

Towards shock-responsive social protection: lessons from the COVID-19 response in Ethiopia

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Introduction

The Maintains programme is studying how Bangladesh, Ethiopia, Kenya, Pakistan, Sierra Leone, and Uganda have adapted and expanded their social protection systems in order to support households and mitigate the economic impact of COVID-19. This study aims to identify policy actions to better prepare national social protection systems to respond to future crises. Based on a [conceptual framework](#), the study analyses data from literature reviews, key informant interviews, and microsimulations. This brief presents findings from the [Ethiopia case study](#), which was prepared by Maintains with support from the Building Resilience in Ethiopia (BRE) programme.

The first case of COVID-19 in Ethiopia was confirmed on 13 March 2020. On 8 April 2020, Ethiopia declared a national state of emergency that lasted until September 2020. National and international restrictions led to adverse economic effects including high levels of inflation and spikes in food prices. Estimates using [SPACE's microsimulations](#) indicate that, as a result of the economic impact of COVID-19, an additional 15 million people would be pushed below the poverty line. While all regions of the country are affected, the crisis disproportionately affected urban populations, informal workers, and even some households who started off far above the poverty line.

How did the social protection system respond to the pandemic?

The Government of Ethiopia (GoE) was quick to issue guidance on measures that would ensure the safe and reliable continuation of its two flagship social protection programmes, the rural and urban Productive Safety Net Programmes (the RPSNP and UPSNP). For both programmes, the public works requirement was temporarily suspended and payments were delivered in advance and in a lump sum. With financial support from development partners, the GoE also provided additional cash and in-kind support to 42% of existing RPSNP and about 18% of existing UPSNP clients (Table 1), starting later in 2020.

Prior to 2021, a recurring humanitarian assistance pipeline addressed any residual transitory food needs

that could not be met by the RPSNP. The RPSNP and the humanitarian assistance pipeline operated under a common scalability framework. In May 2020, Ethiopia's National Disaster Risk Management Commission (NDRMC), which is responsible for conducting bi-annual assessments of humanitarian food assistance (HFA) needs, identified an additional 4.9 million people in need of HFA as a result of COVID-19.

In addition to the responses identified in Table 1, a number of localised responses, labour market policies or social insurance schemes were implemented. While important, these are not the focus of this study. A full list of other responses can be found in the [Ethiopia case study report](#).

How well designed were these responses in mitigating the impact of the pandemic?

Shock-responsive social protection requires: (a) **expanding coverage** to those made vulnerable by the crisis; (b) **adequacy** of benefit levels that will address the new needs; and (c) **comprehensiveness** of benefits linked to longer-term rehabilitation and recovery. Given resource constraints in terms of meeting the scale and range of needs, no single response can meet all three criteria simultaneously while guaranteeing **inclusion**, resulting in difficult

trade-offs. Due to difficulties in raising funds, Ethiopia's social protection response to COVID-19 only achieved very limited coverage, which compromised its effectiveness in offsetting the pandemic's impact on poverty:

- **Coverage:** The vertical expansions of the RPSNP and UPSNP were designed to provide additional support to some of its existing clients, 42% and

18% respectively. There was no expansion of coverage to reach people that had newly fallen below the poverty line due to COVID-19. It was not possible to verify how many of the 4.9 million people targeted for COVID-19-related HFA received assistance in practice. However, the United Nations Office for the Coordination of Humanitarian Affairs financial tracker suggests that only 14.2% of the COVID-19-related HFA needs had been funded. As a result, Ethiopia's social protection response likely only reached a small fraction of the estimated additional 15 million people that were pushed below the poverty line by COVID-19.

- **Adequacy:** [Research](#) shows that the regular RPSNP benefit value was effective in cushioning clients against food insecurity and negative coping strategies caused by the economic impact of COVID-19. However, the vertical scale-up of the RPSNP only provided two months of additional support instead of the five months that were initially discussed.¹ The final decision was mostly taken on the basis of funding availability. Therefore, while the RPSNP monthly benefit value was largely adequate, the duration was likely not. The decision for the UPSNP to 'top-up' rather than to spread limited resources thinly across a larger number of people was motivated by the objective to provide more

adequate support to the most vulnerable UPSNP clients.

- **Comprehensiveness:** In urban areas, MoLSA social workers supported PDS clients in accessing other social services such as healthcare. However, the small number of social workers means that these are unlikely to be able to address social risks comprehensively.
- **Inclusion:** The extent to which marginalised groups were specifically targeted by the response is mixed. The RPSNP targeting for the vertical expansion was guided by woreda-level food security classifications without special attention to marginalised groups. It provided additional support to public works clients but not PDS clients. PDS clients include labour-constrained individuals such as elderly people, people with disabilities and female-headed households with a large number of dependents. On the other hand, the key motivations behind the vertical expansion for UPSNP TDS and PDS clients was to provide additional assistance to the most vulnerable – who are likely to struggle disproportionately with the food price inflation brought on by COVID-19. This decision led to a more inclusive allocation of limited resources.

