



**Maintains**

Research supporting social services to adapt to shocks

**RESEARCH SUMMARY**

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# Towards shock-responsive social protection: lessons from the COVID-19 response in six countries



**Oxford Policy Management**



## Introduction

**The COVID-19 pandemic has triggered an unprecedented expansion of social protection programmes and systems worldwide, and has necessitated innovation in relation to how social protection is delivered during crises.** The current crisis has unique characteristics: it is global, it is protracted, and it affects large segments of the population. In addition, containment measures and mobility restrictions have challenged the delivery of social protection. In this context, many countries have broken new ground in relation to the delivery of shock-responsive social protection.

**The Maintains programme is studying how Bangladesh, Ethiopia, Kenya, Pakistan, Sierra Leone, and Uganda have adapted and expanded their social protection systems to support households and mitigate the economic impact of COVID-19.**<sup>1</sup> This study builds on the evidence and conceptual approaches of studies of shock-responsive social protection conducted prior to the pandemic. Further, we identify policy actions to better prepare national social protection systems to respond to future crises. Applying a [conceptual framework](#) designed by Maintains, the study analyses data from literature reviews, key informant interviews, and microsimulations. This brief presents a summary of the findings from the study's cross-country [synthesis report](#), drawing on the findings from the six Maintains case studies.<sup>2</sup>

↑ In Uganda, Red Cross volunteers have established handwashing stations in public places. Photo: Uganda Red Cross Society

<sup>1</sup> Our study included all responses designed within the first year of the pandemic (i.e. by March 2021). However, we are aware that additional social protection measures have subsequently been designed/implemented, which are not covered by this study.

<sup>2</sup> All country case studies, policy briefs, and microsimulation reports from the Maintains study *Towards shock-responsive social protection* are available [here](#).

## How did the social protection systems respond to the pandemic?

We look at three broad response types: systems resilience; adaptation of social assistance; and humanitarian assistance that leverages social protection systems, and *vice versa*.

**All six countries took measures to maintain operational continuity and to minimise disruptions to routine service delivery (i.e. system resilience)**, including through implementing hygiene and social distancing measures for payment (**all**); making advance lump-sum payments to cover several payment cycles (**Bangladesh, Ethiopia, and Uganda**); temporarily suspending public works requirements (**Ethiopia**); or adapting the modality of delivery (**Kenya and Uganda**). Most countries were able to issue standard operating procedures (SOPs) quickly, leading to minimal disruption of routine programmes. However, in **Uganda**, new SOPs needed to be drafted and approved, resulting in a three-month pause in programme operations of the Senior Citizen's Grant (including payments).

**To reach new individuals/households, most countries opted to implement new, time-bound programmes that targeted groups of people not targeted by routine social assistance programmes**, rather than horizontally expanding existing programmes, in line with global trends.<sup>3</sup> There were several reasons for this, including perceptions around the capacity to handle an increased caseload (**Kenya**), lack of an ongoing routine programme to expand (**Sierra Leone**), and concerns that it would be politically difficult to communicate to new recipients that support would only be temporarily provided through a routine programme (**Uganda**).<sup>3</sup>

To reach new individuals/households, most countries opted to implement new programmes rather than horizontally expanding existing programmes.

**Almost all countries also implemented vertical expansions to temporarily increase support to existing programme recipients in light of greater needs.** In most cases, benefit values were increased for a duration of one to six months. Expansions were mostly funded by development partners in **Ethiopia, Kenya, and Uganda**, and by government in **Pakistan and Bangladesh**.

**Finally, in Kenya and Pakistan, a number of emergency, time-bound, cash-based interventions were implemented by non-state actors to complement the government's response.** Some of those interventions piggybacked on parts of the existing social protection system (e.g. using beneficiary registries to ensure caseloads did not overlap), but they mostly used separate processes for delivery, while others aligned their transfer values with those of government flagship programmes. In **Ethiopia**, the recurring humanitarian assistance pipeline was used to provide food assistance to households not covered by the Rural Productive Safety Net Programme and facing food insecurity as a result of COVID-19.

