Maintains

Research supporting social services to adapt to shocks

Towards shock-responsive social protection: conceptual framework and research questions

Working Paper

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About Maintains

This five-year (2018–2023) operational research programme is building a strong evidence base on how health, education, nutrition, and social protection systems can respond more quickly, reliably, and effectively to changing needs during and after shocks, while also maintaining existing services. Maintains is working in six focal countries—Bangladesh, Ethiopia, Kenya, Pakistan, Sierra Leone, and Uganda—undertaking research to build evidence and providing technical assistance to support practical implementation. Lessons from this work will be used to inform policy and practice at both national and global levels.

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1 Introduction

The COVID-19 pandemic has triggered an unprecedented expansion of social protection programmes and systems worldwide. Around 200 countries/territories have adapted their social protection systems in order to support households and mitigate the economic impact of the pandemic and the containment measures. The ways in which social protection systems have been adapted have differed widely and have included both the development of new social protection programmes and the expansion and adaptation of existing programmes (Gentilini *et al*., 2020).

All of the countries in which Maintains is active—Bangladesh, Ethiopia, Kenya, Pakistan, Sierra Leone, and Uganda—have announced and/or implemented social protection responses to COVID-19, albeit of varying degrees of effectiveness. The current crisis presents a unique opportunity to learn across different countries and better understand how exactly social protection is used to respond to shocks and what implications this has for investments in shock-responsive social protection systems going forward.

Maintains is conducting a cross-country study to provide an operational assessment of the way in which social protection programmes, processes and delivery systems are used to respond to the COVID-19 crisis and to understand the factors that enabled successful responses, as well as the factors that constrained responses. Specifically, this study aims:

- to document the social protection responses in all six Maintains countries and in particular, the use of social protection delivery mechanisms[1] and information systems;[2]
- to assess these responses in terms of adequacy, coverage and comprehensiveness;[3] and
- to provide recommendations for future responses and investments in shock responsive social protection systems.

This document presents the conceptual framework and broad set of research questions developed to guide data collection and analysis for our cross-country study of the social protection response to COVID-19. The conceptual framework and research questions contained in this working paper build on the tools and research conducted by:

- OPM and FCDO research on shock-responsive social protection systems, (2015-2018);
- OPM and WFP research on shock-responsive social protection in Latin America and the Caribbean, (2016-2020);
- SPACE framing documents for research on social protection approaches to COVID-19, (FCDO and GIZ, 2020).

[1] The mechanisms in place for delivering cash or in-kind assistance to social protection beneficiaries and/or people affected by shocks (e.g. targeting mechanism, payment mechanism);
[2] Socioeconomic, disaster risk, and vulnerability information to enable decision making before and after a shock—including social registries and beneficiary registries, DRM information systems etc.
[3] For definitions of key concepts see O'Brien, C., Scott, Z., Smith, G., Barca V., Kardan, A., Holmes, R., Watson, C. and Congrave, J. (2018), *'Shock-Responsive Social Protection Systems research: Synthesis report'*, Oxford Policy Management, Oxford, UK.

2 Conceptual Framework

This framework proposes focusing the analysis of shock-responsive social protection to COVID-19 on three dimensions: response type, policies and operational procedures, and outcomes. Although social insurance, labour market / employment policies and social assistance programmes are covered, the focus will be placed on the latter, which includes both in-kind and cash transfers. The research covers responses to the effects of the COVID-19 pandemic only; however, where applicable and valuable, experiences from responses to other shocks may be included.

As part of this study, we will map each country's social protection responses to COVID-19. For each response, we will use this conceptual framework to guide the way in which we document the responses and learn lessons. In countries where a large number of social protection responses are implemented, we will focus on the most far-reaching responses.

The conceptual framework described in this note provides a comprehensive framework against which we plan to assess the social protection responses to COVID-19. However, the extent to which each of these dimensions can be assessed in-depth will depend on the data that is available. Due to the COVID-19 pandemic, no primary data collection will take place and the depth of analysis possible for each country will depend on what data is available.

