

NATIONAL SOCIAL PROTECTION STRATEGY FOR SIERRA LEONE

2022-2026





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Glossary of terms

Ep fet po	Help fight poverty
Osusu	Informal savings and loans

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Acronyms

ACC	Anti-Corruption Commission
CWC	Child Welfare Committee
DHS	Demographic Household Survey
FQSE	Free Quality School Education
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GRM	Grievance Redress Mechanism
HGSF	Home-Grown School Feeding
IEC	Information Education and Communication
IMF	International Monetary Fund
IOM	International Organization for Migration
IPV	Intimate Partner Violence
M&E	Monitoring and Evaluation
MBSSE	Ministry of Basic and Senior Secondary Education
MDA	Ministries, Departments and Agencies
MGCA	Ministry of Gender and Children Affairs
MICS	Multiple Indicator Cluster Survey
MIS	Management Information System
MLSS	Ministry of Labour and Social Security
MoF	Ministry of Eabour and Social Security
MoHS	Ministry of Health and Sanitation
MSG	
MSW	_Mothers' Support Groups
MTNDP	Ministry of Social Welfare
	Medium-Term National Development Plan
NaCSA	National Commission for Social Action
	National Monitoring and Evaluation Directorate
NaSSIT	National Social Security and Insurance Trust
NSPC	_National Social Protection Council
NSPP	_National Social Protection Policy
NSPS	National Social Protection Secretariat
OECD	Organisation of Economic Cooperation and Development
PLHIV	_People Living with HIV/AIDS
PMT	Proxy Means Test
QAERP	Quick Action Emergency Response Plan
SBCC	Social Behaviour Change Communication
SLeSHI	Sierra Leone Social Health Insurance
SLIHS	Sierra Leone Integrated Household Survey
SLE	Sierra Leone Leone (new currency)
SME	Small and Medium Enterprises
SPF	Social Protection Floor
SPRINT	Social Protection Registry for Integrated National Targeting
SSN	Social Safety Net
STEmPRP	Social Transfers Emergency Preparedness and Response Pla
ToR	_Terms of Reference
TSC	Technical Steering Committee
UNDESA	_United Nations Department of Economic and Social Affairs
UNICEF	United Nations Children's Emergency Fund
WFP	World Food Programme

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Foreword

Message from the Vice President of the Republic of Sierra Leone

Over the years, Sierra Leone has made progress in the areas of health, education, infrastructure, food production, energy and social protection. In 2011, Government approved the Social Protection Policy which was revised and launched in 2020. In 2019, the Social Protection was included under clusters 5, 6 and 7 as key government priorities in the Sierra Leone Medium-Term Development Plan 2019-2023. This created renewed impetus to build on the social protection systems and launch additional programmes to support extremely poor and vulnerable groups. Social protection is one of the five pillars under the Quick Action Economic Recovery Plan initiated in April 2020 as part of the government's response to the COVID-19 pandemic. However, new emergencies such as the CoVID-19 pandemic, flooding and landslides continue to pose additional challenges to the social statistical system which explains the imperative to develop a social protection strategy. As a people, we have demonstrated resilience in the face of these challenges and emergencies. Government has designated social protection and labour market interventions as means to mitigate emergencies, disasters and enhance youth employability. It is therefore the responsibility of Government to take the lead in building an ecosystem to address these new emergencies and employment challenges. The National Social Protection Policy is in line with the Medium-Term Development Plan. With a vision to strengthen the social protection sector, it is critical or vital for Sierra Leone to elaborate on integrated National Social Protection Strategy.

The elaboration of the Social Protection Strategy was inclusive. A national consultation process was facilitated by local and international experts in Social Protection were conducted to allow broad base input into the strategy. The Strategy outlines the key priority areas for the next five years and beyond as clearly laid out in the National Social Protection Policy of the Government of Sierra Leone.

While the increase in population, and emergencies will continue to be critical factors for our socioeconomic progress, this strategy will place priority on optimising our Human Capital Development aspiration. In keeping with the goal we will continue to take additional steps to strengthen coordination, while at the same time implement measures and institute systems to measure progress.

I want to thank the Social Protection Inter-Agency Forum and the Hon. Minister of Labour and Social Security, Hon. Alpha Timbo for leading the preparation of the strategy. I want to encourage relevant MDAs to align their social protection initiatives and programmes to this strategy. Our government is pleased to present the Social Protection Strategy and Implementation Plan to the people of Sierra Leone. This strategy will herald a new commitment and approach to addressing social vulnerabilities and risks.

H.E. Dr Juldeh Jalloh, Vice President of the Republic of Sierra Leone

Acknowledgements

The Social Protection Strategy received tremendous input from numerous stakeholders, including Government officials, Non-governmental Organizations (NGOs), the private sector, development partners, women's groups, youth groups, trade unions, schools, academia, research institutions, persons with disabilities, and local authorities. The level of interest and participation were commendable. Much appreciation goes to the Inter-Agency Forum under Dr Juldeh Jalloh, Vice President of the Republic of Sierra Leone and Hon. Alpha Timbo, Minister of Labour and Social Security, for providing the needed leadership, strategic direction, and guidance throughout the Strategy preparation. Appreciation is owed to Dr Sao-Kpato H.I. Max-Kyne, Commissioner National Commission for Social Action, and Mr Jimmy Batilo, Deputy Commissioner of the National Commission for Social Action, for their unwavering support, participation and interest throughout the preparation process. Gratitude is extended to Mrs Francess Alghali, Minister of State in the Office of the Vice President, and Mrs Fatmata S. Mustapha, Permanent Secretary, Ministry of Labour and Social Security, for their strategic policy advice.

The untiring efforts of the Technical Steering Committee, comprising members of all relevant MDAs and headed by Mr Idris Turay, National Coordinator, Social Protection Secretariat within National Commission for Social Action (NaCSA), into drafting the Strategy, providing technical inputs and leading discussions on the Strategy preparation is highly appreciated. I also acknowledge the technical and financial support our partners provide – the World Bank, United Nations Children's Fund (UNICEF), World Food Programme (WFP), Food and Agriculture Organization (FAO) and others, all the technical staff of the relevant MDAs and Development Pathways. Of particular note are the contributions of Ms Mona Korsgard, Chief of Evidence, Policy and Social Protection, UNICEF and Dr Abu Kargbo, Senior Social Protection Specialist, World Bank, for providing critical strategic and general ideas for logical consistency and the costing of the plan. UNICEF is appreciated for the financial support for the preparation of the Strategy. The efforts of everyone who, in diverse ways, worked assiduously and contributed to the entire process by making their voices heard were notably helpful. Special thanks to Development Pathways for leading the writing of the Strategy.

The commitment demonstrated by all staff of the National Commission for Social Action and the Ministry of Labour and Social Security is laudable.

Executive summary

Social protection is high on the agenda of the Government of Sierra Leone. Since 2014 its flagship Social Safety Net (SSN) programme and other social protection interventions have reached more than 190,000 extremely poor households with a regular cash transfer. Additionally, in the Medium-Term National Development Plan 2019-2023 (MTNDP), the Government has declared its commitment to developing a solid national social protection system and delivering quality social protection services to the population to enhance human capital.

In January 2020, the Government launched its revised National Social Protection Policy (NSPP). It sets out the goal to establish a gender-sensitive, disability-inclusive and age-appropriate framework for protecting the extremely poor and vulnerable and to minimise risks of others sliding into poverty through a minimum social protection floor for all Sierra Leoneans citizens to ensure a life of dignity. The specific objectives under the policy are:

- Stronger state-citizen relationships;
- Enhanced human capital development;
- Effective management of risk and vulnerability;
- Empowerment and livelihood development;
- Sustained social cohesion and nationbuilding;
- Inclusive macro-economic policy.

To strengthen the strategic vision and direction of the social protection sector, an integrated National Social Protection Strategy is critical for Sierra Leone. This Strategy, the result of a national consultation process facilitated by international social protection experts, outlines the strategic priority areas for the next five years to meet the policy objectives laid out in the NSPP.

First, it outlines the programmes needed to reach policy objectives and strategic targets,

reaching priority groups of the population with age-appropriate social protection services incorporating considerations of disability, gender and child-sensitive social protection, including coverage targets which would enable achievement of the policy objectives. It discusses each group's challenges, current social protection programmes, the vision for 2040, an action plan for 2026, priority activities, and costs and benefits for each group.

On the programmes side, technical working groups were set up to reflect the six key lifecourse stages outlined in the NSPP, namely:

- Pregnant women and infants (0 to 5 years)
- School-age (6 to 14 years)
- Youth (15 to 24 years)
- Working age (25 to 64 years)
- Older people (over 65 years)
- Disability and chronic illness

The NSPP adopted a life-course framework, which clarifies the different risks, vulnerabilities, objectives, coordination, partnerships, and linkages relating to specific life-course groups.

A key consideration for the Strategy is gender equity, as a cross-cutting element to be taken into consideration for all life-course stages. In general terms, the Strategy takes deliberate measures to address women's gender-specific risks and vulnerabilities, enabling women and men to thrive and balance employment and caregiving responsibilities.

The table below summarises the action plans for the next five years and the vision for 2040 for each life-course stage.

Life-course stage	Next 5 years	То 2040
0-5	 Gradual roll-out of child grant for under 2s Birth registration bonus? Establishment of mothers' support groups. Early childhood development programmes. 	 Roll-out of mothers' support groups. Child Grant expansion of age up to 5 years.
6-14	 Educational incentives and waivers for marginalised/vulnerable children. Progressively expand the coverage of home-grown school feeding. 	 Further expansion of child grants up to 14 years. Roll out home-grown school feeding to national coverage.
15-24	 Educational incentives and waivers, develop youth skills training and links to employment opportunities. Support safe transition to adulthood (Life skills). Provide support (livelihood, psychosocial, health, legal, etc.) to survivors of gender-based violence (GBV) and other forms of violence. 	 Integrate Active Labour Market Policies (ALMPs) for youth into SSN. Educational incentives and waivers for youth.
25-64	 Labour market policy and legislative reform. Continuation and refinement of SSN. Review of expansion of social insurance. Develop employment opportunities. Provide support (livelihood, psychosocial, health, legal, etc.) to survivors of GBV and other forms of violence. 	 Introduction of reformed SSN. Expansion of coverage of social insurance (membership and contingency).
>60	 Gradual expansion of pension for those over 70 years of age. Policy and legislation on age retirement. 	• Expansion of pension down to the age of 60 years.
Disability	 Disability assessment system. Disability registry. Introduction of a disability grant. 	 National expansion of a disability grant. Employment opportunities adapted to persons with disabilities. Disability friendly infrastructure.

Table 0-1. Summary of life-course stage recommendations

The Strategy considers how to operationalise those programmes to meet the policy objectives through setting systems strengthening targets to ensure coherent, coordinated, and effective implementation of social protection programmes in Sierra Leone. This includes tools such as a single social registry, a Grievance Redress Mechanism, shock-responsive capacity, linkages with and referrals to social services, capacity strengthening, a monitoring and evaluation framework and coordination mechanisms.

The technical working groups focused on specific systems subcomponents:

 Back-office systems: registry, Management Information System (MIS), selection, targeting and financial management;

- Client-facing systems: outreach, Information Education and Communication (IEC), Grievance Redress Mechanism (GRM) and case management;
- Monitoring and evaluation; and
- Governance and coordination.

It will be necessary to formalize linkages with other critical information systems, such as the NaSSIT database (for those formally employed in public/private sectors), the education MIS and the identity system of the National Civil Registration Authority under the Ministry of Internal Affairs.

Creating such linkages is a critical aspect, not only for the smooth-running, efficiency, accountability and good governance of standard life-course social protection programmes but also to leverage the ability of those programmes to be adaptive and scalable in the event of a shock. There are essentially three primary requisites for shock-responsive social protection: (i) to have robust and flexible systems already in place, (ii) to have contingency funding available, and (iii) to have the necessary procedures in place to trigger a rapid response.

Finally, the Strategy outlines the costs of the Strategy as a whole, including systems strengthening and programmes, and based on scenarios modelled with selected levels of coverage of priority groups, benefit levels and comprehensiveness of programming to inform progressive realisation of the NSPP's vision of universal coverage by 2040.



Background

1.1 Context

Since the end of the Sierra Leone civil war in January 2002, the country has experienced a significant boost in economic growth. However, despite its GDP jump from US\$ 1.298 billion in 2001 to US\$ 3.737 billion in 2020,¹ existing studies of the context of social and economic vulnerability in Sierra Leone indicate that poverty and vulnerability are widespread. According to the most recent Sierra Leone Integrated Household Survey (SLIHS) of 2018, 56 per cent of the population falls below the national poverty line and 160,000 households, which account for 13 per cent, live in extreme poverty. According to the 2019 Multidimensional Poverty Index (MPI) Report and the Multidimensional Child Poverty Report, 65 per cent of the population live in multidimensional poverty, with 66 per cent of children affected by multidimensional poverty.

According to UNDP's Human Development Index (HDI) (2020), Sierra Leone is ranked at the bottom of the list at 182 out of 189 countries/territories. The life expectancy at birth is 54.7 years. The expected years of school is 10.6 years for men and 9.2 years for women. The percentage of the population that benefited from secondary education is 20.1 per cent for women and 33 per cent for men. Sierra Leone's overall 'loss' in human development due to inequality is also high at 35.6 per cent compared to the average of low HDI countries of 31.4 per cent, resulting in an inequality in education of 46.9 per cent and an inequality in income of 17.7 per cent.² Sierra Leone has a Gender Inequality Index score of 0.644. This score, ranging from 0 to 1, reflects the loss of potential human development from women faring quite poorly compared to

their male counterparts in reproductive health, empowerment and the labour market.

One of the factors exacerbating poverty and inequality rates is Sierra Leone's exposure to climate and health pandemics. While its hazard profile is constituted of frequent floods, tropical storms, and fires, the events with the most disastrous impacts have been landslides, droughts and health epidemics. For example, in 2017, a heavy monsoon rainfall followed by a large landslide near Freetown cost the economy around US\$ 31.7 million, equivalent to 0.8 per cent of its 2016 GDP. Before the landslide, Sierra Leone was trying to recover from the Ebola crisis (2014-2016), during which its economy took a hit of US\$ 1.9 billion.³

The COVID-19 pandemic is believed to have further exacerbated the previously stated reality of poverty for the population of Sierra Leone, with many people pushed across the poverty line or deeper into poverty. The World Bank (2020) has reported a drop of half of the average weekly income for self-employed individuals and higher food insecurity with rising food prices and an increase by 20 percentage points in households resorting to harmful coping mechanisms such as reducing their number of meals per day. In fact, the reported number of food-insecure people rose from 3.9 million (47.7 per cent) in January 2020 to 5.1 million (63 per cent) in June 2020.

As a result of the current global crises, the price of staple foods significantly increased over the January to June period in 2021: the cost of local rice increased by 36 per cent, that of imported rice by 42 per cent and that of

¹ The World Bank DataBank, GDP (constant 2010 USD) – Sierra Leone, accessible via <u>https://data.worldbank.org/indicator/NY.GDP.MKTP. KD?locations=SL</u>, last visited 15 October 2021.

² UNDP (2020) Human Development Report 2020-The Next Frontier: Human Development and the Anthropocene Briefing note for countries on the 2020 Human Development Report: Sierra Leone.

³ Ishizawa, A. O., et al (2020) Disaster Risk Management Diagnostic Note : Sierra Leone, The World Bank, Washington DC.

cassava by 44 per cent.⁴ The purchasing power of the average Sierra Leonean has been highly affected due to the stagnation of incomes.

1.2 Social protection

Social protection is high on the agenda of the Government of Sierra Leone. Since 2014 its flagship Social Safety Net (SSN) programme and other social protection interventions have reached more than 190,000 extremely poor households with a regular cash transfer which has allowed beneficiary households to smooth their consumption and mitigate the most severe impacts of poverty. In May 2020, taking into account the implications of the COVID-19 pandemic, the Government decided to expand the SSN programme nationwide to reach an additional 70,000 households and has adjusted the programme to address a broader range of vulnerabilities and needs. In the MTNDP, the Government declared its commitment to developing a solid national social protection system and delivering quality social protection services to the population to enhance human capital.

In January 2020, the Government launched its revised National Social Protection Policy (NSPP). It sets out the goal to establish a gender-sensitive, disability-inclusive and age-appropriate framework for protecting the extreme poor and vulnerable and to minimise risks of others sliding into poverty through a minimum social protection floor for all Sierra Leonean citizens to ensure a life of dignity. The specific objectives under the policy are:

- Stronger state-citizen relationships;
- Enhanced human capital development;
- Effective management of risk and vulnerability;
- Empowerment and livelihood development;
- Sustained social cohesion and nationbuilding;
- Inclusive macro-economic policy.

The policy explicitly adopts a lifecycle approach providing age-appropriate social protection interventions which recognise the need to hinder the build-up of risks and vulnerabilities throughout the lifecycle. It covers three main categories of social protection – social insurance, social assistance and traditional social protection.⁵ Within these three categories, the policy outlines the priority groups as children, people with disabilities and ill health, older people, women and youth.

Due to the frequency and severity of humanitarian situations in Sierra Leone, which cause loss of life and severe economic damage, social protection has become a significant policy and programme area for the Government. Ensuring shock-responsive aspects to social protection and enhancing the capacity to respond to humanitarian situations through social protection programmes are an absolute priority.

Against the background of COVID-19, the operationalisation of the social protection policy objectives in a comprehensive Strategy becomes even more urgent. With the onset of the COVID-19 pandemic, social protection has become a central element of the Government's response, with the recognition that infection prevention interventions, including restriction on movement, reduced market access and reduced activity in certain sectors, severely impact the livelihoods of households, particularly those within the informal sector. Social protection is one of the five pillars under the Quick Action Economic Recovery Plan (QAERP), initiated in April 2020 for the socio-economic response to COVID-19. Beneficiaries have been targeted through: i) an emergency cash transfer programme reaching households of informal workers in urban areas; ii) the COVID-19 SSN, which will reach 70,000 households across the country; and iii) two rounds of special campaigns targeting people with disabilities with food assistance and cash transfers ahead of the two rounds of three-day full lockdowns in April and May 2020 respectively.

4 MoA-WFP Market Monitor Report Sierra Leone (April — June 2022).

5 The NSPP includes under the heading of "traditional social protection" all local-level schemes in the form of cash contribution groups (such as 'osusu'), informal labour exchange and extended family reciprocity.

Key concerns for the social protection sector within Sierra Leone are the sustainability and longevity of the major programmes, the interaction with the current decentralisation policy and the management of cases for beneficiaries. The major social protection programmes, such as the SSN, are funded by development partners, with minimal allocation from the Government's budget. This lack of sustainable long-term funding arrangement creates a challenge for coordinating social protection programmes and limits opportunities to go beyond addressing immediate poverty and to develop human capabilities and increase resilience through a long-term vision of inclusive social protection. Similarly with decentralisation: the Government is keenly aware of the need to decentralise, but capacity and progress towards doing so are limited. Any social protection system to meet the vast needs of an underserved rural population in the context of wide disparities between urban and rural poverty must consider the need to support decentralised capacity in service delivery as a central concern. A third key issue pertains to the case management for beneficiaries, whereby the lack of referral mechanisms to services, coupled with the prevailing inadequacy of local service provision, limits access to appropriate needs based on age, gender, disability, health, nutrition etc.

1.3 Purpose and objectives

To strengthen the strategic vision and direction of the social protection sector, an integrated National Social Protection Strategy is critical for Sierra Leone. This Strategy, the result of a national consultation process facilitated by international social protection experts, outlines the strategic priority areas for the next five years (2022-2026) to meet the policy objectives laid out in the NSPP.

First, it outlines the **programmes** needed to reach policy objectives and strategic targets, reaching priority groups of the population with age-appropriate social protection services incorporating considerations of disability, gender- and child-sensitive social protection, including coverage targets which would enable achievement of the policy objectives.

Second, it considers how to operationalise those programmes to meet the policy objectives through setting **systems strengthening** targets to ensure coherent, coordinated, and effective implementation of social protection programmes in Sierra Leone. This includes tools such as a single social registry, a Grievance Redress Mechanism, shock-responsive capacity, linkages with and referrals to social services, capacity strengthening, a monitoring and evaluation framework and coordination mechanisms.

Finally, it outlines the **costs** of the Strategy as a whole, including systems strengthening and programmes, and based on scenarios modelled with selected levels of coverage of priority groups, benefit levels and comprehensiveness of programming to inform progressive realisation of the NSPP's vision of universal coverage by 2040.

1.4 Process

With full national ownership of the process and simultaneously ensure that the Strategy fully reflects the NSPP's commitment to a life-course approach supported by robust, common and scalable systems, the development of the Strategy was split across specialised technical working groups. These groups covered the two main components of the Strategy: the programmes component and the systems strengthening component.

On the programmes side, six of these groups were set up to reflect the six key life-course stages outlined in the NSPP, namely:

- Pregnant women and infants (0-5 years)
- School-age (6-14 years)
- Youth (15-24 years)⁶
- Working age (25-64 years)

⁶ It should be noted that the age brackets in the NSPP (where youth covers 15 to 24 years) differs from the traditional definition of "Youth" used in Sierra Leone (15 to 35 years). The NSPS retains the age range of the NSPP for consistency.

- Older people (over 65 years)
- Disability and chronic illness

The advantage of working separately across different life-course groups was that it allowed a much clearer focus on the various risks and vulnerabilities faced through the life course. This facilitated the definition of primary and secondary objectives for each life-course group, helped to identify coverage gaps once all existing interventions had been mapped, and permitted the identification of critical linkages, thereby making the scope of Strategy development more manageable by focussing collaboration on just the key partners for that particular life-course group. It also helped to avoid the common pitfalls of developing an undifferentiated overall Social Protection Strategy. For example, it is better to see different interventions for different life-course groups as being different policy choices, not as "categorical targeting". It is more readily apparent that "graduation" from a programme is a viable objective only for the working age (and perhaps youth), not for other life-course groups, and that "exit strategies"

need to be very different for infants than for older people or those with disabilities.

The remaining four technical working groups focussed on specific systems subcomponents:

- Back-office systems: registry, Management Information System (MIS), targeting, selection and financial management;
- Client-facing systems: outreach, Information Education and Communication (IEC), Grievance Redress Mechanism (GRM) and case management;
- Monitoring and evaluation; and
- Governance and coordination.

All of these working groups met individually on several occasions throughout the Strategy formulation process, in each case supported remotely by an expert from the facilitation team. During the assignment, there were also three more extensive workshops comprising all the working groups and other stakeholders.



2. Overview of the National Social Protection Policy

2.1 Conception of social protection

In common with many other similar policies in Africa at the time, Sierra Leone's first social protection policy, developed in 2011, focused on reducing current poverty (in addition – even then – to an objective of strengthening systems). "As a manifestation of its commitment, the Government adopted the Social Protection Policy in 2011 with the specific sector objectives to (a) Strengthen the social protection delivery system; (b) Ensure the **poorest and vulnerable** are afforded an equal opportunity to access basic services and mitigate risks."

By the time of the current iteration of the NSPP, again in common with the evolution of more global perceptions, there is a recognition that social protection needs to go much further than alleviating current poverty. The goal of the policy is to establish a gendersensitive and age-appropriate framework for protection of the most poor and vulnerable and to minimise the risks of others sliding into poverty through a minimum social protection floor for all Sierra Leonean citizens to ensure a life of dignity. This recognises that social protection should address broader vulnerabilities all citizens face throughout their lives, build their resilience, and enable them to live in dignity. As His Excellency, the President, wrote in his Foreword to the NSPP: "It is also our hope that we can foster resilience to emergencies and a more inclusive development pathway for the country". The Strategy needs to reflect this broader understanding.

2.2 Scope

The current NSPP is a very comprehensive document. Its expansive scope extends

beyond what would generally be considered pure social protection. Its policy measures are "classified into 11 categories", including a number that clearly correlates with other sectoral responsibilities, for example:

- Education ("provide free education,... scholarships,...exam fees")
- Health ("provide free healthcare")
- Agriculture ("improve agricultural productivity")
- Employment ("promote the development of SMEs")
- Emergency response ("train emergency response volunteers")
- Infrastructure ("adapt existing and new streets")
- Active Labour Market Programmes ("facilitate training...in micro-enterprise activities")
- Protection ("interventions such as child rights and advocacy/awareness, early child development activities, educational assistance, health assistance")

This comprehensiveness clearly recognises that a comprehensive social protection system requires a coordinated multi-sectoral approach. But it also requires a countervailing recognition that social protection alone cannot achieve these policy objectives: that will instead require close collaboration and strong links with the National Development Strategy/ Plan as well as other Ministries, Departments and Agencies (MDA), who have the primary mandate for these different sectors. This Strategy, therefore, focuses on the core social protection aspects of the NSPP but with an objective to ensure consistency with other existing policies that already establish clear guidelines in linked areas, such as education, health, gender, school meals, disability, HIV/ AIDS, old age, and so on.

This Strategy must help to build such linkages and partnerships, which has already started through the formation of the working groups during the Strategy development process.

2.3 Life-course approach

The NSPP refers to several different frameworks for social protection. For example, it references the "protection, prevention, promotion, transformation" framework that was the basis for the previous policy. But this, while sound conceptually, is less helpful operationally. The NSPP also sets out, as mentioned above, eleven "categories", and it makes implicit reference to the internationally promoted Social Protection Floor (SPF),⁷ particularly in its "Area of Focus #1", where it sets out a "minimum package" reflecting the SPF. It also explicitly adopts a rightsbased approach, seeing social protection as a "fundamental right" with a "goal of universal coverage" to be achieved – encouragingly, but ambitiously – "within a horizon of no more than twenty years".