<sup>3</sup> See Gentilini, U. *et al.* (2021) 'Social protection and jobs responses to COVID-19: a real-time review of country measures (May 14, 2021)', World Bank, Washington DC [online]. Available at <http://documents.worldbank.org/curated/en/281531621024684216/Social-Protection-and-Jobs-Responses-to-COVID-19-A-Real-Time-Review-of-Country-Measures-May-14-2021>

## How effective were these responses in mitigating the impact of the pandemic?

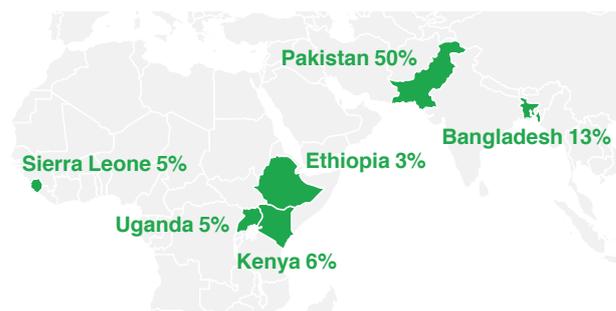
**Shock-responsive social protection ideally involves** expanding **coverage** to those made vulnerable by the crisis; benefit levels that are **adequate** to address the new needs; and benefits that are **comprehensive** and linked to longer-term rehabilitation and recovery. However, given resource constraints in regard to meeting the scale and range of needs, no single response is likely to meet all three criteria simultaneously while guaranteeing **inclusion** and **timeliness**, resulting in difficult trade-offs in designing programmes to mitigate the **effect on poverty**.



### Coverage

There was variation across the countries in terms of the coverage achieved by the responses, with **Pakistan** reaching close to half the population. **Bangladesh's** flagship response (the Prime Minister's cash support scheme) reached 13% of all households, while other programmes also achieved significant coverage of the population (e.g. the Gratuitous Relief programme reached over 75 million people or 45% of the population). In contrast, the flagship response programmes in **Ethiopia, Kenya, Sierra Leone**, and **Uganda** planned to reach about 3%–6% of all households through expanding coverage (new programmes) or, in the case of **Ethiopia**, providing additional support to existing clients.

**Figure 1: Coverage of overall households by main COVID-19 social assistance response**



### Adequacy

The countries faced a trade-off between reaching a greater number of people (coverage) and providing more meaningful support (adequacy), due to fiscal space constraints. While **Pakistan** and **Bangladesh** achieved impressive coverage rates, the transfer value covered only a small proportion of annual consumption needs. On the other hand, **Sierra Leone's** COVID-19 Social Safety Net aimed to reach only 5% of households, while providing a relatively generous annual transfer. Further, in all countries, almost all responses were either designed as one-off or time-bound transfers, which is likely to have reduced the adequacy of support, given the protracted COVID-19 crisis.



### Comprehensiveness

Even though the research highlighted that in most countries the risks faced by vulnerable populations were multifaceted (e.g. gender-based violence), the responses were mostly limited to subsistence support in all six countries, without linking recipients to other social services. Some countries adjusted social assistance programmes to transmit communications about health and hygiene, while in **Ethiopia**, government social workers supported some safety net clients in accessing social services (e.g. healthcare).



## Gender and inclusion

**The extent to which the social assistance responses were designed considering gender and inclusion issues was mixed.** Targeting women and other vulnerable groups was explicit in some cases (e.g. transfers to people with disabilities in **Kenya** and **Sierra Leone**; and the aim of reaching 50% female recipients through the Urban Cash for Work Programme in **Uganda**), and implicit in others (e.g. targeting laid-off workers in the ready-made garment sector in **Bangladesh**, where a considerable share of workers are women). However, several of the major responses did not consider gender in their eligibility criteria. In **Kenya**, the multi-agency cash transfer registered the household head as the main

recipient, which could have led to male recipients being predominately enrolled in the programme, given the structure of households in the country.