Finally, humanitarian responses are only covered as long as they interact somehow with national social protection responses and the focus of the analysis is precisely this type of interaction. Humanitarian responses implemented separately, although crucial in the response to COVID-19, are not covered in this framework.

2.1 Response type

2.1.1 System resilience

These are measures undertaken to enable the business continuity of social protection programmes and systems. These measures can be planned *ex ante* (before the shock strikes) or can be designed and implemented *ex post*. They can entail small tweaks to programme operations such as advancing or staggering payment dates or suspending conditionalities, to bigger adjustments such as changing the delivery modality (e.g. from school meals to food rations). These types of response entail only a temporary adjustment of the programme to ensure business continuity, but with the core aspects of the programme unchanged: objectives, target population, assistance, etc.

System resilience includes on-demand programmes, which are designed to absorb additional demand on an ongoing basis. Although these programmes are shock-responsive by nature, when there are sudden spikes of demand they may need to be adjusted (e.g. additional resources may be allocated) to absorb the new demand.

2.1.2 Adaptation

This response type refers to how the design of existing social protection systems are adapted to address new needs through enhancement of adequacy, coverage and comprehensiveness:

- **Vertical expansions***:* increasing the benefit value or duration of an existing programme for existing beneficiaries. Vertical expansions include additional transfers, increases to regular amounts, changes to payment duration and/or frequency that result in a benefit increase, and a reduction in the hours of work that results in higher benefits per hour.
- **Horizontal expansions**: adding new beneficiaries to an existing programme. This includes the extension of the geographical coverage of an existing programme, extraordinary enrolment campaigns, modifications of entitlement rules, and relaxation of requirements/conditionality to facilitate more participation, among others.
- **New programmes**: launching a temporary social protection response programme to provide support to people who already participate in regular social protection programmes and/or to those who do not. This type of response is originally designed as time-bound, although ultimately the programme may be extended and incorporated into regular social protection programming.

2.1.3 Humanitarian assistance that leverages social protection systems, and vice versa

This refers to circumstances where, in addition to a social protection response to the pandemic, the international humanitarian system is delivering institutionally independent support that follows humanitarian principles and is formally coordinated with the social protection sector, including government and other actors. (This excludes humanitarian responses where the delivery of assistance is parallel to or stand-alone from national social protection systems.) In such circumstances, social protection can leverage the humanitarian systems, or vice versa. These circumstances can be conceptualised into two categories:

- **Piggy-backing**: leveraging or combining elements of the administrative capacity of humanitarian systems and/or social protection in order to respond to the pandemic. For example, where the humanitarian response uses the information systems and databases of social protection or a social protection payment delivery mechanism; or where a social protection response leverages the grievance redress mechanism of the humanitarian response or of another social protection programme.
- **Alignment**: aligning social protection and/or humanitarian interventions with one another. For example, transfer amounts are agreed with the social protection lead agency or caseloads / geographic areas are split between social protection and humanitarian responses.

2.2 Policies and operational procedures

This dimension, largely based on the analytical approaches developed by SPACE, examines in more detail how the response approach selected above is operationalised. This dimension includes how the policies, systems and operational procedures used along the delivery chain are developed and/or adjusted for implementation of the responses described above. It focuses on social protection, although other related sectors, like disaster risk management (DRM) and humanitarian assistance, are included in regard to their interactions with social protection in the relevant dimension.

Some of the dimensions below may not be explicitly used or adjusted for a given country's COVID-19 response, for example legislation and policies; however, they are included in the conceptual framework because they affect the way in which social protection can respond.

