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Research supporting social services to adapt to shocks

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

Research Report

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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, 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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List of abbreviations

BoLSA	Bureau of Labour and Social Affairs
DPO	Development Policy Operation
EPHI	Ethiopian Public Health Institute
FCDO	UK Foreign, Commonwealth and Development Office
GDP	Gross domestic product
GESI	Gender equality and social inclusion
GoE	Government of Ethiopia
HFA	Humanitarian food assistance
HRP	Humanitarian Response Plan
IPC	Integrated Food Security Phase Classification
JEOP	Joint Emergency Operation for Food Assistance in Ethiopia
Maintains	Maintaining Essential Services After Natural Disasters
MDPTF	Multi-Donor Partnership Trust Fund
MEB	Minimum expenditure basket
MFB	Minimum food basket
MIS	Management information system
MoA	Ministry of Agriculture
MoLSA	Ministry of Labour and Social Affairs
NDRMC	National Disaster Risk Management Commission
NGO	Non-governmental organisation
NSPS	National Social Protection Strategy
OPM	Oxford Policy Management
PDS	Permanent Direct Support
PSNP	Productive Safety Net Programme
RPSNP	Rural Productive Safety Net Programme
SGBV	Sexual and gender-based violence
Sida	Swedish International Development Cooperation Agency

SNNPR	Southern Nations Nationalities and Peoples' Region
SPACE	Social Protection Approaches to COVID-19 – Expert advice helpline
TDS	Temporary Direct Support
UNICEF	United Nations Children's Fund
UPASS	Urban and Rural Payroll and Attendance Sheet System
UPSNJP	Urban Productive Safety Net and Jobs Programme
UPSNP	Urban Productive Safety Net Programme
USAID	United States Agency for International Development
WFP	World Food Programme

1 Introduction

1.1 Purpose of this study

In response to COVID-19, around 200 countries/territories have adapted their social protection systems in order to support households and mitigate the economic impact of the pandemic. 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 adaptations of their social protection system, albeit of varying degrees of comprehensiveness. Given the many reforms and initiatives currently being implemented as part of the COVID-19 response, 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.

The purpose of this study is to document the way in which social protection programmes, processes, and delivery systems have been used to respond to the COVID-19 crisis, provide an assessment of the responses, and better understand the factors that have enabled successful responses, as well as the factors that have constrained them. 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]
- assess these responses in terms of adequacy, coverage, and comprehensiveness;[3] and
- draw out lessons for future responses and investments in shock-responsive social protection systems.

This report presents the findings from the Ethiopia country assessment and is part of a series of country assessments across the six Maintains countries. The findings from this report will also be used to feed into a cross-country synthesis report.

1.2 Overview of the social protection landscape in Ethiopia

The right to social protection in Ethiopia is codified in Article 41 of the 1995 Constitution, which guarantees access to an adequate standard of living; special care for children and women; rehabilitation for disadvantaged groups, such as orphans and people with physical and mental disabilities; and better employment opportunities and unemployment benefits for unemployed and underemployed individuals.

[1] The mechanisms in place for delivering cash or in-kind assistance to social protection clients and/or people affected by shocks (e.g. targeting mechanisms, payment mechanisms, etc.).
[2] Socioeconomic, disaster risk, and vulnerability information to enable decision-making before and after a shock – including social registries and beneficiary registries, disaster risk management information systems, etc.
[3] For definitions of key concepts see O'Brien *et al.* (2018).

Over the past two decades, Ethiopia has made significant progress in the expansion of its social protection system. Social protection is a key element of the Government of Ethiopia's (GoE's) overarching growth and development strategy, the Growth and Transformation Plan (Organisation for Economic Co-operation and Development (OECD), 2019).

In 2014, the GoE approved the National Social Protection Policy, and in 2016 it approved the National Social Protection Strategy (NSPS) (MoLSA, 2014; MoLSA, 2016). These policy frameworks have the following five focus areas, each of which includes a wide range of social protection instruments:

- social safety nets;
- employment and livelihoods;
- social insurance;
- access to basic services; and
- addressing violence, exploitation and abuse.

Accountability for the coordination of the social protection sector and the development and oversight of policies and strategies lies with the Ministry of Labour and the Social Affairs (MoLSA). However, the NSPS identifies 23 government institutions involved in implementing the social protection strategy (MoLSA, 2016).

Social protection spending in Ethiopia has increased both in terms of total government spending and relative to gross domestic product (GDP). Between 2012/13 and 2015/16, spending was equivalent to 2.8% of GDP on average, but it was as high as 3.4% in 2015/16 due to a severe drought, which required an increase in emergency spending. A large part of social protection spending is financed by development partners (60% in 2015/16). However, the GoE's contribution to key social protection programmes has been rising in recent years (OECD, 2019).

Within Ethiopia's social protection system social safety nets play a dominant role and account for the vast majority of social protection expenditure (71% in 2015/16) (OECD, 2019). This includes the rural and urban Productive Safety Net Programmes (PSNPs), as well as humanitarian relief. Most of the social protection responses to COVID-19 have also been channelled through or aligned with these safety nets. The rural and urban PSNPs, and to a lesser extent the humanitarian relief system, are therefore the focus of this report. The following two sections describe these programmes in more detail.