**Further, some design features and operational modalities may have put vulnerable groups, including poor women, at risk of exclusion.** In **Kenya**, **Bangladesh**, and **Pakistan**, having a national ID and the ownership of a mobile phone and mobile financial services accounts were pre-requisites to enrolment and payment in the flagship programmes. This approach increases the risk of exclusion of vulnerable and minority groups, who may not have access to a national ID. Further, in all three countries, there is a narrowing but persistent mobile gender gap, meaning that women are less likely to have been able to gain access to some programmes.



## Timeliness

**The capacity of existing administrative/delivery systems and the ability to mobilise funds was a crucial enabler of a swift response.** In **Bangladesh**, **Kenya**, and **Pakistan**, social assistance programmes were announced and designed most quickly, with first payments made within a month of the start of containment measures. This was facilitated by strong policy and government commitment to using social assistance in the COVID-19 response. However, in terms

of speed of roll-out, it took several months in all three countries for the programmes to reach all recipients, with faster roll-outs held up by the need to engage in time-consuming registration, targeting, and enrolment activities.

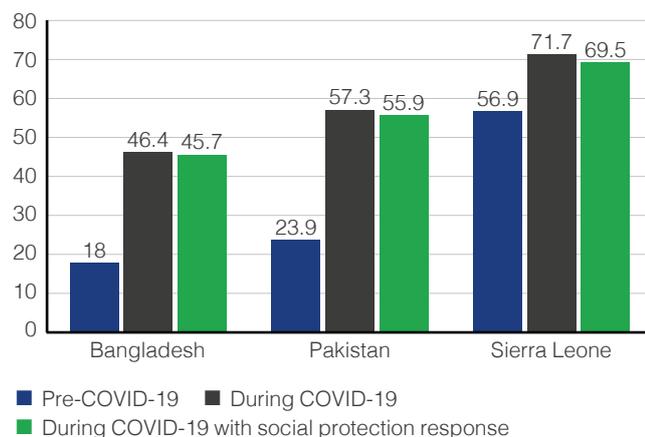
**On the other hand, Ethiopia, which has considerable experience in scaling up the Rural Productive Safety Net Programme in response to shocks, faced severe challenges in rolling out its response in a timely manner.** Difficulties in raising and channelling finances as well as rudimentary beneficiary registries and payroll systems, led to significant delays.



## Mitigating effect on poverty

**Our assessment shows that the social assistance response in all six countries was not sufficient (in terms of coverage or adequacy, or both) to significantly offset the pandemic's expected impact on poverty rates.**<sup>3</sup> All countries faced a trade-off between coverage, adequacy, and comprehensiveness, due to financial constraints and the scale of the shock. For this reason, in **Bangladesh**, **Pakistan**, and **Sierra Leone**, the expected impact of the social assistance response on poverty rates is likely to be minimal (Figure 2). This is not to say that social protection is not effective in responding to shocks: rather, the responses fell short compared to the scale of the shock.

**Figure 2: Percentage of population living in poverty**



Note: We present headcount poverty at the national poverty line as a percentage of the population using the 'short-term' impact scenario. This scenario adopts the most dramatic assumption on the impact of the pandemic, based on the expected impact of lockdown and restriction measures, and on the likely impact on the most affected sectors of the economy.

<sup>3</sup> Our model relies on household-level income and consumption estimates, and is therefore not suitable for investigating issues of intra-household dynamics. This implies that the results cannot provide answers regarding the gender-specific impact of the pandemic.

## What enabled or constrained an effective response?

This section presents a summary of the cross-country analysis of the common factors that have enabled or constrained an effective social assistance response to COVID-19, as well as recommendations on how to prepare social protection systems to be more responsive. We focus on the policies, design features, and implementation and operations that have supported or constrained an effective response.