2.2.1 Policies and scope of systems

- **Institutional arrangements**: the legislation, policies and policy goals, and mandates of key institutions.
- **Coordination mechanisms**: the mechanisms and protocols for coordinating DRM activities before and after a shock, including the role of social protection.
- **Financing mechanisms**: the way in which social protection responses are funded.
- **Data sharing, protection and privacy**: this includes issues related to data collection and sharing protocols, data accessibility, data relevance and accuracy, and security and privacy protocols. It also includes the use of data from other sectors.

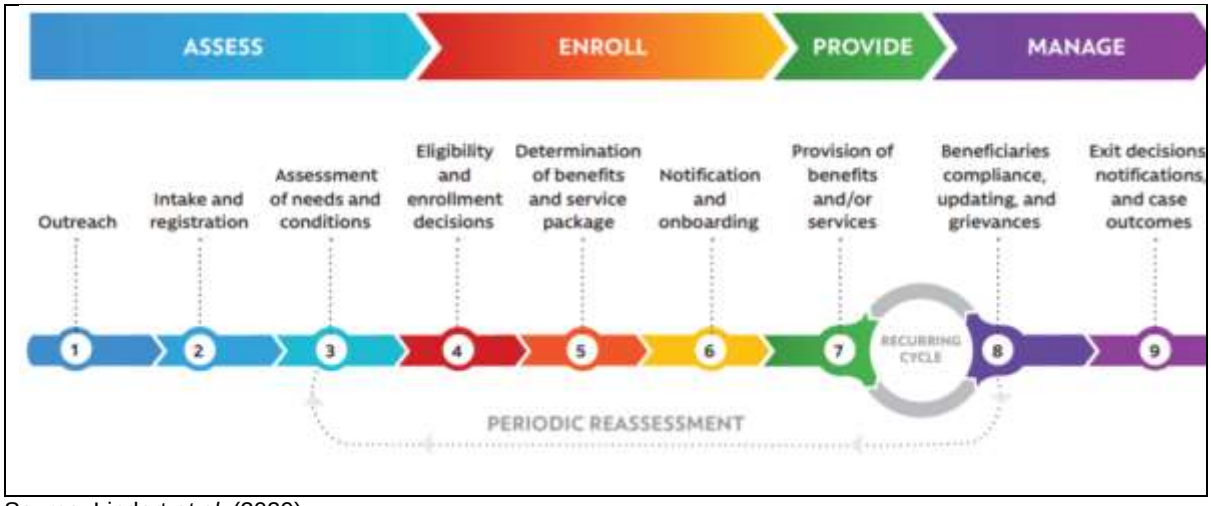
2.2.2 Programme design

This includes objectives; eligibility criteria and qualifying conditions; the duration, type and level of benefits and services provided; conditionalities; gender and social inclusion provisions; accountability to affected populations; layering or linking of additional measures; etc.

2.2.3 Operational procedures (service delivery)

This includes the business processes, systems and capacity required to implement a programme. This typically includes four phases, each with sub-activities as shown in Figure 1. We consider programme management as a cross-cutting requirement across all delivery systems and processes rather than a separate phase.

Figure 1: Delivery systems and processes



Source: Lindert *et al.* (2020)

- **Assessing** the potential demand for the programme, which includes outreach activities, data collection and management for registration and assessing needs;

- **Enrolling** beneficiaries, which entails determining the eligibility of applicants, the benefit package and on-boarding beneficiaries;
- **Providing** benefits and services;
- **Monitoring** the programme's performance, including disaggregating performance by sex and vulnerability criteria (e.g. disability, refugee status etc.)