1.2.1 Introduction to the Rural PSNP

The Rural PSNP (RPSNP) is Ethiopia's flagship social protection programme and was launched in 2005. The RPSNP is currently one of Africa's largest social safety net programmes, with more than 8 million annual clients during its fourth phase (2015–20). The programme provides food and/or cash assistance to chronically food insecure households in the most drought-prone *woredas* (districts) across eight regions of Ethiopia. The woredas included in the RPSNP are those that receive humanitarian food assistance (HFA) for three consecutive years (see Box 1 for more information on HFA). The fourth phase of the RPSNP covered 382 of the 670 rural woredas in Ethiopia (57%).

Box 1: HFA and transitory food insecurity

Given Ethiopia's exposure to recurrent climatic shocks, which place a large population at risk of chronic and transitory food insecurity, HFA needs are determined on the basis of bi-annual seasonal assessments that predict the number of people in need of support. The main assessment is done around the *meher* rains (October / November) and feeds into the Humanitarian Response Plan (HRP) for the upcoming year. These figures are then usually updated via another assessment performed during the *belg* season (between February and June) and feed into a mid-year HRP.

HFA includes both in-kind and cash transfers. In RPSNP areas, transfer modalities and cash values for HFA and RPSNP clients are aligned. In the past, RPSNP and HFA had separate operational frameworks and systems, which led to inefficiencies and inconsistent communications during the response to shocks (e.g. the El Niño crisis in 2016).

To address the issues arising from misaligned operational frameworks, the Integrated Cash-Food Response Plan was established in 2019 with the objective of coordinating the response of the two systems. In addition, a recent decision was taken to transfer the responsibility for handling commodity management from the National Disaster Risk Management Commission (NDRMC) to the Ministry of Agriculture (MoA) to ensure greater alignment of the two systems. However, the operationalisation of the system is not yet finalised.

The long-term vision shared by both the GoE and development partners is for the RPSNP and HFA to be integrated into a single scalable safety net for the whole country, employing consistent and efficient systems.

Source: European Commission (2019), MoA (2020) and World Bank (2020b)

The majority of RPSNP clients (86%, or 6.9 million people) engage in public works for six months of the year (January to June) in exchange for food and/or cash assistance. The RPSNP also provides assistance to chronically food insecure households that do not have the capacity to work. This includes elderly persons, people with disabilities, chronically ill people, and orphans. This group of people receive Permanent Direct Support (PDS), which entitles them to 12 months of unconditional support without participating in public works. In the fourth phase of the RPSNP (2015–20), PDS clients constituted 14% of all RPSNP clients, about 1.1 million people. Pregnant and lactating women who otherwise would normally participate in the public works component are temporarily exempt from the public works conditionality and receive Temporary Direct Support (TDS) for a one-off six-month period (GoE, 2014). The RPSNP also has a livelihoods component that is designed to help households enhance their capabilities to improve their respective productive activities and to diversify their income sources.

The first three phases of the RPSNP were financed through the Multi-Donor Partnership Trust Fund (MDPTF), with the GoE covering salaries of personnel needed for the implementation of the programme. In addition to this, the GoE began to contribute financially to programme expenditure during the fourth phase (2015–20). During this time, the GoE's contribution to the programme increased from 3% in 2015/16 to 27% in 2019/20 (World Bank, 2020b). The remaining spending was covered by financing from a number of development partners, including the United States Agency for International Development (USAID), FCDO (formerly the UK Department for International Development), the World Bank, the Danish International Development Agency, the Embassy of the Kingdom of the Netherlands, and Global Affairs Canada, Irish Aid, the European Commission (EC), the United Nations Children's Fund (UNICEF), and the World Food Programme (WFP). It is important to note that USAID financial support to the RPSNP is not channelled through the MDPTF. Instead, USAID's contribution to the RPSNP is channelled via four non-

governmental organisations (NGOs) (Catholic Relief, World Vision, Food for the Hungry, and Relief Society of Tigray) through the USAID 'Food For Peace' supported 'Joint Emergency Operation for Food Assistance in Ethiopia' (JEOP). JEOP works across five regions: Oromia, Amhara, Southern Nations, Nationalities and Peoples' Region (SNNPR), Tigray and Dire Dawa administrative unit.

In the majority of RPSNP woredas, the public works component of the RPSNP is implemented by Ethiopia's MoA and the PDS component is implemented by MoLSA. In these woredas, clients receive their transfers in the form of cash, in line with the RPSNP's 'cash-first' principle.[4] However, in a number of woredas transfers are made 'in-kind', in the form of food rations. In these woredas, the responsibility for the implementation of the public works component, as well as the delivery of transfers, lies with the four NGOs which receive USAID financing. Activities are implemented in strict accordance with the RPSNP's programme implementation manual (PIM) to ensure coherence and synergy.

RPSNP scalability framework

The RPSNP was designed to be scaled up vertically or horizontally in RPSNP regions when needed in the event of shock, with drought being seen as the main shock. In the fourth phase of the RPSNP, when the need for transitory food assistance went beyond the capacity of the RPSNP this was addressed by a parallel humanitarian response mechanism. Table 1 provides an overview of the overall RPSNP scalability framework, including its funding sources, triggers, and implementation responsibilities. The scalability framework of the PSNP is now being revised within the scope of the programme's fifth phase (2021–25), with the aim of making the RPSNP more shock-responsive. However, during the response to COVID-19 in 2020 the programme was still operating under its old framework, which is described in this section.

