Ngowi, 2021 and Ngowi and Mileiva, 2022)



* Direct cash payments were not an option, possibly beneficiaries did not recall the e-voucher issuance step in the process

A possible reason for this difference is that RCB had payment agents stationed at most targeting centres and beneficiaries will have proceeded direct from enrolment to the agents to receive a printed voucher and, when possible, immediately cashed out the voucher.

ECT 2 faced significant challenges in managing its payment process. Under ECT 2 a larger number of beneficiaries were confined to only one city putting a substantial strain on payment capacity. RCB established seven temporary payment points to facilitate payments under ECT 2 but they were rapidly overwhelmed.

Table 11: Estimated number of beneficiaries paid by payment point in ECT 2²⁸

Payment Point	Number of beneficiaries paid
GTI, Kisumu	4,995
Juba Barracks	2,771
Murray Town Junction	1,617
National Stadium (two payment points)	23,734
RCB Wellington	2,254
Wilberforce Barracks	1,353
Not identified	141
	36,865

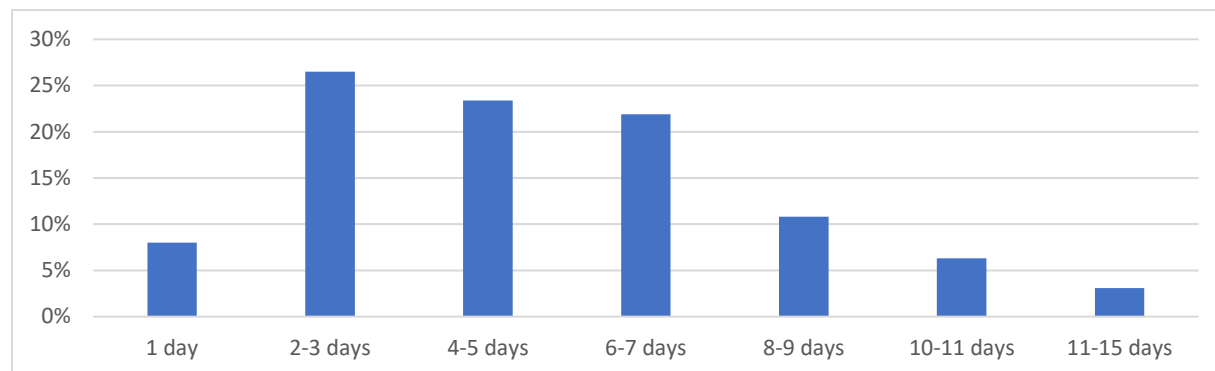
The problems caused by the limited number of payment points was severely exacerbated by national liquidity constraints. Liquidity constraints affected all banks nationwide but were a particular issue for RCB and ECT 2 because of the high cash demand over a short period of time. As a result of the lack of liquidity, RCB staff cashing out beneficiaries e-vouchers on any given day would rapidly run out of money and, therefore, close down the payment centre for the day. Furthermore, the length of time RCB staff took to cash out each individual beneficiary took longer than anticipated. The need to photograph and upload the photo of each beneficiary, alongside technical challenges, meant that RCB staff could not process as many payments in day as anticipated.

²⁸ Administrative data only indicates the GPS coordinates of each payment, making it challenging to exactly attribute them to a specific site. Annex 3 provides an explanation of the process followed to attribute each payment to a payment site. For some payments, no GPS coordinates were recorded and so the payment point could not be identified.

As a consequence, beneficiaries often waited several days – sleeping overnight at the payment site – waiting to be paid (see Figure 15 below). Liquidity issues, combined with the fact that the e-vouchers were expected to expire within 15 days of their issuance, led to beneficiaries feeling a high sense of urgency to claim their cash payment as quickly as possible.

“The rumour of ‘money don don’ [money has finished] quickly spread among the beneficiaries and ... created panic, thus driving some to sleep at pay points so they could be paid early the next day”
FGD Participant at National Stadium
(Turay, Kadiatu Koroma, & Turay, 2021)

Figure 15: Length of time beneficiaries report waiting to receive payments in ECT 2



All payment sites saw overcrowding, with beneficiaries camped out overnight, but the situation became particularly chaotic at the National Stadium and Murray Town Junction payment sites. At the National Stadium there were reports of more than 10,000 people attended in just one day to try and collect their payments. On 11 May 2021 there was a stampede at the RCB payment point at Murray Town Junction. One of the beneficiaries – an expectant mother – was pushed to the ground and was later reported to have had a miscarriage.²⁹ There had been little thinking and planning regarding the need to manage crowds and security provisions were inadequate. While assistance from the police and military personnel was necessary to manage the crowds, there was a tendency for them to rely heavily on force or the threat of force. There were also reports of police, military personnel and market leaders trying to extort payment from waiting beneficiaries (Turay, Kadiatu Koroma, & Turay, 2021 and ACC, 2021).

“People fainted in the queue at the National Stadium and the police were beating some of us even though we were in the queue”
FGD Participant at National Stadium
(Turay, Kadiatu Koroma, & Turay, 2021)

The need to think about crowd management is well documented in humanitarian guidelines for emergency food distribution, but guidance on crowd management tends to be absent from operational manuals of social protection programmes. When procedures are well established, as is the case for long-term routine safety net schemes, and beneficiaries and other community members are well informed of processes and expectations there are fewer risks. However, in contexts where programmes are rapidly expanding to new clientele in new areas, as the ECT 2 in Freetown was doing, there is a need to establish procedures to manage the risks to beneficiaries.

In response to the incident at the Murray Town Junction payment centre, NaCSA developed a new set of guidelines – Security Risk Mitigation Measures for Payment of Residual Caseload of Emergency Cash Transfer – to improve crowd management procedures (NaCSA, 2022b). These guidelines highlighted: the importance of minimizing the risk of overcrowding by managing numbers, the need for security personnel involvement – such as the police, and the need to screen and train the security personnel involved to avoid the use of force. These procedures described the required crowd management procedures for targeting as well as payments. While these procedures were developed after the bulk

²⁹ NaCSA upon learning the occurrence of the incidence, documented the case and provided significant follow up and care to the victim of the stampede.

of payments had been completed under ECT 2 (the injury to the beneficiary was not reported at the time to NaCSA, but instead was identified by consultants conducting an independent process evaluation) they were used to manage outstanding payments. Key provisions are documented in Box 2 below:

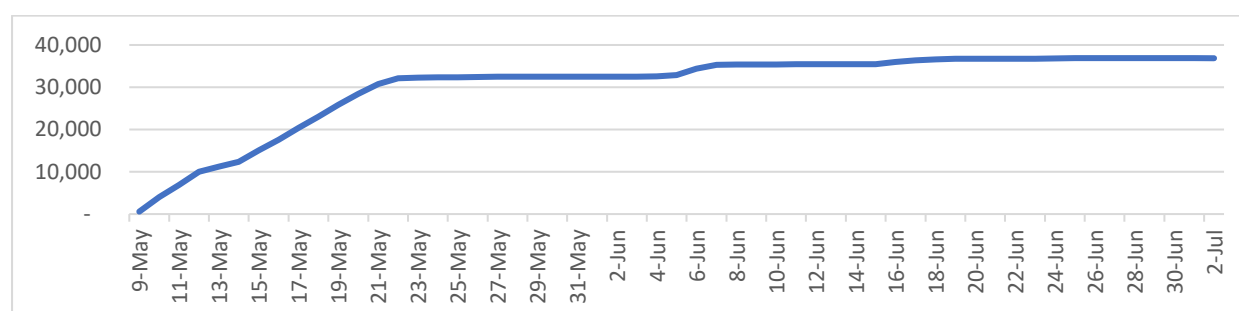
Box 2: Key provisions to improve crowd management during targeting and payments (NaCSA, 2022b)

- No more than 161 prospective beneficiaries to attend a targeting and enrolment centre in any given day
- Sufficient Payment Points of Presence will be established to allow approximately 110 beneficiaries at each Point of Presence to be paid per day
- Police and military personnel will be assigned to provide security at targeting and enrolment centres and payment points of presence who will be adequately trained and advised to ensure the minimum use of force
- As much as possible, there will be minimal contact between police and military personnel assigned to security and beneficiaries. Interaction with beneficiaries should be limited to service providers – NaCSA and the payment service provider.
- There will be a relaxation of the expiration date of e-vouchers, although beneficiaries will be strongly encouraged to cash other their vouchers within 1 month

More immediately, NaCSA paused targeting and enrolment process to allow the RCB to catch up with payments to beneficiaries who had received their e-voucher but had not yet had the opportunity to cash out. When the process was restarted it proceeded at a slower rate in order to manage the flow of beneficiaries to payment points of presence. Although there had been some attempts through communication channels to encourage only certain beneficiaries to attend payment points on specific days, communication alone was insufficient and it was necessary to slow down the issuing of e-vouchers.