Any of these frameworks could legitimately have been adopted as the basis for the Strategy. However, it was agreed to adopt a life-course framework (already encapsulated in a human rights-based approach). Already the NSPP articulates clearly in its section on "Approach to Social Protection" that "The policy adopts a lifecycle approach (cradle to the grave)". Furthermore, the life-course approach is beneficial in providing clarity on the different risks, vulnerabilities, objectives, coordination, partnerships and linkages relating to various life-course groups.

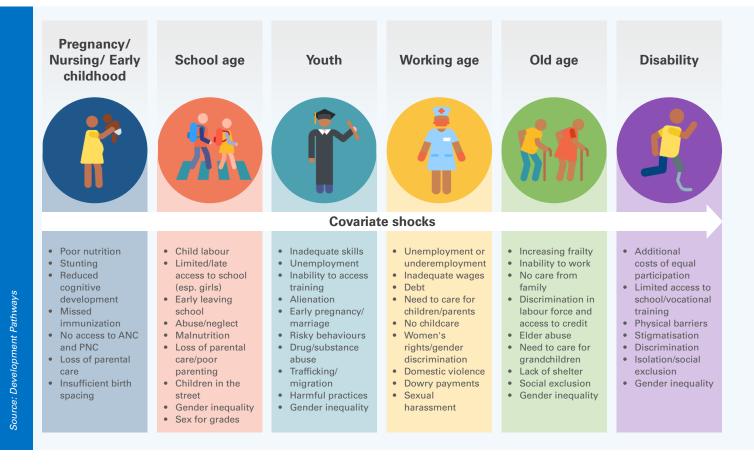


Figure 2-1. Lifecycle Vulnerabilities

7 As per the International Labour Organisation (ILO) recommedation 202 on Social Protection Floor (SPF). ILO's conception of an SPF also includes access to healthcare. In Sierra Leone, social health insurance falls predominantly under the National Health Sector Strategic Plan, so is not included in the NSPS.

2.4 A focus on individuals

By adopting a life-course approach, the NSPP moves Sierra Leone's social protection to assume a focus on the individual rather than the household. In adopting a lifecourse approach, it is recognised that many individuals experience multiple and intersecting vulnerabilities during a lifetime. In the design of social transfer programmes, policymakers can choose between targeting benefits to individuals or households. As rights holders, individuals of all ages are entitled to social protection to help them address the particular risks and vulnerabilities they might face throughout their lives.

In addition to risks and vulnerabilities across different life stages, policymakers must consider the many potential barriers to accessing social protection programmes that may be experienced by individuals or households. In particular, when designing or adjusting the parameters of a social protection programme, policymakers must consider intra-household poverty – which is a common deficiency of schemes targeted at the household level. Household-level targeting does not account for the intra-household distribution of income or wealth and can have negative implications for vulnerable persons within the household – particularly those less likely to generate incomes. Such individuals may not be eligible for particular social protection schemes if they live in a household categorised as "non-poor". Therefore, providing individual benefits, such as an old-age pension or disability benefit, may be a more practical approach to avoiding exclusion.

With household benefits (which tend to be paid directly to the head of household), their impact on different household members may vary due to unequal sharing of resources between household members. Policymakers in some countries have recognised this risk and do not restrict the number of benefits a household can receive as long as members fulfil eligibility criteria. As a result, the overall value of benefits received by a household is naturally aligned with the severity of the challenges it faces. Generally, individual benefits, paid for common lifecycle risks, avoid these pitfalls and are a much simpler way of designing a rights-based genderresponsive social security system, as the NSPP recognises.

2.5 Core principles of the Strategy

The Strategy adopts the key principles set out in the NSPP, specifically the following:

- The principle of redistribution The State redistributes resources progressively to reduce gaps in inequality, using important means of resource redistribution and provision of non-market services and opportunities to ensure social order and stability. This principle commits to redistribution of resources, and the GoSL will reduce poverty among adults and children in line with the SDGs through social transfers, social insurance and the provision of social support services.
- The principle of universal basic needs: – All humans have fundamental universal rights for successful and critical participation in social life. Human needs are the universal preconditions for participation in social life. The Government therefore, affirms the right of every Sierra Leonean to satisfy their basic needs, especially in the areas of education, health, food security and housing.
- The principle of citizenship: This principle stipulates that the purpose of the State is for the good of the citizens. All citizens, without discrimination on the basis of status, class, gender or orientation, should be offered some minimum standard of living in relation to an agreed range of services. The GoSL, through its relevant agencies, will carry out relevant citizenship-related activities to ensure the effective delivery of services to the populace.
- The principle of human rights: The principles of human rights are built on the fact that all human beings are born equal in dignity and rights. Social and economic rights therefore, therefore, guarantee the right to life. Social protection rights are valued as much as other human rights.

The GoSL will reverse any leaning that suggests that more attention is being given to other human rights than to social protection rights.

- The principle of social cohesion: The role of the social contract in maintaining social stability and cohesion, which are necessary for the well-being of the individuals and groups in every society, cannot be over-emphasised. The GoSL will consciously use appropriate social welfare and social protection mechanisms to discourage actions that could lead to social dislocation, problems and conflict.
- Principle of social inclusiveness Social inclusiveness demands that increasing provision be made for economic, social, political and cultural opportunities for citizens' participation in the normal activities of their society without stigma or discrimination. This should include the issue of intersectionality through combating all forms of discrimination, oppression and marginalisation. GoSL accepts this view and shall take necessary measures to widen access and increase participation by all.

Other principles also taken into consideration in the NSPP include:

- Responsiveness to the needs, realities and conditions of livelihood of those whom the policy measures are intended to benefit. This would importantly include advancing gender equality and women's empowerment.
- Affordability in the context of short- and medium-term planning for the public budget and in terms of not placing unreasonable burdens on households and communities.
- Sustainability, both financially and politically, with the requirement that the GoSL ensures that the state's role in social protection reflects an adequate level of public support for interventions to assist the poorest.
- Social protection mainstreamed institutionally within sustainable structures of Government and implemented within state structures.
- Social protection built on the principle of utilising the capabilities of individuals, households and communities and avoiding the creation of dependency and stigma.
- Social protection mechanisms that are flexible and capable of responding to changing scenarios and the emergence of new challenges (e.g. the impact of the Ebola virus disease, landslides and floods).



3. Programmes

The Strategy follows the structure of the NSPP in adopting a life-course framework of critical programmes, using the distinct life-course groups delineated in the NSPP, namely "0-5, 6-14, 15-24, 25-64 and above 65 years", with an additional life-course group concerned with disability. To some degree, these age boundaries are artificial, with some vulnerabilities - for example, gender-based violence (GBV) or access to health⁸ spanning several different life-course stages. But they help identify specific risks and vulnerabilities individuals face across their life cycle, so SP programmes and services can adequately cover these. The life-course approach also recognises the interconnectedness of different vulnerabilities and makes it easier to identify gaps so that inequities are reduced through coverage expansion.

A key consideration for the Strategy is **gender equity**, as a cross-cutting element to be taken into consideration for all lifecourse stages. Given that gender-sensitive social protection can accelerate progress towards gender equality and that the impacts of social protection programmes are not gender-neutral, it is of utmost importance that these considerations are part of the proposed targets. As such, the design and implementation of social protection strategies need to recognise the multiple forms of discrimination and risks that especially girls and women experience. The Government will need to ensure that programmes and services within this Strategy address women's specific needs throughout their life cycle. In addition, it is of key importance that social protection programmes are subject to gender-sensitive eligibility criteria which take into account intra-household dynamics and distribution of work and resources and do not impose requirements that disproportionately disadvantage girls and women.

In general terms, the Strategy takes deliberate measures to address women's gender-specific risks and vulnerabilities, enabling women and men to thrive, survive, and balance employment and caregiving responsibilities. Social protection programmes, while acknowledging the role of women as caregivers, should refrain from reinforcing patterns of discrimination and negative stereotyping. There is also evidence⁹ that suggests a linkage between social protection and a reduction in GBV, as more income security decreases men's stress, anxiety and tensions around poverty and financial insecurity. In addition, women's empowerment can be used to mitigate and prevent GBV; and more linkages with other social services aimed at reducing GBV can be attained. Box 3-1 provides more details on the type of social protection programme design features that can contribute towards reducing GBV.

⁸ Access to health, through the Sierra Leone Social Health Insurance (SLeSHI) scheme, fall under the National Health Sector Strategic Plan, and is not discussed in detail in the NSPS.

⁹ Roy, S. et al. (2019) Can transfers and behavior change communication reduce intimate partner violence four years post-program? Experimental evidence from Bangladesh. IFPRI Discussion Paper 1869. Washington, DC: International Food Policy Research Institute (IFPRI); Friedman, J. (2019) Cash and Voucher Assistance and Gender Based Violence Compendium: Practical Guidance for Humanitarian Practitioners, A COMPANION GUIDE TO THE IASC GBV GUIDELINES; Petti, A. (2018) "Cash Transfers Can Reduce Intimate Partner Violence Among Adolescent Girls". Presentation at The Gender-Based Violence Task Force of the Interagency Gender Working Group, Addressing Gender-Based Violence Through Cash Transfer Programming, Monday, Gillings School of Global Public Health; Buller AM., et al. (2018) A Mixed Methods Review of Cash Transfers and Intimate Partner Violence in LMICs. Presentation at The Gender-Based Violence Task Force of the Interagency Gender Working Group, Addressing Gender-Based Violence Through Cash Transfers and Intimate Partner Violence in LMICs. Violence Transfer Programming. London School of Hygiene and Tropical Medicine, UNICEF Innocenti, IFPRI; Heath,R., Hidrobo, M. and Roy, S. (2020) Cash transfers, polygamy, and intimate partner violence: Experimental evidence from Mali. Journal of Development Economics 143: 102410.

Box 3-1. Gender-sensitive social protection programme and service design features¹⁰

- Programme delivery: risks of GBV and sexual exploitation need to be addressed through design and implementation. Key: participation of women in design and implementation. What are their considerations?
- How the transfer is framed may be crucial in how men respond and, therefore, may affect impact (e.g. children's nutrition versus explicit empowerment framing). Also, in highly patriarchal settings, shifts in household dynamics that are less challenging to traditional gender norms are less likely to prompt violence.
- Intra-household relationships are key: design features to allow women to retain control (messaging, frequency, size of transfer) and disaggregate polygamous and non-polygamous households (to decrease possible tensions).
- Communications Strategy: messaging and awareness on GBV and Intimate Partner Violence (IPV).
- GRM/call centres: can also identify GBV/IPV cases and refer them through the appropriate referral channels.
- Monitoring and beneficiaries' surveys: data collection should include questions that safely explore potential GBV risks and data disaggregation by sex, age, disability and other inequality factors to monitor equal access.
- Women working in care: Government needs to look into how women and girls have also been disproportionately exposed to health risks, violence, sexual exploitation, abuse and harassment.
- Additional services/components provide the potential for synergies and linkages. GBV actors increasingly use social protection as an essential component of programming for survivors of violence – to help facilitate access to services, including payment of fees and transportation costs.
- Use of existing gender capacity, as well as mainstreaming GBV tools and the national referral protocols in social protection responses.
- Provide training and capacity building to programme implementers on Gender-Based Violence Information Management Systems (GBVIMS) and IPV.
- Police record and reference checks for implementation staff, particularly front-line staff in direct contact with programme beneficiaries.
- If targeted to women: accompany with gender discussion groups, knowledge strengthening to utilize social protection programmes to assert women's rights to equality and prevent violence, and including men in other support interventions.

Sierra Leone has a Gender Inequality Index score of 0.644. This score, ranging from 0 to 1, reflects the loss of potential human development from women faring quite poorly compared to their male counterparts in reproductive health, empowerment and the labour market. In addition to inequality, women in Sierra Leone are also subject to or at a high risk of being subjected to significant acts of GBV and harmful practices. For example, the prevalence of female genital mutilation/cutting among girls and women affects 86.1 per cent

10 Buller, AM., et al. (2018) A Mixed Methods Review of Cash Transfers and Intimate Partner Violence in LMICs. Presentation at The Gender-Based Violence Task Force of the Interagency Gender Working Group, Addressing Gender-Based Violence Through Cash Transfer Programming. London School of Hygiene and Tropical Medicine, UNICEF Innocenti, IFPRI; Quarterman, L. and Peterman, A. (2020) Tips for linking social protection and gender-based violence prevention and response during COVID-19, Gender and COVID-19. Accessible via https://www.genderandcovid-19.org/research/social-protection-gender-based-violence-gbv-covid-19-corona-evidence-programming/, last visited on 29 October 2021.

of women aged 15 to 49;¹¹ and 48.8 per cent of women aged 15 and older have previously experienced violence by their intimate partner.¹²

Overall, the Strategy aims to strike a balance between the longer-term ambition of the NSPP for universal coverage within 20 years and the pragmatic recognition that current fiscal space is constrained (especially in the wake of COVID-19) and can only realistically be expected to expand gradually over time.

The table below summarises the recommendations for each life-course stage.

Table 0-1. Summary of life-course stage recommendations

Life-course stage	Next 5 years	То 2040
0-5	 Gradual roll-out of child grant for under 2s Birth registration bonus? Establishment of mothers' support groups. Early childhood development programmes. 	 Roll-out of mothers' support groups. Child Grant expansion of age up to 5 years.
6-14	 Educational incentives and waivers for marginalised/vulnerable children. Progressively expand the coverage of home-grown school feeding. 	 Further expansion of child grants up to 14 years. Roll out home-grown school feeding to national coverage.
15-24	 Educational incentives and waivers, develop youth skills training and links to employment opportunities. Support safe transition to adulthood (Life skills). Provide support (livelihood, psychosocial, health, legal, etc.) to survivors of gender-based violence (GBV) and other forms of violence. 	 Integrate Active Labour Market Policies (ALMPs) for youth into SSN. Educational incentives and waivers for youth.
25-64	 Labour market policy and legislative reform. Continuation and refinement of SSN. Review of expansion of social insurance. Develop employment opportunities. Provide support (livelihood, psychosocial, health, legal, etc.) to survivors of GBV and other forms of violence. 	 Introduction of reformed SSN Expansion of coverage of social insurance (membership and contingency).
>60	 Gradual expansion of pension for those over 70 years of age. Policy and legislation on age retirement. 	• Expansion of pension down to the age of 60 years.
Disability	 Disability assessment system. Disability registry. Introduction of a disability grant. 	 National expansion of a disability grant. Employment opportunities adapted to persons with disabilities. Disability friendly infrastructure.

11 Statistics Sierra Leone. Sierra Leone Multiple Indicator Cluster Survey 2017, Survey Findings Report. Freetown, Sierra Leone, 2018.

12 UNDP, Human Development Reports Database. Accessible via http://hdr.undp.org/en/countries/profiles/SLE, last visited on 28 October 2021.

This comprises an initial programmatic focus on (i) consolidating and expanding the existing social pension for those over 70 years of age and (ii) gradually introducing a new child grant for those under two years of age (i.e. covering the critical first 1000 days), both of which would be operating universally across the country by the end of the next five years. These two life-course programmes, though restricted in terms of the age of eligibility, would nonetheless constitute the building blocks of an inclusive social protection system, start to leverage the political economy of inclusive social protection and would lay the foundation for gradual expansion over the rest of the period to 2040, by which time all children below the age of 15 and all people over the age of 60 would be covered. Alongside these, the next five years would provide the opportunity (i) to establish the necessary systems for the determination, assessment, registration and enrolment of persons with disabilities so that they, too, at whatever age, could be increasingly included in the pension programme, even within the next two years; and (ii) to expand the home-grown school feeding programme as a complementary intervention and to validate different approaches to ensuring - while the child grant is not yet fully expanded that no child is excluded from school as a result of financial barriers. Finally, for the age groups in between (for youths and the working age), it is recommended (a) that the existing SSN should continue, with some refinements already proposed and an expansion of coverage to informal workers who have been hit hard by COVID-19, and (b) that a new set of programmes should be introduced that specifically targets building the educational attainments, skills, livelihoods and employability of youths.

Based on the proposals formulated by the respective working groups, these options are discussed in more detail in the following sections.

3.1 Pregnant women and preschool children (0 to 5 years)

3.1.1 The challenge

Infancy is the stage of a person's life when he or she most needs protection. Indeed, such protection should ideally start at conception and cover – at an absolute minimum – the first 1000 days. Vulnerabilities at this lifecourse stage include malnutrition, resulting in permanent physical stunting and reduced cognitive development; missed immunisation and growth monitoring; limited access to ante-natal, postnatal and subsequent medical care; poor parenting and the absence of mental stimulation; and the possible loss of parental care from bereavement or migration.

Risks begin in the womb, particularly if pregnant women cannot access an adequate and diverse diet or access to health care, as this will negatively impact their babies' health status or even their chances of life. According to the Demographic and Health Survey, in 2019, the levels of the maternal mortality rate was 717 deaths per 100,000 births, the infant mortality rate was 75 deaths per 1,000 live births, the under-5 mortality rate was 122 deaths per 1,000 live births, and the neonatal mortality was at 31 deaths per 1,000 live births. Moreover, disaggregated results by wealth guintile showed that neonatal mortality is at a similar rate throughout the wealth guintiles (a rate of 30 in the lowest quintile versus a rate of 33 in the highest wealth quintile). However, there was a slight decrease in infant and under-5 mortality with each increase in wealth guintile (a rate of 91 in the lowest quintile versus 60 in the highest, and a rate of 145 in the lowest versus 89 in the highest, respectively).

Lower quintiles are also less likely to receive a postnatal check for the mother and newborn, with the percentage of women with a postnatal check during the first 2 days after birth varying from 81.4 per cent in the lowest quintile to 92.2 per cent in the highest quintile, and the percentage for newborn's postnatal check ranging from 77.7 in the lowest quintile to 90.4 in the wealthiest.

Moreover, only 49.3 per cent of children aged 12 to 23 months, on average, have received all appropriate vaccinations and only 29.7 per cent of children aged 24 to 35 months, on average, have obtained all appropriate vaccinations.

One of the reasons for the high mortality rates, differing levels of postnatal checks and low levels of immunisations can be explained by the fact that 72 per cent of women in Sierra Leone report at least one barrier to accessing health care. In the barriers surveyed by the 2019 Demographic and Health Survey (i.e. getting permission to go for treatment, getting money for treatment, distance to the health facility, and not wanting to go alone), the most prominent barriers and the barriers with the most discrepancy between wealth quintiles are (1) getting money for treatment (83 per cent in the lowest quintile and remaining relatively high in the 4/5 lowest quintiles) and (2) the distance to a health facility (44 per cent on average but varying from 67 per cent in the lowest quintile and 22 per cent in the wealthiest quintile).

Additional risks to a child's development can also be derived from their nutritional status. According to the 2019 Demographic and Health Survey and the 2017 Multiple Indicator Cluster Survey (MICS), on average, 30 per cent of children in Sierra Leone under age 5 are stunted (low height for their age), 5 per cent are wasted (low weight for their height), 14 per cent are underweight (low weight for their age), and 5 per cent are overweight (high weight for their height). The prevalence of stunting decreases with increasing mothers' education, from 32 per cent among children whose mothers have no education to 20 per cent among those whose mothers have more than a secondary education. Similarly, the prevalence of stunting decreases with increasing household wealth, from 33 per cent among children in the lowest wealth quintile to 24 per cent among those in the highest quintile (although 24 per cent is still a very high level). On the other hand, severe stunting, underweight and wasting are not correlated with poverty: they are evenly distributed across the wealth distribution, meaning that malnutrition is a challenge that needs to be addressed universally (see Figure 3-1).







Distribution of Malnutrition by Wealth Quintile

Moreover, only 54 per cent of children under age 6 months are exclusively breastfed, and only 69 per cent of children ages 6 to 8 months receive timely complementary foods. Early initiation of breastfeeding decreases with increasing household wealth (from 82 per cent among children in the lowest wealth quintile to 64 per cent among those in the highest guintile), while prelacteal feeding is more common among children born to mothers in the highest wealth quintile (18 per cent) than among those born to mothers in the lower quintiles (8 to 10 per cent).

Additionally, the proportion of children receiving a minimum acceptable diet rises with increasing mothers' education, from 7 per cent among children whose mothers have no education to 23 per cent among those whose mothers have more than a secondary education. Similarly, the proportion of children receiving a minimum acceptable diet increases with increasing household wealth, from 6 per cent to 14 per cent, which shows (a) that increased income can improve nutrition but (b) that barriers to adequate

nutrition are not only monetary, calling for different approaches and responses, including better access to services and Social Behaviour Change Communication (SBCC).

In terms of early childhood development, only 19 per cent of children aged 2 to 4 have been engaged in activities that promote learning by an adult household member,¹³ and only 21 per cent of pre-primary schools receive aid from the Government through the Free Quality School Education Programme (launched in August 2018) leaving very low gross enrolment rates at 18.3 per cent for boys and 20.3 per cent for girls at that level in 2019.14

3.1.2 Current social protection

Whilst there are currently no substantial Government-run social protection programmes specifically targeting this critical age group of pregnant women and preschool children, there are several programmes aimed at improving the health, and nutrition of women and children, in particular through the free health

14 CGA Technologies (2021), Out-of-school Children Study.

¹³ Statistics Sierra Leone. Sierra Leone Multiple Indicator Cluster Survey 2017, Survey Findings Report. Freetown, Sierra Leone, 2018.

care initiative and early childhood development such as the Government preschools (21 in Pujehun, 6 in Bombali and 3 in Kambia) and community-based ECD centres. There is also a nascent initiative to establish Mothers' Support Groups to capacitate groups of mothers (in some cases based on existing groups such as women's groups, church groups, married adolescent groups, breastfeeding groups, groups for people living with HIV/AIDS and for preventing mother-to-child transmission) to improve early childhood care and development through training in early stimulation and early learning methodologies, WASH, child protection and safety, nurturing care framework and basic group facilitation techniques.

Maternity benefit exists for a very limited number of employees in the formal sector. Many programmes have been targeting the first 1000 days, run by local and international NGOs, for example, those implemented by Focus 1000, Child Fund, Save the Children, Cause Canada etc. Finally, there are inevitably some beneficiaries of the Government's SSN programme who fall into this category, but they are supported because they are members of poor households, not because of the vulnerabilities they face at this particular life-course stage. And yet, the first 1000 days are critical to a child's development: any damage done at this stage will be irreversible. It is essential that pregnant women and carers of young infants receive more support and guidance and are incentivised to better feed, nourish and nurture their children.

3.1.3 Vision for 2040

All women in formal employment, and – increasingly – those working in the informal sector, should be entitled to a legally mandated, standardised contributory maternity benefit funded by the National Social Security and Insurance Trust (NaSSIT).

All children under the age of 5 should be entitled to receive a child grant,¹⁵ paid to the child's primary caregiver from the time the mother registers her pregnancy. This would be offered on a universal basis and with payment schedules linked to particular milestone events to provide an incentive for attendance at birth counselling, facilitysupervised birth, birth registration, regular growth monitoring, vaccination, health care and early childhood development. This would support robust universal access to birth registration, issuance of birth certificates (an essential human right), and increased access to universal early childhood development and psychosocial well-being. Coupled with supplyside improvements and with appropriate SBCC, it would potentially contribute to an expansion in vaccination coverage and in early access of children identified as being severely malnourished to therapeutic and supplementary feeding programmes (for which the absence of cash for transport costs is often a constraining factor), which will, in turn, contribute to significant improvements in maternal and child nutrition.

Alongside the child grant, the expansion of the national school feeding programme will ensure that, when a child is enrolled at an ECD centre or pre-primary school, a nutritious school meal shall be provided to improve the nutritional status of the child.

3.1.4 Action plan to 2026

Implementation of the contributory maternity benefit is already considered as a priority activity of possible social security reforms.¹⁶

The child grant would be introduced gradually over the next five years. During this period, it would start with an exclusive focus on improving nutrition over the first 1000 days (i.e. targeting children up to the age of 2 years, whilst being gradually rolled out to full national coverage. While abundant robust evidence shows that cash transfers positively impact poverty reduction, one of the determinants of malnutrition, their impact on long-term nutritional outcomes has been more limited and inconsistent. While timely cash transfers are a critical part of addressing child malnutrition, the evidence indicates that other measures need to complement cash to achieve

¹⁵ In 2040, the grant for under-5s would integrate seamlessly with the child grant proposed in the next section.

¹⁶ Pers comm, Ministry of Labour and Social Security.

consistent nutrition outcomes.

"Cash Plus" describes programmes that combine cash with behavioural and other interventions to reinforce and expand positive nutritional impacts. These can include additional benefits or in-kind transfers, information and SBCC; psychosocial support; or linkage to other services. Cash plus programmes that aim to impact nutrition outcomes include measures to address the financial and non-financial barriers to food security, caring practices, household environment and access to services. These programmes have two main components: a nutrition-sensitive cash transfer accompanied by nutrition-specific interventions and linkages to other sectoral services to improve Infant and Young Child Feeding practices in the first

1,000 days, health-seeking behaviour, hygiene and access to treatment of acute malnutrition. By integrating cash transfers with nutritionspecific interventions, these programmes help ensure households have access to a minimum necessary income to support purchasing a nutritious diet and other expenses related to child health.

Alongside this, there should be a continued national focus on improved ECD through a coordinated programme of support to mothers and caregivers linked to the child grant and through an expansion of preschool facilities operated by the Ministry of Basic and Senior Secondary Education (MBSSE).