Table 1: Overview of the RPSNP scalability framework (2015–20)

Funding source and purpose	Trigger	Location
Woreda contingency budget		
• To address exclusion errors • To provide support to malnourished children • To address small-scale shocks	• Appeals through grievance and redress mechanism • Malnourishment screening • Ongoing early warning	Anywhere within the RPSNP woreda
Federal contingency budget		
To address transitory needs arising from larger shocks	Joint annual needs assessment and other hotspot assessments (real-time early warning data)	In RPSNP regions
Humanitarian response		

[4] The 'cash first principle' means that, when possible, cash should be the primary form of transfer. The objective of this is the stimulation of markets and to move away from food aid. Food transfers are provided only when food is not available in the market, or where market prices for food are very high (PSNP Project Implementation Manual, 2016).

To address transitory needs arising from larger shocks	Joint annual needs assessment and other hotspot assessments	Nationwide

Source: Adapted from RPSNP IV Project Implementation Manual (2016)

1.2.2 Introduction to the Urban PSNP

The Urban PSNP (UPSNP) was launched in 2016 and today covers over 600,000 clients across 11 cities in Ethiopia, including Addis Ababa. The UPSNP was designed to address urban poverty, destitution, and unemployment.

The set-up of the UPSNP is similar to that of the RPSNP in the sense that the majority of its clients (around 84%) engage in public works that build and maintain community assets, such as roads or other public infrastructure. The UPSNP also includes the option for TDS for pregnant and lactating women and a PDS component for labour-constrained households. The UPSNP places a strong focus on the economic integration and financial inclusion of its public works clients. The programme includes a livelihoods grant, life-skills training, and guidance on employment pathways, with the objective of helping clients exit the programme after three years. UPSNP clients receive monthly transfers in the form of cash paid directly into bank accounts opened in their names, and they are expected to save about 20% of their monthly public works wages as a contribution to the livelihoods grant (World Bank, 2015).

During the first phase of the UPSNP, which ended in December 2020, the GoE financed about 33% of the total programme expenditure from domestic resources, with the remaining 67% financed via a loan from the World Bank (World Bank, 2015). The next phase of the programme, called the Urban Productive Safety Net and Jobs Programme (UPSNJP), has just started (in 2021). The UPSNJP is expected to cost US$ 550 million. About 73% of programme expenditure will be financed via a grant from the World Bank, while the remaining 27% will be financed by the GoE from domestic resources (World Bank, 2020a).

During its first phase, the UPSNP was implemented by the Federal Urban Job Creation and Food Security Agency of the Ministry for Urban Development and Construction. In the new phase, the UPSNJP will be implemented by the same agencies, as well as by MoLSA and the Job Creation Commission.

Unlike the earlier version of the UPSNP, the UPSNJP will also focus on providing social protection and livelihoods support to refugees and host communities. In addition, the programme will place a greater emphasis on promoting the inclusion of disadvantaged youth in the labour market. Finally, the UPSNJP will include shock-responsive design features, such as a contingency budget line, which was not part of the earlier UPSNP design (World Bank, 2020a).

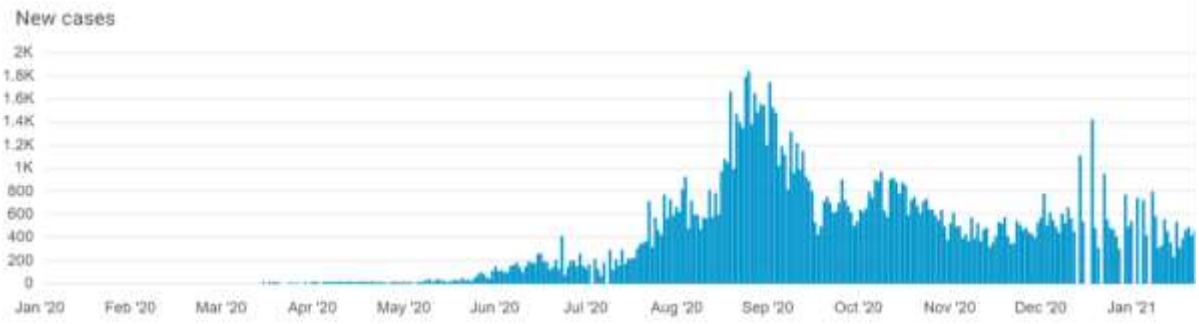
1.3 COVID-19 in Ethiopia

The first case of COVID-19 in Ethiopia was confirmed on 13 March 2020 (World Health Organization Ethiopia, 2020). By the end of January 2021, there had been 137,650 confirmed cases in Ethiopia and 2,097 deaths.[5] The disease appears to have peaked around

[5] https://covid19.who.int/region/afro/country/et

early September 2020, but the picture remains unclear as testing has also been scaled back since then, due to resource limitations.

Figure 1: Timeline of new COVID-19 cases in Ethiopia



Source: World Health Organization[6]

Very soon after the confirmation of the first case, the GoE announced a series of measures to help contain the spread of the virus. On 8 April 2020 the GoE declared a five-month long state of emergency, which was approved by Parliament on 10 April 2020 (Fana Broadcasting Corporate, 2020).