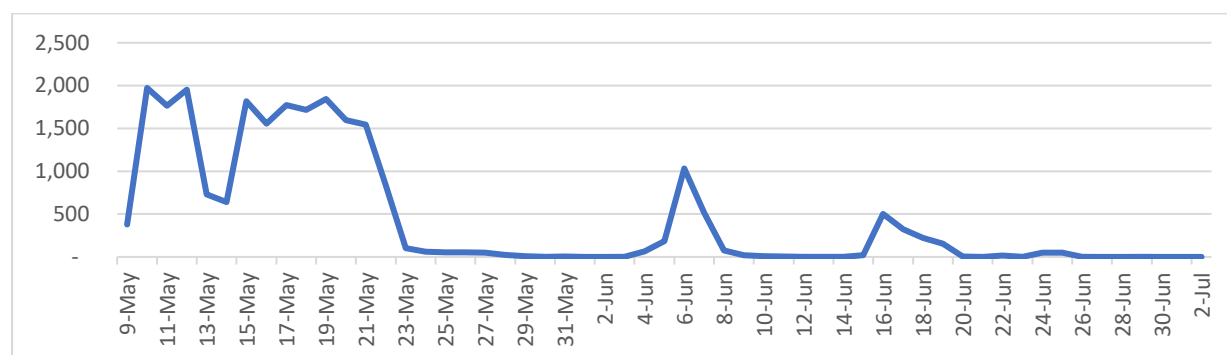
Figure 16 illustrates the role out of payments under ECT 2. Although it confirms the slow down in payments, it appears to show that this happened after the majority of payments had been made. This may, in part, reflect the fact that even after targeting and enrolment were paused there was still a significant backlog of beneficiaries to be paid and so payments continued after targeting was paused. Figure 14 more clearly illustrates the significant reduction in daily payments and the periodic surge in numbers seeking payments following a further round of targeting and enrolment.

Figure 16: Cumulative number of beneficiaries paid under ECT 2 by date³⁰



³⁰ Administrative data from Rokel Commercial Bank

Figure 17: Daily data on the number of payments processed at the National Stadium³¹



Delivery Chain Stage 5: Manage

The management stage of the delivery chain underpins, and therefore runs concurrently to, the other delivery chain stages. It typically comprises: the management of beneficiary data; the monitoring of compliance by beneficiaries with any programme conditions; and the collection, assessment, resolution and provision of feedback on any appeals or grievances. Conditions did not make up part of the design of the ECTs (or the core *Ep Fet Po* programme) and therefore compliance monitoring was not required.

Management of Beneficiary Data and Use of Information and Communications Technology (ICT)

As highlighted in the sections above, once beneficiaries were enrolled into either phase of the ECT their data was uploaded into a Social Protection Secretariat (housed in NACSA) managed MIS. The Social Protection Secretariat created a new beneficiary registry module in an MIS which had already been developed for the core *Ep Fet Po* operations. This core MIS included the following modules:

1. **A Beneficiary registry.** Information on all beneficiaries enrolled in the *Ep Fet Po* programme (with separate registries maintained for different phases of the core programme, the ECTs and other temporary shock responsive interventions).
2. **Household targeting information.** Basic beneficiary data collected in the community identification stage of targeting and the PMT data collected by Stats SL for the proxy mean test.
3. **Payment system.** A module which produces payment orders in the form of electronic files to be sent to the payment service provider for execution and supports reconciliation of transaction reports from the service provider.
4. **M&E reports.** The MIS generates automatic reports of performance and updates key process indicators. Additional features will include attendance data on soft-conditions workshops, scorecards assessments, as well as information gathered during field visits and spot checks to be fed into the system.
5. **GRM.** Complaints and concerns gathered via different channels are stored in a centralized electronic logbook and made directly accessible to authorities in charge of the resolution. The system has an interface with the ACC grievance redress mechanism portal to track the resolution of administrative complaints.

In addition to using the existing MIS, both phases of the ECT made considerable use of ICT to support programme operations:

- The Anti-Corruption Commission also had an existing GRM MIS which was used for the purposes of this ECT.

³¹ Administrative data from Rokel Commercial Bank

- Targeting and enrolment made use of ‘Computer Assisted Personal Interview’ (CAPI) formats loaded on a mobile phone or other handheld device to ensure that all data collected was immediately entered electronically and uploaded to central servers at periodic intervals.
- LPMT analysis was conducted entirely using the CAPI software. This facilitated the instantaneous calculation of LPMT results.
- The project made extensive use of QR codes, to streamline the tracking of prospective beneficiaries through the various programme processes and reduce the risk of data entry errors. Scanning the QR code automatically recalls the project household ID which can then be used to link the user to the records associated with that household.
- Payments under this programme made use of existing mobile-money technology and the use of e-vouchers. The scheme had options for households with and without access to a mobile phone.
- The capturing and storing of beneficiary photographs to support confirmation that the person who received the payment and was photographed by the payment service provider was the intended recipient.³²

While in general the use of ICT significantly assisted project implementation there were challenges. The process evaluation for ECT 2 (Turay, Kadiatu Koroma, & Turay, 2021) points to delays in data entry regarding grievances in the relevant MIS systems at both NaCSA and ACC. Furthermore, they point to some equipment shortages and technical difficulties which impeded the work of those involved in implementation.

RCB expressed some concern regarding the requirement to verify the identity of cash recipients through photographs. They pointed to the possibility that this requirement might limit the use of payment agents, rather than RCB branches or specially established payment points, to administer payments. Such agents might lack the necessary technology to administer the additional requirement or be unwilling to go through the additional steps. Furthermore, there was the perception that there were challenges in the matching process with mismatches identified even when the person receiving the cash pay-out was the intended recipient and the person initially photographed.

Grievance Redress Mechanisms

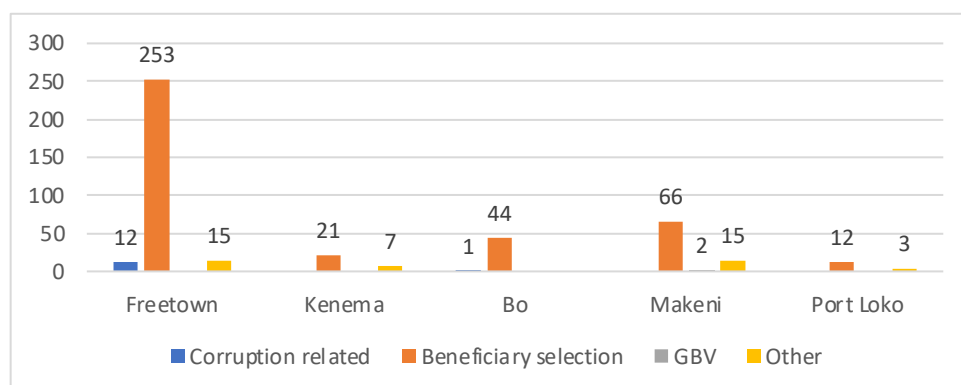
First Phase (ECT 1)

Under the first phase of the ECT, the GRM process replicated that of the *Ep Fet Po* programme. The Anti-Corruption Commission (ACC) is a key partner in the GRM process: observing key programme processes (particularly targeting and payments) and collecting, collating and investigating complaints whether submitted through a call centre hotline, community monitors, in person at ACC offices or by complainants reporting to ACC staff while they are conducting observations. Submitted complaints are registered in an MIS and classified in three broad categories: (i) informational, (ii) administrative and (iii) corruption/fraud. Administrative complaints automatically become accessible to NaCSA who are responsible for their follow-up and resolution, while corruption and fraud reports are channelled to the ACC. Informational complaints are addressed instantaneously. Not all administrative issues are channelled through the ACC complaints system, many issues are reported directly to NaCSA.

Figure 18 below indicates the number of corruption and non-corruption related grievances received under ECT 1, by city, up to June 2020. With the majority of complaints related to targeting, it confirms the challenges experienced in Freetown.

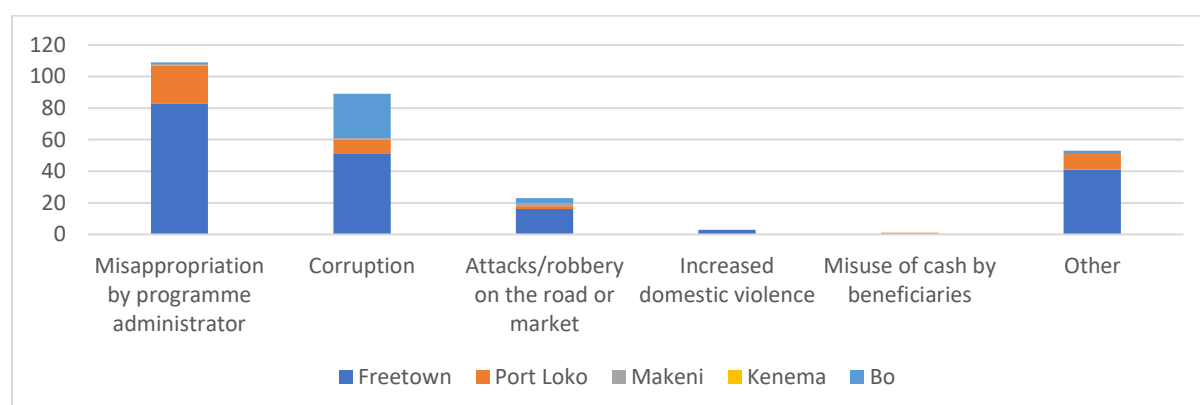
³² There has initially been a plan to make use of automatic facial recognition software to confirm that the person who received the payment and was photographed by the payment service provider was the intended recipient. However, challenges were encountered in implementing this approach. Instead, manual side-by-side reviewing and matching of photographs was done during reconciliation.