Priority social protection activities will include:

- Build on the UNICEF/World Bank "Business Case and Fiscal Space Analysis" to develop a strong Investment Case for a child grant programme for under-5s as a justification for the Ministry of Finance (MoF).
- Design the implementation modalities to incentivise regular attendance at key milestone events from pregnancy through to age 2 and develop cash-plus approaches and SBCC to encourage improved nutrition and ECD.
- Work with MoHS to ensure supply-side readiness of clinics and other service providers.
- Deliver child grant cash transfers for young children, initially up to the age of 2 (i.e. for the first 1000 days), laying the foundation for a gradual increase in the age of eligibility.
- Complete roll-out in a pilot district with high malnutrition rates and good supplyside service provision which would allow testing of the practicalities (and different options) of linking payments to milestone events, compared with regular payments.
- Roll out to further districts in each subsequent year so that complete coverage is achieved by 2026, with ongoing monitoring and impact assessment.

Associated activities will include:

- Strengthen partnerships with the Ministry of Health and Sanitation (MoHS), Ministry of Gender and Children Affairs (MGCA), Ministry of Social Welfare (MSW), Ministry of Basic and Senior Secondary Education (MBSSE), NaCSA, National Commission for Children, National Commission for Persons with Disabilities and National Nutrition Secretariat; and establish an institutional framework for coordination among MDAs, to leverage the broader potential of the child grant.
- Work with MBSSE to expand the national school feeding programme envisaged under FQSE to provide school meals to all pre-primary and primary students in vulnerable communities.

- Further Government collaboration and partnership with the private sector, donors and other international partners to drive the policy and advocacy efforts.
- Design the necessary SBCC and complementary programmes informed by existing studies as required to better understand the current drivers of malnutrition. Map and expand complementary programmes of service provision for mothers and infants (e.g. Mothers' Support Groups) to promote these externalities through cash-plus approaches.
- Work with the National Committee on GBV and the Child Protection Committee to ensure the protection of children, enabling their rights, and psychosocial well-being through improved case management.
- Work with MBSSE to increase universal access to early childhood development as a means of advancing education for all, including the provision of resources, strengthening parenting skills and cognitive stimulation of children, capacity building, and curriculum dissemination (e.g. "Learning Through Play – Preschool Teacher Training Guide".)
- Increase access to birth registration, ensuring the inclusion of children with disabilities, by linking with existing birth registration policies and programmes, and consider ways to incentivise mothers to register, for example, through birth registration campaigns that emphasise that registration is a right that opens the door to other rights (such as education and social protection).
- Look into early detection of disabilities for children 0 to 5 years of age to allow for linkages with existing services and programmes.
- Increase referrals, where necessary, to therapeutic and supplementary feeding for malnourished children, where cash for transport and accommodation is frequently a significant constraint to continuing treatment in a facility.
- Develop and support Child Welfare Committees (CWC) to monitor neonatal, postnatal and vaccination programmes and birth registration.

3.1.5 Costs and benefits

The cost of the maternity benefit for the formal sector will be fully covered by contributions from employers and employees (including the Government if it wishes to become involved). But, as discussed in **section 3.4** below, this will have limited coverage, initially restricted to formal sector employees.

This will mean that the Government will have to fund the investment in the proposed non-contributory universal child grant. The cost of this for all under-2s at full coverage, with a transfer amount of US\$ 5 per child per month (SLE 61.67,¹⁷ indexed to inflation after that), will be, on average, US\$ 40 million (SLE 537.88 million) per year in the first five years (2023-2027), corresponding to 0.9 per cent of the Gross Domestic Product (GDP) (**Figure 3-2**). Set against this, improved nutrition during the first 1000 days will potentially have a substantial long-term impact on Sierra Leone's future prosperity: estimates suggest that countries in Africa currently lose between 5 per cent and 8 per cent of GDP due to malnutrition.

Due to the projected population growth (UNDESA World Population Prospects, 2019 Revision), costs to finance the universal child benefit will slightly increase over time (**Figure 3-2** -panel a). However, the increase in the number of beneficiaries will be more than compensated by economic growth (IMF World Economic Outlook projections), resulting in decreasing costs in terms of the share of GDP invested (**Figure 3-2** panel b).

¹⁷ Based on an exchange rate of SLE 12.333 per US dollar.

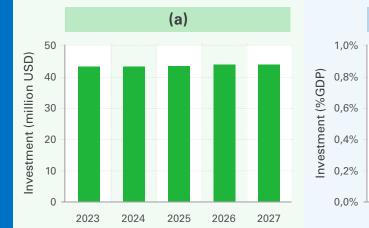
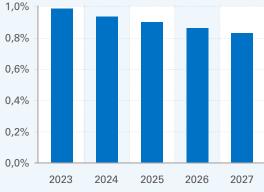


Figure 3-2. Investment over the next five years in millions of US dollars and as a percentage of GDP, assuming full coverage from Year 1

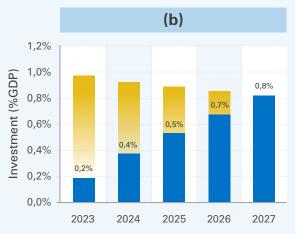


(b)

However, it is not certain, or even likely, that the necessary funds will be found to achieve complete coverage of all children aged 0 to 2 by the first year. Therefore, there may be a need for a progressive roll-out of the scheme.¹⁸ This could be achieved through alternative targeting approaches: e.g. households with persons with disabilities first, restricted to infants in households benefiting from existing social assistance or by geography. On this basis, we assume that only 20 per cent of all eligible children are reached in the first year and an additional 20 per cent every year until reaching all of them (100 per cent) in year five. **Figure 3-3** (blue bars) shows how costs in both absolute and relative terms would increase over the first five years with a progressive rollout. The targeting method selected does not affect the simulation, though it might have a limited impact on administrative costs.

Figure 3-3. Investment over the next five years in millions of US dollars and as a percentage of GDP, assuming gradual roll-out





Source: author's projections

Source: author's projections

It is highly likely that a universal child grant, even if initially targeted only at pregnant women and under-2s, will quickly gain popular and political appeal and that there will be a natural tendency to increase the value of its transfer or the age limit of eligibility over the period to 2040 when the NSPP indicates universal coverage should have been attained.¹⁹ Careful monitoring of the child grant's nutritional (and subsequent educational) impacts would help underpin such support. Based on data from the Sierra Leone Integrated Household Survey (SLIHS) 2018, **Figure 3-4** shows the direct and indirect coverage that a universal child benefit aimed at children 0 to 2 would provide across the welfare distribution. The universal grant would deliver higher coverage among the poorest households without explicit poverty targeting.²⁰

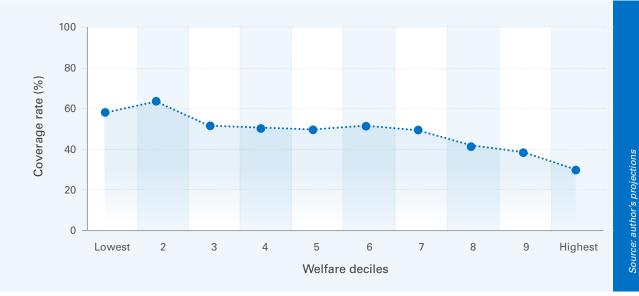


Figure 3-4. Direct and indirect coverage across the welfare distribution

3.1.6 Complementary programmes

A cash transfer on its own will not solve the problems of malnutrition and children's vulnerabilities but will provide the incentives on which to "hook" other vital interventions. Key complementary programmes for pregnant women and infants are oriented around early childhood care and development and include nutrition guidance and surveillance, free access to primary health, ante- and postnatal care, and provision of micronutrients. In addition, early contact with, and testing of, pregnant mothers will facilitate existing efforts to eliminate mother-to-child transmission of HIV. And it will also allow early access to birth registration and the national identity system (since identity itself is a basic human right for children as it opens the possibility of accessing other rights such as education, health and social protection, among others). This will require coordination with MoHS and the Nutrition Secretariat. Key development partners may include the European Union, UNICEF and WFP. There are important roles for NGOs, and potential partnerships with the private sector may exist. It is essential to maximise coordination with these complementary interventions to leverage the child grant's full potential.

¹⁹ This is what has happened in South Africa, where the age limit of eligibility for the child support grant has gradually increased from 7 years when it began as a primarily nutritional intervention, to 18 years now.

²⁰ In fact, poorer households are more likely to include more (young) children.

3.2 School age children (6 to 14 years)

3.2.1 The challenge

Key vulnerabilities for this age group would include:

- Child labour and the inability (for whatever reason) to access school or to have a satisfactory environment in which to study;
- Malnutrition, which, whilst not having the same irreversible consequences as during infancy, can still impede growth, learning and mental development;
- Domestic violence and other forms of GBV; harmful practices; and again
- The loss of parental care from bereavement or migration, potentially resulting in living on the streets.

One of the most significant risks for children within the life-course group of school age is the risk of not completing their education. Education is a vital prerequisite for combating poverty, empowering women, economic growth, protecting children from hazardous and exploitative labour and sexual exploitation, promoting human rights and democracy, protecting the environment, and influencing population growth.²¹

In Sierra Leone, despite the 2004 Education Act, which stipulates compulsory basic education for all, children face several barriers to their access to education. According to the 2018 SLIHS, out of the 38.7 per cent of Sierra Leoneans who do not send their children to school, 61.6 per cent responded they do not value education.²² Another recent MBSSE study²³ to inform the Government's Strategy on out-of-school children found that money was the most significant barrier to education (see Table 3-2, which shows that 50 per cent of those interviewed saw money as the first barrier, and 85 per cent ranked it in the top four).²⁴ Other barriers found by both studies include the distance to a school being too great for children to walk, the lack of materials, and the lack of food provided at school at lunchtime, all of which are related to the financial barrier.

Barrier	1 st	2 nd	3 rd	4 th	Not Ranked	
Money	50%	17%	12%	8%	15%	
Family	14%	18%	9%	14%	46%	
Materials	10%	25%	24%	18%	25%	
Food	8%	21%	24%	20%	29%	(2021)
Teacher	7%	6%	12%	18%	60%	IBSSE
Distance	5%	6%	9%	9%	71%	Source: MBSSE (2021)
Friends	2%	5%	6%	7%	80%	So

Table 3-2. Barriers to accessing education

21 In Sierra Leone, children enter primary school at age 6, junior secondary at age 12 and secondary school at age 15. There are 6 grades in primary school and 3 + 4 grades in secondary school. In primary school, grades are referred to as class 1 to class 6. For junior secondary school, grades are referred to as Junior Secondary School (JSS) 1 to 3 and in upper secondary to Senior Secondary School (SSS) 1 to 4. The school year typically runs from September to July of the following year.

22 With the nationwide introduction of the Free Quality Education Program, it is expected that 22.6 per cent of Sierra Leoneans, who thinks formal education is too expensive at the time of conducting the 2018 SLIHS, will now cope with the minimal cost of sending their children to schools.

23 CGA Technologies (Charlie Goldsmith Associates, 2021).

24 CGA Technologies (2021), Out-of-school Children Study – Workshop Introduction PowerPoint Presentation.

Sanitation	2%	1%	3%	4%	90%	
Other	2%	0%	0%	1%	96%	
Sample size	369	356	353	346		

Moreover, even after implementing the Governmental Free Quality School Education Programme (FQSE) in 2018, the study found that only 70 to 73 per cent of schools receive Government support at primary, junior secondary, and senior secondary school levels. Although the FQSE programme did increase the enrolment rate by 33.0 per cent on average, in 2019, the gross enrolment rate still significantly dropped from 137 per cent for boys/140.2 per cent for girls at primary school to 77 per cent for boys/76.7 per cent for girls at junior secondary school, which drops even lower at senior secondary school to 58.5 per cent for boys and 54.5 per cent for girls.

Another critical aspect of this life-course stage is taking into consideration gender inequities. In general terms, girls living in rural areas in income-insecure households might be more prone than boys to drop out of school to take on unpaid care or domestic work and be forced into early marriages to support their household income.

Children living in poverty are also more likely to engage in child labour which hinders their ability to study since families need the additional income. The 2018 SLIHS found that most children either help without pay in the household (91.0 per cent) or are self-employed (7.9 per cent).

A report from Statistics Sierra Leone (SSL)²⁵ indicated the number of children in Sierra Leone who were classified as in employment or working was 1,071,023 or about 54.9 per cent of the total number of children 5 to 17 years old. This number was regardless of whether or not the work was categorized as child labour. An estimated number of children engaged in child labour was 895,428, or about 45.9 per cent



25 Sierra Leone National Child Labour Survey, 2011.

of all children 5 to 17 years old. Furthermore, 428,776 children were identified as engaging in hazardous work, about 22.0 per cent of the total number of children 5 to 17 years old.

The 2020 Findings on the Worst Forms of Child Labour²⁶ in Sierra Leone indicate that Sierra Leone has made a minimal advancement in its efforts towards eliminating the Worst Forms of Child Labour. Whilst the country launched a New National Action Plan against Trafficking in Persons, especially Women and Children, and further launched its FQSE initiative in 2018, children in Sierra Leone still continue to be subjected to the Worst Forms of Child Labour, including commercial sexual exploitation, mining and other forms of hazardous work.

3.2.2 Current social protection

School feeding is one of the priority agendas for the Government. The number of children benefiting from school feeding has quadrupled since the launch of FQSE. In the 2021/22 school year, school meals are being provided to over 640,655 children in 14 districts that cover 128 food-insecure chiefdoms. The programme is implemented by Government (which is investing SLE 69 million in the current school year) and key partners, including WFP, Catholic Relief Services, Plan International and Caritas (who themselves mobilise additional funding). It is the responsibility of the MBSSE, and its objectives are primarily educational: improved school attendance, retention and cognitive attainment, and reduced gender disparity. It has positive impacts on attendance, academic performance and child nutrition. It can also be expected that the programme has some secondary impact as a social protection intervention, providing, on average, up to 10 per cent of household food intake in households with a beneficiary.

There are currently no Government-run bursary programmes, although some NGOs and faithbased Organizations offer financial support to poor children, even where education is free, to cover the associated costs of books, stationery, uniform, transport, etc.

UNICEF and United Nations Population Fund (UNFPA) jointly launched 2016 the Global Programme to Accelerate Action to End Child Marriage. One of the programme's objectives is to provide girls with safe spaces where they can meet with each other and mentors and speak openly. Another is to teach girls about their rights under the law to empower them to reject and/or report child marriage. The safe spaces also promote the value of continuing their education, and they educate girls on sexual and reproductive health, prevention of GBV and harmful practices, stress management and positive coping strategies. The spaces are a vital referral system to other essential local services. The programme has reached 12,000 girls aged 10 to 19 years. The programme also engages with boys and men in the community who are involved in child marriage decisions in order to tackle the driving forces behind child marriage. The programme, coordinated by the Teenage Pregnancy Reduction Secretariat, was launched in the Kono district but has since expanded to 10 other chiefdoms in Kambia and Moyamba districts and has trained 340 mentors.^{27 28} With Irish Aid and the Global Programme, UNFPA supports MBSSE in implementing age-appropriate comprehensive sexuality education in schools.

3.2.3 Vision for 2040

Following the vision of the NSPP, the vision for 2040 is to have substantially increased the access of children as beneficiaries of social protection programmes through a

²⁶ https://www.dol.gov/agencies/ilab/resources/reports/child-labor/sierra-leone

²⁷ Mutseyekwa, T. (27 April 2021), Adolescent safe spaces – motivating adolescent girls' positive development, UNICEF Sierra Leone, accessible via <u>https://www.unicef.org/sierraleone/stories/adolescent-safe-spaces-motivating-adolescent-girls-positive-development</u>, last visited on 15 October 2021; Habib, J. (20 December 2019), How Safe Spaces Are Helping to Prevent Child Marriage in Sierra Leone, Global Citizen, accessible via <u>https://www.globalcitizen.org/en/content/safe-spaces-child-marriage-Sierra-Leone/</u>, last visited on 15 October 2021.

²⁸ Mutseyekwa, T. (27 April 2021), Adolescent safe spaces – motivating adolescent girls' positive development, UNICEF Sierra Leone, accessible via <u>https://www.unicef.org/sierraleone/stories/adolescent-safe-spaces-motivating-adolescent-girls-positive-development</u>, last visited on 15 October 2021; Habib, J. (20 December 2019), How Safe Spaces Are Helping to Prevent Child Marriage in Sierra Leone, Global Citizen, accessible via <u>https://www.globalcitizen.org/en/content/safe-spaces-child-marriage-Sierra-Leone/</u>, last visited on 15 October 2021.

gradual expansion of the age of eligibility of the child grant (**see section 3.1.3**) to cover all children under the age of 15 years. Alongside the envisaged expansion of school meals, this will ensure that all children access educational facilities that enable them to grow into responsible citizens; it will contribute to increased access, retention and completion rates; and it will underpin the provision of 'safe spaces' for adolescent girls and boys to study, to gain life skills and to build self-motivation.

3.2.4 Action plan to 2026

It is recommended that this longer-term vision be achieved through a progressive expansion of the child grant age of eligibility (**see section 3.1.3**). Specifically, once the proposed grant for the first 1000 days has been rolled out universally across Sierra Leone, the eligibility age will be progressively raised by one year each year until it reaches the age of 14. This means the only new beneficiaries to be added to the programme will be mothers of newlyconceived children, but gradually, by 2040, all children under the age of 15 will be included in the programme, as recommended by the NSPP.

Alongside this, the school meals programme will continue, moving progressively towards a home-grown school feeding (HGSF) model, as set out in the 2021 National School Feeding Policy – **see section 3.2.2**. It is recommended that the objectives and impacts of the school feeding programme are closely monitored from a social assistance perspective to ensure that optimal value for money is derived from

its potential complementarities with the expanding child grant.

It is also recommended that over the next five years – in other words, before any child in the age range 5 to 14 years is covered by the expanding child grant – other mechanisms should be implemented to ensure that no child is excluded from school based on financial barriers. Mechanisms that could be tested include, for example:

- Bursaries for girls, perhaps initially targeting those in secondary school to encourage continued attendance and reduce the risks of early pregnancy and marriage;
- An enrolment bonus at the start of each school year to defray the costs of uniforms, stationery, materials, etc. again, this could perhaps be introduced first for those enrolling for the first time in primary school and/or those transitioning from primary to secondary school, both key barriers;
- An educational top-up for households with school-going children who are part of the SSN programme; or
- Discretionary payments to other deprived households selected by CWCs, schools, or community structures, either together or in combination.

Operational lessons could be learnt from these pilots, which would inform the design and implementation of the child grant expansion.

Priority social protection activities will include:

- Progressively expand the eligibility age for child grants so that by 2040, all children under the age of 15 will be included in the programme.
- Test, monitor and evaluate different approaches in the short term as the child grant is gradually phased in over the years (see suggestions above) to ensure that no child is deprived of schooling because of financial barriers. These should seek to find ways, in the short term, in which social protection can support the radical inclusion policy and future initiatives for out-of-school children.
- Develop a clear funding strategy with initial support from interested development partners.

Associated activities will include:

- Build on the UNICEF/World Bank "Business Case and Fiscal Space Analysis" to develop a strong Investment Case for a child grant programme for under-15s as a justification for the return on investment for MoF.
- Promote linkages of child grants with the home-grown school feeding programme and monitor impacts and effectiveness when coupled with a universal child grant.
- Work with the education sector to include social protection in the Out of School Children Strategy.
- Ensure that legislation on the minimum age for marriage is included in the current review of the Child Rights Act.
- Review the legal framework around FGM and work with other stakeholders to change attitudes and behaviour.
- Work with the Ministry of Gender and Children's Affairs to finalise and implement the strategy for addressing issues of street children.



3.2.5 Costs and benefits

This scenario assumes that an expansion of the 0 to 2 child grant will occur from 2027 by keeping children aged two in that year in the scheme until their fifteenth birthday. Across the period from 2023 to 2040, the cost of the expanded child grant (based on a per child transfer of US\$ 5 per month, indexed to inflation) is expected to be, on average, US\$ 113 million (SLE 1,399 million) per year, of which about 36 per cent will go to children aged 0 to 2 and 64 per cent towards children 3-14. This corresponds to approximately 1.55 per cent of GDP each year.²⁹

As **Figure 3-5** shows, the investment will increase in absolute terms and relative to GDP due to the progressive expansion of age of eligibility. Note that previsions up to 2040 are purely indicative of the trend in investment should economic growth and inflation remain constant to 2027 levels (as far as IMF World Economic Outlook projections go), and population changes adhere to UNDESA projections as well.

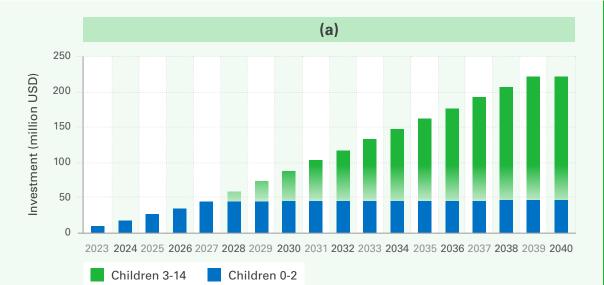
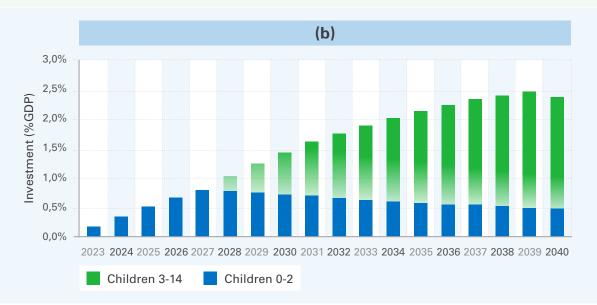


Figure 3-5. Investment in a universal child grant up to 2040, in millions of US dollars and as a percentage of GDP, through a gradual expansion of the age of eligibility



29 This is relatively high compared to the other schemes due to children representing a sizable share of the population. It is worth noting that these could be considered upper bound estimates should the fertility rates decline more than anticipated in UNDESA projections.

In the short term, any pilot approaches introduced to encourage children, especially girls, into education should be costed as per the proposed child grant and should start developing the necessary systems that will be used nationally for the child grant. Whilst such experimentation is encouraged, it would be counter-productive to introduce a multiplicity of different transfer values, enrolment procedures and delivery mechanisms. On this basis, the costs of any pilots can be simply calculated based on US\$ 5 per month per child, plus an estimated overhead of 10 per cent for administrative costs.

3.2.6 Complementary programmes

The MBSSE will be a key partner at this life course stage, responsible for maintaining free access to education and possibly extending it to facilitate the critical transition from primary to secondary school. MBSSE will also continue to be responsible for the school feeding programme as an important complementary initiative, ensuring that all primary schoolchildren have access to good quality meals in school, accompanied by a broader integrated package of school health and nutrition complementary services. In addition, given the increasing number of migrants to cities, the urban destitute/ children in the street initiative will aim to reintegrate children with their families through complementary livelihood support.

3.3 Youth (15 to 24 years)

3.3.1 The challenge

The challenges faced by young adolescents would include:

- A lack of adequate skills to enter the labour market and consequent unemployment or underemployment;
- The inability to access appropriate training;

- Resultant feelings of inadequacy, alienation and frustration among young males;
- Exposure to harmful practices and GBV;
- The risk of being pressured into early marriage for young women and girls; and
- General social and cultural norms primarily affect women in terms of expectations around care responsibilities; and – for young girls – the dangers of early pregnancy and motherhood.

According to the 2017 MICS, the percentage of secondary school-age children who are **out of school** equates to 38.8 per cent in the lowest wealth quintile versus 7.1 per cent in the highest quintile.

This low percentage of secondary school attendance can be partially explained by the 2018 SLIHS identifying that this life-course group makes up 10 per cent of the total economically active population, meaning that many of those who should be attending secondary school is, in fact, already engaged in the labour market. Moreover, the 2018 SLIHS also showed that girls within this age group are at a high risk of early marriage and teenage pregnancy, which would hinder their ability to finish their education. The 2018 SLIHS showed that by the time a girl child reaches the age of 19, she already had about two children. This means that a child is already pregnant at about 18 when she is supposed to be in the last year of senior secondary school. According to the 2019 Demographic Household Survey (DHS), 21 per cent of girls aged 15 to 19 had already given birth or were pregnant with their first child.

3.3.2 Current social protection

The Ministry of Gender and Children's Affairs has implemented several initiatives to support this age group (and indeed all age groups)³⁰ through a range of GBV response services. These include the establishment of One Stop Centres in six districts and operationalising the

³⁰ Many of the vulnerabilities and services discussed in this section are applicable also to other life-course stages, both older and younger. They are included here because they are particularly relevant to the youth of Sierra Leone, and in order to avoid repetition or duplication elsewhere in the Strategy.



116 free toll line to report GBV and abuse. The Car Wash Programme is a currently operating social protection programme targeting the youth population which has been operating since 2019. The programme's overall goal is to promote sustainable livelihood development by reducing unemployment among the youth population. The programme's specific objectives include job creation, professional career development and increased income generation among the participants. Each month, the car wash members are remunerated with a cash transfer representative of the generated income of the car wash centre. The value of the monthly transfer, therefore, depends on monthly contribution at a specific car wash centre - at least each member gets SLE 154 (approximately US\$ 12) per month. The programme also has a cash-plus element with 50 participants receiving a one-off training of trainers in bookkeeping, leadership, modern methods of car washing and customer care

who are meant to pass on the training to other participants. The programme is planned to have nationwide coverage with 60 car wash centres, 10 of which have been completed, and 28 are currently under construction.