While the state of emergency did not lead to a general national lockdown, the GoE instated several restrictive measures, such as mandatory quarantine periods for all travellers, restrictions on public gatherings, school closures, mandatory wearing of face masks in public places, and fewer passengers on public transport (Deribe, 2020). Ethiopia also postponed its regional and parliamentary elections scheduled for August 2020 due to the outbreak. The state of emergency was lifted in September 2020 and schools started to re-open from late October.

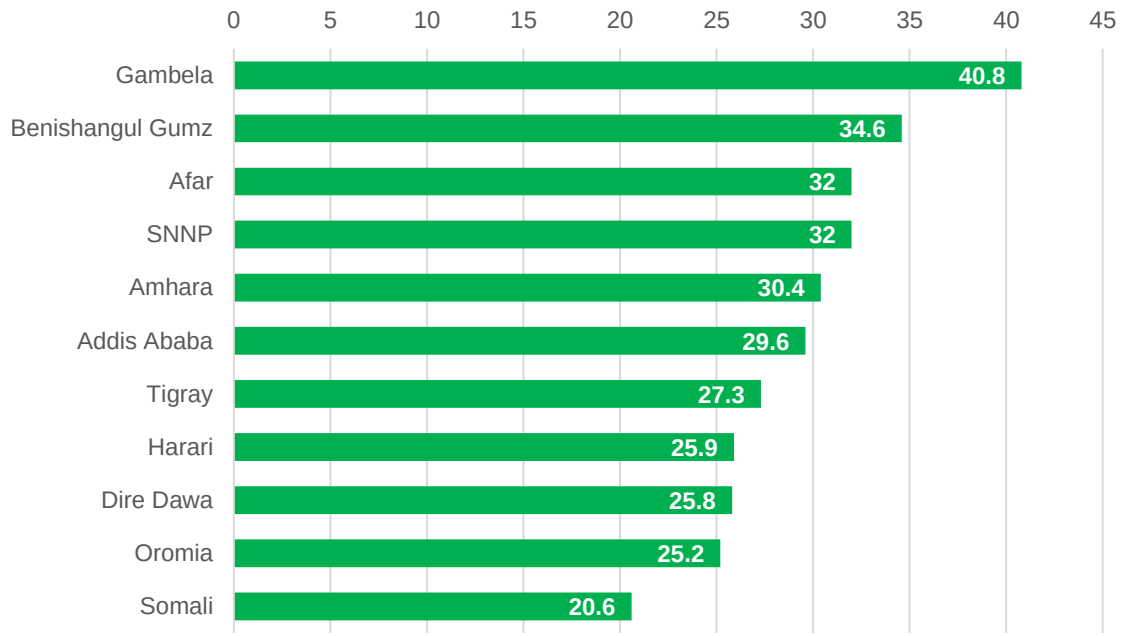
The impact of COVID-19 on Ethiopia's economy is expected to be significant and prolonged. The government is expecting a financing gap of 1.5% of GDP in the 2021 financial year, which amounts to about US$ 1.5 billion (World Bank, 2020a). National and international restrictions have had a negative impact on food availability and access, leading to severe spikes in food prices across Ethiopia (Figure 2). Pre-existing macroeconomic challenges, resulting in high inflation rates, were further exacerbated by the COVID-19 crisis (IPC, 2020).

More than half of households that were recently surveyed across Ethiopia reported that their incomes were either reduced or disappeared as a result of the pandemic (World Bank 2020a; Favara *et al*., 2020). Particularly in urban areas, significant proportions of workers lost their employment at the beginning of the pandemic (World Bank, 2020a). While employment levels had mostly returned to pre-COVID-19 levels by September 2020, the composition of the type of employment has changed. Data show an increase in self-employment and casual work, and they reveal that non-farm businesses are continuing to struggle (World Bank, 2020d; and Favara *et al*., 2020). While the COVID-19 crisis has disproportionately affected urban areas, in a telephone survey of rural communities in October 2020 44% reported that they had faced higher food prices since the restrictions

[6] www.who.int/countries/eth/

were put in place, while 13% had experienced income losses (IPC Ethiopia, December 2020).

Figure 2: Food inflation rate April 2020 (year to year %)



Source: WFP Ethiopia Market Watch May 2020

Prolonged school closures had negative consequences in terms of access to education, particularly for children from disadvantaged backgrounds. 70% of primary school pupils and 60% of secondary school pupils had no opportunity to learn during this time, and girls living in rural areas were particularly disadvantaged with respect to distance learning (World Bank, 2020d; Favara *et al*., 2020). Schools usually also play an important role in providing poor children with regular meals through school feeding programmes, some of which were suspended during the state of emergency.

The socioeconomic impacts of the COVID-19 crisis in Ethiopia have not been gender-blind. Female-headed households in rural areas have experienced more severe losses in household incomes, compared with male-headed households, and 65% of all workers who were laid off in April were women (World Bank, 2020c). Several studies have also found an increase in the risk of child marriage, which disproportionately affects girls (Jones *et al*, 2020; Harris *et al*., 2020).