Figure 18: Grievances reported to ACC city in ECT 1 (ACC, 2020a)



Post payment beneficiary spot checks also asked questions regarding issues related to ECT 1. 87% of those interviewed reported that there were no issues and 13% had concerns to raise. 65% of those with concerns were enrolled in Freetown, followed by 21% in Port Loko. Figure 19 summarizes the issues raised.

Figure 19: Reported issues with programme implementation by city (Mileiva & Ngowi, 2021)

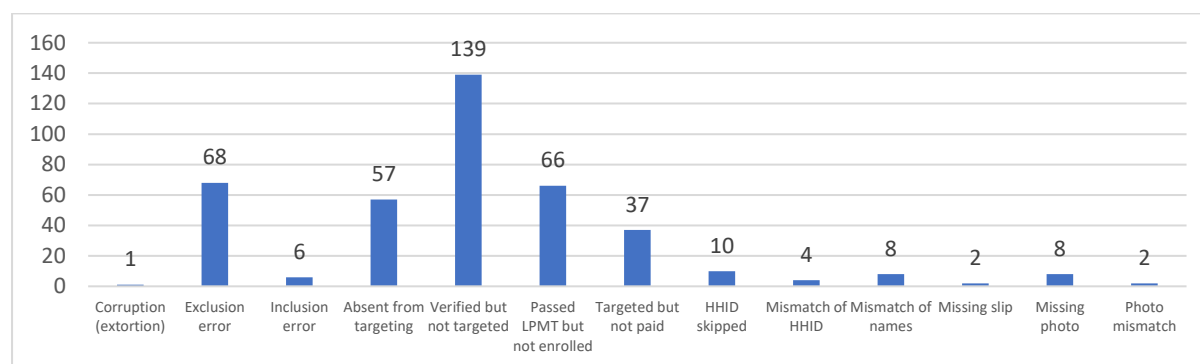


ACC played a key role in flagging the concerns being expressed regarding the pre-listing process in Freetown in June 2020. The concerns expressed by ACC were initially downplayed by NaCSA who were reluctant to pause targeting and therefore delay the delivery of transfers (ACC, 2020a and ACC, 2020b). However, ACC pursued their concerns, and this led to substantial revisions to the pre-listing process in Freetown such as the inclusion of further verification of pre-lists.

Second Phase (ECT 2)

These core processes continued in ECT; but were complemented by the establishment of Grievance and Case Management Centres. These centres, established close to targeting and payment centres, were staffed by representatives from NaCSA, the ACC and RCB and provided a one stop-shop for beneficiaries who had complaints or issues to be resolved to receive instantaneous assistance. These centres allowed beneficiaries to: address administrative issues with NaCSA such as the death of the photographed recipient, a lost enrolment slip or mismatching household IDs; raise payment related queries with RCB such as problems with the e-voucher codes; and report complaints to the ACC. Figure 20 provides a summary of the complaints formally logged by ACC.

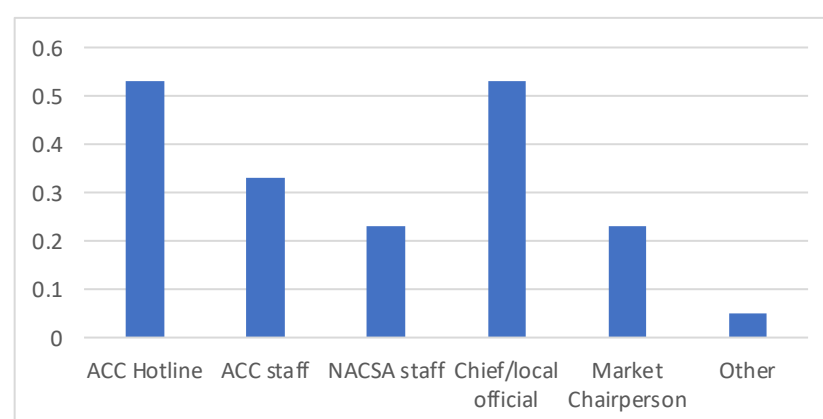
Figure 20: Complaints registered by ACC during ECT 2 (ACC, 2021)



The process evaluation of the ECT 2 (Turay, Kadiatu Koroma, & Turay, 2021), the independent monitoring report (Institute of Governance Reform 2021) and the post-payment spot-checks (Ngowi & Mileiva 2022) highlighted the fact that many beneficiaries and non-beneficiaries tend to report concerns informally, with many expressing concerns to market leaders (Figure 21 below). In many cases these complaints are channelled into the formal grievance procedure – typically through NaCSA, but many of the concerns related to administrative issues or concerns regarding long queues. People typically reported concerns to market leaders because they knew them and felt that they would be sympathetic to concerns. But some of those interviewed also expressed a reluctance to report complaints through formal channels because they didn't want to be caught up in any resulting investigations.

"We are afraid of being called upon as a witness in the matter"
FGD Participant (Turay, Kadiatu Koroma, & Turay, 2021)

Figure 21: How beneficiaries report grievances (Ngowi & Mileiva 2022)



The ability to identify and address the challenges faced during ECT 2 (and ECT 1) has demonstrated the functionality of the GRM mechanism. Monitoring by the ACC detected incidents of attempted fraud and rent-seeking. Investigations were carried out and there were dismissals and prosecutions. There were also concrete actions to address system issues which increased the risk of fraud and efforts to draw attention to lessons which could be learned to be incorporated in the design of future operations.

Exit and Recertification

Both phases of the ECT were designed as a one-off payment, with programme exit being automatic at the point payment was made. Attempts were made to ensure that households benefiting from ECT 1 did not benefit from ECT 2, although it should be noted that the risk of this happening could not

feasibly be eliminated.³³ Although the programme was designed as a one-off transfer, as highlighted earlier in the report this was not always communicated effectively to beneficiaries under ECT 2. The post-payment spot-checks (Ngowi & Mileiva 2022) indicated that only 40% of respondents understood that ECT 2 was a one-time payment, with 53% stating that they did not know the duration. The remaining respondents thought they would receive two payments (4%) or payments every two months (1%).

Preliminary and ongoing discussions regarding future support to households impacted by current high rates of inflation highlight a desire by Government to spread resources both geographically and at a household level. Therefore, it is unlikely that recipients of ECT 1 or 2 will benefit from any support currently being envisioned.

Monitoring and Evaluation

A number of internal and external monitoring systems were established to provide insights into the implementation of ECT1 and ECT 2. These included:

- ACC attendance during targeting and payments and their engagement in the GRM process (ACC, 2020b and ACC, 2021)
- Post-payment beneficiary spot-checks conducted for ECT 1 (Mileiva & Ngowi, 2021) and ECT 2 (Ngowi & Mileiva, 2022)
- An external process evaluation for ECT 2 (Turay, Kadiatu Koroma, & Turay, 2021)
- An independent monitoring report for ECT 2 (Institute for Governance Reform, 2021)
- A number of internal NaCSA produced reports and presentations (NaCSA, 2020a and NaCSA, 2020b)

These monitoring reports provided stakeholders with valuable feedback on implementation allowing them to refine procedures and identify lessons learned for future interventions.

Furthermore, implementing agencies – both NaCSA and RCB – maintain significant administrative data which are used for reporting. While this data is critical, and is the source of much of the information in this and other reports, there appear to be weaknesses in collating and maintaining data and ensuring accuracy and consistency of reporting. This and other reports have struggled to access complete data on the pre-listing process; there is inconsistent reporting on data such as the numbers of households pre-listed or were interviewed for the LPMT; and it has been extremely challenging to try and access information on the number of payment sites and/or the numbers of beneficiaries paid by site. There is potential to make better use of administrative data by collating and tracking key indicators more carefully.

In addition to monitoring and process reports, the World Bank sought to monitor impacts of the programme by requesting that a team already scheduled to conduct a COVID Impact Monitoring Survey in Sierra Leone add questions related to the receipt and impact of COVID-19 Emergency Cash Transfer Payments. This team were able to provide valuable data on the impact of ECT 1 payments (World Bank, 2021b). This data is reported in the section on Achievements and Impacts of the COVID-19 Emergency Cash Transfer Interventions below. A further round of data collection had initially been anticipated, but this has not yet been completed and data made available.

³³ Access to a unique national ID number was not a pre-requisite for registration for ECT 1 and ECT 2 (such a requirement would not have been appropriate as Sierra Leone has only recently launched a national ID registration system and is still rolling it out). Even if a national ID had been a requirement, unless the names and ID numbers of all household members had been registered, rather than the listing of only one named beneficiary per household, the use of a unique national ID number by itself would not have excluded the possibility of a household getting registered more than once.

Adjustments to Core Programme

In late 2019, the Government of Sierra Leone and the World Bank agreed a second additional financing for the Social Safety Net Project. Under this additional financing, the plan was to expand coverage of the *Ep Fet Po* Programme to 35,000 households in all 16 districts of Sierra Leone. Beneficiaries had been expected to receive quarterly transfers for three consecutive years, with the size of the transfer indexed to a value which represented 15% of the average monthly household consumption of extremely poor households.

The final cash transfers from the previous round of financing were transferred to beneficiaries between September 25th and October 12th 2019, and core transfers were therefore paused until the additional financing was secured, a full retargeting of *Ep Fet Po* – in new and existing districts – conducted; and a new payment mechanism designed and a payment service provider contracted. The President of Sierra Leone officially launched the new financing in February 2020 but the roll-out of activities were rapidly curtailed as a result of the COVID-19 pandemic. Restrictions on inter-district travel and meetings made it impossible to implement pre-existing plans.