2.3 Outcomes of the response

This dimension will be used to assess the outcomes of each social protection response (at the programme level) as well as each country's overall response to understand the extent to which country-level responses perform against the following criteria:

- **Adequacy**: is the support sufficiently tailored to the (new) needs of the vulnerable population to cover their risks?
- **Coverage**: are all individuals or households at risk or affected by the shock covered by the existing or new programmes?
- **Comprehensiveness**: are all risks addressed? (in reference to risks that social protection responses can help to mitigate, including the sequencing or layering of additional measures)
- **Timeliness**: was the response implemented in time to address the shocks that they were intended to address?
- **Cost-effectiveness**: are responses coordinated and across different actors resulting in reduced cost and enhanced effectiveness?
- **Predictability**: is supported delivered regularly and predictably? This is an important element of social protection, and an analysis of this could be useful in terms of recommendations for improvements to systems.
- **Accountability to the affected population**: do responses enhance the dignity of affected populations and ensure that ensure gender and protection risks are mitigated? Do responses include COVID-19 safety measures and adequate grievance redressal mechanisms?
- **Long-term implications**: what are the implications of the responses for the design, implementation and funding of future social protection? This includes the extent of government ownership and broader political economy considerations. Are the design and delivery of programmes embedded in and strengthening long-term government systems?

3 Research questions

3.1 Background information about social protection and related sectors

Dimension	Guiding questions
STAKEHOLDERS	1.1. Who are the different actors and stakeholders (government and non-government) responsible for the design, implementation and coordination of a) social protection and b) Disaster Risk Management, c) humanitarian policies and systems? 1.2. What are the formal and informal roles and mandates of these different actors and stakeholders in relation to the design, implementation and coordination of a) social protection and b) Disaster Risk Management policies and systems? 1.3. Which stakeholders (public, private, communities, donors, etc.) support and which might oppose the use of social protection systems to respond to shocks, or closer collaboration between the social protection and humanitarian communities, and why? 1.4. How influential has the presence of stakeholders who are 'sector champions' been on securing and maintaining a higher priority for a) social protection and b) DRM, c) humanitarian investments and maintaining services?
INSTITUTIONS	2.1. What is the institutional relationship between national and subnational governments? Are subnational governments accountable to the national level or local electorate? Do these relationships vary according to sector (e.g. social protection, humanitarian response, and other relevant sectors)? What is the degree of decentralisation in the provision and financing of, and authority over, social protection, humanitarian response and DRM? 2.2. How have the relationships between national and sub-national government affected the design and implementation of social protection and humanitarian systems, and their prioritisation at different levels of government? 2.3. How is the relationship between the government and humanitarian actors, development partners and NGOs? Who in the government is in charge of leading this relationship? How effectively this is done before and after a shock? 2.4. What factors have promoted and/or hindered the effective coordination of social protection with humanitarian interventions for effective policy shock response? 2.5. What organisational and administrative measures and arrangements and incentives facilitate effective a) social protection and b) Disaster Risk Management delivery? And what impede them? 2.6. Have institutions or stakeholders / groups with mandates to advocate for gender and social inclusion been involved and if so, has their participation influenced decisions?
LEGISLATION, POLICIES, STRATEGIES	3.1. What relevant national and local laws, regulations and policies exist in relation to DRM and social protection? 3.2. Are there laws and policies that prevent social protection from being fully implemented and inclusive? 3.3. Are laws, regulations and policies being implemented? How well have they been applied? If they have not been (fully) implemented, what are the reasons? 3.4. What are the implications of these observations for the response to COVID-19

	3.5. Are there any policies or strategies for shock-responsive social protection?
SOCIAL PROTECTION LANDSCAPE	4.1. What are the basic features of the main social protection programmes? eligibility, coverage, benefit type and value, enrolment, exit strategy, conditionalities, payment delivery mechanisms, information system, M&E, grievance redressal, budget, implementing agency, etc. 4.2. What are the key weaknesses and strengths of the main social protection programmes (including along the delivery chain)? 4.3. What is the public opinion about social assistance? Is there a support for it? Has it been questioned because of corruption or clientelism? 4.4. Has the delivery of social protection been affected by recent large-scale shocks? How? And how programmes have coped with shocks? 4.5. Was there an interest in the use of social protection to respond to large-scale shocks before COVID-19? Who has been driving this agenda? Are there any relevant experiences (pre-COVID-19)? Has any research been conducted? 4.6. Which are the main agencies / donors that support social protection? 4.7. How is social protection funded? (domestic versus foreign resources)