While COVID-19 has been a significant shock in Ethiopia, it is important to highlight that it is not the only one affecting vulnerable populations. 2020 saw the worst desert locust crisis to hit Ethiopia and neighbouring countries in almost 25 years, posing a serious threat to pasture and crops. By October 2020, crops had been affected in over 205 woredas. In addition, severe flash floods throughout 2020 displaced over 150,000 people and damaged infrastructure and crops. In addition, the country is home to over 1 million displaced people and the recent conflict in Tigray is expected to increase this number (IPC Ethiopia, December 2020).

2 Methodology

2.1 Conceptual framework

To assess the different aspects of each country's social protection system and how this was adapted in the COVID-19 response, we developed a conceptual framework (Beazley *et al*., 2020). Our framework focuses the analysis of shock-responsive social protection on three dimensions:

- **Response type:** This dimension focuses on three broad options for response: undertaking measures to ensure system resilience; adapting programmes through vertical and/or horizontal expansion and/or launching temporary new programmes; and humanitarian assistance that piggybacks on or aligns with the social protection system.
- **Policies and operational procedures:** This dimension examines how the response is operationalised, including how the policies, systems, and operational procedures used along the delivery chain are developed and/or adjusted to implement the response.
- **Outcomes:** This dimension provides an assessment of the outcomes of each social protection response in terms of adequacy, coverage, comprehensiveness, timeliness, and long-term implications.

Although social insurance, labour market or employment policies, and social assistance programmes are covered by this framework, our focus is placed on the latter, which includes both in-kind and cash transfers, and where the response interacts in some way with the social protection system.[7]

Using this framework, we developed a detailed set of research questions, which were used to guide the research in each country and to ensure that data collection across countries is consistent. The conceptual framework and detailed research questions provide a comprehensive framework to guide the assessment and, in each country, we have focused on answering the most salient questions based on the country's existing social protection system, the way in which responses are implemented, and the data available for this assessment.

2.2 Data collection and analysis

The initial stage of data collection comprised a mapping of the social protection sector in general, and the social protection responses to COVID-19 specifically. The literature review focused on key documents on shock-responsive social protection, as well as a more thorough investigation of relevant laws, reports, and policy documents related to the social protection response. In order to gather more in-depth information, we also conducted a series of key informant interviews with relevant government officials, development partners, NGOs, humanitarian actors, and other stakeholders at the national level involved in the COVID-19 response. A full list of key informants is provided in Annex A. Further, we worked closely with the Social Protection Approaches to COVID-19 – Expert advice helpline

[7] Social assistance responses that are entirely implemented in parallel to the government's social protection systems are beyond the scope of this study.

(SPACE)[8] country focal points to draw on their experiences, share data collected, and reduce the burden on key stakeholders.

To assess the adequacy, coverage, and comprehensiveness of the social protection response in Ethiopia, we drew on the results of a microsimulation study developed by SPACE (Wylde, 2020). While we had planned to conduct the microsimulation ourselves, the results of the SPACE study were sufficient for the assessment and therefore, in the interests of time and efficiency, and to reduce duplication, we draw on their findings for this report.

2.3 Limitations

This study is designed to be a rapid appraisal of the initial phases of the ongoing social protection response to COVID-19 in Ethiopia. It has the following limitations:

Due to widespread travel restrictions, we were not able to conduct in-country primary data collection at the household level. Therefore, this study does not assess how these social protection responses were implemented in practice, but rather focuses on the design of the chosen response options and – as far as possible – the reasons for choosing a given response. This report does not focus on the outcomes of the response for beneficiaries.

All key informant interviews were conducted remotely. While these meetings were greatly facilitated by colleagues from Building Resilience in Ethiopia (BRE) and Maintains who are based in Ethiopia, access to some key informants was difficult, particularly those at government agencies. This was mostly due to various ongoing emergencies in Ethiopia, which rightly require the full attention of government officials. In addition to the pandemic, the timing of this study also coincided with the onset of the ongoing armed conflict in the northern region of Tigray in November 2020. As a result, not all of the stakeholders we reached out to were available for interviews.

We welcome future research that examines various aspects of the response more comprehensively.

2.4 Quality assurance

The study design, methodology, and resulting reports for this series of studies have been subject to a rigorous process of quality assurance. The methodology has received inputs from colleagues at SPACE and external quality assurance has been provided by experts selected specifically for this assignment. All outputs from this study have also been subject to a thorough process of review, with each report internally peer reviewed by a senior social protection expert and the study Team Leader prior to submission to external quality assurance.

[8] SPACE is a multi-disciplinary 'ask-the-experts' service offered to government departments working to deliver social protection responses to COVID-19. SPACE provides independent and unbiased, practical, and actionable advice drawing upon up-to-date global evidence, relevant experience, tailor-made tools, and a suite of thematic briefing papers to support effective and inclusive decision-making.

3 Overview of social protection responses

This section provides an overview of the main social protection responses that were implemented in Ethiopia in response to the COVID-19 pandemic. Following our conceptual framework, these are described in terms of three broad response types: system resilience (Section 3.1); adaptation (Section 3.2); and humanitarian assistance that leverages social protection systems, and vice versa (Section 3.3).

As discussed in Section 2, the focus of this study is on the social assistance responses to COVID-19 that leveraged the existing social protection system. Box 2 in Section 3.4 provides an overview of other social protection responses that are outside the scope of this report.