The Government, in discussion with World Bank and direction from the QAERP, made significant adjustments to the design of the core programme in response to the COVID-19 crisis. It was agreed to expand the intervention to more beneficiaries (from 35,000 to 65,000), shorten the duration of benefits to one year, and provide the first of the four benefits in the form of a larger “lump-sum” transfer equivalent to the amount provided through the ECT. In addition, households with persons with disabilities received an additional 436,000 payable during the first transfer. In line with these adjustments, core programming for this period was renamed the COVID-19 *Ep Fet Po* programme.

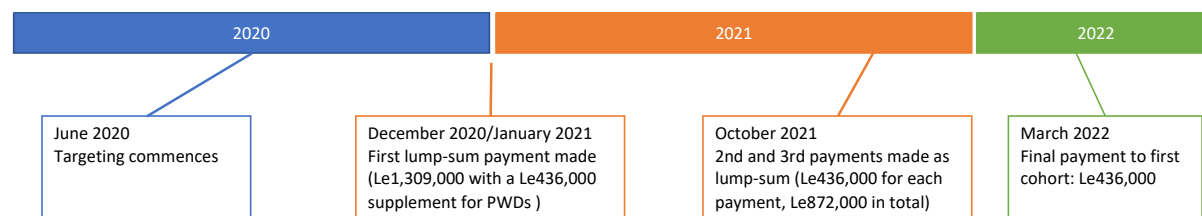
The role out of the new targeting was effectively paused as NaCSA staff focused on ensuring a rapid effective delivery of this emergency intervention, with a first round of targeting (for the originally planned 35,000) conducted in June/July 2020 and finalized later in the year. Table 12 shows the distribution of targeted beneficiaries across the 16 districts.

Table 12: Beneficiaries from the first cohort of COVID-19 Ep Fet Po (National Social Protection Technical Steering Committee, 2020)

Region	District	Households (2018)	Ext. Poverty Rate (2018)	Extremely Poor HH	Caseload to Benefit
North West	Kambia	58,633	4.84	2,839	1,012
	Karene	51,031	16.82	8,585	1,533
	Port Loko	107,036	9.38	10,043	1,677
North	Bombali	94,184	17.15	16,151	2,504
	Falaba	40,342	15.10	6,092	1,125
	Koinadugu	19,535	17.38	3,395	1,034
	Tonkolili	92,253	29.03	26,777	4,577
East	Kailahun	88,340	19.98	17,648	2,727
	Kenema	118,623	25.16	29,848	5,128
	Kono	94,512	7.59	7,176	1,233
South	Bo	110,536	13.76	15,207	2,478
	Bonthe	34,581	7.57	2,618	1,005
	Moyamba	66,543	17.76	11,821	1,823
	Pujehun	163,462	30.82	50,386	7,102
Western	Western Area Rural	117,738	5.13	6,042	1,000
	Western Area Urban	260,513	1.51	3,921	1,000
TOTAL					36,958

The first lump sum payment of Le1,309,000 was made in December 2020 – January 2021. Delays in making the next payment led to the decision to provide a lumpsum payment of rounds 2 and 3 in October 2021. The final payment for this cohort of beneficiaries was made in March 2022. Figure 22 summarizes the timeline for implementation for this first cohort.

Figure 22: Timeline for implementation for first cohort of COVID-19 *Ep Fet Po*



Targeting of the remaining cohort of 30,000 was initially planned for June 2022, but was further delayed. Targeting started in April 2022 in Bo, Bonthe, Tonkolili, Koinadugu and Kailahun districts. Payments to these beneficiaries was expected to start in September 2022 with targeting in remaining districts yet to start.

The stop-start nature of implementation and the lumpiness of payments is an indication of the extent to which implementation of the COVID-19 *Ep Fet Po* had to be fitted around ECT 1 and ECT 2 implementation. This points to limitations in implementation capacity within NaCSA. Planning tends to be overambitious given limitations to the human resources available, the complexity of implementation and the operating context which can and does throw up unanticipated challenges which take time to resolve.

Comparison between pre-COVID-19 *Ep Fet Po* programme, ECT 1, ECT 2 and COVID-19 *Ep Fet Po*

Table 13: Comparison between pre-COVID-19 *Ep Fet Po* programme, ECT 1, ECT 2 and COVID-19 *Ep Fet Po*

Delivery Chain Stage	Ep Fet Po (pre-2019)	ECT 1	ECT 2	COVID-19 Ep Fet Po
1. Trigger	Core decisions made during design phase, with geographic coverage informed by poverty data. 30,453 households in 10 districts	Formal trigger was Government declaration of Public Health Emergency. \$4 million contingency financing available triggered by the above and with the preparation of an ERM as a precondition. Key decisions outlined in this ERM. Five major cities selected because they had the highest number of informal workers likely to be affected by COVID-19 restrictions. 28,218 households in five cities	Formal trigger remained Government declaration of a Public Emergency. New financing which took more than seven months from preliminary discussions to funding being available. ECT 2 geographically focused on Freetown because large numbers of eligible informal workers not covered by ECT 1. 37,282 in Freetown	Core decisions made during design phase, with geographic coverage informed by poverty data. Coverage expanded and duration of assistance reduced as part of programme adjustments due to COVID-19. 70,242 households in all 16 districts of Sierra Leone
2. Outreach & Register				
Outreach	Heavy reliance on community meetings and messages passed through community representative committees established during targeting.	Comprehensive communications campaign planned but not implemented because of procurement delays. In response to implementation challenges in Freetown use of public address systems to target key messages at markets and radio and TV appearances.	Use of press releases to ensure coverage by range of media organisations and radio interviews. Market-to-market sensitization with posters distributed prior to and during targeting.	Use of press releases to ensure coverage by range of media organisations and (paid for) radio interviews. Provision of posters with key messages and information regarding targeting.
Register	Community representatives in the form of Community Identification Committees were responsible for developing shortlists of households categorized as meeting programme criteria.	NaCSA worked with city councils, trader associations and market leaders to develop pre-lists of informal workers. Following complaints in Freetown, process was revised to formalize prelisting process and to subject	Relied on registration undertaken in Freetown during ECT 1 but further validated by a pre-listing review committee.	Community representatives in the form of Community Identification Committees were responsible for developing shortlists of households categorized as meeting programme criteria.

Delivery Chain Stage	Ep Fet Po (pre-2019)	ECT 1	ECT 2	COVID-19 Ep Fet Po
		prelists to a review and, if necessary, spot checks.		
3. Enrol				
Beneficiary selection	As majority of beneficiary selection took place during Ebola outbreak, LPMT was used and completed by community representatives (without interviewing individual households).	Households were interviewed using a LPMT administered by Statistics Sierra Leone. Interviews conducted at targeting centres.	Households were interviewed using a LPMT administered by Statistics Sierra Leone. Interviews conducted at targeting centres.	PMT administered by Statistics Sierra Leone. Interviews conducted at prospective beneficiaries' homes.
Enrolment	Once household selected is by LPMT, it is enrolled in programme MIS. Beneficiaries were provided with an enrolment card and registered with payment service provider at the same time as receiving first payment.	Enrolment took place at same time and place as beneficiary selection. NaCSA confirmed identify information correct, collected phone number, and photographed beneficiary. Beneficiary provided with targeting slip and certificate of enrolment.	Enrolment took place at same time and place as beneficiary selection. NaCSA confirmed identify information correct, collected phone number, and photographed beneficiary. Beneficiary provided with targeting slip and certificate of enrolment.	Enrolment took place at same time and place as beneficiary selection. NaCSA confirmed identify information correct, collected phone number, and photographed beneficiary. Beneficiary provided with targeting slip and certificate of enrolment.
4. Provide	Although plan was for Ep Fet Po programme to use electronic payments and a mobile money service provider was contracted, the limits to mobile coverage and lack of agents meant that payments, in practice, were made manually by service provider staff.	Payments were made using an existing payment service provider e-voucher function. However, number of payments being made meant that service provider established temporary paypoints to manage caseload.	Payments were made using an existing payment service provider e-voucher function. However, number of payments being made meant that service provider established temporary paypoints to manage caseload.	Payment contracted to a bank, who then manage a manual payment process. Bank agents set up temporary points of presence (usually a single day at each site) for each quarterly payment. Beneficiaries are mapped to the nearest payment point and can withdraw their money only at that location.
5. Manage				
MIS and ICT	Prelisting, beneficiary selection, enrolment, payments and GRM are supported by an MIS housed in the Social Protection Secretariat within NACSA (an	Beneficiary selection, enrolment, payments and GRM are supported by an MIS housed in the Social Protection Secretariat within NACSA (an additional GRM	Beneficiary selection, enrolment, payments and GRM are supported by an MIS housed in the Social Protection Secretariat within NACSA (an additional GRM	Prelisting, beneficiary selection, enrolment, payments and GRM are supported by an MIS housed in the Social Protection Secretariat within NACSA (an

Delivery Chain Stage	Ep Fet Po (pre-2019)	ECT 1	ECT 2	COVID-19 Ep Fet Po
	additional GRM MIS is also housed in ACC).	MIS is also housed in ACC). Pre-lists weren't loaded into MIS.	MIS is also housed in ACC). Pre-lists weren't loaded into MIS.	additional GRM MIS is also housed in ACC).
GRM	ACC was a key partner in GRM process: observing key programme processes (particularly targeting and payments); and collecting, collating and investigating complaints using a network of community monitors (community representatives) and district monitors (ACC staff) and a toll-free hotline	GRM process replicated that of the <i>Ep Fet Po</i> Programme	Core <i>Ep Fet Po</i> processes continued but were complemented by establishment of Grievance and Case Management Centres staffed by representatives from NaCSA, the ACC and payment service provider. They provided a one-stop-shop for beneficiaries who had complaints or issues to be resolve and allowed instantaneous assistance of administrative issues.	ACC is a key partner in GRM process: observing key programme processes (particularly targeting and payments); and collecting, collating and investigating complaints using a network of community monitors (community representatives) and district monitors (ACC staff) and a toll-free hotline
Programme exit	Initial plan was for <i>Ep Fet Po</i> beneficiaries to receive quarterly payments over two years. This carefully communicated to beneficiaries. However, ebola outbreak led to decision to extend duration of support. All beneficiaries were exited end of 2019.	Beneficiaries only received a one-off transfer.	Beneficiaries only received a one-off transfer.	Beneficiaries expected to benefit from the programme for one year. Plan is that households will be supplied with certificates and exit sensitization session on exit and that exiting households will complete an exit form. ³⁴

³⁴ At time of writing this report it is not known if this plan was implemented.

