Safety Nets in Humanitarian Response

Case studies: Sierra Leone & Somalia and Lessons Learned

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Overview

• Country and Emergency Backgrounds
• Safety Net Concepts applied
• Challenges and mitigating measures
• Lessons Learnt
• Key Messages
Sierra Leone: the Country and the Emergencies

- Sierra Leone is a country in West Africa, with a population of about 7 million people.
- **High poverty rate**: Nearly half of the population below poverty line.
- **Low human development outcomes** (health, education, nutrition). Human Development Index: 175 out of 188 (2016)
- Households exposed to **seasonal as well as external shocks**.
- **Low safety net coverage** even before the crisis (<10% of extremely poor households).
- The Ebola Virus Disease (EVD) outbreak started in Sierra Leone in May 2014, claimed more than 4,500 lives within 18 months.
- Those who recovered are being ostracized from their communities.
- Twin disasters - mud slides and flooding killed 502 mostly women and children; more than 500 unaccounted for and rendered more than 2000 homeless in August 2017.
Shock Responsive Safety Nets

National structures to respond to Disasters
• National Ebola Response Coordinating (NERC) body was formed to coordinate the EVD- Reports to the office of the president
• The Office of National Security (ONS) was the lead responsible for coordination emergency responses
• Line ministries departments and agencies (MDAs) including the Ministries of Social Welfare, Health, Education, National Action for Social Commission (NaCSA), and Armed Forces, serve as pillar leads

Targeting and coverage
• A three-tier targeting system (geographical, community and LPMT)
• No social registry but beneficiary registry was developed
• Rapid Ebola SSN (RESSN) cash transfer targeted 150,000 beneficiaries
• Categorical targeting of 1905 Internally Displaced Persons (IDPs)

Setting the benefit size
• The benefit size was upgraded to US$30 =twice the SSN amount ($15) paid quarterly
• The EVD had different benefit size for different localities according player

Funding
• EVD had multiple funding sources including donors, government and individuals;
• USAID agencies collectively funded significant number (57,000 beneficiaries)
• DIFID and WFP funded the mudslide and flooding
Shock Responsive Safety Nets

Grievance Redress Mechanism
• The Grievance Redress Mechanism (GRM) system coordinated by the Anti-Corruption Commission in collaboration with the Social Protection Secretariat/NaCSA.
• The GRM - a product of the System building development initiative of the Social Safety Nets project.

Management information systems
• The three-tier targeting (geographical, community and LPMT) processed through MIS system of the existing SSN
• Payment reconciliation with the service provider was done through the MIS

Payment Modalities
• Cash transfer for the EVD used Push payment system (remote communities mostly affected)
• The Mudslide and flooding piloted an E-payment system; mobile money operator (affected the urban settlement)

Communications
• SSN implementing agency (NaCSA) has Information Education Communication (IEC) unit
• Incidents were mostly of public health concern - more vigorous IEC
  • community structures and faith based groups
  • Communication pillar
Somalia: the country Background and the Emergency

Somalia is a fragile state in the Horn of Africa with a population of about 16 Million people.
- 3,333 km of coastline on the Gulf of Aden and the Indian Ocean.
- **High poverty rate**: 51% of population below poverty line.
- **Low human development outcomes** (health, education, nutrition) ranks 165 of 170 countries.
- 70% of the population is under the age of 30 years (UNDP).
- The presidential elections took place in February 2017 after that the cabinet was formed
- In January 2017, a famine alert was declared. By March 2017 there were 6.2M people were at risk of food insecurity and 71,000 children were severely malnourished.
- High levels of livestock losses, up to 60% in some areas caused massive displacements.
- Some 1.6 million people were displaced on top of the 1 million in protracted displacement.
Humanitarian Cash Transfers in Somalia

**National Institutions to Respond to Disaster**
- Two parallel structures:
  - Government led through the Ministry of Humanitarian and Disaster Management
  - A cluster of Humanitarian Agencies coordinated by OCHA
- A national task force for disaster management under the office of the president was the coordinating body

**Targeting and Coverage**
- A household survey done by food security and analysis unit
- FSNAU and FEWSNET provided the early warning
- No social registry
- No national ID
- Targeting is geographical; and community based supported by categorical
- At the height of the intervention 3 million individuals per month were reached. 300 million USD worth of cash and vouchers across Somalia