3.1 System resilience

Systems resilience refers to strategies that aim to minimise the disruption to routine programmes and to ensure the safe and timely delivery of benefits to regular social safety net clients. This is particularly important in the light of COVID-19 being a public health crisis, in which strict adherence to social distancing and hygiene measures is important to avoid exposing clients to risks through their interaction with social protection programmes.

For both the UPSNP and the RPSNP, the GoE was swift to issue guidance to the regions containing suggestions for tweaks to the programmes' design and operational modalities. The objectives of these tweaks were mostly to guarantee the safety of PSNP clients, to prevent the transmission of COVID-19, and, to a lesser extent, to help clients cover some of the COVID-19-related increases in household spending.[9]

While the implementation of the guidance issued by the federal government was at the discretion of each region, key informants suggested that almost all regions followed the measures proposed in the guidance.

3.1.1 Waiver of public works conditionality

Recognising that most RPSNP public works activities require participants to work in groups, which could spread the transmission of coronavirus, guidance from MoA in March 2020 suggested various options to overcome the risk of transmission within the scope of the RPSNP (e.g. reducing team size, etc). Where these options were not feasible, or where the risk of transmission was deemed too high, the guidance suggested that public works could be picked up again 'when the situation improves'. Timely transfers to clients were to be continued regardless, to 'avoid food gaps'. In practice, this meant that the public works conditionality of the RPSNP was dropped from late March onwards for the remainder of the season. While prior to COVID-19 RPSNP clients needed to be able to show completed attendance sheets to receive their benefit payments, this was no longer the case. According to key informants, the majority of the regions followed the guidance and waived the public

[9] A series of guidance documents were issued between late March and early April.

works conditionality, except for some regions that were confident that they could continue with public works while at the same time adhering to social distancing protocols.[10]

Equally, for the UPSNP, the public works requirement was suspended between April and June to adhere to social distancing practices, and the programme continued to make cash payments to all clients without enforcement of the public works conditionality. From July 2020, public works in the cities re-started, facilitated by the provision of masks and hand sanitisers.

3.1.2 Lump-sum and staggered payments

To avoid large congregations at payment points for both the RPSNP and UPSNP, some modifications to the transfer frequency were suggested. In the case of the RPSNP, there was a plan to expedite routine payments so that clients could be paid in lump-sums. However, some key informants reported that, in practice, many woredas had difficulties in implementing this, particularly those woredas in which transfers are made in-kind (food) instead of cash. Delays in the transporting of food to the warehouses meant that many woredas struggled with shortages.

For the UPSNP, clients received three months' worth of payments in April to cover the period from April to June. While the main objective of this adjustment was to reduce the number of times clients had to go to the bank to pick up their payments, it was also intended to enable clients to take the measures necessary to stay at home and reduce the risk of transmission (e.g. buying food in bulk, etc).

3.1.3 Strengthening of behaviour change communication

Both the RPSNP and the UPSNP adapted and strengthened their behaviour change components to convey important public health messages to their clients (e.g. hand-washing and social distancing). In rural areas, this involved the distribution of behaviour change communication materials to enhance awareness of the safety measures (MoA, 2020). In cities, in addition to public health messaging, UPSNP clients also received hygiene materials, such as soap, that were supplied by UNICEF and others. A guidance document issued by the GoE in March 2020 suggested exploring alternative sharing mechanisms for awareness raising, such as mass media and mobile phones, to avoid bringing people together in the scope of behaviour change communication activities.

3.1.4 Access to savings

As part of the livelihoods component of the UPSNP, clients are encouraged to save about 20% of their public work wages every month as a contribution to the livelihoods grant that they receive in year three of the programme. To cover some of the expected COVID-19-related increase in household expenditure, UPSNP clients were allowed to withdraw some of

[10] Tigray was mentioned as one region that chose to continue with public works. However, it was not possible to verify whether there were any others.

these savings and use them for pressing expenditure needs that were unrelated to the livelihood component.

3.2 Adaptation to address new vulnerabilities

The second dimension considered in the response to a shock such as COVID-19 is the adaptation of the system to respond to new vulnerabilities created by the shock. This can be done via: (i) the creation of new programmes; (ii) increasing the benefit value for existing beneficiaries (vertical expansion); and (iii) enrolling additional beneficiaries in existing programmes (horizontal expansion).

In Ethiopia, all three of the options above were considered and designed, but in practice no new programmes or horizontal expansions of existing programmes were implemented, just a vertical expansion to certain existing clients. In this section we discuss the adaptations that were implemented, as well as those that were considered and designed but ultimately were not implemented. The latter are just as important as the former for identifying lessons learnt from the social protection response to COVID-19 in Ethiopia.

3.2.1 Creation of new programmes

Our research did not identify any new social assistance programmes that were implemented by the GoE in response to COVID-19.

The Ministry of Urban Development and Construction, which is one of the implementers of the UPSNP, designed a temporary income support programme for informal workers but this was never implemented due to lack of funds. The design was developed with technical support from the World Bank. The programme was to provide three months of unconditional cash support to approximately 100,000 informal workers who had lost their jobs or who had gone out of business due to the pandemic. The programme would have targeted non-UPSNP households that were identified to be at high risk of COVID-19 exposure and harm across 16 cities.[11] The programme was supposed to be financed via a World Bank emergency Development Policy Operation (DPO). However, due to debt and other macroeconomic issues, the DPO failed to materialise and the programme was not implemented due to a lack of alternative financing.