Table 1 Support to existing and new beneficiaries in response to COVID-19

Programme	Targeted coverage	Eligibility criteria	Benefit size
Vertical expansion of the RPSNP <i>Ministry of Agriculture (MoA)</i>	2.9 million existing clients	RPSNP public works clients in hotspot 1 <i>woredas</i> (severely food insecure)	ETB 245–320 (~ £5–£7) per person/month or 15kg of cereal per person/month for two months
Vertical expansion of the UPSNP <i>Ministry of Labour and Social Affairs (MoLSA) with support from UNICEF</i>	All 93,210 existing clients	Permanent Direct Support (PDS) clients – labour-constrained individuals (e.g. elderly, people with disabilities, etc.)	ETB 360 (~ £8) per household per month for a duration of six months
Vertical expansion of the UPSNP <i>Ministry of Urban Development and Construction (MoUDC) with support from WFP/UNICEF</i>	All 17,460 existing clients	Temporary Direct Support (TDS) clients – pregnant and lactating women	ETB 360 (~ £8) per individual per month for a duration of three – six months
HFA for households impacted by COVID-19 <i>NDRMC and humanitarian agencies</i>	4.9 million people	Households at risk of food insecurity (in both urban and rural areas)	Varies by woreda – aligned to RPSNP amounts in RPSNP woredas
Emergency Cash Transfer Programme <i>Save the Children</i>	29,000 households	Vulnerable households across six cities that are not part of the UPSNP	ETB 2,000 (£44) per household per month for a duration of three months

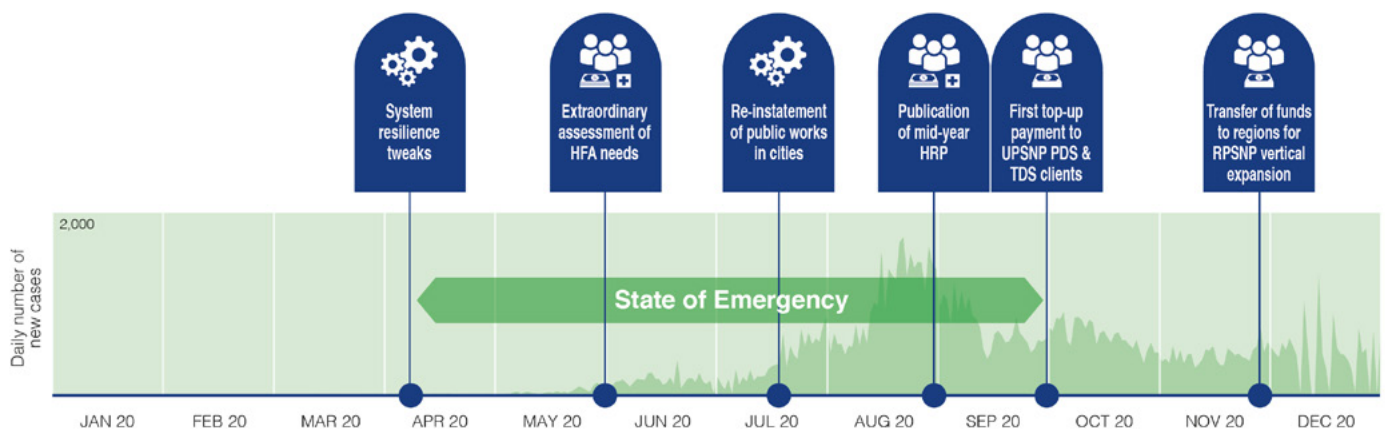
¹ 85% of RPSNP clients engage in public works six months of the year (January to June) and do not receive any transfers during the other six months. A vertical expansion of the RPSNP for this group implies additional months of support rather than top-up payments during the months of regular support. The remaining 15% of RPSNP clients are PDS clients who do not engage in public works and receive transfers 12 months of the year.

How effective was the delivery of the responses in practice?