Achievements and impacts of COVID-19 Emergency Cash Transfer

More than 65,000 households received a one-off cash payment of \$US135 to help them: cope with the negative impacts of the COVID-19 pandemic on their wellbeing, smooth consumption, and supplement lost or reduced income. Table 14 shows how these beneficiaries are spread across the five cities benefiting from the intervention.

Table 14: Numbers of beneficiaries enrolled and paid by city by June 2020 ³⁵

	Enrolled	Paid
Freetown	66,619	55,514 ³⁶
Bo	2,430	2,383
Kenema	2,465	2,501
Makeni	2,350	2,361
Port Loko	2,336	2,324
TOTAL	76,200	65,083

Post payment spot-checks for ECT 1 (Mileiva & Ngowi, 2021) and a process evaluation for ECT 2 (Turay, Kadiatu Koroma, & Turay, 2021) found that the vast majority of beneficiaries (92% and 96.5% respectively) were petty traders/small business owners in line with the intended beneficiaries of this intervention. The spot-checks found that these beneficiaries had similar characteristics to those categorized as poor according to the 2018 Sierra Leone Integrated Household Survey. For example, 90% of beneficiaries did not consume sachet water, 82% lived in dwellings with 1-2 sleeping rooms and 74% had family members living with disabilities or chronic disease.

Analysis by the Maintains³⁷ project (Yusuf, Marzi, Seyfert, & Doyle, 2021) highlighted the fact that the COVID-19 pandemic will have impacted on households that were not traditionally poor. They found that newly poor households were much more likely to be living in urban areas, working in services or a casual worker than households already in poverty. This helps to confirm design decisions made by the Government regarding where to focus ECT support. It is also likely that the programme provided reasonable coverage of the intended target group. The Maintains research report estimated that the combination of ECT 1 and 2 had the potential to cover 47.2% of the intended target group (urban households in targeted districts who had at least one member managing a micro-enterprise outside the agricultural sector, or where the household head worked as a casual worker in the service sector and who simulations suggest would have met the LPMT threshold).

The majority of ECT 1 beneficiaries outside Freetown received their payments by early June 2020, just over two months from an emergency being declared and one month after formal agreement of the programme procedures as defined in an Emergency Response Manual. A high volume of complaints regarding targeting in Freetown led to the process for ECT 1 being suspended and redesigned contributing to significant delays with payments in Freetown postponed until August – around five months since the emergency declaration. Payments made between June and August 2020 likely coincided with the period when the economic impacts of COVID-19 were being most significantly felt.

Payments under ECT 2 experienced significant delays, taking place more than 14 months since the declaration of an emergency. As such, they are less likely to have contributed to helping households

³⁵ Project administrative data

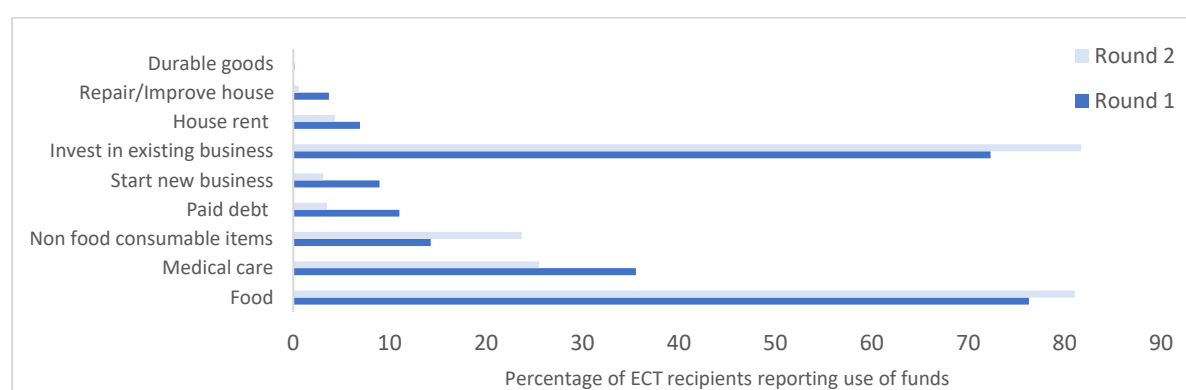
³⁶ Mop up payments continued to be made after the data in this report was compiled. A further 8,905 households have received payments on top of this figure.

³⁷ Maintains (2018/2023) is a five-year operational research programme aimed at building a strong evidence base on how health, education, nutrition and social protection systems can respond more quickly and effectively to shocks. It works in six focal countries – Bangladesh, Ethiopia, Kenya, Pakistan, Sierra Leone and Uganda.

meet consumption shortfalls as a result of COVID-19, but will have supported households with ongoing consumption shortfalls and will have supported people to rebuild damaged livelihoods post crisis.

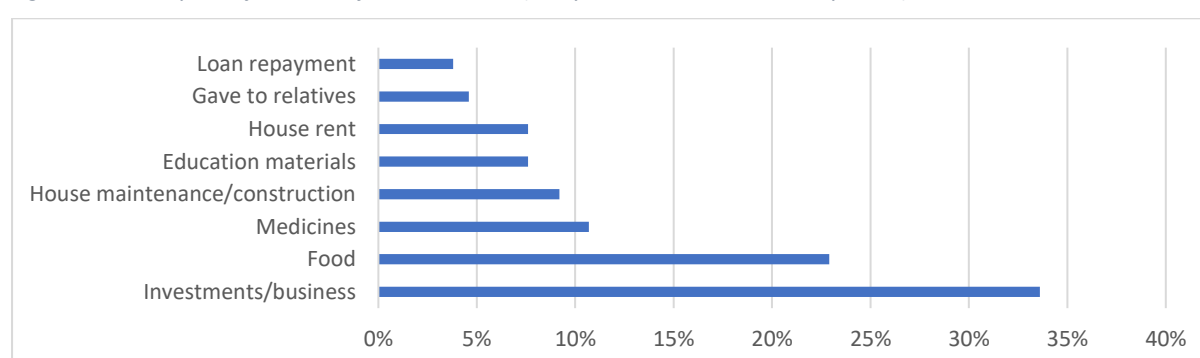
To monitor impacts of the programme, the World Bank added questions related to the COVID-19 ECT to the already scheduled Sierra Leone COVID Impact Monitoring Survey (CIMS). 5,685 households were tracked over two rounds of data collection, the first round took place between June and August 2020, the second round between November and December.³⁸ In line with the intended objectives of the programme, the majority of beneficiaries used their transfers to smooth consumption and invest in their ongoing businesses. Figure 23 below shows how households reported using the income from the COVID-19 ECT over the two rounds of data collection.

Figure 23: COVID Impact Monitoring Survey Findings Regarding the Use of COVID-19 ECT 1 Benefits (World Bank, 2021b and Adhikari & Seetahul, 2021)



The process evaluation and post-payment spot-checks from ECT 2 found beneficiaries using ECT 2 benefits for similar uses. As Figure 24 below shows, the process evaluation found that 33.6% of beneficiaries' primary use of funds was business investments while 22.9% and 17.6% primarily spent their ECT on food and accommodation respectively. Analysis from post payment spot-checks had similar results indicating that 40% of beneficiaries reported that the main impact of transfers was improved their access to food, while 24% reported that it helped with their business and/or income (Ngowi & Mileiva, 2022).

Figure 24: Primary use of cash transfers under ECT 2 (Turay, Kadiatu Koroma, & Turay, 2021)



Spot-check findings indicated that the person who received the cash transfer was usually the primary decision maker with regards to how to spend the ECT payment. Women recipients were more likely to be the primary decision maker (81%) than male recipients (74%), while male recipients were more likely to consult their spouses. This, combined with the fact that in the majority of households the

³⁸ The timing of this data collection means it only assessed beneficiaries from ECT 1.

woman was the nominated cash transfer recipient, suggests that the programme could have had a positive impact on empowering women to make decisions.