3.2.2 Vertical expansions of the RPSNP and the UPSNP

Vertical expansions were introduced to increase the transfer levels for certain existing clients of both the RPSNP and the UPSNP.

In the case of the RPSNP, a vertical expansion was provided to around 42% of RPSNP clients who were deemed to be food insecure. These clients were provided with an additional two months of support, alongside the six months of support that is usually provided to RPSNP clients during the lean season (January to June). The objective was to cushion food insecure RPSNP clients from the negative economic impact of COVID-19.

[11] World Bank data show that 20% of urban households lost part or all of their income.

The NDRMC food security classification system was used as the trigger for the vertical expansion. MoA and the NDRMC assessed the changes in woredas' food security levels. Technically, the vertical expansion was therefore based on food insecurity hotspots, rather than COVID-19 hotspots. Other ongoing shocks, such as the locust invasion, may have influenced the classifications. In 132 RPSNP woredas (35% of all 382 RPSNP woredas), all existing clients were classified as severely food insecure and were provided with an additional two months' worth of transfers. The transfer was delivered in the form of a one-off payment in December 2020, five months after clients had received their last routine payment for the public works season. Overall, 2.9 million existing RPSNP clients received the increased benefits. The vertical expansion was financed by some of development partners that support the regular implementation of the RPSNP, namely the World Bank, the Danish International Development Agency, the Embassy of the Kingdom of the Netherlands, and Global Affairs Canada.

There were different arrangements and processes for the UPSNP. In particular, vertical expansions were implemented but this was not on the basis of any triggers, such as levels of food insecurity. Firstly, with financial support from UNICEF, through a grant from the Swedish International Development Cooperation Agency (Sida), all 93,120 PDS clients that are part of the UPSNP received an additional Ethiopian Birr (ETB) 360 (approximately £8)[12] per household per month for a period of six months. Secondly, WFP, through a grant from the Government of France, provided further financing to support all 17,500 UPSNP TDS clients (pregnant and lactating mothers) with a top-up of ETB 360 per month for a period of three months. The objective of both of these adjustments was to cushion the most vulnerable UPSNP clients against a drop in the quantity and quality of food consumption in light of the significant spike in food prices. The delivery of the vertical expansion of the UPSNP was led by MoLSA, which is responsible for the PDS caseload. UNICEF and WFP provided technical assistance.

3.2.3 Horizontal expansions

Extensive discussions were held between the GoE and development partners to design, finance, and implement horizontal expansions of the RPSNP and UPSNP to reach additional vulnerable households affected by the economic consequences of COVID-19. As early as March 2020, the GoE identified a potential 'need to increase the number of PSNP clients' in its multi-sectoral response plan (GoE, 2020a).

In May 2020, UNICEF reported that the World Bank, UNICEF, and other partners were working on a plan that would cover an additional half a million people under the UPSNP (Khodr, 2020). Key informants confirmed that several attempts were made to expand the existing caseload of the RPSNP, given the programme's history and capacity of scaling up its caseloads to respond to disasters (Hobson and Campbell, 2012).

However, despite advanced discussions and plans, neither the RPSNP nor the UPSNP were scaled up horizontally. Key informants attributed this predominantly to financing constraints. These will be discussed further in Section 4.

[12] Using an exchange rate of £1 = ETB 45, which is the average exchange rate for 2020 (www.exchangerates.org.uk/GBP-ETB-spot-exchange-rates-history-2020.html).

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

The third dimension of the response that we explore is how humanitarian assistance was used to respond to the new vulnerabilities arising from COVID-19. Ethiopia has a recurring humanitarian assistance pipeline which launches regular six-monthly humanitarian appeals on the basis of bi-annual food security assessments. These appeals are commonly financed via a combination of government and donor funding. The HFA system is becoming increasingly aligned with the RPSNP and the long-term vision of the GoE is to combine the two systems into one large national scalable social safety net with shock-responsive design features (see Box 1 in Section 1.2). Outside of the HFA pipeline, we identified only a very few independent humanitarian social assistance programmes, and none that leverage existing social protection systems. This section briefly outlines to what extent HFA was leveraged to respond to COVID-19.