### Policy: financing

**In a context of pressing financial needs, the capacity to quickly mobilise domestic resources, create new financing sources, and leverage pre-existing external financial mechanisms was important.**

The ability to use domestic resources was a function of the fiscal space, the commitment to social protection, and the leadership of the response. Strategies to leverage existing external financing entailed reorienting budget support programmes, increasing lending amounts, or using pre-existing credit lines that could flex. However, reallocating funds earmarked for future routine social protection could have adverse effects on future routine programming if funds are not compensated. Without these financing strategies in **Uganda**, lengthy negotiations with donors undermined the timeliness of responses, with further delays caused by a lack of pre-agreed mechanisms for channelling and administering the funds.

Reallocating funds earmarked for future routine social protection could have adverse effects on future routine programming if funds are not compensated

**Contingency budget lines and protocols that can be activated in the event of shocks can facilitate the channelling of external resources.**

**Sierra Leone's** SSN included a contingency budget line that could be triggered by the declaration of a state of emergency, and released once an emergency response manual had been produced. While **Ethiopia, Uganda, and Kenya** have funding mechanisms in place linked to their scalability frameworks, these mechanisms are designed to respond mostly to droughts, making them less useful for emergencies such as COVID-19.

#### Recommendations for policymakers:

Planning for shock response should be developed on the basis of pre-agreed financial commitments, combining different financing strategies and instruments, triggers for activation, and a contingency plan to guide disbursement. To respond to a range of shocks (including less predictable, large-scale shocks), commitments need to be flexible and based on broad triggers.

The capacity to absorb additional funding from development partners in times of crisis should be developed. Disbursement mechanisms and protocols should be designed so they can be used to deliver financial support in line with partners' requirements.

## Policy: legislation and strategies

**The lack of policy frameworks for sector-wide shock-responsive social protection was one of the main constraining factors.** Strategies for shock-responsive social protection that exist at the programme level did not have sufficient flexibility to support the response to COVID-19. Although programme-level strategies can be effective in responding to predictable/high-frequency, localised events like droughts, they may not be sufficient for responding to harder to predict, geographically widespread events like the COVID-19 pandemic, as the scale of the shock may exceed the capacities of a single programme, and because such strategies are not designed or prepared to identify or reach people affected by pandemics or other shocks.

**However, the lack of scalability frameworks has not always hindered the use of programmes to respond to shocks.** While the Benazir Income Support Programme in **Pakistan** and Social Safety Net in **Sierra Leone** do not have scalability frameworks, these programmes have been used for this purpose prior to and during the pandemic. Further, small vertical expansions were implemented without using the scalability frameworks in **Ethiopia**, **Kenya**, and **Uganda**.

### Recommendations for policymakers:

Preparedness requires not only contingency planning but also ensuring social protection systems have the flexibility required for responding to shocks. A truly shock-responsive system, capable of responding to a range of shocks, requires a flexible approach: a social protection system – not just a single programme – with in-built features to allow flexing and responses to unforeseen circumstances.

Shock-responsive social protection should be mainstreamed in social protection and disaster risk management (DRM) legislative frameworks, policies, and strategies, including a vision for the sector, and roles and mandates for social protection actors within this.

This must be supported by the development of a sector-wide shock-responsive institutional framework (beyond programme-level frameworks) to facilitate swift decision-making during times of shock. This should: define the processes for responding to shocks; outline the roles and responsibilities of social protection actors and actors in other ministries/agencies; detail triggers for response; outline financing mechanisms; articulate coordination structures; and lay out protocols and principles to guide alignment in the design and implementation of programmes, including whether and how to link vulnerable groups of people to social services.

Preparedness requires not only contingency planning but also ensuring social protection systems have the flexibility required for responding to shocks.



### Policy: governance and coordination

**Governance mechanisms and strong leadership were key enablers of large-scale and timely responses.** However, mandates for leading responses to shocks, and social protection ministries' roles within these structures, are often ill-defined, which can obstruct well-coordinated responses. Similarly, a lack of governance mechanisms resulted in a proliferation of coordination bodies and working groups, contributing to piecemeal responses.

**The effectiveness of partnerships with development and humanitarian actors seemed to depend largely on the strength of previous collaboration (including the role of government in such collaborations), and on pre-existing mechanisms.** Unsurprisingly, less developed mechanisms or structures designed for other purposes (i.e. donor coordination only) were not very effective platforms for coordination and partnerships in the COVID-19 response.