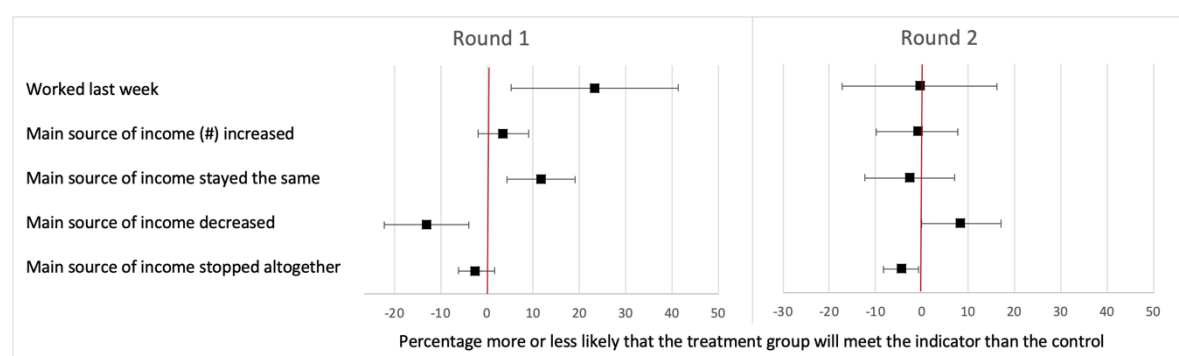
Table 15: Primary decision maker on use of ECT 2 benefits (Ngowi & Mileiva, 2022)

	Female	Male	Total
Myself as cash recipient	81%	74%	78%
Myself and my spouse	11%	24%	16%
Spouse	2%	0%	1%
Son/Daughter	2%	0%	1%
Female HH member	4%	2%	3%
Myself and friend (business partner)	1%	0%	0%

Analysis from the Maintains research (Yusuf, Marzi, Seyfert, & Doyle, 2021) show that while the value of the ECT transfer was in line with its benchmark (one month of consumption expenditure of the bottom 25% of households in Freetown); this benefit level would not have been sufficient to make up for the consumption shortfalls caused by COVID-19 for either the newly poor, or to allow the previously poor to return to pre-COVID-19 income levels. They found that the ECT transfers was about one fifth of what would have been required to bring household consumption back to pre-shock levels.

Data collected through the Sierra Leone COVID Impact Monitoring Survey (CIMS) found that the ECT 1 intervention had a number of positive impacts. It found that in the short run, during the first round of data collection, beneficiaries of the Emergency Cash Transfer programme were statistically significantly more likely to report: that they worked in the last week; that their main source of income was more likely to have stayed the same; and that this source of income was less likely to have decreased. However, when data collection was repeated or a second round, these effects had largely disappeared indicating that these positive impacts are of a short duration. Given that this was a one-off transfer – indexed to one month of consumption expenditure of the poorest 25% – this finding is as anticipated. It shows that such programmes can have important short-term benefits, but if impacts are to be sustained than support needs to be for longer and/or complemented by other interventions.

Figure 25: Preliminary Findings from the COVID Impact Monitoring Survey Regarding the Impact of the COVID-19 ECT (World Bank, 2021b and Adhikari & Seetahul, 2021)



Refers to business income

In line with these findings, modelling undertaken as part of the Maintains research (Yusuf, Marzi, Seyfert, & Doyle, 2021) indicated that despite the various social protection interventions provided by the Government of Sierra Leone (ECT 1 and 2, the COVID-SSN and a People with Disability Lockdown Handout – not covered by this report), poverty is likely to have increased as a result of COVID-19 by between approximately 4% and 15%. The analysis indicated that social protection interventions will have mitigated this increase but only by between 1.5% and 2.2%. The study also noted that most of the modelled reduction was driven by the COVID-19 *Ep Fet Po* because of its greater overall generosity

(benefits under the COVID-19 *Ep Fet Po* totalled Le2,609,000 compared to the Le1,309,000 provided through the ECT).

Conclusions and Lessons Learned

The provision of cash transfers to informal workers did allow them to purchase food and invest in business and helped to mitigate the immediate impacts of the COVID-19 on their businesses. Beneficiaries from both ECT 1 and 2 reported using cash transfers for such purposes and data used to assess impacts suggested statistically significant impacts on improving households' welfare.

As should be expected with a single lump-sum transfer, impacts were short-term in duration. A follow-up survey, four months after the first round, that impacts were no longer detectable. The low level of benefits and limited coverage also mean that aggregate impacts on national poverty levels were likely minimal.

The availability of a pre-financed contingency budget helped to catalyse the development of the emergency cash transfer and ensured that there was significant pressure to make use of the funds quickly. As a result, Sierra Leone was the first country in West Africa to provide an IDA financed COVID-19 cash transfer response. Financing from GRiF to strengthen delivery systems for shock responsive safety nets incentivised the Government of Sierra Leone to allocate \$4 million of IDA financing to a contingency budget. This experience has encouraged the Government and the World Bank to include both a contingency budget and a zero financed Contingent Early Response Component (CERC) in a new recently approved project in support of the *Ep Fet Po*, the Productive Social Safety Nets and Youth Employment Project.

Providing a stark counterfactual to this, the process of securing additional financing for an expansion emergency cash transfers under ECT 2 and rolling it out took 11 months. There were some specific atypical issues which contributed delays in finalizing financing agreements; but even once funding was secured (seven months after initial discussions), it took another three months before cash transfers were effected. This was a reflection of capacity constraints within the implementing institutions (both NaCSA and the payment service provider – RCB) and the lessening sense of urgency. Roll-out of the COVID-19 *Ep Fet Po* also experienced delays with first payments reaching the first cohort of beneficiaries nine months after the disaster declaration, and the roll-out to the second cohort was still incomplete at the time of writing.

The lack of pre-existing data sets on potential beneficiaries was compounded by insufficient preparatory work, particularly with respect to communication and stakeholder engagement. Because they typically experience lower levels of poverty and food insecurity, urban areas are often under-served by early warning systems and other data sets which could inform shock responsive safety net interventions. The pre-listing process was the best available option for addressing this data deficit but there was insufficient guidance to and poor oversight of those involved in pre-listing. Furthermore, insufficient communication to potential beneficiaries reduced the extent to which they could hold pre-listers to account, with many potential beneficiaries dependent on those doing the pre-listing for information. This had a major impact in Freetown contributing to problems with the pre-listing approach and subsequent targeting with the result that cash transfers were delayed by 6 to 8 weeks in this location. While urgency is important, spending time in preparation can save time later by reducing the risk of having to repeat flawed processes.

Previous experience in Sierra Leone had highlighted the potential challenges of providing an emergency cash transfer response in Freetown, but there was insufficient attention paid to putting in place mitigating measures. The 2017 Flood and Mud-Slide response had faced implementation channels and, at times, were faced with hostile crowds complaining about aspects of implementation.

The potential for large crowds and unpredictable behaviour should have been anticipated and future large scale-interventions should prepare for this.

Guidelines for the implementation of Humanitarian Food Assistance typically draw attention to the need to have adequate crowd control measures but lessons from this relevant experience don't typically feature in guidance for shock responsive safety nets. WFP food distribution guidelines (WFP, 2002) highlight the importance of adequate crowd control measures to safeguard both implementers and beneficiaries and the need to have appropriate policing in place. They specifically reference the need to remember that:

1. The best crowd control measure is to design a distribution system that (a) runs smoothly, (b) avoids the accumulation of large crowds either inside or outside the distribution site and (c) ensures fairness
2. When a population is ill-informed and where there are rumours concerning shortages, this may provoke fears among beneficiaries that some of them will be missed and cause them behave unpredictably.

The need to improve communications has been highlighted by a number of stakeholders with regards to the ECT implementation, but as implementation evolved positive lessons were developed. Initial delays did mean that certain communication activities, such as the production and dissemination of IEC materials, were delayed. In response to emerging challenges, additional communication activities were employed such as engagement with radio phone in sessions, a tour of market places with a communication campaign to address earlier communication weaknesses and increasing use of text messaging to communicate with beneficiaries. These experiences can be further developed in future communication plans. One-off communication will not be sufficient to ensure that prospective beneficiaries don't act on inaccurate information, or information that is not applicable. Future communication plans should consider how the project will communicate with beneficiaries on an ongoing basis clearly and confirmed by action. This will increase trust in formal communication and reduce reliance on rumours.

Oversubscription of potential beneficiaries during the pre-listing process resulted in the need to employ a lottery approach to reduce the number of people being surveyed by the LPMT to a manageable number; but the way the lottery was executed meant there was potential for manipulation. By choosing to implement the lottery approach by selecting the first names from the pre-lists rather than using a random sampling approach meant there were opportunities for manipulation. Future use of a lottery system should guard against this risk. Alternatively, including additional criteria to allow a further short-listing of an initial long-list using community poverty ranking approaches could reduce the dependence on a lottery approach and potentially increase community buy-in to targeting results. Furthermore, the fact that the LPMT rejected so few potential beneficiaries increased the importance of the pre-listing and lottery approach. With, limited variables it may be difficult to recalibrate an LPMT but in instances where a full PMT is being employed, it could be administered to a larger number of potential beneficiaries (as is the procedure for the core *Ep Fet Po* programme) and calibrated to play a larger role in ranking households prior to their selection.