3.2 COVID-19 response: Policy design and outcomes of the response

Dimension	Guiding questions
POLICY	1.1. What kind of response(s) was/were implemented? (see Section 2.1 for options) 1.2. Why was this type of response chosen? What was the policy process behind this response? What were the main trade-offs considered and how were those addressed? 1.3. What other response options were considered and why were these discarded? 1.4. What is the objective of the intervention/strategy? E.g. immediate response vs. medium long-term recession; directly affected or indirectly affected; one population sub-group or multiple (which), etc. 1.5. How were the target group and the type of response decided? Was it based on any assessment of likely effects of COVID-19 or other available evidence, including from past crises?
COVERAGE	2.1. What is the coverage of the response? (#, as % of the affected population, of the total population – disaggregated by vulnerable groups if possible) 2.2. Is this response supporting those that are most likely to be affected/in need? How was this established (how were needs determined)? If so how, if not, why not? 2.3. Who is being left out of the response and why? (Probe for specific groups – women, migrants/refugees etc.) 2.4. Is this response complemented with others to ensure filling the coverage gaps? (E.g. by the government or humanitarian agencies)
ADEQUACY	3.1. Is the transfer? E.g. for many the amount will not be an add-on for existing income but may need to be a full income replacement, aiming to cover all basic needs) 3.2. Is the value of the response adequate in relation to the needs that is meant to cover? (measured against criteria e.g. basic needs, income replacement; MEB, estimated monthly consumption requirements)

	3.3. How does the adequacy of responses compare? (e.g. humanitarian versus government)
COMPREHENSIVENESS	4.1. Are there any complementary measures implemented to ensure that all multi-dimensional needs are addressed? (e.g. to meet health needs, psychosocial support needs, address protection risks, including violence against women and violence against children, and ensure inclusion of often excluded populations, such as persons living with disabilities) 4.2. What are the referral pathways between social protection and other interventions?
TIMELINESS	5.1. Was the response timely in relation to its objectives and overall in relation to first COVID-19 case/containment measures? (e.g. able to meet needs in the time they are required) 5.2. Was the response timely for all the beneficiaries? Who were supported first and why? (e.g. vertical expansions being implemented before the horizontal expansions or new programmes) 5.3. What where the main reasons for the delays and what was done to enhance timeliness to the extent possible? (funding, decision making process, operational capacity)
COST-EFFECTIVENESS	6.1. Did the response rely on existing systems / capacity? How, and how did this affect the dimensions above? 6.2. To what extent was there harmonisation of systems and coordination across different actors and institutions (within government and beyond - e.g. humanitarian)? 6.3. Was the response coordinated and complemented with the actions of other government agencies (e.g. DRM), humanitarian agencies, NGOS? Did this eliminate duplicated delivery systems and processes? 6.4. What was the overall cost of the response and what were the cost drivers? How does this cost compare against the cost of the flagship programmes?
LONG TERM IMPLICATIONS	7.1. To what extent is the response embedded in and strengthens long-term government systems? How? 7.2. Are there exit / phase-out strategies in place? (for temporary scale-ups) What are these strategies? Are any caseloads being incorporated into routine programmes and is this sustainable (politically, financially)?

3.3 COVID-19 response: Operational aspects of the response

Dimension	Guiding questions
OVERARCHING	1.1. What operational adjustments were made to continue delivery benefits? (under system resilience) 1.2. Did the response entail making small adjustments to existing programmes to reach new beneficiaries? (relaxing requirements, suspending conditionalities, increasing the number of payment points) What kind of adjustments were made? 1.3. Where these adjustments based on existing contingency protocols?
INFORMATION SYSTEMS	<u>Leveraging existing systems:</u> 2.1. Were existing social protection information systems leveraged? How? (Beneficiary registries, social registries) 2.2. Were other information systems leveraged? (Social security, health, unions, NGOs, from the private sector, etc.) 2.3. What is the coverage of the information system used? How was data quality and 'fitness for purpose' assessed?