↑ Red Crescent volunteers working with the government in Bangladesh to roll-out COVID-19 vaccines. Photo: © Sajid Hasan, IFRC

#### Recommendations for policymakers:

Coordination mechanisms need to be strengthened to enhance coordination within the social sector; between social protection, DRM, and other sectors; among different administrative levels; and between governments and development partners, humanitarian agencies, and civil society. Coordination mechanisms should be based on:

- clear mandates and roles established by laws and policies;
- operational opportunities, and finding areas of collaboration that benefit different actors; and
- agreements on how to respond and the roles and responsibilities of each actor.

## Policy: information systems and data sharing

**There is currently much enthusiasm in global discussions of the role of social registries in informing shock responses, but having a social registry in place is not a prerequisite for responding to large-scale shocks.** Our results suggest we should have more realistic expectations about the role of social registries in shock response, and that having a social registry is not the only route to success. The country studies have shown that information systems are, overall, immature, and that this is an area requiring a lot of investment. Social registry data did not play a strong role in the social protection response in these six countries, in contrast to experiences in other countries, where leveraging such data enabled relatively timely and largescale responses. Only **Pakistan** had a social registry in use, and it was five years out of date by the time the pandemic struck, necessitating the use of other administrative databases to complement social registry data.

Social registry data did not play a strong role in the social protection response in these six countries

**On the other hand, programme registries, integrated beneficiary registries, and other administrative databases enabled responses.**

Programme registries were used to implement vertical expansions and to facilitate de-duplication of responses (if they were well-developed). The use of other administrative databases to complement social protection data and inform identification, registration, and the delivery of payments was found to be a key enabling factor of effective social responses to COVID-19.

**Finally, the lack of interoperability mechanisms and protocols for data sharing was a constraining factor that prevented a more effective response.** The need to comply with data protection regulations limited the degree to which data could be shared.

### Recommendations for policymakers:

Investment in information systems needs to ensure that data in the registries are relevant, adequate, accurate, current, and secure, and have the coverage required, including of vulnerable groups; that interoperability and data sharing can take place; and that protocols and processes are fit for purpose in regard to making data accessible, while also ensuring privacy and security.

In countries where registries are not complete or current, or where large investments to develop social registries are not feasible or desirable, social protection ministries should identify administrative databases that could be used for response, with memoranda of understanding for accessing data agreed in advance.

It should be best practice for data collected as part of shock-responsive registration activities to be fed back into existing databases, and IT infrastructure should allow for this.

## Design of shock-responsive programmes

**The response programmes were designed in contexts of uncertainty and were typically not informed by evidence or reliable estimates of population needs.** Given the widespread effects of the crisis and the speed at which it escalated, governments reacted based on the information available at the time. This meant there was not always a precise understanding of how and to what extent certain populations had been affected. As a result, programme eligibility criteria were not always closely linked to an understanding of who would be most in need as a result of COVID-19. Similarly, transfer values were defined largely based on budget availability and the intended coverage, rather than estimates of needs.

### Recommendations for policymakers:

As part of a broader shock-responsive framework, guidelines for programme design should be developed, which outline design principles, key definitions, and agreements in place to facilitate response. These guidelines should include considerations and principles agreed with development partners and humanitarian agencies to facilitate alignment in identifying the appropriate target population; setting the benefit level and duration; and ensuring the response is inclusive.

## Implementation and operations: registration, verification, and enrolment

**Innovative approaches to registration enabled responses that were wide-reaching and facilitated timely implementation, while traditional approaches to registration took longer to implement.** In addition, demand-driven mechanisms to identify recipients were key in the case of Pakistan, which has been the case in other countries too. This can have important implications for the future of social assistance programmes, which are usually tied to annual budgets and rigid supply-driven approaches: truly responsive systems may benefit from demand-driven approaches.

**Rapidly designed and implemented approaches to registration and enrolment sometimes came at the cost of a more inclusive and transparent response.** A lack of checks and balances, or processes for verification of eligibility, can result in a high degree of discretion in the registration and enrolling of households, and in the qualitative assessment of eligibility.