The Pro-Poor Growth for Peace Consolidation Programme II, funded by the Governments of Sierra Leone and Germany, was implemented by NaCSA in Western Area Rural, Koinadugu, Kailahun and Pujehun Districts. The programme focused on youth through employment creation and income generation activities in selected rural and semi-urban areas, with the overall programme goal to contribute to peace consolidation. Throughout the 2015 to 2018 programme, 4,038 youths (10.5 per cent of them are women) were provided with short-term employment ranging from 2 to 4 months in both local and nonlocal labour employment (e.g. pathing roads, building bridges and culverts).³¹ The current GPC III, running from 2019 to 2023, retains the

³¹ Pro-Poor Growth for Peace Consolidation (GPC) II: Annual Report 2017 (2018), National Commission for Social Action (NaCSA) and the Federal Republic of Germany through KfW Development Bank, Freetown.

objective to reduce un- and-underemployment of young people.

Running alongside this programme with a similar objective is another programme funded by Germany's Agency for International Cooperation (GIZ) in cooperation with Sierra Leone's Ministry of Labour and Social Security (MLSS), the Employment Promotion Programme. The programme operates in the rural areas of Falaba, Koinadugu, Kono and Kailahun in Eastern Sierra Leone. The programme promotes young entrepreneurs and provides training for young jobseekers in business and agro-processing entrepreneurship skills.³² With phase 4 of the 4-year Employment Promotion Programme (EPP) launching in 2021, the programme aims to reach 2,500 youths in agriculture and micro, small and medium-sized enterprises comprising 50 per cent of women.³³

The Ministry of Youth Affairs, with support from the International Organization for Migration (IOM), has also started a Youth Empowerment programme called the Grader and Tractor Programme alongside private companies in Sierra Leone. The initiative is additionally funded by the Government of Japan. The programme was launched in late February 2021 under the IOM's project 'Reducing the Risk of Irregular Migration through Employment Promotion and Entrepreneurship for the youths'. At the end of March 2021, the programme had already registered its 940th participant, bringing it almost halfway towards the goal of training 2,000 youths and women in skills such as repairing and operating farming, road construction and mining machinery. In the past, such skilled workers were so scarce that Sierra Leone companies would have to import skilled migrants from other neighbouring countries.³⁴ Following the training, the IOM is also entering into memorandums of understanding with private companies in a pledge to hire graduates of the programme's training.³⁵

With support from the IOM, the Ministry of Youth Affairs, the Ministry of Agriculture and Forestry and the National Youth Commission also launched an Entrepreneurship Training and Mentorship programme whereby young entrepreneurs are provided with skills training and equipment through start-up kits to the entrepreneurs' business plans. By August 2021, the programme should have counted more than 190 recipients.³⁶

The Ministry of Youth Affairs in Sierra Leone is also implementing the Youth in Agriculture Project to reduce youth unemployment by contributing to their overall empowerment in agriculture. The project aims to establish five youth farms in five districts and provide the youth farmers with key crops and livestock, as well as training in entrepreneurship, marketing basics and market access. The project aims to have five fully functioning and profitable youth farms by 2024.³⁷

Finally, the Ministry of Youth Affairs started piloting in 2020 another project called the Youth Empowerment in Commercial Transportation Pilot Project. The programme aims to strengthen existing youth structures in various communities (in Western urban and rural areas) by providing taxi cars or motorbikes on loan to 60 groups comprising 20 youths each. The project will benefit youths' empowerment and economic status and the commercial transport constraints identified in the targeted communities. The loan scheme is to be paid back on a weekly/ monthly basis by the youth groups through Loan Recovery Officers. The reimbursements will then be reinvested into the programme allowing expansion into other communities. The participating youths will also be trained in the basics of entrepreneurship and encouraged to start small businesses of their choice to diversify their income base.³⁸

32 Embassy of the Federal Republic of Germany (2021), German-Sierra Leonean Cooperation: a Snapshot.

³³ Delegation of the European Union to Sierra Leone (17 February 2021), 'Project Launch of the Employment Promotion Programme (EPP IV): Team Europe in action to support skills training and boost youth employment in Sierra Leone'.

³⁴ IOM (19 March 2021), 'Hundreds of Unemployed Youth in Sierra Leone Receiving Skills Training'.

³⁵ Fornah, A. (30 May 2021), 'UN Resident Coordinator commends IOM's Youth Empowerment Project as 'Dream Initiative'' United Nations Sierra Leone.

³⁶ IOM (16 July 2021), 'IOM and Government of Sierra Leone Support Young People to Start Businesses'.

³⁷ Ministry of Youth Affairs, Project Overview: Youth in Agriculture. Accessible via <u>https://www.youthaffairs.gov.sl/portfolio/youth-in-agriculture/</u>, last visited 29 October 2021.

³⁸ Ministry of Youth Affairs, Project Overview: Youth in Commercial Transportation. Accessible via <u>https://www.youthaffairs.gov.sl/portfolio/youth-in-commercial-transportation/</u>

The Productive Social Safety Nets and Youth Employment (PSSNYE) project is implemented by NaCSA in partnership with MOYA, NAYCOM, National Social Protection Secretariat (NSPS), Anti- Corruption Commission (ACC).

3.3.3 Vision for 2040

The 2040 vision for this life-course group is that all Sierra Leonean youth, including those with disabilities and other vulnerable groups, have access to the necessary training, skills, and qualifications to be engaged in decent work. That programmes and services contribute towards tackling gender imbalances and that all youth are fully protected against harmful and abusive practices, especially ageand gender-based. Life skills training and skills development will make young women less vulnerable to GBV and provide a channel to work with male youth's attitudes to GBV.

3.3.4 Action plan to 2026

It is recommended to maintain the overarching goal to empower youth in each activity undertaken to promote not only employment, but decent employment that can offer youth sustainable future job prospects. Programmes aimed at providing employment opportunities to young people should increase the skills of said youth to build their capacity to enter future employment outside of a Governmental scheme.

Current existing programmes serve as a good basis to expand upon, along with complementary projects from donors, such as the World Bank's project to support the life skills of youth, their employment, and their entrepreneurship by creating employment opportunities, encouraging entrepreneurship initiatives and developing information sharing platforms. Ways forward with this life course stage should build on the existing momentum.

However, certain programme specificities should be considered to keep the empowerment principle at centre stage. For example, future employment programmes should be designed to operate for a long enough time for the youth participant to build up skills or assets. Conditions of participation must be flexible enough to not hinder other more profitable income-generating activities. Moreover, when designing the programme, contingency plans such as providing unemployment allowance for eligible youths are recommended to be implemented in case a programme is interrupted; and childcare services should be available to any female youth participating in any programme. The employment opportunities offered should also be sustainable and beneficial to the country's context. For example, if Sierra Leone's social service sector lacks a skilled workforce, offering training and employment in that field could bolster employment and social services.

Finally, linkages to accompanying services are essential at this life course stage. It should not be believed that social protection on its own can be the silver bullet to achieve the 2040 vision, but rather that synergies between different ministries (youth, education, gender, etc.) and between them and the private sector need to be fortified. This is particularly important to address the protection of youth against harmful and abusive practices.

Priority social protection activities will include:

• Undertake mapping and review of youth empowerment activities across the country to better understand the opportunities for coverage and sector development, explore potential risks of GBV and monitor equal access. Implement youth employment and training initiatives to ensure that youth have the necessary skills to enter the labour market, including the youth employment components of the Productive Social Safety Net and Youth Employment project, including (i) public works and life skills support for youth; (ii) its platform to promote youth employment through access to information that will enhance their employability and empowerment; and (iii) its youth-led household enterprise component providing on-the-job training, start-up grants, mentoring and facilitating the formation of youth groups.

Associated activities will include:

- Put in place measures and services to tackle barriers to access (e.g. providing free childcare services for young mothers to continue their education or gain access to skills training).
- Further, promote the professionalisation of social work within the framework of existing initiatives and standardisation of social work curriculum.
- Involve young women and men in designing new or expanding programmes to best cater to their considerations and promote protection against harmful and abusive practices.
- Map existing services to address GBV and harmful practices frequently occurring during adolescence (i.e. all safe spaces operated by the Teenage Pregnancy Reduction Secretariat and NGOs).
- Develop interventions to address gender-based vulnerabilities during adolescence, promote a culture of peace and social cohesion, and safe transition to adulthood.
- Continue capacity building around preventing GBV for youth through training, awareness raising and exchange programmes.

3.3.5 Costs and benefits

The costs of the activities for the next five years are expected to be substantially covered by the World Bank programmes, developed in parallel with this Strategy. This sets aside US\$ 6 million for creating employment opportunities and life skills support, US\$ 5 million for supporting Youth-led Household Enterprises, and US\$ 1 million for developing a platform to support Youth Employment.

3.3.6 Complementary programmes

Close collaboration with several ministries will be needed to implement and supplement the activities specified above. NaCSA would coordinate because activities predominantly fall under the SSN Programme. Other bodies such as the Ministry of Higher and Technical Education, the Ministry of Youth Affairs, the National Youth Commission, the Ministry of Social Welfare and the Ministry of Gender and Children's Affairs would support with complementary services such as skills training, mentoring, counselling on safety and empowerment issues, psychosocial support and GBV referrals protocols.

Other agencies for specific activities, such as developing the information platform and other complementary services, maybe Youth Councils, Local Councils, the National Youth Service, NGOs and actors in the private sector.

Moreover, for this life course stage and others, linkages must be made between all previously listed bodies and agencies, NGOs, Councils, etc. providing quality, age-appropriate response services to survivors of physical and emotional abuse and harmful practices to deal with the health, psychosocial, and economic consequences of such experiences.

While reducing GBV is not an explicit objective of most social assistance, such programmes already empower women and reduce the prevalence of violence against women and children. There is, nonetheless, the potential for social assistance to contribute more systematically to reducing GBV at scale through various interventions. These are interventions such as reducing povertyrelated stress, empowering women, and strengthening their social networks, which can shift gender norms toward greater equality: these might include tweaks to existing programmes such as cash-plus approaches, couples' counselling, parenting support and group-based activities. There are also important long-run intergenerational impacts of social assistance that can lessen lifetime exposure to GBV risk: greater educational attainment, smaller age gaps between intimate partners, and delayed age of first marriage are associated with reductions in GBV risks.

3.4 Working age (25 to 64 years)

3.4.1 The challenge

For those of working age, there are still risks, not only the continuing ones of accident, sickness, and invalidity but also, increasingly, of unemployment (or at least underemployment) and the inability to find new work. There are also dangers of domestic and intimate partner violence, the risk of accumulating indebtedness and high levels of care responsibilities (of elderly parents and children) which fall disproportionately on women in the household. These vulnerabilities exist in both the formal and informal sectors of the economy, but they are more pronounced in the informal sector because of the absence of any kind of contributory social insurance mechanism for the informal sector (the equivalent to what NaSSIT provides in the formal sector)

The same challenges young women and men face continue as they become older and their families expand. According to the 2018 SLIHS, the more children in a family, the more likely it is to live in poverty; a household with 8 or more members is more than 4 times as likely to be poor as one with 3 or fewer members. These larger households are less than a guarter of the households in Sierra Leone, but they contain over 40 per cent of the population. According to 2019 Demographic and Health Survey, a woman in Sierra Leone would bear an average of 4.2 children in her lifetime. This shows a decreasing trend, as the average was 5.1 children per woman in 2008 and 4.9 in 2013. The fertility rate declines with increasing education, from 5.0 among women with no education to 2.0 among women with more than a secondary education. Fertility also decreases with increasing household wealth. Women in the lowest wealth quintile give birth to 5.6 children on average, compared with 2.6 children among women in the highest quintile. These trends follow international evidence that families realise they do not need to depend on their children if they have enough means to support themselves in old age.

In addition to the fertility rate, workingage adults may be at risk when restricted on sources of income. In terms of unemployment, the SLIHS reports that "rates computed following the International Labour Organization (ILO) recommendations show that Sierra Leone has an unemployment rate of 3.0 per cent of the economically active population nationally, while the urban areas have a higher rate of 4.5 per cent and the rural areas have a lower rate of 3.8 per cent unemployment".

The economically active population is, however, still at risk as a significant portion (61.1 per cent according to the 2014 Labour force survey) of Sierra Leone's labour force is engaged in the agricultural sector, which may result in under-employment due to the frequent environmental shocks occurring and the seasonal nature of the work.

Moreover, a large portion of the economically active population is part of the informal economy and excluded from the social security system. **Figure 3-6** shows that the Eastern Region contains more informal workers than the Northern, Southern, North Western and Western regions. The North Western Region has the second largest number of informal sector workers. This could be because both regions (North Western and Eastern) are highly agrarian and engaged in mining (gold, diamond and ore). The region that has the least number of informal sector workers is the Northern region.

A key challenge during this life-course stage is the care and domestic responsibilities, which women are mostly burdened with due to general social and cultural norms and gender roles. As such, many women might never enter the labour force or might exit the labour force early due to care responsibilities. Some improvements might include the provision of childcare in the workplace, advancing towards more inclusive maternity and paternity leaves (the latter to make sure that these leaves are also seen as key for men sharing care responsibilities), and compensating women for their increased vulnerability through social protection programmes.

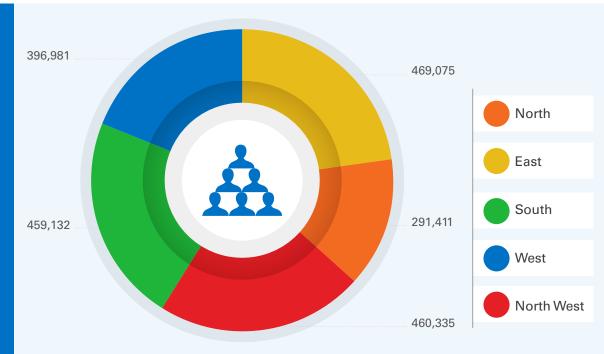


Figure 3-6. Number of persons employed in the informal sector per region

According to the 2018 SLIHS, the urban informal employment rate is twice that of the rural informal employment. This is due to the expansion of informal sector employment in the urban areas of Sierra Leone, where family contributions to work, casual and seasonal work are common, and the contribution of women is hardly recognized or given value. As a result, the informal sector is very prominent in urban areas nowadays, and salaried employment is minimal.

Following this, according to the 2018 SLIHS, individuals in Sierra Leone still, by the majority, rely on the negative coping mechanism of

borrowing money from relatives, neighbours or friends, representing 54 per cent of sources of credit/loans versus a combined percentage of 12 per cent from a commercial/cooperation/micro-finance institution or another formal source. The primary purposes of these loans are for consumer goods (representing 33 per cent of overall purposes).

3.4.2 Current social protection

As mentioned above, only a very small number of formal workers in the Government and private sectors have guaranteed social security benefits through NaSSIT and other contributory social insurance mechanisms: it is estimated that only 2 to 3 per cent of the total population falls into this category. The National Social Security and Insurance Trust Act No.5 of 2001 stipulates that the scheme should cover "all workers employed in the formal sector" (both public and private) on a mandatory basis and should provide voluntary membership for the self-employed. However, since the commencement of the NASSIT in 2002, the Scheme was only able to register 259,505 members (as of June 2021), of which 5,379 are voluntary contributions, representing 2.07 per cent of the insured population.

Regarding social assistance, Sierra Leone's main flagship programme is its SSN, known locally as Ep Fet Po. It is poverty-targeted, household-based, and unconditional, with households receiving quarterly payments. It began operating in 2014 in four districts, one from each of Sierra Leone's four administrative regions.³⁹ Implemented by NaCSA, with World Bank support, the programme was initially designed to support approximately 12,000 households. It expanded in 2016 to include beneficiaries supported by NaCSA under the Ebola-response SSN project to reach over 28,000 beneficiary households in 11 districts. As part of the next phase of World Bank support, initiated in 2019, the aim was to further expand the coverage of the SSN to provide income support to extreme poor households in all 16 districts of Sierra Leone, covering 210,000 individuals (35,000 households). However, with the advent of COVID-19, this phase was urgently redesigned to provide immediate cover to 65,000 households. In 2021, WFP provided unconditional cash and food transfers to 26,000 severely food-insecure households. The next phase of support through SSN is effective as part of the PSSNYE programme as of late 2022.

Apart from the SSN, the availability of social protection to the working-age poor is very limited: either for those with land and labour, there is the possibility of access to free or subsidised agricultural inputs and services, provided, for example, through the Government's smallholder commercialization project (SCADeP) or by NGOs or UN agencies; or, for those without, there is a very limited set of public works opportunities, again offered predominantly with support from development partners and NGOs.

More recently, as a complement to the flagship SSN programme, the Government has realised that it is not necessarily only the poorest and most vulnerable households that need financial support. Encouragingly, as a direct result of COVID-19, the Government recognised that those employed on low wages and those in the informal sector were also highly vulnerable to certain types of shock. It rapidly put in place a new Emergency Cash Transfer, funded by the World Bank and the European Union (EU), which made one-off cash transfers of nearly US\$ 120 to almost 70,000 households in the main urban centres of Sierra Leone, explicitly targeted at informal workers, low-wage employees in service industries and workers in small and micro enterprises.

3.4.3 Vision for 2040

The vision for 2040 is that all working-age individuals should have access to social protection when required. This should be provided through a consolidated and sustainable combination of contributory and non-contributory programmes.

Social insurance reforms should have permitted the progressive introduction of a range of contributory, employment-linked benefits. By 2040, these should include maternity, sickness, employment injury, invalidity and retirement benefits, and – ideally – unemployment benefits. But there should also remain a fallback of social assistance, provided on a non-contributory basis, as a safety net for those of working age who are not covered by social insurance. This would be in the form of a flexible and scalable expansion of the current SSN.

3.4.4 Action plan to 2026

The priority social insurance benefits to be introduced in the period to 2026 (in addition

³⁹ A new region has since been added.

to maternity and paternity benefits and leave entitlements, discussed in **section 3.1.3**) are employment injury and sickness benefits. In addition, an adapted social security scheme for the self-employed, especially workers in the informal economy, should be established. There should also be a priority to understand the constraints imposed by the absence of child care and develop strategies to provide access to appropriate childcare. Studies and analyses will need to be conducted to develop the necessary mechanisms to implement these.

Meanwhile, further refinements should be made to the SSN, as is already being discussed in designing the next phase. In particular, it is suggested that the SSN should include a greater emphasis on economic inclusion for those beneficiaries who possess the necessary factors of production and who have the potential to diversify their livelihoods through microenterprises. To achieve this, SSN would move towards the introduction of an integrated package of services for selected beneficiaries, with the following components:

- Livelihood Grant –either in the form of a cash lump-sum, as an asset transfer or as a technological input (such as access to electricity).
- Training and mentoring for example, in (i) livelihood skills; (ii) business management and microenterprise development, (iii) preparation of investment plans; and (iv) training in the particular microenterprise, in particular on mitigating the effects of climate.
- Behaviour change in addition to that already offered to SSN beneficiaries, with a greater focus on highlighting microenterprise and agricultural diversification success stories.
- Linkages beneficiaries should be linked to appropriate services, where possible, existing services offered by Government.

In parallel with the expansion of social insurance and the refinement of the SSN, several legislative provisions need to be reviewed as a priority during the next five years.



Priority social protection activities will include:

- Review current social insurance instruments (e.g. NaSSIT), and provide recommendations for the phased introduction of a range of priority social insurance benefits, including the design of an adapted social security scheme for self-employed, especially workers in the informal economy.
- Generate strategic evidence on the constraints of child care on the labour market and the role of women in the care economy, and make recommendations for addressing these through the provision of appropriate child-care services.
- Based on the forthcoming mapping of income-generating activities (IGAs) across the country to better understand the opportunities for economic inclusion, prepare for the economic inclusion component of the planned Productive Social Safety Net and Youth Employment project.
- Pilot the economic inclusion component within the Productive Social Safety Net and Youth Employment project in selected areas and rigorously evaluate its challenges and impacts.

Associated activities will include:

- Review how the role of technological inputs (such as access to electricity or agricultural advice) can support households switch to more productive activities.
- Review all relevant labour laws and policies and enact necessary reforms for public sector employees.
- Establish a Salaries and Wages Commission so that the diverse working populations can benefit from equity and inclusiveness, including constraints women working in domestic care may face.

3.4.5 Costs and benefits

The current budget for the next phase of the SSN component of PSSNYE is in the region of US\$ 17 million, to be funded predominantly by the World Bank. This will allow a continuation of the SSN cash transfer, alongside piloting its proposed economic inclusion component, which, with robust monitoring and evaluation, will enable lessons to be learnt for the longerterm future of the programme.

3.4.6 Complementary programmes

The Ministry of Agriculture delivers several important complementary programmes that promote smallholder agriculture in one form or another, supplemented by various NGO activities: agricultural input fairs, input and fertiliser subsidies, extension services, sharecropping, etc. Many of these programmes are targeted at particular categories of the poor, so there would be a significant benefit in coordinating approaches to beneficiary selection to ensure that those with land and labour capacity were targeted for "productive" microenterprises. Those without would benefit instead from core social protection.

3.5 Old age (over 65 years)

3.5.1 The challenge

The vulnerabilities faced in old age include increasing frailty and a decreasing ability to work. There is also the possible lack of care from family (sometimes combined with care responsibilities for grandchildren), dangers of isolation and stigmatisation, and discrimination in areas such as accessing the labour force or obtaining credit.

About 3.5 per cent (246,284) of Sierra Leone's total population is aged 65 and over, yet Sierra Leone only spends 0.3 per cent of its GDP on social protection for elderly persons. According to the SLIHS 2018, the older the head of household, the more likely the household to be poor. With a poverty incidence of 61.9 per cent for households with heads aged 66 and over.

Some of the biggest challenges people face happen during old age, as the capacity to work gradually reduces due to increasing disability. The prevalence of disability increases sharply with age; for instance, the percentage of distribution of age as a cause of disability amounting to 13.1 for males and 9.7 for females.

Consequently, according to the 2018 SLIHS, elderly-headed households are much more likely to live in poverty than the national average, with a poverty incidence of around 62 per cent for households with a head aged 56 and over. Moreover, an estimated 10 per cent to 15 per cent of older people face the additional challenge of caring for orphaned or abandoned children or supporting vulnerable adults with disabilities. Such intragenerational households would benefit from several individual life cycle benefits: children would benefit from old pensions, and older persons from child benefits.

According to 2018 SLIHS, the share of economically active people significantly decreased for the age group of 60 to 64 years, falling from a high of 366,445 individuals in the age group of 35-39 (representing 80 per cent of the total population for that age-group) to 85,215 among those aged 60-64 (representing below 60 per cent of the total population for that age-group).

Another factor to bear in mind is gender inequalities at this life-course stage. As many women might have never entered the labour force or worked primarily in informal jobs and/or on care and domestic responsibilities without remuneration, this will impact how elderly women access social protection programmes and services. Making provisions for these gaps is crucial for this Strategy.

The loss of independent income can lead to growing social exclusion: as older people become less able to contribute to their kinship networks – for example, by helping their grandchildren– they may face increasing isolation and loss of support from others, many of whom are, themselves, struggling to provide for their own children.

3.5.2 Current social protection

Whilst there is a comprehensive pension scheme for the public sector through NaSSIT, there is no mandatory pension for informal workers under the social security system. Consequently, the majority of the workforce in Sierra Leone is not covered by a contributory pension scheme providing adequate income protection during retirement. This means that many non-government workers, even some of those in the formal sector, are reliant on the non-contributory old age pension run by the MLSS, which has limited coverage of only around 3,000 beneficiaries. It is seriously underfunded and suffers several implementation challenges. Targeting is meant to be based on need, so it is discretionary and unintuitive, and - in practice - it means that eligibility is prioritised for those with disabilities and those who are very old.

3.5.3 Vision for 2040

A sustainable social protection programme that enhances the recognition of older persons and addresses income security, well-being, housing, social welfare, health and nutrition empowered to manage and sustain their dignity. By 2040, this would be achieved through a three-tier pension system for all older persons in Sierra Leone over 60 years. This would comprise the following:

- Tier 0 (foundation tier) a universal noncontributory citizens' pension;
- Tier 1 a mandated contributory oldage benefit funded through NaSSIT, compulsory for all those in Government

and in the formal sector (as envisaged in the NaSSIT Act), and with adapted mechanisms to encourage voluntary (or even mandatory) contributions for workers in the informal sector;

 Tier 2 – a voluntary top-up pension for those who wish to make additional savings for their old age. Such systems are relatively common and increasingly more so in sub-Saharan Africa. The structure is presented schematically in **Figure 3 7.**

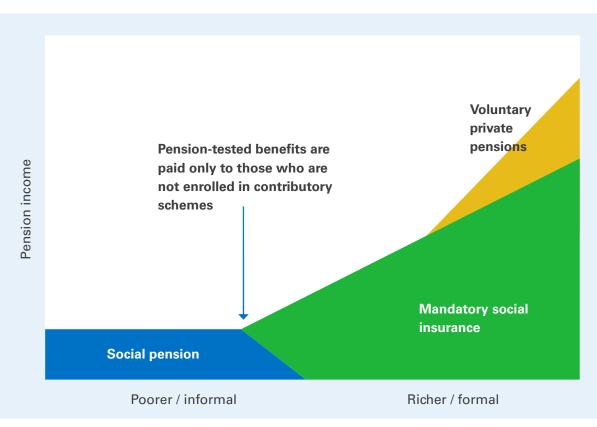


Figure 3-7. Pension tiers

The (optional) tapering of the non-contributory pension (so that it remains nonetheless near-universal) does not present any perverse disincentives for wealthier individuals and those in formal employment to save for old age (which is a serious risk with means-tested social pensions): because whatever savings they make through mandatory or voluntary contributions will be additional to the basic social pension.