Despite Ethiopia's historic experience with scalable social safety nets, there were significant challenges regarding the timeliness and effectiveness of the social protection response to COVID-19. While tweaks to improve the system resilience of routine programmes were very timely, delivery of the vertical expansions of both the RPSNP and UPSNP was significantly delayed. The first top-up payment to UPSNP PDS and TDS clients reached their bank accounts around late September 2020, only after the end of the five-

month state of emergency and containment measures. While discussions about potential expansions of the RPSNP (vertical or horizontal) started in April 2020, the top-up only reached clients in December 2020, five months after the last regular transfer of the public works season (Figure 1). Funds had been transferred to the regions in November but delivery of payments was further delayed due to a withdrawal cap on cash disbursements imposed by the National Bank of Ethiopia.

Figure 1: Timeline of social protection response to COVID-19 in Ethiopia and daily number of COVID cases



Additional key enablers and constraints to timely and effective implementation included the following:

- Coordination:** While responsibility for the overall coordination of the sector lies with MoLSA, a lack of the necessary endorsement for formal coordination mechanisms and capacity constraints mean that this is executed with limited effectiveness. In addition, the lack of clarity about mandates and institutional frameworks for shock-responsive social protection meant that decisions were taken along the lines of programmes and their components, under the leadership of a number of different ministries, rather than in a coordinated manner.
- Availability and channelling of finances:** The response was mostly donor financed, which significantly slowed it down as lengthy negotiations were needed to raise funds. Where donor resources could not be raised, several planned responses, such as a temporary income support programme for informal urban workers, did not materialise. Leveraging additional emergency financing was slightly easier for the RPSNP compared to the UPSNP due to the existence of RPSNP's contingency budget line and a greater number of donors providing financial support.
- Targeting:** Targeting decisions for the vertical expansion of the RPSNP and additional HFA needs were made on the basis of NDRMC's traditional food insecurity classification system. However, given the number of other shocks that affected Ethiopia in 2020 (e.g. the locust infection and floods), it is not clear whether the response really targeted those households most affected by COVID-19. In addition, due to movement restrictions, it was difficult for NDRMC to perform data collection in the field – this led to further delays in the response. In the absence of a national social registry or other databases of pre-identified vulnerable households, there was no quick and easy way to identify vulnerable households outside the areas where the two routine programmes operate.
- Data management and beneficiary registries:** The management information systems (MIS) for both the UPSNP and RPSNP are still under development. In their absence, the Payroll and Attendance Sheet System (PASS) is used to access beneficiary information. However, given its rudimentary nature, the system threw up several challenges in the delivery of the vertical expansion for UPSNP PDS and TDS clients. For example, it was difficult to identify TDS clients from the system due to a lack of disaggregating variables, while the urban PASS software needed to be updated as it did not allow for extraordinary payments, which led to delays of at least one month.

Preparedness actions toward a shock-responsive social protection system

While there were some successes in Ethiopia's COVID-19 response, there are a range of actions required to ensure that systems are well placed to respond next time (for full details, see the main report):

- A shock-responsive **institutional framework** should be developed in the scope of the forthcoming review of the GoE's Disaster Risk Management Policy (DRMP) to improve preparedness and facilitate swift decision making during times of shock. This will require the Prime Minister's Office to determine the location of the 'shock-responsive' policy agenda and for the selected agency to integrate sector experts from different ministries into a team for both contingency and annual planning, as well as experts to determine triggers for non-drought shocks.
- The development of a **disaster risk financing strategy** is an important foundation for ensuring that predictable and pre-arranged financing is accessible and available when needed, and the commitment of all government and development partners to implement the strategy would be instrumental to success.
- The GoE should examine the most cost-effective and locally appropriate means of **pre-identifying households vulnerable to drought and non-drought shocks**. This may include a national household social registry envisaged in the National Social Protection Strategy from 2016. The relative benefits of such a registry (efficiency, comparability,

a one-stop-shop) should be measured against documented operational challenges (including maintenance and dynamism of data) as well as privacy issues. Regardless of whether the GoE's preferred instrument will be a social registry or an evolution of existing rapid targeting exercises, this case study highlights the needs for rapid and frequent pre-identification of vulnerable households, so that those households can receive timely support in the face of shocks.

- To strengthen programme management, in the short term, a focus should be placed on operationalising the MISs for both the RPSNP and UPSNP. Emphasis should also be placed on further **digitalising payments**, especially for the RPSNP. The vertical expansion of the UPSNP in the COVID-19 response has shown that making payments directly into clients' bank accounts facilitates the timeliness of the emergency response.
- In the long term, plans should be made for the integration of the new 'shock-responsive RPSNP' and UPSNP into **a single national scalable social safety net, with common strategies, protocols, and triggers for shock-responsiveness**. A new national 'shock-responsive PSNP' will need to be able to respond to a range of different shocks, through the two flagship programmes but with common decision making, information, and delivery systems in place, utilising a range of sequenced financial instruments.

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.

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