	2.4. What data do the databases used contain? How up-to-date data is? Is data disaggregated by age, gender, and disability? 2.5. Was there a mechanism in place to ensure that affected people who are not in the registries could be reached? 2.6. Where there MoUs for data sharing in place? Or a good degree of interoperability? Otherwise, how was the data exchange operationalised? <u>Setting up new registration processes</u> 2.7. How were new beneficiaries registered? (E.g. through online platforms, hotlines, USSD, in-person interviews via local offices or door to door, etc.) Were multiple sources of data used? 2.8. How many people applied and how many were selected/enrolled, through this mechanism? 2.9. How long did it take to design the mechanism and to register all the beneficiaries? 2.10. How effective was this mechanism? 2.11. Was this approach to registration inclusive? Who faced the greatest barriers to registration? What were these barriers? Refer to SPACE's note on the different options for using info systems: here and a blog post here
PAYMENTS	3.1. How are benefits delivered? (note: may be multiple mechanisms used) 3.2. Is the response relying on an existing delivery mechanism? Which mechanism? How was it adapted? 3.3. What other mechanisms were explored and why were they rejected? 3.4. How effective was this mechanism? 3.5. Where people left out because of the type of delivery mechanism chosen? 3.6. Was there a single payment mechanism or there were a few complementary modalities? Could beneficiaries choose? 3.7. Was the mechanism tailored to the needs of the target population? How? 3.8. Was the mechanism tailored to the needs emerging from the pandemic (i.e. social distancing)? How? 3.9. Did the payment mechanism require partnerships with the private sector, with humanitarian agencies, with NGOs? How were these partnerships operationalised? 3.10. Will this mechanism be used in the future by routine social protection programmes (how) or was it a one-off experience? Refer to SPACE's note on the different payment options used by governments in response to COVID-19: here.
ACCOUNTABILITY	4.1. Is there a grievance reporting and redress process attached to the response? Is it functioning and effective? Is it confidential and private? Does it receive reports on exploitation and abuse (and are these mechanisms for assistance/redress well-advertised and understood by beneficiaries)? Is the system set up to receive safeguarding reports and take appropriate action to investigate and ensure support is provided to those affected by specialist services? 4.2. Were any other accountability mechanisms set up? E.g. participatory monitoring, citizens' engagement etc. 4.3. What has been the role of NGOs/CBOs/civil society/local actors in accountability mechanisms for the response? 4.4. How has the design and the delivery of the response been tailored to enhance dignity of affected populations? 4.5. Have protection risks, including violence against children and violence against women, been mitigated via existing /new linkages to case management and referral services? And by design features?

	4.6. Have the design and the delivery of the response been tailored to the needs emerging from the pandemic? (e.g. social distancing, self-isolation and quarantines) 4.7. Has the response included an effective and inclusive communication strategy?
COORDINATION	5.1. Was the response coordinated with other responses by the government and other agencies? 5.2. Who led the coordination process? 5.3. Was the coordination effective? 5.4. Did the coordination lead to sharing resources, protocols, systems, data, etc.? To harmonising criteria of different responses?
FINANCING	6.1. How was the response financed? Domestic versus foreign resources. 6.2. Was there any existing contingency financing? 6.3. Was funding a constraint? Was the response restricted due to available funding? How? Was it delayed because of funding?

4 Looking ahead

As part of the Maintains study, we will use this conceptual framework and these research questions to guide our assessment of the social protection response to COVID-19 in the six Maintains countries. The outputs of this research will be presented in the form of six country case studies as well as a cross-country assessment of the responses.

This document should also be used in conjunction with SPACE's guidance note for framing case studies on social protection responses to COVID-19, which builds on this conceptual framework and suggests a structure of the key areas and dimensions to consider, and complementary detailed research questions to answer under each heading.

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