3.5.4 Action plan to 2026

Several practical activities will need to be undertaken over the next four years to move the pension towards the vision of a threetier universal pension for all those over 60. In recognition of the current reality and fiscal constraints, especially in the wake of COVID-19, it is recommended in particular that:

- The pension should be gradually rolled out as a universal programme, recognising the additional vulnerabilities of all older people and their right to live a life of dignity and independence.
- The eligibility age should begin at the higher age of 70, recognising the de facto reality of the current programme and then gradually reducing over time.
- The question of a disability grant should be separated from the old age pension: whilst old age and disability are correlated,

the purpose of the transfer is different in the two cases, and it is crucial to have a system for disability that recognises the challenges of disability through the entire life-course (**see section 3.6**). Regarding the other pension tiers, studies must be undertaken to consider expanding at least a voluntary mechanism for a contributory pension to the informal sector and developing recommendations for NaSSIT's future operations in this area.

Priority social protection activities will include:

- Develop an action plan with MLSS to roll out a universal pension for those over the 70s.
- Review and improve the old age pension's delivery, administration and monitoring systems to reduce costs.
- Implement the universal pension in a phased roll-out over five years.
- As national coverage is reached over the first five years, agree on a phased reduction in the age of eligibility progressively over the period to 2040.
- Work with NaSSIT to put in place the arrangements for Tier 1 and Tier 2 for all Government and private sector workers (in employment or self-employed); and agree on the inclusion of the informal sector.
- Review the NaSSIT Act No.5 of 2001 to consider any necessary changes.
- Implement a functional web-based pension administration system.
- Design and operationalize an informal sector pension schemes.
- Conduct an updated actuarial valuation of NaSSIT funds, and embark on prudent investment ventures to maintain the real value of its surplus funds.

Associated activities will include:

- Work with the MoHS to implement the provisions of the Sierra Leone Social Health Insurance scheme (SLesHI Act No 46 of 2017) to ensure free health care for older persons and the destitute.
- Build welfare group homes for the homeless/disabled aged, at least one each for each regional headquarter town/city.
- Ensure a progressive realisation of all public buildings and public transportation becoming old-aged and disability friendly.
- Develop a model to provide free use of the Government's public transport for older and persons with disabilities.

3.5.5 Costs and benefits

The social insurance components of the old age pension will be fully funded from contributions, either compulsory (Tier 1) or voluntary (Tier 2).

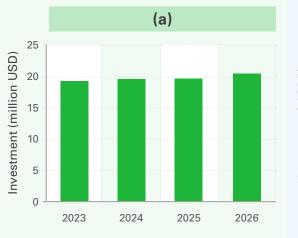
Making the current pension universal for all over 70, rather than having it as discretionary and poverty-targeted for a limited number of those over 60, would cost an average of US\$ 20 million (SLE 248 million) per year in the first five years, corresponding to 0.4 per cent of GDP. This would be based on an (inflationindexed) transfer value of US\$ 12 (SLE 148) per month, assuming that 7 per cent of the eligible persons benefit from a contributory pension and the remaining 93 per cent is covered by the expanded universal social pension.

Similarly to the universal child benefit (**see section 3.1.4**), a universal social pension

covering most persons aged 70 and above will have slightly increasing costs in absolute terms (due to the expansion of the over-70 cohort) but decreasing costs relative to GDP, as a result of predicted economic growth (**Figure 3-8**)

percentage of GDP

Figure 3-8. Investment over the next five years in millions of US dollars and as a



(b) 0,5% 0,4% 0,3% 0,2% 0,1% 0,0% 2023 2024 2025 2026

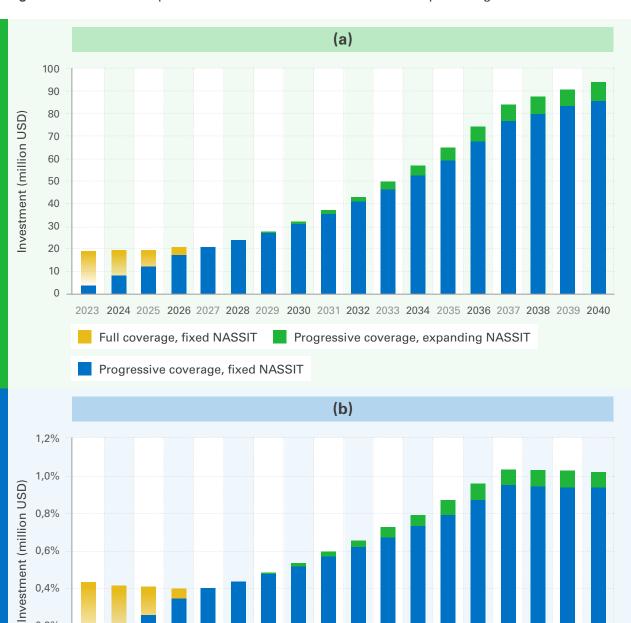
Source: author's projections

Looking ahead to 2040 and the objective of universal coverage for all older persons, **Figure 3-9** shows indicative costs of achieving this objective by progressively expanding the eligibility age, starting in 2027 with older persons over 70, and reaching all persons aged 60 and above by 2037.

The expanded universal social pension scheme is expected to cost an average of US\$ 48 million (SLE 595 million) per year, corresponding to about 0.7 per cent of GDP. This assumes that NaSSIT will continue to reach only 7 per cent of the over 60s (who will not get the social pension), that economic growth and inflation remain constant at 2027 levels, and that population changes follow UNDESA projections.

Should contributory pensions become more popular – say, progressively increasing from covering seven per cent to fifteen per cent of the over 60s, costs would reduce by the orange segment of the bars in **Figure 3-9**. As will be explored in more detail in chapter 5, it could also be possible to phase in the social pension (e.g. by geographic area), achieving an even more gradual increase in costs over the first five years (costs would be reduced by the yellow segment).

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2023 2024 2025 2026 2027 2028 2029 2030 2031 2032 2033 2034 2035 2036 2037 2038 2039 2040

Progressive coverage, expanding NASSIT

Figure 3-9. Investment up to 2040 in millions of US dollars and as a percentage of GDP

0,4%

0,2%

0,0%

3.5.6 Complementary programmes

Full coverage, fixed NASSIT

Progressive coverage, fixed NASSIT

The main complementary programme for the elderly is free access to health care, with the MoHS as a key partner. But linkages with the Ministries of Agriculture and Trade are also critical: many elderly citizens continue participating in agriculture and commerce. It is also worth mentioning that several elderly

people will benefit from the child grant as the carers of young children. Exact figures are not available, but we know that 28 per cent of children do not live with a biological parent (DHS, 2019) and that 40.5 per cent of children not living with a biological parent are taken care of by their grandparents (SLIHS, 2018), so we can assume that around 10 per cent of all children live with their grandparents.

3.6 Disability and chronic illness

3.6.1 The challenge

One of the most vulnerable sectors of society is people living with various forms and extents of disabilities, and particularly children with disabilities. Children with disabilities are doubly at risk: firstly, as children and, secondly, as children with disabilities. Their situation spawns a complex of structured vulnerabilities for their parents, relatives and carers because often, relationships between the mothers and fathers of children with disabilities are strained due to caring for the children, frequently resulting in the child having single-mother parenting. Since children with disabilities, especially those with more severe cases, need full-time care and attention, it leads to the (further) impoverishment of carers because they have a reduced ability to engage in socio-economically rewarding sources of livelihood while tending their children. There is a consequent risk of them, especially those from poorer households, being placed in - or abandoned to - institutional care, with the consequent risk of alienation, isolation and abuse.

Disability and chronic illness pose challenges throughout the life course. Stigmatisation, discrimination and isolation are common. And persons with disabilities face substantial additional costs to participate in society on an equal basis. According to the 2018 SLIHS, diseases or illnesses are the leading causes of disability (41.2 per cent for men and 45.4 per cent for women). Over 23,000 Sierra Leoneans have developed tuberculosis, and an estimated 80,000 live with HIV/AIDS, diseases that cause 3,000 deaths and 2,600 deaths per year, respectively, where children represent 10 per cent of the caseload. A recent study⁴⁰ of persons living with HIV/AIDS found that 94 per cent were "vulnerable" or "most vulnerable"; 54 per cent were unemployed, and only 1.6 per cent had access to social protection. This highlights the intersecting inequalities that fuel the HIV epidemic and can be addressed through improved access to social protection.

Women with disabilities are often more vulnerable to abuse, exploitation and GBV; they may have less access to reproductive health care and face more difficulties with pregnancies and childcare than women without disabilities. These stem from difficulties accessing a steady income to support the pregnancy and childcare. During post-natal check-ups, percentages of health checks following birth in a facility or at home range from 82.6 per cent for women with a functional difficulty to 90.9 per cent for women without a functional difficulty. Thus, their social protection needs to be sensitive to the peculiarities of their situation, with respective medication and other support for them both as mothers and persons with disabilities. Their protection support will enable them to take care of themselves and their children, and their support package should reflect the peculiarities and complexities of their situation.

Barriers to access to health care are magnified for infants with functional difficulties and/or delayed development (who, according to the 2017 MICS, account for 6.6 per cent of children aged 2 to 4 years) and who may need more medical attention and rehabilitation to prevent long-term disability.

Approximately 11.1 per cent of children living with a functional difficulty are on track in the domain of literacy-numeracy versus 15.6 per cent of children living without a functional difficulty; 82.3 per cent of children living with a functional difficulty are on track in the physical domain versus 90.5 per cent of children living without a functional difficulty; and in the domain of learning, the percentages on track are 55.7 per cent versus 80.7 per cent.

Children with disabilities are more at risk of not being enrolled in school or not completing their education. The 2018 SLIHS shows that among the population living with a disability (accounting for 22.8 per cent of children between 5 to 17 years according to the 2017 MICS), 67.4 per cent have never been to school, and only 9 per cent have completed upper secondary education. There is thus a critical need to put in place systems that will detect developmental problems at an early age

40 World Food Programme (August 2021), Profiling Assessment of People living with HIV (PLHIV) in Sierra Leone.

and allow rapid remediation where possible. Children diagnosed with disabilities should be supported both as children and as children with disabilities. Their support should be wideranging and include helping manage, stabilize or correct their situation.

Partly because of this, persons with disabilities face additional risks of unemployment. According to the 2018 SLIHS, 57.8 per cent of the population with disability were employed the week preceding the survey interview versus 63.1 per cent of persons without a disability.

According to the 2017 MICS survey, the percentage of women aged 18 to 19 years with functional difficulties in at least one domain (within the domains of seeing, hearing, walking, self-care, communication and remembering) is 0.8 and the percentage of women aged 20 to 24 amounts to 0.9 per cent. The percentage for the male population equates to 0.3 per cent and 1.4 per cent, respectively. Persons living with disabilities through the wealth quintiles have different access levels to essential goods such as assistive devices. For example, the number of men surveyed by the 2017 MICS who had access to a hearing aid ranged from 22 in the wealthiest quintile to only three in the poorest wealth quintile.

Persons living with disabilities and chronic illnesses are also highly subject to discrimination; despite the enactment of Article 33(1) of the Persons with Disabilities Act of Sierra Leone,⁴¹ 1.7 per cent of the population is HIV positive, according to the 2019 DHS report and 74.2 per cent of the women (aged 15 to 49) surveyed during the 2017 MICS were reported as having discriminatory attitudes towards people living with HIV. The WFP "Profiling Assessment of People living with HIV (PLHIV)" found that self-stigmatization prevented accessing health services for 11 per cent of respondents and the fear of discrimination



for 9.6 per cent. It also suggested that "there was evidence of less discrimination and of high chances of integrating vulnerable groups of PLHIV into society if their social protection needs, such as being part of recipients of the cash transfer scheme by Government and/or other institutions, is well guaranteed". There have also been reports of persons with epilepsy being subject to traditional treatments that are incredibly harmful to the person, such as cuts, burning or drinking poisonous beverages.⁴²

Finally, as in all countries, rates of disability and illness increase with age. Therefore, it is important to recognise synergies and integration between social protection programmes that address old age and those that address disability.

3.6.2 Current social protection

Sierra Leone offers an invalidity benefit through NaSSIT to those in Government and formal employment. The Government has in the past provided limited financial support through Welfare Grants to the organizations of persons with disabilities.

But until recently, it has had no social assistance grant explicitly aimed at individual people with disabilities, which represented a severe gap in its social protection armoury. Many people with disabilities were included in the flagship SSN programme (as members of targeted households), and it appears that the MLSS old age grant tends to prioritise older persons with disabilities, but this was not an explicit criterion for selection. It should be since people with disabilities often have higher health costs that negatively impact their wellbeing, while discrimination against them is common. Some also require additional care support, which can mean that other household members have to either not seek employment or only work part-time, which reduces household incomes. Finally, people with disabilities face additional costs in accessing education, health care and the labour market and face incremental hardship in their daily lives and livelihoods. However, a small

investment in helping them to integrate into the labour force can bring valuable economic dividends.

It is highly encouraging, therefore, that the Government has placed a significant emphasis on prioritising income support specifically to those with disabilities, cementing their longstanding commitment. The prioritisation was manifested when the Government initiated, from its own funds, humanitarian support to Persons with Disabilities, a one-off cash payment (combined, in some cases, during the first COVID-19 lockdown, with in-kind commodities) to over 7,500 households containing a person with a disability. It then negotiated with the World Bank to restructure the main SSN programme to allow higher levels of payment to a more significant number of beneficiaries as a COVID-19 response, with a specification that households containing a member with a disability should be given priority. This demonstrates that the Government fully recognises the special requirement for support to this particular lifecourse group.

At the same time, this has also revealed several shortcomings which need to be resolved urgently if support to those with disabilities, including a universal national disability grant as implied by the NSPP, is to be rolled out effectively. These include the need for a more detailed survey to better understand the number of potential beneficiaries of such support, the need for a simple but robust system of determining and assessing disability nationwide, and the introduction of a national registry of disabled persons.

For the chronically ill, WFP piloted a small malnutrition-oriented safety net cash transfer programme in 2018/19 for around 400 beneficiaries in the Western area and Bo district, linked to its Nutrition Assessment Counselling and Support activity and in close collaboration with the National Leprosy and TB Control Program and the National AIDS Secretariat to assist moderately acute malnourished persons living with HIV and TB. There are also some smaller NGOs working

⁴² ACPF (2014) The African Report on Children with Disabilities: Promising starts and persisting challenges, Addis Ababa, The African Child Policy Forum (ACPF).

specifically with Children living with HIV, including the HAPPY Kids and Adolescents Charity.

3.6.3 Vision for 2040

The 2040 vision for this life-course group is of a society where all persons with disabilities and all those living with chronic illnesses are recognised, protected, self-reliant and live dignified lives; and where they receive a cash transfer that compensates for the additional costs they face in participating in society on an equal basis, as part of a comprehensive package of support that can address the diversified needs of people with disabilities and chronic illnesses.

3.6.4 Action plan to 2026

In reality, it will take time to develop and deploy the necessary systems nationally: a disability survey, a disability assessment and registration system and a registry of persons with disabilities. Only after they are in place will it be possible to fully implement a disability grant. This action plan assumes a gradual progressive roll-out of the grant from year 2 (2024), once the systems have been developed and tested.

Priority social protection activities will include:

- Build from census data and other existing data sets to better understand the actual situation of disability and chronic illness in Sierra Leone and map existing initiatives to improve it.
- Work with MoHS, the National HIV/AIDS Secretariat, the Ministry of Social Welfare, the National Commission for Persons with Disabilities, and Organizations of Persons with Disabilities (OPDs), to develop a simple but robust approach for identifying and assessing disability and functional deficiencies, to be implemented by non-specialists at the community level.
- Design and develop a national registry of persons with disability and chronic illnesses that is interoperable with the proposed national social registry (and the national identity system).
- Roll these systems out nationally.
- Design and develop a disability grant for Sierra Leone based on good practices from appropriate African countries (e.g. South Africa, Namibia, Botswana, Kenya).
- Commence the implementation and roll-out of a disability grant linked administratively with the social pension and gradually expand coverage.

Associated activities will include:

- Improve the capacity of frontline officers and social workers in all MDAs to deal with issues of disability and chronic illness.
- Build linkages with other MDAs, OPDs and NGOs that work with people with disabilities and chronic illnesses to strengthen families, deliver assistive devices, reduce barriers to access and provide appropriate vocational training.
- Include persons with disabilities and chronic illnesses in all livelihood and incomegenerating initiatives and programmes.
- Ensure that the Persons with Disabilities Act, the Radical Inclusion and Out of School Children policies and strategies are fully implemented.

3.6.5 Costs and benefits

When considering the costing for a disability grant, it should be borne in mind that disability increases with age, so it is likely that a significant proportion of those with disabilities will be elderly and, therefore, already recipients of the pension. The cost of a disability grant to those below the social pension eligibility age (70 in 2024 to 60 in 2037-2040) with severe disabilities and chronic illnesses⁴³ is estimated at US\$ 43 million (SLE 529 million) per year on average between 2024 and 2040 or 0.7 per cent of GDP, based on a transfer of US\$ 12 per month, indexed to inflation, assuming full coverage.

Figure 3-10 assumes a progressive roll-out of the disability benefits (from 25 per cent coverage in 2024 to 100 per cent by 2027) and shows how, from 2027, costs both in millions of Leones and as a percentage of GDP would increase over time if the disability rate remained constant, as the population of Sierra Leone grows.⁴⁴ This also assumes continuous economic growth and inflation to the predicted 2026 levels. At the same time, as the age eligibility of the old age benefit expands from 70 to 60 years old, from 2027 onward, the disability benefit will cover one less age cohort each year (from 0-69 in 2024 to 0-59 in 2037), offsetting costs. Reduction in coverage and economic growth underline the reduction in relative cost observed in Figure 3-10 panel b.



Figure 3-10. Investment up to 2040 in millions of US dollars (a) and as a percentage of GDP (b)



43 Estimated to make up 3.1 per cent of the population.

44 And the disability rate is assumed to remain constant.

Source: author's projections

3.6.6 Complementary programmes

Important complementary programmes for those with disabilities and chronic illnesses are free access to health care and, for people living with HIV/AIDS, to counselling, antiretroviral drugs and nutritional support: here, the MoHS is a key partner. But people with disabilities also face various challenges across their life course. For example, children with disabilities find it difficult to access school and are at risk of being placed in institutions; youths (especially girls) with disabilities face challenges entering the labour market or accessing mainstream vocational training, and a particular challenge faced by many older people is that their disability is often not recognised: they are frequently regarded as just "being old". All of these require close collaboration with different MDAs, OPDs representing those with varying types of disabilities, and the private sector as potential suppliers of assistive devices.



4. Systems

To underpin these programmes for operationalising social protection according to the NSPP's life-course stages, there will be a need, formulated under its Area of Focus #2 for "Expansion and strengthening of social protection programmes and implementation systems". These implementation systems will include technical support to the existing and nascent systems for registration, selection and enrolment; delivery; grievance; communications; MIS and reporting; and monitoring and evaluation (M&E). The NSPP sets out the progress that has already been made in a number of these areas: the Strategy now needs to specify how they can be further developed and integrated to provide a common platform for implementation across programmes, both now and moving into the future. It will also need to formalize linkages with other critical information systems, such as the NaSSIT database (for those formally employed in public/private sectors), the educational MIS and the identity system of the National Civil Registration Authority under the Ministry of Internal Affairs.

This is a critical aspect, not only for the smooth-running, efficiency, accountability and good governance of standard life-course social protection programmes, but also to leverage the ability of those programmes to be adaptive and scalable in the event of a shock. There are essentially three primary requisites for shock-responsive social protection: (i) to have robust and flexible systems already in place, (ii) to have contingency funding available, and (iii) to have the necessary procedures in place to trigger a rapid response. It was notable that the main constraints and delays in implementing Sierra Leone's response to COVID-19 derived not from the lack of funding (which was made available rapidly, both domestically and through development partners) nor from a trigger failure but rather from deficiencies in the fundamental systems for identification, registration, delivery and management.

Strengthening the type of inclusive, entitlement-based life-course social protection that is envisaged in the NSPP will already reduce the need significantly for ad hoc shock response by increasing coverage and building the resilience of individuals. If, in addition, the systems to deliver that social protection are robust, resilient, flexible, and well-integrated with other systems and national in their coverage, then shock-responsiveness will already be assured. Again, there is already a clear understanding in Sierra Leone of the need for shock-responsive systems, which has been heavily underlined by COVID-19; and a clear recognition, for example, in the Social Transfer Emergency Preparedness and Response Plans (STEmPRP) and the COVID-19 QAERP of the primacy of having robust systems in place that can then be leveraged in response to a disaster. The Strategy considers this fully when setting out its recommendations for system strengthening.

Systematic effort to build adaptive social protection (ASP) is supported through financing from the Global Risk Financing Facility (GRiF), a Multi-Donor Trust Fund (MDTF) with pledges from Germany and the United Kingdom, to help countries design and implement financial solutions to manage disasters and climate shocks. Under the World Bank-financed Social Safety Net Project (SSN), GRiF provided US\$ 2.5 million toward shock-responsive social protection development. Formally, activities supported include Component 1 (Systems Development) and Component 3 (Program Management and Capacity Building). Support under Component 1 included establishing and operationalizing building blocks of a shock-responsive safety net. Support under Component 3 included scaling the provision of Cash Transfers to beneficiaries in response to COVID-19. The facility also financed the registration of households in disaster-prone areas and the recruitment of a Disaster Preparedness Officer at NaCSA. Under the PSSNYE project, GRiF funds (US\$ 3 million) are helping to operationalize recommendations from SSN-

linked GRiF-supported activities and carry out a Digital Works program.

With support from the World Bank, a disaster risk finance (DRF) diagnostic report was prepared and disseminated in February 2022 in collaboration with the Ministry of Finance (MoF). The DRF policy dialogue extends beyond MOF and NaCSA to other line ministries and agencies. MoF adopted key recommendations and officially launched the process of developing a DRF Strategy and implementation plan in April 2022 by convening a Core Writing Group, which is jointly led by the Ministry of Finance and the National Disaster and Management Agency (NDMA) and comprises the Office of the National Security (ONS); National Commission for Social Action (NaCSA); Environmental Protection Agency (EPA); Ministry of the Environment (MoE); UNICEF, and Research Institute for Sustainability Transitions (RIST) – a civil society group. Engagement of the private sector in DRF was initiated, starting with the insurance regulator, discussing potential synergies to enhance financial protection and identifying key activities to support the development of the insurance market.

4.1 Governance and coordination

Good governance of social protection systems is a precondition for the effective realization of human rights. Governance starts at the highest levels of policymaking — including coordination across diverse actors, schemes, institutions, sectors, and levels of Government - and permeates every aspect of social protection implementation. As discussed in section 4.2, well-governed social protection systems benefit from strong accountability structures, active participation of the stakeholders, transparency of operations and viable access to information. Likewise, as presented in section 4.2.4, effective governance encompasses good financial management; benefit delivery that respects the principles of availability, accessibility, and adequacy; contribution collection (where applicable); MIS; data protection and privacy; and clear complaint and appeal procedures.

This section then focuses on broader institutional issues of coordination across diverse actors, schemes, institutions, sectors, and levels of Government. It considers the mechanisms and structures needed to build sustainable systems, including national strategies and definitions of social protection, legislative and regulatory frameworks, institutional structures and policy designs, and high-level coordination mechanisms. It emphasises the need for policy coherence across sectors and coordination mechanisms (both within social protection and across sectors) to be defined at the highest levels and formally embedded within all levels of the national social protection system.

4.1.1 Current system

There is a disconnect between the institutional structure set out in the NSPP and the current reality. According to the NSPP, the primary institutions involved in social protection in Sierra Leone should be the National Social Protection Council (NSPC), NaCSA, and the Ministry of Labour and Social Security. But the NSPC does not yet exist, so responsibility for technical coordination of social protection remains with the National Social Protection Steering Committee, which meets bi-monthly. The National Social Protection Inter-Agency Forum is an inter-ministerial body responsible for endorsing Government policies (including social protection policy), while NaCSA and the MLSS are the primary implementers of social protection programmes.

When constituted, the NSPC will be the superior body on social protection, located in the Office of the President and chaired by the Vice-President. The Council will comprise the following MDAs: the Ministries of Finance; Planning and Economic Development; Labour and Social Security; Social Welfare, Gender and Children's Affairs; Health and Sanitation; Basic and Senior Secondary Education; Agriculture; Local Government and Rural Development; Trade and Industry; Justice; and the Attorney General's Office; plus Sierra Leone Labour Congress, NaCSA, National Commission for Children (NCC) and the National Commission for Persons With Disability. Non-state actors, including CSOs, private sector and development partners,

will also be members of the Council. The National Social Protection Secretariat, which is already operational, will become the technical arm responsible for facilitating the NSPC's oversight functions.

NaCSA is a semi-autonomous Government agency that operates under the Office of the President. Within NaCSA, the National Social Protection Secretariat leads the day-to-day implementation, coordination, and facilitation of social protection programmes and projects, including social assistance programmes. A Parliamentary Committee on development provides parliamentary oversight over NaCSA activities. The MLSS implements two smallscale social pensions. Finally, a separate institution, the Anti-Corruption Commission (ACC), manages fraud and corruption enquiries and handles grievances related to social protection programmes (**see section 4.2.4**).