The combination of high rates of poverty and vulnerability and the low coverage of 'routine' safety nets means that exclusion, rather than inclusion error was the major challenge facing any COVID-19 response. With a combined coverage of just over 101,000 households the COVID-19 *Ep Fet Po*, ECT 1 and ECT 2 reached only a small proportion of households living below the poverty line (approximately one seventh). For social protection to have meaningful impacts on reducing national poverty rates, coverage of routine social protection needs to increase substantially.

The effective functioning of the ECT grievance and complaints system did provide feedback which led to critical corrective action to ensure appropriate targeting and address stakeholders' concerns. ACC engagement led to changes in the pre-listing process, which – while they did not mitigate all concerns – allowed stakeholders to move forward with an agreed improved process.

Community members can be reluctant to use formal complaints channels, and this may result in some complaints not being fully captured. Beneficiaries can be reluctant to formally record complaints, either because they fear being caught up in ensuing investigations or because their gratitude for receiving benefits can make them reluctant to express criticisms. Ensuring beneficiaries have options for where they submit complaints, including structures which are close to them both physically and psychologically can be important. However, other mechanisms for eliciting feedback can also play a role. The various monitoring surveys employed during ECT 1 and 2 demonstrated their role in identifying issues (including the critical incident at the Murray Town Crossroads payment site); programmes in other countries also make use community score cards and other participatory tools to assist the provision of feedback to service providers.

The programme made effective use of ICT to simplify and reduce accuracy in key programme operations. The use of QR codes helped to streamline the tracking of prospective beneficiaries through the various programme processes and reduce the risk of mismatches resulting from data entry errors. Targeting and enrolment made use of CAPI formats loaded on mobile phones reducing the need for further data entry and the risk of errors, and instead allowing results to be calculated in real time and data to be uploaded regularly.

The innovative 'e-voucher' approach used by the payment service provider worked well both for those with or without mobile phones. For those with their own mobile phone it operated similar to other 'mobile money' payment solutions. Those without their own SIM card sometimes made use of a neighbour's phone but were also able to use a printed voucher.

However, failure to ensure adequate numbers of points of presence and to plan for additional liquidity requirements proved a major challenge. It is critical for the project to strengthen the payment mechanism to ensure sufficient 'points of presence' and plan for additional liquidity requirements of a cash transfer intervention and the need for sufficient 'points of presence' to cope with the surge of demand created by an emergency cash transfer without the risk of overcrowding. When a national switch, managed by the Bank of Sierra Leone, becomes operational it will become increasingly possible to make e-payments through multiple institutions which should help address these issues.

The use of Payment Service Providers can help improve the security of transfers and reap additional benefits of financial inclusion. However, there is a tendency to make additional demands on service providers, such as the requirement to photograph recipients as an additional verification check for the Emergency Cash Transfers. Such requirements mean that bespoke payment solutions are required, limiting the financial inclusion impact of such an approach. It also adds friction to the process of managing payments as it requires staff and agents of Payment Service Providers to undertake task with which they are not familiar. It can also dramatically reduce the number of outlets at which payments need to be made because of the need for specialist equipment and/or the reluctance for certain outlets to take on the additional workload.

Capacity constraints resulted in the need for NaCSA to fit implementation of ECT 1 and ECT 2 around the COVID-19 *Ep Fet Po* programme and vice versa to the detriment of both. Even without the additional workload of an ECT, NaCSA has frequently struggled to manage core programme processes and deliver timely payments with their existing implementation capacity. The addition of the ECT did

divert staff away from implementing the core programme and targeting and payments under each stream of support have had to wait for each other resulting in delays. The need to think about surge capacity is not just limited to developing countries, high income countries implementing social protection responses to COVID-19 had to consider the human resource requirements of additional workloads. In many cases staff from other Government departments were temporarily reassigned to support increased demand for and enrolment into the various social protection schemes offered (Sandford, 2021).

There is also a need for more realistic, and less optimistic, planning. The frequent postponement of activities is sometimes due to force majeure, but more commonly over ambitious planning which fails to recognize that all activities will face constraints and need to have adequate time allocated. There needs to be a proactive identification of potential challenges and the inclusion of mitigating measures in plans, and a better counterbalancing of ambition and time-pressure with realism. The decision to slow down targeting under ECT 2 to allow the Payment Service Provider to keep up with payments is an example of improved acknowledgement of the constraints posed by the operating context.

Recommendations regarding future shock responsive safety net operations in Sierra Leone

- 1) **There is a need to strengthen core safety net operations in Sierra Leone so that they are a firmer foundation on which the ability to scale up in response to shocks can be built.** The core safety net – *Ep Fet Po* – is still small in terms of coverage, has had to change and adapt frequently in response to a series of shocks and remains somewhat ad hoc in nature. The need to respond to shocks has undermined delivery of the core programme, increasing its stop-start nature.

For the programme to form a strong foundation on which shock responsive interventions can be built there is a need to:

- a) Increase coverage of the core programme (and ensure that geographic coverage includes areas affected by shocks);
 - b) Allow core operations to become routine (programme entry and exit, payments, complaints management etc.); and
 - c) Further enhance key systems and instruments.
- 2) **One key area for enhancement is the mechanism for delivering payments.** Sierra Leone suffers from low levels of financial inclusion and service providers currently have poor penetration in areas where target populations for core or shock responsive social protection live (whether rural or urban). As a consequence, even though mainstream financial service providers are involved in delivery core and shock responsive safety net transfers in Sierra Leone, they tend to do so using parallel delivery mechanisms such as temporary project specific payment points, rather than existing infrastructure and bespoke payment solutions (such as a requirement to photograph payment recipients). While in the short-term it will not be possible to deliver the majority of safety net payments (whether core or shock responsive) through core banking or mobile money systems and infrastructure because of the lack of penetration in areas where target populations live; interim measures should consider how they support progress towards a long-term vision (World Bank, 2021a). This might include:
 - Looking at ways in which payment agents can play an increased role in delivering payments (both by encouraging payment service providers to increase their network of agents and by removing barriers to using agents to deliver safety net payments).
 - Make use of hybrid payment delivery models which allow account-based payments (bank or mobile money) for beneficiaries which can access appropriate services but continue with parallel delivery mechanisms alongside for those who cannot access core services.
 - Increase the number of financial service providers involved in delivering payments by taking advantage of the planned new payment switch.

- Consider how the programme can facilitate access to ID documents, which are typically a key ‘Know Your Customer’ requirement for financial service providers.
- 3) **In addition to pre-planning how the various delivery systems (targeting, payments, GRM) need to be adapted to support the scaling up of interventions in response to shocks; there is a need to think about how the Government can call on surge capacity to enhance the human resources available to operate these systems.** In addition to enhancing its core implementation capacity, NaCSA should consider how it can call on additional resources to supplement capacity in the event of the increases in workload that scaling up safety nets in response to shocks will inevitably create. It may be possible for NaCSA to enter into partnership agreements with other agencies whether Governmental (such as the National Disaster Management Agency) or non-Governmental (such as the Red Cross) to access surge capacity. The Emergency Response Manual should include the details of how NaCSA will ensure that it has surge capacity, including predefining the roles which will need to be filled and elaborate the terms of reference.
- 4) **Implementing shock responsive transfers in urban settings such as Freetown brings substantial additional challenge and risks. The Government has learned painful lessons from the ECT 2 operation and developed Security Risk Mitigation Measures which should continue to be used for future operations.** The critical need for good community engagement and crowd prevention and management practices had previously been made apparent during a previous cash transfer response to devastating floods and mudslides in 2017. Key actions identified in the Security Risk Mitigation Measures report (NaCSA, 2022b) include:
- Ensuring an adequate number of registration and payment sites to avoid the accumulation of large numbers of people in one place at the same time.
 - Phasing registration, enrolment and payments to ensure that the numbers of prospective/enrolled beneficiaries being processed at a time can be managed given the available capacity of implementing stakeholders.
 - Effective communication to prospective and enrolled beneficiaries to a) increase understanding of programme objectives and procedures and increase confidence that they will be fair; b) ensure that they are aware of when and where their presence is required and minimize the risk of more people attending a particular site than are required; and c) to minimize the risk that rumours or mis-information lead to crowds forming.
 - Engaging with police, other security services and community leaders to ensure adequate crowd management personnel are in place; and providing appropriate guidance and training to them so that they engage with safety net clients with appropriate levels of respect and minimal use of force.

Future interventions should ensure careful planning for and timely implementation of the actions outlined in the Security Risk Mitigation Measures report and should ensure regular after action reviews to allow new lessons to be incorporated into future iterations of the document.