Rapidly designed and implemented approaches to registration and enrolment sometimes came at the cost of a more inclusive and transparent response.

### Recommendations for policymakers:

Protocols for the registration, verification, and enrolment of recipients during times of shock should be developed and documented based on existing processes and shock-responsive experience. As appropriate, they should include both remote and rapid strategies and community-based/in-person identification of households in need. To strengthen accountability, this should be combined with protocols for verification.

## Implementation and operations: delivery of payments

### **A strong enabling environment for banking, mobile money, and internet enabled digital payments supported more timely delivery of cash.**

Although mobile money is not used in routine social protection in **Kenya**, well developed infrastructure and the enabling environment (including fee waivers on low-value transactions using mobile money during COVID-19) supported the widespread adoption of mobile money in the response to the pandemic. Other countries (**Uganda** and **Sierra Leone**) used the COVID-19 response as an opportunity to pilot mobile money payments to recipients in urban areas.

### **Overall, we find that technology can improve service delivery, especially in terms of its timeliness, cost, and transparency, but it can also lead to the exclusion of the most vulnerable groups of society, who tend to have less access to such technologies.**

New approaches to service delivery should be designed according to the needs and preferences of all programme recipients, and of the most vulnerable people in particular. This does not mean denying the benefits of bank transfers and mobile money (for example); however, such mechanisms might need to be combined with traditional approaches to service delivery. Cost and ease should not come at the expense of marginalised groups – which are the groups that are most in need of assistance.

New approaches to service delivery should be designed according to the needs and preferences of all programme recipients, and of the most vulnerable people in particular.

#### **Recommendations for policymakers:**

The use of digital payment solutions should be expanded to support timely responses. However, to avoid the exclusion of vulnerable populations, it is crucial to develop strategies to support registration with digital payment providers and to ensure alternative payment modalities are available to those unable, or unwilling, to use these platforms.

Where digital payments are not part of routine social protection, pre-shock agreements outlining ways of working and conditions for engagement with payment service providers should be developed to facilitate preparedness.



### Implementation and operations: accountability mechanisms

**The overall lack of accountability mechanisms, including in existing social protection systems, is a concern, and certainly an area of investment for future responses.**

The responses studied in this report focused largely on two service delivery processes: targeting and payments. Grievance redress mechanisms were largely absent or ineffective, as were case management and monitoring and evaluation mechanisms. A lack of accountability may undermine the inclusiveness of social protection responses. The social protection sector can learn from humanitarian actors and the DRM sector regarding the development of accountability mechanisms that can be scaled up when needed.

↑ Red Crescent volunteers in Bangladesh are helping with the country's vaccination campaign.  
Photo: © IFRC

#### Recommendations for policymakers:

Clear and consistent communications should take place in advance of registration on enrolment methods and eligibility criteria. Governments should utilise a wide variety of communications channels, including strategies to ensure that the most disadvantaged communities, individuals, and households have access to information regarding programmes.

Investments in grievance redressal and accountability mechanisms, both in routine programmes and for shock response, need to be made. While technical platforms currently exist to facilitate complaints and appeals in many countries, information regarding these mechanisms needs to be communicated openly and clearly to applicants and recipients.

While it may not be feasible or cost-effective to undertake a full evaluation of each shock response that takes place, a minimum level of monitoring should be undertaken, which must include reporting on recipient numbers disaggregated by gender. This information should be publicly available.

## About Maintains

Maintains is a five-year (2018–2023) operational research programme 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, whilst 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.

Maintains is funded with UK aid from the UK government; however, the views expressed in this material do not necessarily reflect the UK government's official policies.

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**Cover photo:** Garment workers wear face masks as they walk home during the COVID-19 pandemic in Dhaka, Bangladesh. Photo: Zabed Hasnain Chowdhury

To find out more about the Maintains global study on social protection, please contact: [alexandra.doyle@opml.co.uk](mailto:alexandra.doyle@opml.co.uk)

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