4.1.2 Vision for 2040

The NSPP acknowledged some weaknesses in the current high-level governance of social protection, which "have led to the slow adoption of social protection systems by the sector agencies". To remedy these, the NSPP sets out a clear vision of a reformed institutional framework, summarised in **table 4-1** below.

Institution	Responsibility	Membership
Office of the President	Anchor and link to Cabinet; visioning and broader policy direction.	Chief Minister or any other designated person to perform the functions of the COS.
National Social Protection Council (NSPC)	SP policy oversight, monitoring, evaluation and standards setting.	Core members are drawn from state and non-state actors, with the COS as chairperson and the Ministry of Finance and Planning and Economic Development (MoPED) as co- chairperson. Other state actors co-opted as and when necessary.
National Social Protection Secretariat (NSPS)	Day-to-day administration, coordination and facilitation, and support of SP.	NSPS technical and other staff, with support from National Social Protection Technical Committee and sub-committees.
National Social Protection Technical Committee (NSPTC)	Coordination and oversight of SP policy, strategy and programmes; systems building; SP think tank.	Directorate-level staff of sector ministries and agencies, including non-state actors, responsible for SP programmes at national level.
District Social Protection Technical Committee (DSPTC)	Coordination and oversight, and support to the implementation of SP programmes.	Technical staff of district-level sectors, agencies and non-state.

Table 4-1. Proposed social protection institutional framework

It also defines clear roles for each key stakeholder, arranged under three "pillars" of (i) implementation, (ii) coordination and (iii) policy and authority. The vision for 2040 is to have this governance framework in place, underpinned by legislation and fully operational.

4.1.3 Action plan to 2026

The Strategy endorses the institutional structures proposed in the NSPP but recommends a refinement in coordination. The NSPP envisages a National Social Protection Technical Committee (NSPTC), which "will serve as the 'think tank' for the policy". It will also coordinate between key stakeholders to ensure the enactment of the Social Protection Bill to roll out the policy and implement the Strategy.

As has been stressed elsewhere in the Strategy, adopting a life-course approach facilitates coordination by focusing on specific objectives, reducing the range of service linkages required and limiting the number of key partners at each stage. Specifically, the Strategy recommends that under the overall NSPTC, there should be a set of working groups responsible for providing this leadership and the "think tank" function for individual life-course stages. Each working group would be responsible for one of the life-course stages set out in the NSPP and reflected in the Strategy and would report to the NSPTC. Membership would be limited to ten representatives and include the key ministries and development partners for each life-course stage, plus at least one relevant NGO representative. The working groups would meet less formally than the full NSPTC, say quarterly, with a focus on technical design and implementation aspects of the core lifecourse programmes and – in particular – on ensuring coordination, linkages and coherence with secondary programmes.

A priority activity under the first phase of the NSPS is to develop ToRs, define the composition and convene the NSPTC and its life-course working groups. Training and capacity building will also be needed at all levels, including at district level. As set out in the NSPP, the "Government and its partners will invest in developing the capacities of institutions for an enduring social protection roll-out at all levels of Government and across MDAs". The first phase of the institutional development effort will prioritise support to the NSPS for strengthening the social protection systems and oversight functions. The scope and nature of the capacity building and institutional support will be based on a needs assessment of the capacity of all relevant institutions that will be involved in the administration and implementation of social protection interventions. The needs assessment will identify gaps in technical skills related to financial management,

information and communication technology (ICT), M&E and targeting techniques. Development partners will provide technical assistance in the form of mentoring of staff of implementing agencies, and training modules and process manuals will be developed for guidance on the administration of social protection programmes.

4.1.4 Costs

Costs under this heading include the need for training and capacity building particularly. As far as possible, this should be based on building a cadre of Sierra Leonean staff to deliver the training, using open-source training modules such as those developed under TRANSFORM and endorsed by the African Union.

4.2 Back-office systems

Back-office systems across the social protection delivery chain effectively support social programmes and services. Information systems facilitate the delivery of the operations for social protection programmes, including the management of beneficiary and potential beneficiary information through the core operational lifecycle of the programme – i.e. from registration of their details to facilitating enrolment through to processing payments, managing grievances, and exits or graduation from the programme.

Across the social protection and humanitarian nexus, programme and beneficiary management systems – more commonly referred to as MIS – facilitate the captureflow-reporting of information to support the key operational objectives for social protection interventions set out below.

Key operational objectives for social protection interventions include:

- Eligible beneficiaries are targeted and enrolled on the programme, while citizens and applicants that are ineligible are excluded;
- Beneficiary details are maintained and verified appropriately to ensure they remain current and relevant;
- The appropriate benefits and services are delivered promptly, regularly, reliably and in an accessible manner;
- The operational processes and performance of the programme are monitored for quality and effectiveness;
- Appropriate data governance and risk management procedures are in place for handling beneficiary information, including ensuring security, data privacy and transparent process controls (i.e. maintaining an audit history of data changes).

Applying social protection information systems – specifically the programme MIS – is a critical enabler for an effective social protection programme's operations and service delivery. Social protection programmes can vary in how beneficiary information is managed across the delivery chain, including different eligibility criteria, payment transfer modalities, approaches to engagement and interaction with the beneficiary and enabling them to access the services. As a result, developing information systems for individual programmes requires considerable coordination and can be costly and lengthy to implement and operationalise.

Integrating social protection information and delivery systems is a prevalent policy initiative for Sierra Leone, with a nascent social protection policy and systems environment to support the upcoming social protection programmes and services. As a centralised implementing agency for the Social Protection Strategy and the supporting information systems, NaCSA reviews the opportunity and approaches to linking the operational processes and delivery systems for the life-course programmes planned for greater harmonisation and coordination. Furthermore, centralised registries, such as the Social Protection Registry for Integrated National Targeting (SPRINT), lay a foundation to facilitate the linkages required to support the Social Protection Strategy and the lifecourse programmes by enabling efficiencies, cost savings and sustainability through

the sharing of the centralised registry as a resource.

4.2.1 Current systems

The current social protection information system that supports NaCSA and the SSN programme is the SPRINT Platform which aims to consolidate information on both beneficiaries and potentially eligible households to assist the Government in the targeting and coordination of social protection interventions in Sierra Leone.

The SPRINT supports the intake of households onto a centralised social protection registry to facilitate targeting and registration for programmes. The platform delivers the functionality and services associated with what is commonly referred to as a Social Registry across digital social protection literature. The SPRINT platform also manages various operational processes of the SSN Programme and facilitates the Beneficiary Registry for the programme. See Annex 1 for technical details of SPRINT.

The key functional modules for the Social Registry SPRINT are:

 Household registry: Intake and registration of household records are fulfilled by enumerators at the village level through to the district administrative level. The household registry enables appropriate approvals workflow to accept the record, including all individual members, onto the SPRINT registry. Updates to the household records are managed directly on the household registry module.

- 2. **SSN programme beneficiary registry:** The system manages the beneficiary lists for the SSN Programme, and the SPRINT platform supports a file upload process to merge additional records and/or may be linked to the household registry record.
- 3. **Payments:** The system may generate a payroll (payment list per beneficiary).
- 4. **Grievances:** Grievances captured through the ACC's GRM platform at the sub-national administration level can be entered into the SPRINT system for change in status, additional comments and monitoring, though this module is not operational yet.

4.2.1.1 Key enablers and constraints for the social protection systems environment

In addition to analysing the existing social registry system, an assessment of the system's environment in which it operates presents a broader overview of the current state of social protection information management in Sierra Leone.

Enablers

Decentralised operations: While the SPRINT system is managed at the central administrative level, the system and its operations can be decentralised effectively, and the solution has been distributed across all districts. At the subnational level, Government officers have been able to administer the household intake and registration process. As other programmes are implemented under the same ownership structure, there is an opportunity to onboard the programmes onto the shared information management solutions. The decentralised governance structure across Sierra Leone's districts, through to chiefdoms, sections and villages, has the potential to perform an essential role in implementing social protection schemes. Consequently, current and future programmes' operations and delivery systems depend on adequate resourcing and capacity development.

• Scalable architecture: The SPRINT systems architecture and development framework enables scalability and adaptability to the modules and data parameters to cater for the changes that may be required to onboard other social protection programmes as per the NSPP and its Strategy.

Challenges and Opportunities

• Absence of a national identifier in current operations and leveraging

a civil registry: While a National ID is available in Sierra Leone for its citizens, its coverage is limited, multiple other identity cards are in use, and there is limited interoperability with other Government services. As a result, the SPRINT platform has had to create its unique identifier, and any ID authentication services with NaCSA have been performed manually and offline. A foundational National ID and civil registration offer integration opportunities for a more effective whole-of-government approach to social protection delivery. Civil registration is essential for effectively implementing social protection programmes and managing beneficiary information. With the Strategy to move towards more life course-based programmes, including individual entitlement interventions, there is a need to consider interoperability with other databases external to social protection to obtain beneficiary lists. National IDs from civil administration services can facilitate integration between programmes and institutions.

 Limited ICT governance on policies, standards and protocols: There are limited standards and protocols in place to govern data management for public services. Without a formal agreement or memorandum of understanding (MoU) with the National ID authority, there has been no interoperability achieved and no governance on how data is transferred between institutions, including privacy considerations and setting rights and responsibilities for accessing and managing beneficiary data.

- Current capacity and resources are strained: With minimal delivery system solutions in place, there are concerns about the existing capacity to support the design, development, ongoing operations and maintenance of enhanced integrated MIS solutions to support multiple programmes. There is a need to develop the capacity to support the Social Protection Strategy, influence resourcing plans, and ensure delivery systems capacity development is planned for.
- Limited access to ICT infrastructure hosted by Government: The SPRINT platform is currently hosted on the Cloud with no policy directives restricting this. There is no centralised Government data centre currently in use by NaCSA. The lack of available infrastructure confirms that Government hosted IT solutions and data registries do not follow set standards for security, networking, backup and recovery processes.
- Limited operability/web service integration experience: The SPRINT platform is being developed as a "one-stop shop" for social protection operations and delivery solutions for NaCSA. As a result, there has been a limited need for interoperability across other systems and databases. With the limited number of MIS solutions and limited IT infrastructure across Government services, especially within the social protection sector, many processes are retained within one operational programme and still dependent on paper-based processes. With the life-course programmes identified in the NSPP and the Strategy and the resultant operational processes required, there will be a need to develop interoperability services with the National ID and other sectoral databases and systems for registration and payments, among others.
- Processes at sub-national levels are largely manual / paper-based: Whilst targeting and enrolment processes increasingly use tablets for data capture, paper-based forms and processes remain the primary form of gathering information and engagement with the households at the village through to the district level. Community engagement and registration processes are exposed to the risk of

human error, data fraud and delays before data is uploaded to the household registry. Mobile solutions have been explored but not yet rolled out extensively.

 Integrated and automated Governmentto-Persons (G2P) payment functionality is still a gap: Payment transfers are currently supported by the SPRINT platform in its support of the SSN Programme. As a result, considerable time and effort are spent on facilitating and reconciling the transfers.

4.2.2 Vision for 2040

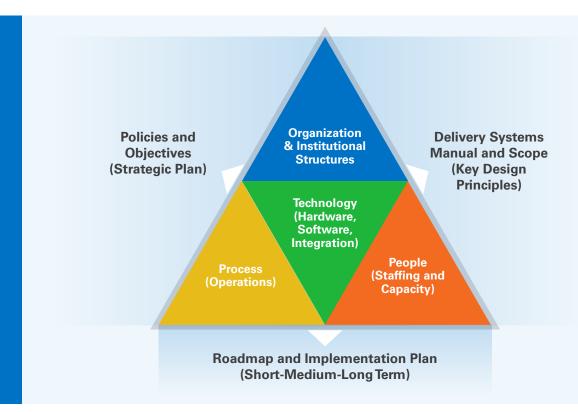
The long-term vision for the information systems supporting social protection in Sierra Leone is to support the key operational objectives across the delivery chain for the social protection interventions and services planned as part of the Strategy.

While the current SPRINT platform was initially designed as a social registry platform, there is an opportunity to consider further evolution of the system to support the various envisaged life-course social protection programmes. Annex 2 sets out a proposed landscape for the social protection MIS in future, setting out the three layers of the planned MIS, the distinction between social registries and integrated beneficiary registries, the inclusion of additional services and systems, the likely trends in technological evolution and the principles for digital development.

4.2.3 Action plan to 2026

The approach to developing back-office systems should not be merely labelled a database or an information system, but rather, an operating model of business processes, protocols, policies, technology solutions and staffing that manage the collection-processingsharing of the information and operations.

Figure 4-1: Operating model



- Core operational process and service: The core processes that support data collection, processing and sharing of information, including operational and information management standards and protocols.
- Organizational and institutional structures: The institutional management for the programme's operations, including decentralisation and coordination mechanisms.
- **People (staffing and capacities):** Resourcing approach, including roles and terms of referencing and capacity development.
- **Technology:** The application software and infrastructure components to support the programmes.

The plan for the next five years will be to continue to move towards this operating model for the back-office social protection systems.

Priority activities will include:

- Develop a set of harmonised business processes that need to be supported for the relevant life-course programmes.
- Determine the coordination mechanism to collect-process-approve potential beneficiary information for registration and enrolment for the relevant life-course programmes.
- Determine the systems and registries that are needed (to be developed or linked with) for intake and registration of potential beneficiaries (e.g. disability registry)
- Deliver a scope document for the delivery system for each programme operation and conduct a gap analysis with existing platforms, such as SPRINT.

- Deliver the design and solution approach to meet the scope of the programme's delivery system.
- Develop and test the solution under the leadership of NaCSA.
- Prepare quality assurance plan, training plan, capacity building and change management strategies.
- Implement and roll out the system as the different life-course programmes are expanded and introduced, ensuring staffing and resourcing available for ongoing operations and sustainability.

4.2.4 Costs

The World Bank has been supporting the development of SPRINT as a component of its funding for the SSN programme. It shares the Government's ambition to transition towards a more comprehensive and integrated registry and associated MIS that will additionally serve the proposed life-course programmes of the NSPP. And it has included core funding in the next phase of support that will cover the costs of expanding SPRINT over the next five years. UNICEF also funds some specific activities. No additional costs beyond these are envisaged.

4.3 Client-facing systems

A central feature of any effective and inclusive social protection system relates to the interface of rights holders (social protection programme and service users) with duty-bearers (programme and service implementers from the State (**see Figure 4-2**).⁴⁵ This holds true, particularly from a human rights approach: not only are social protection policy outcomes important per se for an effective system but also important is the process through which those programmes and services are designed at a higher-policy level and ultimately implemented at the mid and street levels.⁴⁶

Among the client-facing systems, there are several support mechanisms, including a

communications strategy, or set of strategies for different programmes and services, as well as complaint and redress mechanisms.

A clear communications strategy is imperative in ensuring that communities understand the social protection schemes at their disposal and also for social accountability. This should include, among other aspects: information on the existence of the programme; how to apply for and engage with various programmes; eligibility criteria required by the schemes; administrative and complaints procedures; as well as accountability mechanisms. In addition, from an inclusion and equity perspective, social protection programmes should develop specific communications strategies for persons with disabilities and ensure they are adequately resourced. A communications strategy needs to be tailored to the requirements of specific types of persons, and it is also key to use multiple communication channels. A good communications strategy includes key messages on the cash transfer programme during each operational process for different audiences and dissemination activities.

Unclear communications around social protection programmes and services can lead to a lack of sense of entitlement in individuals, as they are not aware of the benefits being a right and can also create confusion around programme rules and eligibility criteria (Barrantes, 2020), thus hindering participation and accountability from a governance perspective.

⁴⁵ Barrantes, A. (2021) Global Research on Social Protection and Governance: Argentina case study. UNDESA and ILO.

⁴⁶ Barrantes, A. (2021) Global Research on Social Protection and Governance: Argentina case study. UNDESA and ILO.

⁴⁷ Social Security (Minimum Standards) Convention, 1952 (No. 102). Article 70 establishes that every claimant should have the right to appeal in case of refusal of a benefit or to complain about its quality or quantity.

The right to complain and appeal about the quality and quantity of benefits⁴⁷ is also enshrined in international human rights frameworks concerning the right to social protection. Moreover, the mere "existence of effective accountability mechanisms marks the shift between charity and claims. The effectiveness of the access to social rights is ultimately related to an explicit, clearly interpretable and inclusive framing of social rights."⁴⁸

As such, social protection systems should be based on laws that specify complaint and appeal procedures that are "impartial, transparent, effective, simple, rapid, accessible and inexpensive" and that access to them should be "free of charge".⁴⁹ States are also obliged to ensure that legal remedies, whether of a judicial or administrative nature, are available to aggrieved individuals or groups and that any remedies put in place are "accessible, affordable, timely and effective".⁵⁰

Figure 4-2. Interface of right holders with duty bearers



Functioning complaints, grievance, redress and accountability mechanism are critical for proper accountability and programme performance within the social protection sector. A social protection system should ensure that there are multiple channels for various categories of complaints and that all grievances are addressed and resolved within a reasonable timeframe. Moreover, it is recommended that the system allows "for multiple levels, where resolution of complaints at the point of service (lowest level, closest to the citizen) is more effective due to low information and transaction costs, while also ensuring access to independent channels for redress, such as an ombudsman, audit institutions, or third-party contracting out of complaints collection/facilitation."⁵¹ To accompany the inclusive nature of a lifecycle social protection system, it is key that the multiple channels for appeals and redress provide equal access to persons with disabilities, women, minorities, etc.

48 International Labour Conference, 100th Session, General Survey concerning social security instruments in light of the 2008 Declaration on Social Justice for a Fair Globalization (2011).

- 49 International Labour Organisation, Social Protection Floors Recommendation (No. 202), United Nations (2012).
- 50 General comment No. 9, The domestic application of the Covenant (19th Session, 1998), UN doc. E/C.12/1998/24, para. 9.
- 51 McClanahan, S., Chirchir, R., Kidd, S., Barrantes, A., Kidd, S., and Hillson D. (2021) Global Research on Social Protection and Governance: Global Overview. UNDESA and ILO, p.74.

Social accountability in social protection is crucial for two main reasons: to ensure quality delivery of social protection programmes (as deficiencies can undermine the impact and legitimacy of programmes and services) and to build better relations between citizens and the state by contributing towards strengthening the social contract and social trust.⁵²

As such, social accountability for social protection governance requires (**see Figure 4-3** on the conceptual framework) that all parties have access to the required

information, that beneficiaries act on their concerns, and that – if concerns are collective – citizens mobilize to overcome obstacles to collective action, and that the service providers themselves (on behalf of the state, if relevant) have the capacity and authority to respond to the grievances. It is also important that social accountability mechanisms enable civil society more broadly to hold Government to account if social protection programmes are not well-delivered and to put in place citizenship engagement spaces to ensure the participation of communities and social protection recipients.



52 Ayliffe, T., Aslam, G. and Schjødt, R. (2017), 'Social Accountability in the Delivery of Social Protection Final Research Report', Development Pathways for UK Aid.

Figure 4-3. Social accountability in social protection⁵³

State Action

- Relevant officials have incentives (intrinsic or extrinsic) to address citizen concerns and/or face costs of inaction.
- Private sector providers have incentives to address citizen concerns.
- Staff who interface with citizens have the authority to resolve the issues, or influence with others who do.
- The state has the capacity (staff time and skills) to address the issues.
- The state has the financial resources
- and allocative flexibility to address the issues.

Information

- Citizens understand whether they are eligible.
- Eligible citizens are aware of their entitlements.
- Information is accessible and appropriate to vulnerable and marginalised men and women in poverty.
- Citizens know how they can raise a concern.
- Local state actors have the information they need to respond constructively to citizen voice.

Citizen-State Interface

 Interfaces are accessible and culturally appropriate for poor, vulnerable and marginalised men and women.

- Appropriate (possible different) interfaces are available to address different SP programme functions and potential problems (individualised or collective, public or confidential, open to who community or only eligible citizens etc.).
- Interfaces involve state officials with the authority to address citizens' issues (or strong links to those who can).

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Civic Mobilisation

- Overcomes challenges of individualised nature of social protection programming.
- Overcomes risk of co-option of community comittees by the state.
- Overcomes challenge of overburden of the underresourced community volunteers.
- Overcomes disconnects and power imbalances between local and higher levels of state.

Citizen Action

- Anticipated benefits of action outweigh costs and risks.
- Do not expect reprisals.
- Expect state to take positive action.
- Issue is important face costs of inaction.
- Voices of the marginalised and excluded are heard - elite capture avoided.

A functioning social accountability framework for social protection should include a set of mechanisms adapted to addressing particular sets of issues, as different mechanisms and processes are suited to addressing different types of service delivery and programme implementation challenges.⁵⁴ The following are some of the main mechanisms and processes, mostly for non-contributory schemes:⁵⁵

53 Ibid.

- 54 Ibid.
- 55 Ibid.

56 Ibid.

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• Grievance Redress Mechanisms (GRM):

In most instances, GRM and appeals mechanisms entail receiving individual citizens' feedback and the responses to these being given to individuals. Hence, "these mechanisms structure citizen action, state response and interface in an individualised way".⁵⁶ The individualised way in which social protection is implemented in many countries (there are many instances, for example, in which individual experiences of the same programme greatly differ, or there might be issues around jealousy between beneficiaries and non-beneficiaries, might lead to challenges in mobilising citizens for collective action and hence, also demands for social accountability). Regarding what these GRMs entail, they usually collect grievances around operational programme issues, including payments, eligibility criteria, quality of service, etc. This also means that expectations around these mechanisms cannot be too ambitious: 'GRMs are particularly ill-suited to addressing 'thick' accountability issues, that is to say, more complex challenges, not amenable to a simple rules-based solution, including, for example, complaints of exclusion error in the case of poverty targeting.'58

- **Community committees and similar mechanisms:** These have social accountability as either a main or subsidiary objective, and their focus is often on raising citizen awareness and/ or creating opportunities for engagement between the state and citizens. They may have an important outreach role for the most vulnerable citizens.
- Structured collective social accountability mechanisms: These can include community scorecards, citizen report cards, and social audits.
- Report cards: Citizen report cards usually use a survey to collect citizen feedback and then aggregate survey findings, which may be debated face-to-face and/ or through media channels. On the other

hand, community scorecards use a community-based qualitative process of problem and priority definition, followed by face-to-face meetings between citizens and service providers to discuss priorities and jointly develop action plans.

• **Social audits:** These mechanisms involve community-level interface meetings.

As such, it is important to determine how social accountability mechanisms and processes are to be embedded into a properly functioning social protection system and that clear delimitation are established between all the different interface channels. This must apply to the social protection system as a whole, including non-contributory and contributory schemes and all other programmes and services.

Furthermore, according to the ILO,⁵⁹ social protection systems should have four main types of procedures: internal administrative procedures, where the right to seek a change in the decision is only possible at the administrative level, even if they may be elevated from lower to higher levels on appeal; special judicial procedures, such as labour tribunals or courts; judicial procedures before general courts; and mixed procedures, where initial complaints can be lodged with administrative bodies, and appeals are processed in the various types of courts.

4.3.1 Current systems

The Government, with support from development partners, has made considerable advances in setting up the basis that will form a national GR mechanism that supports social accountability, citizen engagement (CE), anti-corruption and community monitoring mechanisms/processes within the SSN framework for development of the building blocks of national social protection. The following are some of the key examples of existing mechanisms and accompanying documentation:

⁵⁹ International Labour Conference (2011) 100th Session, General Survey concerning social security instruments in light of the 2008 Declaration on Social Justice for a Fair Globalization.

- The 2000 Anti-Corruption Act established the ACC as an independent commission to investigate corruption and fraud in Sierra Leone. This has been expanded to include social protection interventions and implementing institutions. An independent grievance redress mechanism (GRM) has been established to ensure that resources reach the intended beneficiaries and prevent corruption. The ACC maintains a national structure of District Coordinators and monitors. This structure is supervised by the National GRM Coordinator. Institutions implementing social protection will take action on admin-related complaints channelled through the GRM database, while ACC handles corruptionrelated cases. Grievances that are admin related are expected to be resolved within 90 days. For corruption-related grievances, this is 120 days.
- Existing Standard Operating Procedures (SOPs) for cash transfers provide practical guidelines for implementers during field activities, including, among others, assessment and profiling of beneficiaries (targeting and enrolment) at various administrative levels (Regions, Districts, Chiefdoms, Sections (and wards) and localities) to abide by.
- Each project is expected to submit a Project Implementation Manual, which will serve as the rules of engagement between specific projects, the ACC and the NSPS to ensure compliance with the SOPs.
- Each implementing institution will enter into an MoU with ACC & NSPS (also linked to fiduciary risks for programme implementation). The purpose of this MoU is to formalize the relationship



between the implementer, ACC and NSPS. This MOU sets forth the roles and responsibilities of the Parties concerning shared and complementary goals of social protection in the country, including:

- Joint oversight for profiling potential beneficiaries and independent monitoring of the beneficiaries and associated project activities. The implementer will facilitate the community-based profiling process per the PIM, and ACC will provide independent monitoring of these processes. ACC will not seek to influence the selection of beneficiaries outside of those procedures.
- ACC will independently monitor all key project activities using community monitors (not limited to benefit delivery, complementary project services and grievance redress support). The code of conduct seeks to impose obligations that all Community Monitors (CM) must abide by. This is, by extension, inclusive of all field staff acting on behalf of the

implementing agency.