- 5) **There is a need to expand the available information on vulnerable populations, particularly in urban settings, to better inform the scaling up of safety nets and to inform the prioritisation of target groups.** Targeting of ECT 1 and 2 happened in a context where there was limited pre-existing data to support targeting and during a period when, because of the nature of the shock and the need to keep the risks of disease transmission minimal, it was not possible to undertake rapid assessment which could have mitigated these data gaps. Recent experience indicates that poor households living in urban settings are very vulnerable to a number of shocks. There is a need to undertake additional analysis to understand the nature and characteristics of poverty in urban settings which can inform both core safety net programming and temporary expansion – when

needed – to respond to shocks. Such analysis would then allow decision makers to review options for conducting rapid targeting/enrolment in the event of shocks.³⁹

- 6) **The Government and its partners should continue to build on its positive experience of using a pre-financed contingency budget to further develop how its core Social Safety Net can be used as a vehicle for channelling funds for shock response.** The inclusion of a Contingent Emergency Response Component (CERC) and a contingency budget in the new World Bank operation - the Productive Social Safety Net and Youth Employment Project – are two valuable steps. The \$4 million contingency is expected to allow the project to respond to small to medium scale crises as they occur, such as flooding which tends to have severe impacts but in localized areas. The zero allocation CERC should allow the programme to respond to more covariate crises either through securing additional financing or reallocating existing programme funds (which might then be replenished later through additional financing).⁴⁰ In addition, the Government, with support from the World Bank, is already developing a Crises and Disaster Risk Finance Strategy which will likely propose a number of financing instrument options and is expected to explicitly identify safety nets as a key disbursement channel through which disaster response can be implemented. It will be important to articulate the key steps required to trigger the release of financing, to ensure that design options and systems are outlined and/or in place to allow financing to be rapidly operationalized and to clarify reporting requirements. In addition, the World Bank could explore prepositioning a Multi-Donor Trust Fund which could allow other donors to channel money into the shock responsive component of the new project. For example, the Trust Fund established for Ethiopia's Productive Safety Net Programme was not limited to confirmed donors but included an extensive list of potential donors which has allowed new donors to be brought on board rapidly.⁴¹

Annex 2 includes additional key recommendations and suggestions recommendations emerging from the various assessments conducted during the course of ECT 1 and 2 and the interviews conducted during this assessment.

³⁹ Globally there is often significant enthusiasm for the idea of pre-registering beneficiaries and/or developing social registries. However, developing and maintaining registries tend to be very expensive and the risk of data being out of date is high. While pre-registration may be an option for facilitating rapid targeting in the event of a shock, it should not be the only option considered.

⁴⁰ At the time of writing (September 2022), the Government has already requested the CERC be triggered to enable a social protection response to escalating inflation.

⁴¹ While Trust Funds tend to be established with a specific financing envelope in mind, linked to the level of financing indicated in a Program Appraisal Document (PAD), there is room for considerable flexibility within this. While donors are listed alongside provisional figures regarding their contribution, there can be significant deviations from these provisional figures within the overall Trust Fund Envelope.

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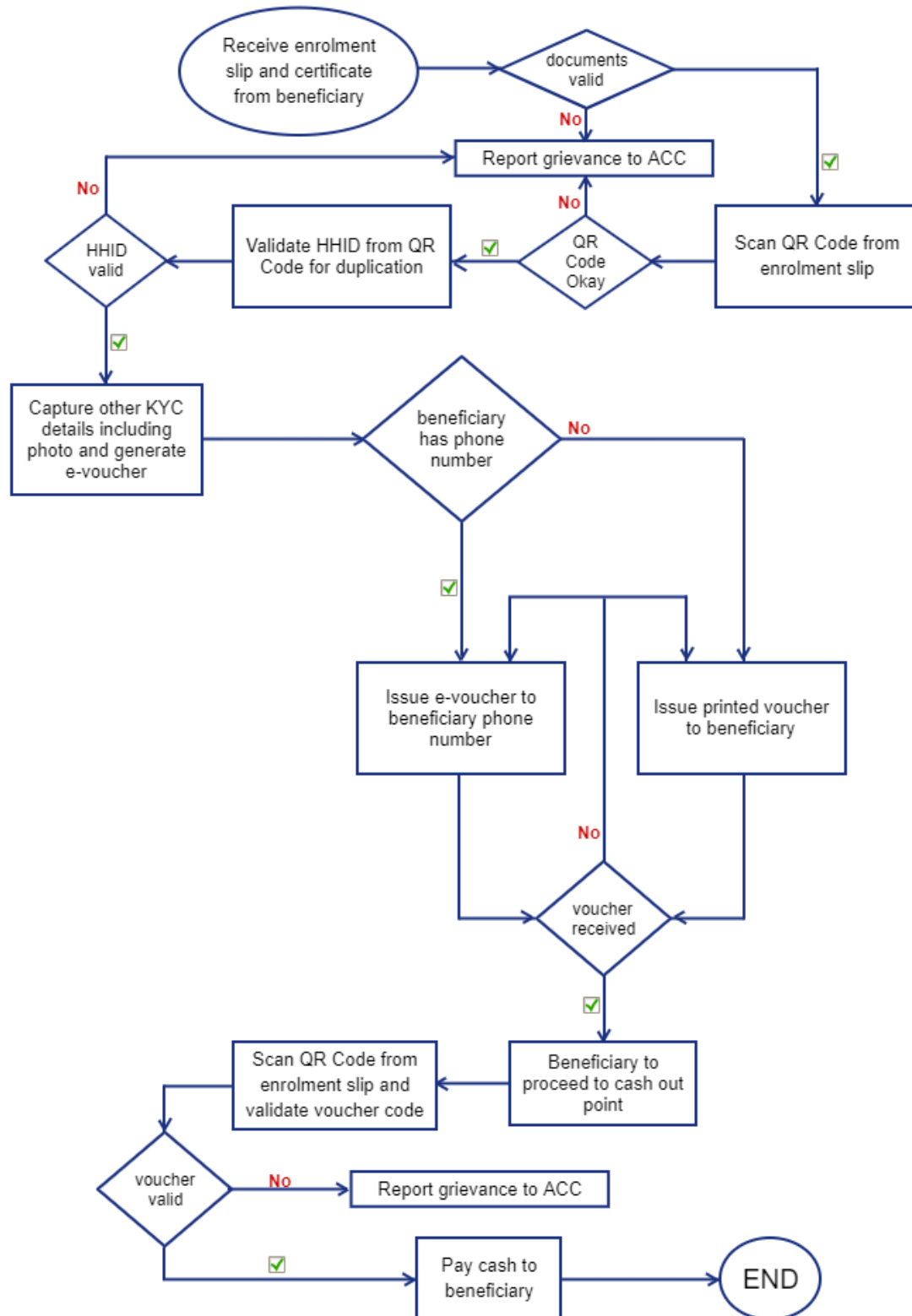
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Annexes

Annex 1: Emergency Cash Transfer Payment Flow Diagramme

(NaCSA, 2020c)



Annex 2: Summary of recommendations from monitoring reports

This annex tries to summarize some of the key recommendations emerging from the various assessments conducted during the course of ECT 1 and 2 and the interviews conducted during this assessment. They are categorized into the following blocks:

- Communication and Outreach
- Pre-listing, targeting and enrolment
- Payments
- Grievance and Case Management

Communications and Outreach
<ul style="list-style-type: none"> • Improve the timeliness of communications to stakeholders and ensure wider coverage to build awareness of the programme. • Ensure stakeholders (beneficiaries, NaCSA, volunteers, ACC and other supporting MDAs) understand their roles, responsibilities and entitlements • Continue to strengthen the IEC unit of NaCSA, improved communications will reduce errors and the risk of misinformation • Need for better preparation and engagement with stakeholders ahead of implementation, supported by documentation (including Standard Operating Procedures)
Pre-listing Targeting and Enrolment
<ul style="list-style-type: none"> • Better define the roles and responsibilities of volunteers, including providing them with a clear terms of reference • Limit the involvement of political leaders in pre-listing processes to avoid the risk of elite capture • Volunteers involved in targeted should be 'assumed as public officers' to ensure that any misconduct by such volunteers can be covered by the 2008 Anti-corruption Act (amended in 2019) • Volunteers should be provided with means of identification to ensure that prospective beneficiaries can verify who is 'officially' involved in the programme • ACC should play a greater role in the pre-listing of potential beneficiaries • NaCSA to improve its data management system for pre-listing • Shorten the time between pre-listing, verification and targeting to reduce the misplacement of slips by beneficiaries • Upload and validate data in the MIS system so that inconsistencies can be swiftly identified and corrected
Payments
<ul style="list-style-type: none"> • Need to ensure the availability of permanent or mobile payment agents within beneficiaries communities to reduce travel time. • There is a need for proper payment planning ahead of the commencement of payments. This should include planning of: appropriate payment centres, communications, availability of sufficient cash etc.). • Ensure that payments are spread over a manageable period of time • Ensure that there are an adequate number of pay points to manage the number of beneficiaries • Ensure that there are appropriate provisions made for vulnerable people (e.g. disabled, elderly and pregnant women) at pay points to improve access and to reduce risk. • Ensure that there is appropriate staffing and security to manage payment points, • Ensure adequate management and oversight of security (and other staff/volunteers) at payment points to minimize opportunities for rent-seeking behaviours • Critical to manage the flow of beneficiaries to payment points to avoid the risk of over-crowding

Grievance and Case Management

- The use of case management centres helped to ensure the rapid resolution of administrative challenges and grievances
- The availability of multiple reporting channels for complaints facilitates the submission of grievances

Annex 3: Use of GPS data to estimate the number of beneficiaries served by payment point

Anecdotal reports pointed to severe overcrowding at payment points, particularly at the National Stadium and Murray Town Junction. The author sought to verify this anecdotal data with information from the PSP on the number of beneficiaries paid at each payment point. Unfortunately, the PSP was unable to make this data available. Instead, GPS coordinates were recorded during payments. However, the GPS coordinates recorded were not always tightly grouped with the result that a number of assumptions needed to be made to estimate how to categorize beneficiaries by payment site. The figure below illustrates how GPS coordinates reflecting individual payments were attributed to different payment points.

Figure 26: Categorization of GPS coordinates reflecting individual payments by Payment Point