**Intervention types**
- Cash-for-work (CFW)
- Food-for-Assets (FFA)
- Unconditional Cash Transfers (UCT)
- Food vouchers
- Cash + (UCT and livelihood inputs and training)
Humanitarian Cash Transfers in Somalia

**Benefit Size:**
- The benefit size determined by the Cash Working Group and based on the Minimum Expenditure Basket (MEB) released by FSNAU
- Food component of MEB – varies by region
- Beginning of response 80% of MEB
- Latter reduced to 100% of the FOOD component of the MEB

Now: Donor divide

**Management Information Systems**
- Registration of almost 3,000,000 households in SCOPE and other databases (FAO, NGO) enabled delivery of transfers through cash and in-kind

**Payment Modalities**
- Paper voucher for cash and in kind food in 2011 → Cash and vouchers, e-payments, mobile payments in 2017

**Grievance Redress**
- Hotlines and call centers were established by UN and NGOs
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<tr>
<th>Challenges</th>
<th>Mitigating Measures</th>
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<tr>
<td>Multiple funding sources</td>
<td>Channel funds through coordinating agency preferably international body</td>
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<td>Payment modalities</td>
<td>Choice of payment modality based on available infrastructure in the locality</td>
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<td>Coordination (issue of case management)</td>
<td>Adherence to SOPs by all partners. Expand policy coordination outfit to match the emergency</td>
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<td>Targeting Errors</td>
<td>Minimize Inclusion error by use of ACC in the IEC and robust GRM system</td>
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<td>Adequacy of benefit size</td>
<td>Use of cash transfer working group factoring market conditions in decision</td>
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Lessons Learnt

Delivery systems for payments should be appropriate for the context
  • Attempt to use mobile technology did not work well in rural areas
    • Unwarranted delay in transfer of cash to IDPs
    • Technology (SCOPE) for targeting, enrolment and monitoring of beneficiaries was satisfactorily used

Implementation procedures need to be established and adhered.
  • Adherence to existing protocols (GRM & IEC) significantly enhanced delivery
  • The need to establish Cash Transfer Emergency (CTE) protocols

Harmonization of approaches across stakeholders in delivering SNs is critical.
  • Complementary services like psycho-social support was provided to the EVD in conjunction with MSWGCA & UNICEF help to emotionally stabilize affected households
  • Standard approaches across sectors is key
Lessons Learnt

Emergency interventions are normally short lived are not able to totally stabilize the affected households
  • Absorbing affected persons into regular SSN programmes as a from emergency

Use of existing SSN systems can definitely enhance delivery
  • Especially timeliness
  • The need to establish Cash Transfer Emergency (CTE) protocols
  • Harmonization of approach in delivering SP interventions

Managing Expectations
  • Cash attracted many false claims (duplicated households, non affected HHs, cash received/not received) -
  • Government support considered inadequate
Key Messages

Where the government already has systems in place it is important to:
1. Maintain a human-centric approach
2. Strengthen coordination to make sure interventions remain aligned and harmonized amongst stakeholders
3. Ensuring fiscal space for any forcible disaster ensuring the possibility of an emergency response

Where the government has systems has challenges in scaling up:
1. Strengthen safeguards to minimize leakages.
2. Strengthen social registry and beneficiary registry systems through interoperable/integrated information management system to ensure quick responses.
3. Multiple modalities of delivery to ensure to meet the different needs of the population.
4. Ensuring fiscal space for any forcible disaster ensuring the possibility of an emergency response.
Key Messages

Where SSN cannot be delivered by government in protected/repetitive crisis, then external/humanitarian actors should pave the way for a future hand-over to government.

Concretely it means:

• 1. Adopting a human-centric approach vis a vis a beneficiary while avoiding the humanitarian architecture create silos, duplications and inefficiencies in the delivery assistance.

• 2. Lay the building blocks for a future social registry and beneficiary registry through interoperable/integrated information management system.

• 3. Adopting assistance delivery mechanism that can be handed over to government, meaning open-loop payment solutions that are grounded in the local economy.
Thank you !!!