- The revision and circulation of the Corruption Prevention and GRM Handbook to describe the operational procedures related to corruption prevention and grievance redress mechanism activities. It is intended to guide all stakeholders, including the ACC and NSPS.
- Community Engagement process as additional/ complimentary tool to M&E, harnessing CE as means of verification.
- Existing GRM and social accountability mechanisms include different reporting channels for programme beneficiaries and community members to file complaints and/or corruption issues. These can be adjusted and improved based on available platforms within the GRM.
- In terms of governance, there are strong intentions to expand and/or mainstream existing social protection GRM and citizen engagement platforms into other programmes and/or sectors.



However, improvements can still be made to better ensure the effective enforcement of national laws around social protection and improve access to justice for vulnerable groups and citizens at large interacting with social protection programmes and services. It is particularly important that grievance mechanisms for social protection should interface with existing referral pathways for GBV, IPV and corruption cases.

All of the mechanisms mentioned above pertain to the SSN, which refers to the noncontributory social protection schemes in Sierra Leone. Hence, many of the other lifecycle social protection schemes are not included in the scope of these mechanisms. These gaps should be filled to have inclusive and comprehensive redress mechanisms covering all social protection schemes.

Within the current context, there have been suggestions around the possibility of mainstreaming the SSN-GRM-citizen engagement platform into other programmes and for other development partners to use it and integrate anti-corruption measures. This, in turn, requires decisions on individual mechanisms for each individual social protection programme and service vis a vis the overarching system, whether most existing mechanisms are primarily focused on social assistance programmes, how these will be linked to other lifecycle programmes and services, and how data sharing and confidentiality considerations will be managed within this overarching system.

As such, one of the key improvements requires setting up the overarching framework for the social protection system and setting clear expectations of what each individual mechanism and/or process will contribute. Within the SNN framework, GRM, social accountability, citizen engagement, anticorruption and community monitoring mechanisms/processes will need clear definitions of scope and what they can deliver. This also requires better coordination and complementarity between highly individualised GRMs for social protection programmes and services, providing individualised accountability with a more systemic view of social protection delivery, implementation and accountability.

Another improvement should be oriented towards setting clear targets around solving complaints in a timely manner. Allowing rightsholders to raise concerns and have them addressed promptly is vital to ensure that feedback from beneficiaries and rightsholders is addressed. This might require clarifying inconsistencies in the definition of complaints and what it means for a complaint to be resolved.

Finally, an essential aspect of setting up an overarching social accountability system for the social protection sector in Sierra Leone that helps improve the interface with citizens at large and social protection service users, in particular, should be incorporating entitlements language in all programmes and service delivery implementation frameworks and documentation. This also applies to ensuring that social protection communication outputs and outreach outlets include entitlement language that makes service users aware of how they can access redress mechanisms in case their rights are hindered in the service and programme delivery process.

4.3.2 Vision for 2040

In general terms, the vision for 2040 should seek to set up an overarching social accountability system for the social protection sector that helps improve the interface with citizens at large and social protection service users in particular. In particular, the following aspects should be attained:

- Grievance and accountability mechanisms and structures are based on a national normative framework that provides clear responsibilities and scope.
- Grievance and accountability mechanisms and structures provide impartial, transparent, effective, simple, rapid, and accessible services to social protection beneficiaries that are also free of charge.
- Grievance and accountability mechanisms and structures are adequately staffed and resourced at the national, local and community levels.
- Grievance and accountability mechanisms and procedures follow standard operating procedures.

- Grievance and accountability mechanisms, and procedures inform citizens of their entitlements and avenues to seek redress if needed.
- Grievance and accountability mechanisms and procedures are incorporated into programme monitoring information systems.
- Considerations for data sharing and confidentiality are embedded into the normative framework.
- SSN communication strategy/strategies

for social protection programmes and services provide the right information to beneficiaries, appropriate channels and language, considering different contexts based on human rights and dignity principles.

4.3.3 Action plan to 2026

To achieve the longer-term vision, it is recommended that the Strategy focusses on some key priorities for the shorter-term.

Priority activities will include:

- Undertaking an assessment of all existing social protection social, accountability tools and mechanisms, identifying the gaps (for example, mechanisms for contributory schemes) and linkages among different channels/mechanisms. This should also include linkages to the monitoring and evaluation strategy and how to best institutionalise all existing and/or new mechanisms (for example, community monitoring processes).
- Conducting a series of national and subnational consultations to review the abovementioned assessment and discuss ways forward.
- Assessing and ensuring that all Social Protection programmes and service rules are easily comprehensible and that programmes have good outreach and communication to beneficiaries.
- Improving the GRM platform/system effectiveness: complaints should be resolved within 90 days.
- Assessing connectivity and accessibility issues that might hamper access to GRM and other social accountability mechanisms.
- Undertaking capacity building on existing social accountability mechanisms.
- Strengthening the role of community monitors as the main interface for social protection programmes and professionalising the cadre of monitors.
- Making provisions for data sharing and confidentiality considerations.
- Assessing the communications strategy/strategies for social protection programmes and services from a human rights and dignity approach.

4.3.4 Costs

Financial support to the various clientfacing systems, including the GRM, social accountability and citizen engagement is already envisaged through the next phase of World Bank funding, with some additional funding from UNICEF. This will cover the proposed activities over the next five years, so additional funds have not been included.

4.4 Monitoring and evaluation

A monitoring and evaluation framework is an essential component of the Social Protection Strategy. It explains how the Strategy's programmes are intended to work by laying out the components of the Strategy and the order and steps needed to achieve the desired results. The M&E framework defines the relationships between key factors to implementation and articulates the assumptions that ensure effective, efficient, relevant and sustainable programmes' success.

4.4.1 Current system

The Sierra Leone Government has established the National Monitoring and Evaluation Directorate (NaMED).⁶⁰ The overall objective of NaMED is to create an effective national institutional framework to monitor and evaluate Government and donor-funded projects as well as the National Development Plan. Whilst NaMED has been allocated overall responsibility for MDAs' monitoring and evaluation activities, each individual MDA has its standalone monitoring systems set up.

The current capacities within the main actors in social protection are broadly adequate: The NSPS has a dedicated M&E Officer who works directly with the NaCSA M&E Unit for all support to the Secretariat. NaCSA currently has an M&E Unit in the Directorate of Programme Development and Quality Assurance. This Unit has the overall M&E responsibility for all projects implemented and to track project progress through data collection, analysis and reporting. However, each project has an assigned M&E Officer that is directly responsible for the M&E of that project. Attempts have been made to make provisions for data sharing with other MDAs, such as the Ministry of Social Welfare Ministry of Labour and Social Security, among others.

While NaMED is hosted by the President's Office and has an overall national monitoring and evaluation function in close coordination and cooperation with MDAs, the NSPS continues to coordinate with line ministries.

The coordination and relationship between NaMED and MDAs have not yet been systemized and NaMED has maintained the leading role in implementing the national strategy for M&E; NaMED has the potential to monitor programmes within each MDAs, which has not been reflected at each MDAs level so far. NaMED can easily enforce M&E written procedures and produce uniform M&E reports, and it has been mandated to influence each M&E unit within MDAs to comply.

NSPS maintains an overall monitoring and evaluation coordination function within Social Protection Strategy partners and line ministries such as the Ministry of Labour and Social Security, Ministry of Welfare, MoHS, MBSSE and MDAs. The NSPS manages the Social Protection registry.

Statistics Sierra Leone (Stats SL) produces timely census and national surveys and has recently assessed some of the following examples of social protection indicators: The proportion of PwDs receiving cash transfers, the proportion of beneficiaries receiving emergency cash transfers, and the proportion of households living in disasterprone areas. Moving forward, NSPS can strive to strengthen its role in implementing a systematic institutional coordination mechanism and enhancing access to quality data exchange among partner institutions.

NSPS has demonstrated capacity in M&E functions and has established a specific Directorate responsible for ensuring strategic planning for monitoring and evaluation, using data for decision-making. It has experienced M&E unit staff in collecting and analysing programmatic data and producing regular reports; it also has field representation across the country with some staff to monitor and supervise field work and maintain operational data management systems such as MIS.

Despite these strengths, NSPS will need to speed up timely reporting to management and donors to strengthen systematic interactions of the M&E unit with NaMED to exchange data and share information regularly. For informed decision-making, NaCSA, line ministries, MDAs, and other relevant Social Protection Strategy partners would benefit from improving the quality and quantity of monitoring and evaluation indicators and establishing a statistical database which allows smooth access and exchange of information among relevant users.

⁶⁰ Document No. 2 Finance Act 2019 Item 30: Establishment of a National Monitoring and Evaluation Department; Pages 25 – 26; and the Supplement to the Sierra Leone Gazette Extraordinary Vol. CXLX, No. 3 dated 11th January 2019.

Despite existing challenges, NSPS can build on its strengths in tracking project indicators, improving beneficiaries' interventions and programme cycle management, building upon its existing data to upgrade into a database which can prove helpful in qualitative and quantitative data exchanges and, finally, so the data can be accessible to all social protection partners through an online MIS. Other challenges that need to be addressed are low levels of coordination among line MDAs and challenges around sharing and harmonising beneficiary data among users. In addition, Standard Operating Procedures across social protection interventions must be updated. In terms of M&E, the inter-agency coordination mechanism's current setting still shows some technical gaps within the social protection coordination remit. Although NSPS works closely in direct communication and coordination with line ministries such as the Ministry of Labour and Social Security, Ministry of Social Welfare, National Commission for Persons with Disability, and the local councils, M&E coordination needs to be strengthened, and tools are to be standardised.

Every agency and/or institution implementing an existing social protection programme owns the data for programme implementation.



However, the MOU sets out guidelines for data sharing, including the purpose for which the data will be used by SPRINT and any personally identifiable information that may be used to support future programme implementation. Additionally, the NSPS may use data to report on benefits being received by users through different implementing agencies. Technical guidance on surveys, data compilation, analysis and reporting is undertaken with supervision from the Sierra Leone National Statistics Office, Stats-SL (**see section 4.2** for more detailed analysis).

As Sierra Leone gradually moves towards more inclusive life-course social protection as set out in the NSPP, there is a need to shift away from the current focus on tracking indicators on the process and household consumption towards a more nuanced set of indicators around individual vulnerabilities through the life-course. The proposed M&E framework (see Annex 2) provides a preliminary set of strategic and results chains and their associated proposed indicators for each life-course stage set out in the Strategy. NSPS will ensure that the SPRINT is upgraded to account for national indicators under the proposed M&E framework.

4.4.2 Vision for 2040

The Strategy's vision for its M&E framework reflects the National M&E Policy, which envisions: "A Sierra Leone where all public sector policies, programmes and projects at national and sub-national levels produce value for money and are subject to an independent, integrated, institutionalised and well-coordinated M&E system that ensures improved development results, accountability, transparency and learning, and leads to evidence-based decision-making".

The Strategy will support establishing and strengthening institutional M&E systems and capacity development. It will serve as a tool for facilitating and enhancing accountability among all development stakeholders, good and accountable corporate governance based on transparency and information sharing in the development processes and the attainment of value for money and real changes in the people's lives. The Strategy's Monitoring and Evaluation vision is that, by 2040, all MDAs involved in social protection will have strengthened a sustainable, integrated national M&E system, which is fully operational in tracking progress and demonstrating results and thereby effectively ensuring evidence-based decisionmaking for social protection.

4.4.3 Action plan to 2026

Effective M&E systems are essential for providing evidence of the impact of projects and programmes. The results convey lessons that support the long-term sustainability of programmes. Evaluation is part of the strategy for the implementation of the policy. Evaluation will assess the impact of policy implementation on programme beneficiaries and communities within a specified timeframe and against measurable baselines. The government will use evaluation reports to plan subsequent or follow-up programmes to address lifecycle risks and vulnerabilities.

A results-based M&E approach will be developed as part of the implementation process for the NSPP, and this Strategy to ensure progress can be tracked and reviewed against performance targets and indicators, enabling learning, adjustments and re-planning where necessary. M&E in social protection will fall within national M&E arrangements and be integrated into institutions charged with M&E at the national, regional and local levels.

To ensure effective M&E policy implementation and to track developments in social protection holistically, a threetier system of M&E will be deployed. This will include individual-level M&E by the implementing MDAs, operational-level M&E by local councils and overall policy-level M&E by NaCSA, NSPS, NaMED and the NSPC and relevant Parliamentary select committees. The strategy specifies that NaMED, NSPS and NaCSA should adopt results-based monitoring and evaluation to manage the entire cycle of programmes from planning, monitoring and reporting to evaluation, as well as use evaluative evidence to improve programme design and implementation.

- Individual programme level: At this level, each component programme will have an in-built, fully functioning M&E system that identifies key results indicators, collects and manages data and reports regularly. Individual programme monitoring will be the responsibility of the implementing institution.
- **Operational level:** At this level, respective MDAs will be responsible for oversight of all social protection activities in their operational localities. MDAs will deploy their in-built M&E mechanisms to conduct periodic M&E activities, including on-the-spot checks and verification of performance on key results indicators reported by individual programmes.
- **Overall policy level:** An overarching M&E framework will be deployed at this level. The M&E framework will be designed to track in a timely manner inter-sectoral and inter-programme performance in social protection in accordance with the objectives, strategies and interventions of the policy.
 - Performance measurement: For the policy to be effective, evidence will be provided on the extent to which intended beneficiaries are reached. Towards this end, a scorecard will be generated and used as input into the overall National Social Protection Report, providing detailed evidence of performance. The scorecard will be applied to each of the policy measures and interventions described in chapter 3 of the policy. The information collected through the scorecard

will support performance-based monitoring, budgeting, planning and coordination by implementing MDAs.

Outcome key performance indicators measure the progress towards the national development objectives in the different strategic sectors in line with the country's strategic development plan. The structure of the scorecard caters for short- and medium-term targets, hence periodic evaluation will be undertaken to provide an understanding of the performance of the various policies and interventions.

It is envisaged that NaMED will promote a new M&E system in the future, which will build on rectifying the challenges of past systems. This also includes putting in place an effective and efficient national M&E structure while streamlining the implementation of development interventions from the onset to completion of activities and strengthening existing M&E structures.

In coordination with NaMED, the system will be anchored at the NSPS and NaCSA. The M&E system will be overseen by the NSPC, with participation of the relevant Parliamentary committee and MDAs. The programme, operational and overarching M&E systems will be closely aligned to the national M&E system overseen by NaMED and the NSPC. The NSPC will also receive reports from the NSPS and NaCSA emanating from national, regional and district technical steering committees responsible for social protection interventions.

Alongside and in close coordination with NSPS, NaCSA and NaMED, the following proposed specific SP M&E outputs should be achieved by 2026:

- Strengthen SP M&E unit capacity within each MDA and local council involved in implementing life-course social protection programmes under the Strategy.
- Identify clear roles and responsibilities among various Social Protection and SP stakeholders to assign leading agencies to monitor and evaluate specific objectives and results and coordination roles to track outputs and actions assigned to each operational entity within MDAs.

- Develop a clear, transparent, effective and sustainable SP M&E system with clear standards, rules, operations manual and procedures within all operator's units and equip SP M&E staff with tools, instruments, skills, and accountability for timely and quality report-sharing protocol.
- Train and mentor SP M&E staff and senior decision-makers on how to analyse
 results and outputs and track learning and track change theory to realize overall
 objectives and make the function of monitoring and evaluation as learning
 processes and daily jobs for everyone to achieve the vision 2040.
- Coordinate and standardize all data collection, instrumentation, analysis and report and information for internal and external users with NSPS, NaCSA, NaMED and MIS for easy and safeguarding data and informed decision-making process.
- Apply result-based monitoring and evaluation framework and reporting quarterly, semi-annually and annual monitoring and evaluation assessing progress and performance at operational, strategic and policy levels.
- Conduct regular joint monitoring activities and undertake independent interim and final evaluations impact studies, and learn lessons from the process for easy remedial action to strategy.

4.4.4 Costs

Costs for the social protection component of a coordinated national M&E framework will depend on the availability of funding to sponsor the following priority interventions for the next five years, as follows:

- Strengthened Social Protection M&E unit capacity to monitor and evaluate Social Protection Strategy implementation within each Social Protection MDA
- Identification of M&E roles and responsibilities and coordination mechanism among Social Protection MDAs
- Improved Social Protection M&E System: SoPs, Social Protection M&E guide/manual
- Trained the Trainers (Social Protection M&E unit staff) on M&E approaches and application

- Mentored the Trainers (Social Protection M&E unit staff) on Social Protection M&E implementation
- Coaching on using M&E standard applications, tools, analysis and reporting for the Social Protection M&E team
- Coaching on preparing baseline study before Social Protection Strategy implementation
- Interim Evaluation of the Social Protection Strategy Deployment
- Final Impact Evaluation of the Social Protection Strategy implementation
- National Social Protection Strategy: Lifecourse Impact Assessment study

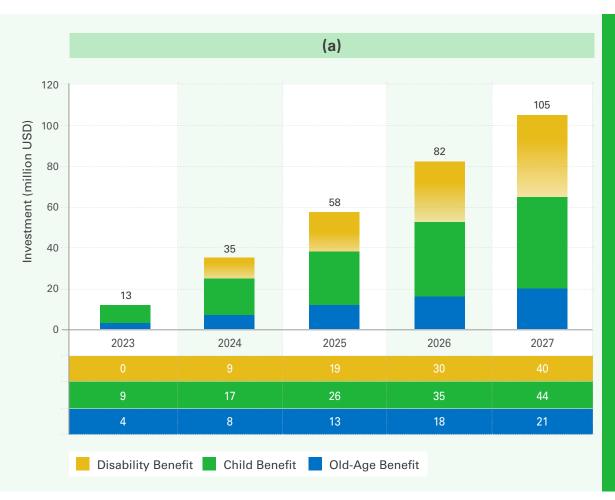
The costs are expected to be covered through additional funding from donors and international partners such as UNICEF, World Bank and the EU.

5. Costs and financing

5.1 Estimated costs for the next five years

The additional costs for the introduction and proposed expansion of the main life-course programmes envisaged in the NSPP (and presented in Chapter 3) are predominantly associated with the phased introduction of the child grant (initially covering children aged 0 to 2 years), a social pension covering all older persons above the age of 70 years, and a disability allowance for all those with severe disabilities and chronic illness. The total costs for these three programmes are shown in **Figure 5-1**.

Figure 5-1. Investment over the next five years in millions of US dollars (a) and as a percentage of GDP (b) assuming the progressive roll-out of a 0 to 2 child grant, a 70+ social pension, and a 0-69 disability allowance



(b) 2,5% 2,0% 2,0% 1,6% Investment (% GDP) 1,5% 1,2% 1.0% 0,8% 0,5% 0,3% 0,0% 2024 2023 2025 2026 2027 Disability Benefit Child Benefit Old-Age Benefit

Source: author's projections

The other proposed NSPP life-course programmes will either be introduced from 2027 onwards (as is the case with school-age children) or are already covered through the Government's planned programmes funded through World Bank support and for which the funding is therefore already in place (as is the case for youth and the working age). Furthermore, this World Bank financing additionally includes support for the different systems discussed in Chapter 4, where the proposed enhancements and priority activities for the next five years are already covered.

5.2 The cost of inclusive lifecourse social protection in 2040

The objective for 2040 is achieving universal coverage for the Sierra Leonean population through a modern, multi-tiered lifecycle social protection system. This goal will

not be achieved overnight but through a progressive expansion of life course benefits such as a child grant, a social pension, and a disability allowance. **Figure 5-2** shows how age eligibility for these schemes could be progressively expanded as 2040 approaches.

- Child benefit to initially cover children aged 0-2 until 2027, then expand each year by one year up to 14 years of age as the maximum age of eligibility;
- Old-age benefit to initially cover older persons aged 70+ until 2027, then expand each year by one year, reaching 60 as the minimum age of eligibility;
- Disability benefits are to be introduced progressively for persons with disabilities below 70, with a maximum age of eligibility contracting as the old-age benefit expands.

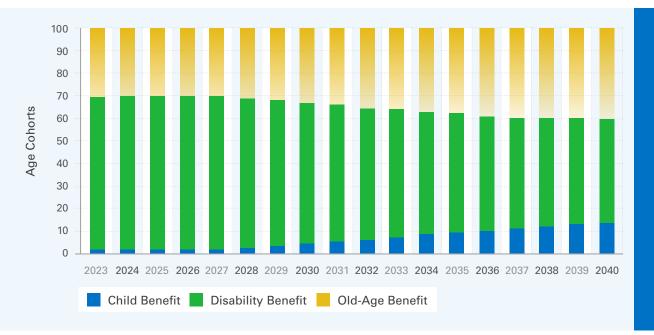


Figure 5-2. Progressive expansion of age eligibility

Another way to progressively phase in the social protection schemes, allowing more time to secure the necessary fiscal space in the annual Government budget, would be a rollout by geographic area, reaching an additional fifth (or fourth) of the eligible beneficiaries each year until reaching full coverage in 2027. **Table 5-1** shows the coverage rates assumed for the simulations.

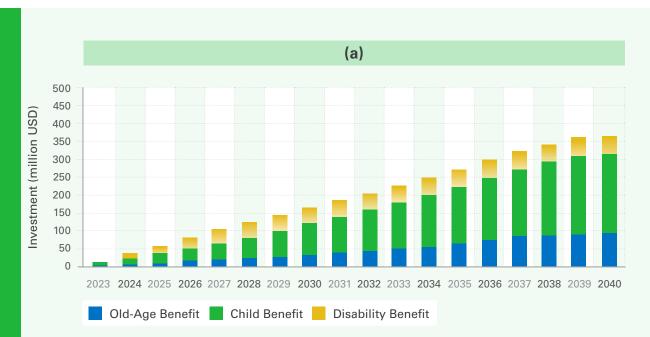
	Child benefit	Old age benefit	Disability benefit
2023	20%	20%	-
2024	40%	40%	25%
2025	60%	60%	50%
2026	80%	80%	75%
2027	100%	93%	100%

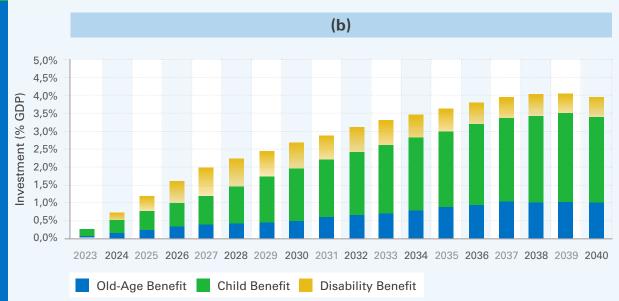
Figure 5-1. Progressive roll-ou	t. Coverage of eligible recipients 2023-2027

On this basis, and on the assumption of constant economic growth and inflation after 2027, **Figure 5-3** gives an idea of investment levels on social protection transfers between 2023 and 2040. The estimated total cost of the transfers for this hypothetical 2040 (when universal coverage is achieved) would not exceed US\$ 350 million or 5.1 per cent of GDP.⁶¹ Almost three per cent of GDP would be allocated towards child grants, about two per cent would go into social pensions for older persons, and less than one per cent would fund the disability allowance.

61 Assumed transfer amounts of USD 5 per child per month for the child benefit and USD 12 per person per month for old age and disability benefits.

Figure 5-3. Investment in millions of US dollars (a) and as a percentage of GDP (b), assuming the progressive roll-out of a 0 to 2 child grant, a 70+ social pension and a 0 to 69 disability allowance



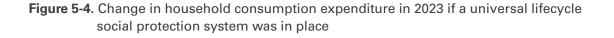


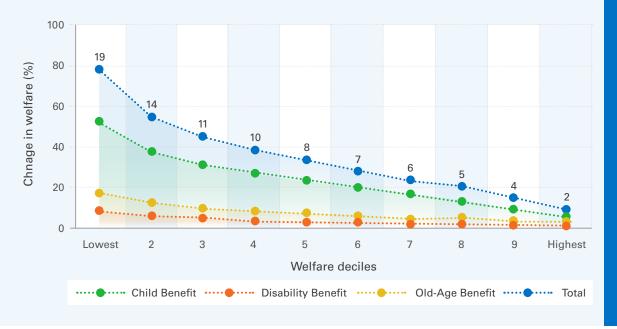
5.3 The benefits of inclusive lifecourse social protection in 2040

Although it is impossible to predict what the income distribution and the poverty levels will be for Sierra Leone in 2040, using data from SLIHS 2018, it is possible to simulate what would be the impact of a universal life

course social protection system (or rather the cash transfer element of it) on the current standards of living in the country.

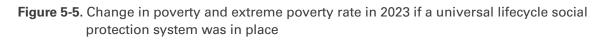
Given the latest available picture of population characteristics and living standards, a universal social protection system could potentially increase average consumption by as much as 19 per cent for people in the lowest decile. Consumption would increase by about 8 per cent for people in the middle decile and 2 per cent for people in the highest decile (**Figure 5-4**).

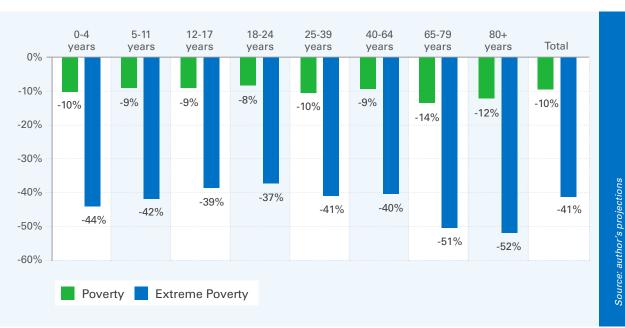




As a result of the introduction of the cash transfers, poverty (measured in relation to the national poverty line of SLE 326.75 per month, using 2018 prices) would decrease by about 10 per cent and extreme poverty by

approximately 41 per cent (given a poverty line of SLE 177.08 per month). **Figure 5-5** shows the percentage decrease in poverty and extreme poverty across age groups.





Overall, the most significant changes would be perceived by poorer households in the lowest decile of the welfare distribution and by the elderly, which are currently the demographic group among which the highest poverty rates are recorded.

Finally, social protection will also have a redistributive effect and reduce inequality,

contributing to filling the gap between the poorest and the richest, positively impacting the economy and society. **Figure 5-6** shows the predicted reduction in inequality across different measures: the Gini index (-6 per cent), the Palma ratio (-9 per cent) and the quintile ratio (-11 per cent).

Figure 5-6. Change in inequality in 2023 if a universal lifecycle social protection system was in place



5.4 Financing inclusive lifecourse social protection

A social protection system offering highquality, universal life-course transfers is likely to be highly popular and should strengthen the national social contract, encouraging citizens to pay higher taxes in return for these higher-quality services. This was a key component of Europe's economic and social success following the shock of the Second World War. By investing in highquality universal services, including social security, the social contract in Europe was strengthened, and tax revenues increased significantly, which, in turn, enabled further investments in high-quality public services, creating a virtuous circle of ever-improving public services and higher government revenues, alongside a thriving economy.

As set out in the NSPP, Sierra Leone should regard further investment in inclusive lifecourse transfers as the next step in building a modern, universal social protection system. By gradually increasing transfer values and expanding the age of eligibility for different programmes, such continuing investment would further underpin the economic recovery in the long term, as there would be a permanent increase in the level of fiscal stimulus.

In the immediate term, especially in a post-COVID recovery context, it is to be expected that a substantial proportion of funding for social protection will need to derive from development partners. But there are also potential options for increased domestic financing in the short term to permit the necessary levels of initial investment, which are explored in the following paragraphs.

- Expanding social insurance: Increasing the coverage of contributory social insurance schemes (e.g. through NaSSIT) could be one option to improve financing of social protection schemes. Increasing the number of contributors – through labour formalization and expanding coverage – will increase revenues and improve the financial balance of schemes.
- Quantitative easing: The Government could attempt "creating new money" over a short period. This has been a common response to COVID-19, with Organisation of Economic Cooperation and Development (OECD) governments committing to do "whatever it takes" to keep their economies operational. Social assistance is a very effective way to generate demand – most is spent immediately on basic and locallyproduced items, which can be expected to generate economic multipliers in the local economy of between 1.5 and 5 dollars for each 1 dollar spent on transfers.
- Re-allocating Government expenditure: From inefficient areas to social protection should be a high priority. Each budget item should be examined to determine whether it is delivering value for money in the current context. However, given the limited size of Government spending overall, this may produce relatively limited amounts. Nonetheless, it could be an opportunity to rationalize spending on relatively ineffective schemes and instead focus it on a small number of flagship lifecourse schemes.
- **Higher-income taxes:** For the wealthiest members of society who are still in work, this could be considered. Increasing income taxes on the wealthy is in line with proposals from the IMF and OECD in response to COVID-19. Since income taxes would only affect those who still have jobs, it would be a way of asking those suffering the least from the crisis to help those suffering the most. Further, if income tax increases are used to invest

in inclusive life-course benefits, the vast majority of the population will likely end up as net beneficiaries. So, while increases in income tax may provoke a negative reaction among a small minority, this will be mitigated if, simultaneously, the Government introduces a range of universal life-course benefits, as proposed in the NSPP. Indeed, it could be a popular move across the majority of the population as long as citizens can clearly see that they benefit through a cash transfer.

- A one-off wealth tax could be considered so that, as with income tax rises, those with the broadest shoulders are given the opportunity to support the majority of the population at a time of great need. To the extent that this will also help maintain stability and reduce social unrest, those who pay the tax may find it well-spent. Again, the IMF and OECD have argued in favour of such taxes as 'solidarity surcharges' in the recovery from COVID-19.
- Proper implementation of existing taxes: This would be an alternative.
 For example, legislation exists to tax those with substantial holdings, but enforcement is weak: effectively implementing the existing legislation could generate substantial resources.
 Finally, more needs to be done to stop illicit financial flows overseas while enhancing the capacity of the tax system to seek out hidden wealth.
- New tax revenue options: Should be explored, such as on the digital economy or on financial transactions; inheritance, value-added and tourist taxes; a surcharge on natural resource extraction; expanding so-called 'sin taxes' on luxury items, tobacco and alcohol; and even the introduction of a national lottery (as is used to fund social assistance in Hong Kong, for example).

The Government might seek a short-term debt moratorium followed by medium- to long-term debt restructuring that would free fiscal space to invest in protecting the population through social security. As Nobel Laureate economist Joseph Stiglitz argues, this might include a grace period for growth, lower interest rates, a change in maturity and a reduction in the principal. This would require an international agreement, of course, but, for example, if creditors are committed to supporting the well-being of children, it should be possible to gain an accord for debt deferment on condition that the savings were used to fund a universal child grant.



Annex 1

System profile of Social Protection Registry for Integrated National Targeting (SPRINT)

System profile: So	ocial Registry
Platform name	 Social Registry SPRINT Social Protection Registry for Integrated National Targeting
Owner	National Social Protection Secretariat
Implementing agency	National Commission for Social Action (NaCSA)
Platform type	Social registry of household
Database description	 Single national database of household records with generated unique primary key Household records have a familial entity relationship with individual household members, including a household head record Households are linked with social protection interventions and services
Inception	• 2014 (initial version)
Current version	• 2019 (last major upgrade)
Geographic coverage	NationwideAll 16 districts covered
Volume	 Active records: Approximately 35,000 households Cumulative household records for the SSN programme: 140,000 + Cumulative data available for SPRINT: 180,000 + Disbursements using MIS payments module: US\$ 42.3 million Additional Volumetrics: 40% of supported households are households with PwD 73% of supported households are headed by women

Key business						
processes						NCRA
	DATA SHARING		SPRINT (NSPS)		<u>م</u>	NaSSIT
	AND REFERRAL	↓ SSN MIS	÷	÷	Ť	
	GRIEVANCE	(NaCSA)	OTHER MIS	MIS	MIS	
	MANAGEMENT	¢	* •	* •		
			-GRM (ACC)			
	-					
						egrations
Institutional arrangements	 updates for Statistics S decentralis Ministry o framework Donor Part funding ar 	r member or I Gierra Leone: F Sed data collec f Labour and S c surrounding tners: World B nd technical su	ssion: Provide the nousehold data be Provide technical g stion Social Security: Pro the national use o ank, UNICEF, and pport in the devel support structures	eing held with guidance on c ovide leaders of the system other donor p lopment and	hin the SPRIN data capture to ship on the leg partners to pro	T pols and Jal pvide
Technology components	Kibana Database: Integration Recognitic Infrastruct Cloud s 8Gb 1-2Tk 12x li 24Tb Virtu Backup	MongoDB points / enab n, Payment Al ure: erver: ECC RAM o Storage (HDI ntel Silver vCF Transfer (band alisation Servi and archiving	D or NVMe) (250-4 PU	1 API, SMS Bi 180Gb OS Dri cess	roadcast, Faci	al
Resources / staffing	 Institution Nationa System Data Ma Case Ma Social E Other Systems d 	: NaCSA I Coordinator s Specialist x ⁻ anagement Of	1 ficer x 1 ievance Redress (Specialist x1			
	 Program 	nmer x 1				

Resources/ staffing	 Field team: Institution: Community Development Specialists x 10
Budget and financing	 Operational cost: US\$ 3.8 million per annum Data collection/field level costs US\$ 14 million Cost per household: US\$ 1.75

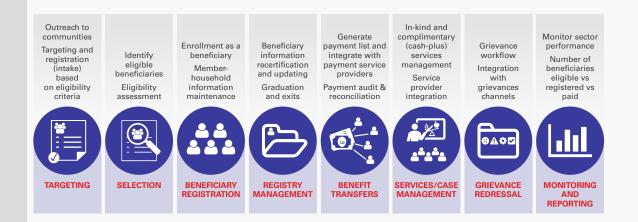
Annex 2

Proposed Management Information System (MIS) landscape

As illustrated below, three layers of information systems support the SP-MIS landscape or ecosystem.

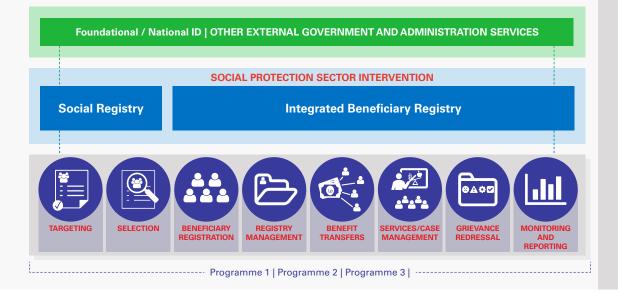
SHARED GOVERNMENT / CIVIL ADMINISTRATION SYSTEMS	
CENTRALISED SOCIAL PROTECTION REGISTRIES AND SYSTEMS	
PROGRAMME OPERATIONS MANAGEMENT SYSTEMS ARE (PROGRAMME MIS / BENEFICIARY OPS MGMT SYS)	

 Programme Operations Management Systems: Most social protection programmes follow similar processes along the delivery chain. The definition of the operational processes for each social protection programme and their harmonisation across key registration, enrolment and payment processes will dictate the information management solution required and whether the existing SPRINT platform can be enhanced to support multiple programmes.



• Centralised Social Protection Registries and Systems: It is well recognised that linkages and integration of information management services can support social protection programmes. To support social protection programmes, a centralised registry, delivered by the social protection sector, include a social registry and an integrated beneficiary registry. It could also include payment or grievances management solutions where a standard service is unavailable as part of shared Government services. Centralised social protection registries can provide considerable benefits:

- Opportunity to support multiple programmes through the sharing of resources
- Make it easier for new programmes to leverage existing capability AND for existing programmes to scale up/expand (including for shock responsive and adaptive social protection)
- Apply common standards and design/data management principles (promote consistency and coordination)
- Facilitate integration/linkages with external Government services



Shared Government/Civil Administration Systems: Information management services that are provided as public services to citizens. These services are external to the social protection sector but enable accessible services to citizens in a consistent approach. For life course-based programmes, linkages may be facilitated by a National ID and robust and effective civil registration and administration systems. Shared Government-wide services may also be leveraged to obtain information updates and demand-driven interventions by providing local administration offices and other channels with the ability to effectively and efficiently engage with citizens for social protection services. It is the responsibility of the whole of the Government to place appropriate standards and policies for the collection, processing and sharing of information on citizens, including setting data protection and privacy policies. Similarly, using biometrics to register citizens should be facilitated by a central Government authority. The social protection sector can subsequently leverage these shared Government services to support their programme operations.

Social Registries and Integrated Beneficiary Registries

The current Social Registry SPRINT collects household information to support targeting for the SSN programme. The beneficiary target group for the planned life course programmes, including individual entitlement programmes, will require targeting individuals using a different set of selection criteria. The SPRINT household registry module may need to be updated to cater for the registration and enrolment processes for other programmes, or those programmes may be able to obtain their potential beneficiary lists from other databases, such as the Civil Registry and a National ID authentication service.

A social registry will perform the following functions:

- Gather and maintain socioeconomic information on Sierra Leone's citizens and households.
- Facilitate a harmonised survey for the collection of data about households' basic information and living conditions.
- Enable multiple social programmes and services to use the collected information for targeting.
- Maintain an up-to-date registry, to the extent possible, through open and accessible communication channels.

If social protection programmes are being supported by separate systems into the future, an integrated beneficiary registry provides the facility to consolidate the beneficiaries into one database to provide a social protection sectoral monitoring and reporting view on the number of beneficiaries, payments made, other services provided, grievances, etc.

An integrated beneficiary registry delivers the following capabilities:

- A warehouse of information developed by integrating consistent and timely data updates from programmes.
- Deliver the M&E framework for the sector.
- A monitoring tool providing a single view of programmes and beneficiaries across the social protection sector, including the ability to view "who" is receiving "what" services, "when" and "where" they were received.
- Social programme data on beneficiaries and expenditure may be aggregated nationally or disaggregated by:
 - programme/lifecycle phase/line ministry responsibility
 - age, gender, disability, etc.
 - geographic location
- Monitoring programme performance, such as timeliness of payments, budget execution and handling of complaints.
- Enable coordination between programmes.

While one system or platform solution, such as the SPRINT, could evolve to provide both sets of registry functionality, they serve very different purposes and, therefore, should have some built-in database layer separation. The following figure illustrates the differences between the two registries to consider.



Purpose	Management of household poverty data and eligibility to facilitate targeting and programme inclusion.	Monitoring and reporting of beneficiary access to social protection services and social protection sector performance.		
Coverage	All households and members via survey of their demographic and socio- economic details.	All beneficiaries (households and individual members) of social protection programmes only.		
Updates	Periodic mass census / surveys OR Dynamic on demand approaches for inclusion.	Regular programme updates / feeds.		
Implementation and Operational Considerations	 Data privacy concerns. Need robust process to share data between institutions. 	 An M&E framework for the SP sector to guide monitoring and report indicators. MIS of individual SP programmes must be able to share data in the prescribed and standardised integration framework. 		

Other services and systems

Other solutions that may be incorporated into the SPRINT platform or created as a single separated platform include the following:

- **Case Management System:** To manage the delivery of case management or cash plus services, including for Gender Based Violence referrals or child protection services. The case management system may be linked to the broader social and integrated beneficiary registries, but there may be privacy and confidentiality concerns that prompt keeping the beneficiary lists separate. A case management system will allow for a workflow solution to resolve cases based on pre-set categories and business rules, including notification, hand-offs and resolution deadlines
- **Government-to-Person (G2P) payment services:** There would be a need to link to payment service providers or leverage a centralised G2P service for payment transfers. Some G2P services are being developed in Sierra Leone that may be investigated for this purpose.

Technology evolution – trends and approaches

Technology solutions being developed for large enterprises and transformation programmes are increasingly being developed via services-oriented architecture approaches, including the following:

- Modular services building block approach to enable gradual development of services that can be reused and enhanced without compromising the other modules or building blocks
- Configurable development where possible, remove the need for a software developer to make business changes via enabling configurable screens, workflows and system parameterisation.
- Open source platforms to ensure the system is accessible to share, leverage, and build on, including minimising the risk of vendor lock-in.

Principles for Digi	tal Development
Design with the user	Develop context-appropriate solutions informed by users' priorities and needs, including ensuring that the design is sensitive to and considers the needs of the marginalized populations: women, children, those with disabilities, and those affected by conflict and disaster.
Understand the existing ecosystem	Ensure that the initiative aligns with existing technological, legal and regulatory policies and coordinate with other relevant actors working on the same issues.
Design for scale	Plan and design for scale from the outset, regarding technology choices, funding model, strengthening capacities and building an evidence base.
Build for sustainability	Plan for sustainability from the start. This includes identifying and implementing a sustainable business model, investing in local information technology providers, engaging local governments and integrating national strategies into programming.
Be data-driven	Design programmes so the impact can be measured continuously and incrementally.
Use Open Standards, Open Data, Open Source, and Open Innovation	Create a data use culture by prioritizing capacity building and data use efforts.
Reuse and improve	Adopt and expand on existing open standards. Share non-sensitive data after ensuring data privacy needs are addressed without restrictions on data use to enable open innovation.
Address privacy and security	Identify the existing technology solutions (local and global), data and frameworks used by your target population, geography, or sector. Develop modular, interoperable approaches instead of those that stand alone.
Be collaborative	Keep the best interests of end users and individuals whose data are collected. Obtain informed consent before data collection.

Annex 3

Monitoring and Evaluation framework

As the M&E framework for the Strategy is being implemented, the Government of Sierra Leone and partners will consider the SDG targets and framework, the MTNDP M&E framework, the Productive Social Safety Nets and Youth Employment (PSSNYE) adaptability framework, and other related frameworks, which require indicators to be disaggregated by gender and disability.

No	Strategic targets and results chain	Indicators	Sources	Baseline 2022	2023	2024
SO1	To cover all women in formal employment and – increasingly – those working in the informal sector with a legally mandated, standardised maternity benefit (funded through the National Social Security and Insurance Trust, NaSSIT).	100% of women workers in formal sectors are legally covered by standardised maternity benefits.	NaSSIT Act enacted and NaSSIT database reports.	Zero	10%	15%
1.1.	Introduced child grant to caregivers of children 0 to 5 years.	100% of 0 to 5 children covered by a Child Grant.	 0 to 5 child grant progress report. Birth & Death registration records. Financial records of child grant. 	Zero	5%	10%

1. Pregnant women and preschool children (0 to 5 years)

2025	2026	2027	2028/31	2032/36	2037/41	Assumptions
20%	25%	30%	60%	90%	100%	 NaSSIT Act to be enacted. NASSIT to lead the implementation of the actions in coordination with other MDAs and NaMED, MGCA, MoHS, MSW, NaCSA, NSPS, MBSSE, CWC & MoF. Mandatory maternity benefit is enacted.
20%	25%	30%	60%	90%	100%	 0 to 5 grant program module defined and endorsed. Govt. to give priority and make available funding for the provision of child grants incrementally for 0 to 5yrs.

No.	Items	Indicators	Sources	Baseline 2022	2023	2024
SO2	Child Grant to mothers and caregivers covers children aged 6 to 14 by 2040.	100% of children aged 6 to 14 receiving the child grant.	 6 to 14 years Grant programme progress reports; Social protection programme coverage surveys, Financial records. 	Zero (0)	0	0
2.1	Test, monitor and evaluate different approaches in the short term, as the child grant is gradually phased in over the years to ensure that no child is deprived of schooling because of financial barriers.	Percentage of children aged 10 to 14 accessing social protection to support their education.	Social protection intervention records.	0% coverage	0%	5%

2. School-age children (6 to 14 years)

SLIHS: Sierra Leone Integrated Household Survey

3. Youth (15 to 24 years)

No.	ltems	Indicators	Sources	Baseline 2022	2023	2024
SO3	All Sierra Leonean youth, including those with disabilities and other vulnerable groups, have access to the necessary training, skills, and qualifications to be engaged in decent work; programmes and services contribute towards tackling gender imbalances; and are fully protected against harmful and abusive practices, especially those that are age- and gender- based.	Number of youth enrolled on Vocational Training. ⁶²	 Education Sector Plan, Labour Force Surveys, Youth Employment Programme reports. 	317TVET students per 100,000 inhabitants.	350 TVET students per 100,000 inhabitants.	500TVET students per 100,000 inhabitants.

62 To be explored at later stage: inclusion of volunteerism and apprenticeship programmes.

2025	2026	2027	2028/32	2033/37	2038/42	Assumptions
0	0	10%	25%	50%	100%	 Rolling out the child grant for 6 to 14. Convincing evidence to encourage Government support with funds.
10%	15%	30%	50%	75%	100%	 Continued commitment to human development programs. Coordinate and complement to current programme on radical inclusion policy and schoo retention and performance.

2025	2026	2027	2028/32	2033/37	2038/42	Assumptions
750 TVET students per 100,000 inhabitants.	1,000TVET students per 100,000 inhabitants.	1,200TVET students per 100,000 inhabitants.	1,500TVET students per 100,000 inhabitants.	5,000TVET students per 100,000 inhabitants.	10,000 TVET students per 100,000 inhabitants.	 Availability of funding. Availability programs incorporating life skills modules and youth employment skills training initiatives.

No.	ltems	Indicators	Sources	Baseline 2022	2023	2024
3.1.	 Mapping of youth empowerment activities across the country to better understand the opportunities for coverage. Implement youth employment and training initiatives to ensure that youth have the necessary skills to enter the labour market, including the youth employment components of the Productive Social Safety Net and Youth Employment project. 	Number of youths participated in public works programs and accredited certificates establishing skills attained.	Data based on public works programs and youth-led enterprises.	TBD	2% of youth participated in at least one opportunity: (public works or enterprise).	4% of youth participated in at least one opportunity: (public works or enterprise).
3.2.	Monitor potential risks of GBV	Operationalised GBV risk assessment tools.	GBV risks assessment tools and reports.	No integrated GBV risk assessment tool is in place.	GBV risk assessment tools developed for the social protection sector.	Regular GBV risk assessments are undertaken, and risk mitigation measures identified

3. Youth (15 to 24 years). Continued

4. Working age (25 to 64 years)

No.	ltems	Indicators	Sources	Baseline 2022	2023	2024
S04	 SO4 All individuals of working age 25-64 should have access to social protection when they require it by providing a consolidated and sustainable combination of contributory and non-contributory programmes. By 2040, Social Insurance will be reformed to cover maternity, sickness, employment injury, invalidity and retirement benefits, and – ideally – unemployment benefit. 	At least 90% of working age- integrated in social protection schemes: contributory or non-contributory.	Social Insurance report by NaSSIT.	61.1% of workers are informal workers in the agriculture sector and had no coverage of Contributory and non-contributory social security schemes.	0-5% of all workers are covered by either one scheme: non or contributory.	5-10% of all workers are covered by either one scheme: non or contributory.
		Number of self- employed and informal sector workers covered by the social insurance scheme.		2-3% of the active labour force formal workers fall under NaSSIT and are covered by social security benefits in SL.	2% of informal workers are covered.	4% of informal workers are covered.

2025	2026	2027	2028/32	2033/37	2038/42	Assumptions
6% of youth participated in at least one opportunity: (public works or enterprise).	8% of youth participated in at least one opportunity: (public works or enterprise).	10% of youth participated in at least one opportunity: (public works or enterprise).	10% of youth participated in at least one opportunity: (public works or enterprise).	10% of youth participated in at least one opportunity: (public works or enterprise).	10% of youth participated in at least one opportunity: (public works or enterprise).	 Availability of public works programmes. Accreditation of skills gained through public works by MoYA /NAYCOM/City Councils.
Regular GBV risk assessments are undertaken, and risk mitigation measures identified.	Continuous coordination with other GBV local and international agencies to inform decision-makers of associated risks.					

2025	2026	2027	2028/32	2033/37	2038/42	Assumptions
10-15% of all workers are covered by either one scheme: non or contributory.	15-20% of all workers are covered by either one scheme: non or contributory.	20-25% of all workers are covered by either one scheme: non or contributory.	25-45% of all workers are covered by either one scheme: non or contributory.	45-65% of all workers are covered by either one scheme: non or contributory.	65-90% of all workers are covered by either one scheme: non or contributory.	 Social insurance bill to reforms is enacted. Workers/ employers are willing and attracted to join social security/ insurance contributory schemes. Government support to the non-contributory scheme.
6% of informal workers are covered.	8% of informal workers are covered.	10% of informal workers are covered.	20% of informal workers are covered.	40% of informal workers are covered.	60% of informal workers are covered.	

5. Old age (over 65 years)

No.	ltems	Indicators	Sources	Baseline 2022	2023	2024
SO5	A sustainable social protection programme that enhances the recognition of older persons and addresses income security, well- being, housing, social welfare, health and nutrition empowered to manage and sustain their dignity. By 2040,	Action plan with MLSS to roll out a universal pension for those over 70.	MLSS update on universal pension for the aged.	No action plan.	Draft Action Plan.	Validation and Consultation of Action Plan.
		Implementation of universal non-contributory pensions for all old age persons.	NASSIT pension payment report.			
	this would be achieved through a three-tier pension system for all older persons in Sierra Leone over the age of 60 years.	 40% coverage of Tier 1 for workers. including self-employed and informal sectors covered by mandatory contributory old- age benefits by 2040. 		No coverage of Tier 1 pensions.	0	0

6. Disability and chronic illness

No.	ltems	Indicators	Sources	Baseline 2022	2023	2024
SO6	SO6 All persons with disabilities and all those living with chronic illnesses are recognised, protected, self-reliant and live dignified lives; and where they receive	Established an inclusive and accessible disability assessment mechanism by 2026.	 Disability assessment reports. National disability registry records. 	No disability assessment mechanism.	Pilot disability assessment.	Complete design of disability assessment mechanism.
	a cash transfer that compensates for the additional costs, they face participating in society on an equal basis as part of a comprehensive package of support that can address the diversified needs of people with disabilities and chronic illnesses.	100% of persons with disabilities and/or chronically ill are covered by a disability grant.	SL national disability grant management report.	0% coverage	0	0

2025	2026	2027	2028/32	2033/37	2038/42	Assumptions
Complete Action Plan.						 Government commitment to universal pension.
	25% of old person covered.	30% of old person covered.	60% of old person covered.	90% of old person covered.	100% of old person covered.	• Availability of domestic revenue support for the sustainability of universal pension for the aged.
0	0	5%	10%	20%	40%	

2025	2026	2027	2028/32	2033/37	2038/42	Assumptions
Validate and approve the disability assessment mechanism.	Disability assessment mechanism is fully established and operational.					 There is a need for disability assessment to inform access to social services.
10%	20%	30%	60%	90%	100%	 Government commitment to provide structure enabling structures to support the disability assessment process.
						Domestic revenue support to disability grant for sustainability.

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NATIONAL SOCIAL PROTECTION STRATEGY FOR SIERRA LEONE

2022-2026