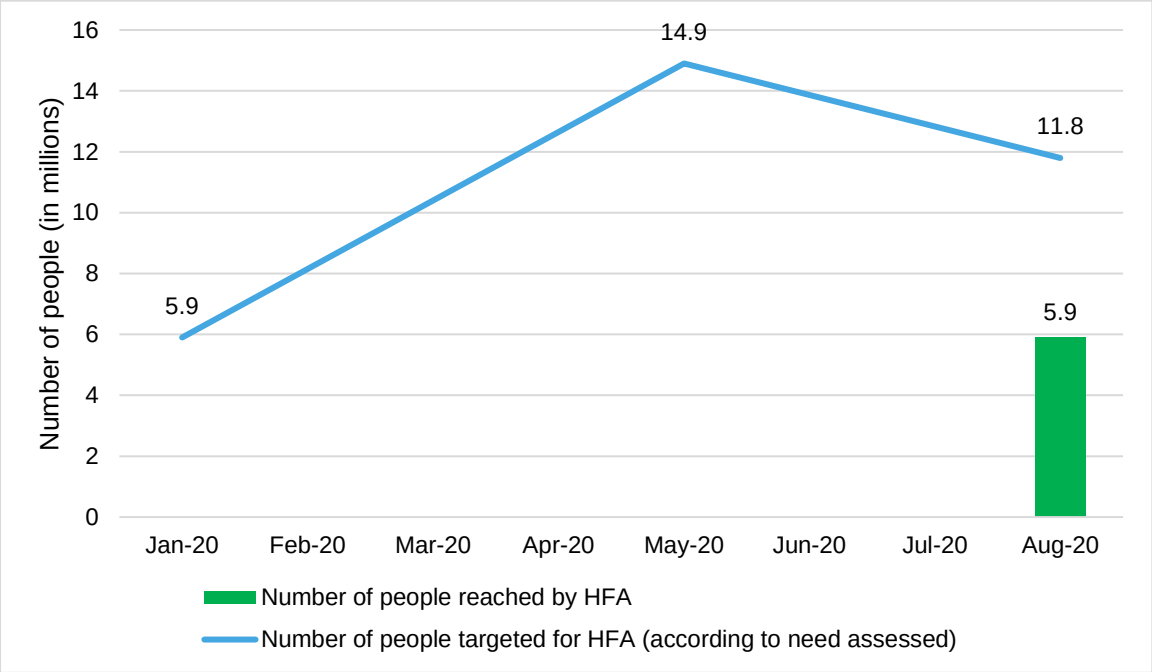
3.3.1 Leveraging HFA to respond to COVID-19

In May 2020, the NDRMC conducted an extraordinary assessment to determine the additional number of people in need of food assistance as a result of the COVID-19 crisis. The results of this assessment were added as an annex to the January 2020 HRP (GoE, 2020b).[13] As usual, the NDRMC also conducted a mid-year (belg) seasonal assessment to update the number of people in need of HFA. The results from this assessment fed into the mid-year review of the HRP, which was published in August (GoE, 2020c).

In the first assessment, from May, the government revised the number of people identified as in need of food assistance. While in the January 2020 HRP the number of people identified as in need of HFA was 5.9 million people, the figure had increased to 14.9 by May 2020. This number was revised downwards in the mid-year review of the HRP to 11.8 million people.[14] Both revised figures 'captured additional needs due to COVID-19, the desert locust infestation and other natural man-made disasters' (GoE, 2020c). However, it should be noted that the assessments were light-touch assessments that was coupled with previous data to assess the need, and did not involve any collection of data in the field.

[13] The HRP has several clusters. The objective of the food cluster is to provide emergency in-kind food and cash assistance to meet the food needs of acute food-insecure people.
[14] The downwards adjustment is due to the fact that the additional HFA needs due to the COVID-19 crisis turned out not to be as severe as projected in May/June 2020. According to the mid-year HRP (GoE, 2020c) this was because of government measures that ensured a sustained food supply in markets.

Figure 3: 2020 targets for people in need of HFA and number of people reached by HFA in August 2020



Source: Adapted from HRP 2020 Annex and mid-year HRP 2020

The August 2020 HRP estimated that, of the 11.8 million people identified as in need of HFA, about 5.5 million additional people were food insecure due to COVID-19-related shocks. This comprised 3.4 million people in urban communities and 2.1 million people in rural communities. Given that some of these 5.5 million people were being otherwise supported through the routine assistance of the UPSNP, the overall total number of people that were identified as in need of COVID-19-related HFA was 4.9 million.

3.4 Focus of this report

The remainder of this report describes the policies, institutional arrangements, and financing mechanisms behind the social protection response to COVID-19 in Ethiopia, as well as the design features and implementation and operations of the vertical expansions of both the UPSNP and the RPSNP.

Due to the close link between the PSNPs and HFA under the Integrated Cash-Food Response Plan, where appropriate we also describe and draw on lessons learnt from the government-led response to COVID-19 using the HFA. As will be noted later in the report, this aspect of the response to COVID-19 is particularly important in light of the government's long-term vision of further integrating the two systems to form a nationally scalable safety net programme.

Other social protection responses not covered in this report are briefly described in Box 2 below. These are not covered in this report as they are comparatively small in scale and/or because they use other social protection instruments, such as labour market policies or social insurance, which are beyond the scope of this study.

Box 2: Other social protection responses not covered in this report

- A number of regional governments and municipalities, such as Amhara, the City of Adama, and the City of Addis Ababa, provided in-kind support (e.g. bread, flour, oil, sugar, etc) to [the] poorest of the poor.
- Regulations: Under measures that were introduced as part of the state of emergency to help reduce the spread of the coronavirus, Ethiopia prohibited companies from laying off workers and terminating employment. This regulation ended with the end of the state of emergency in September 2020.
- Emergency Job Protection Facility (a fund created by the GoE, with support from the UK and Germany) provides wage subsidies to firms in the textile and garment industry to protect the livelihoods of those working in the industry (Addis Standard, 2020).
- Paid sick leave: In Harari State, government employees at higher risk of COVID-19 (the elderly, pregnant women, those with underlying conditions) were allowed to stay at home while continuing to receive their salaries.
- National expansion of free public transport: government buses provided free transportation to the public in order to reduce overcrowding in the public transport system.
- Tigray State: There was a moratorium on evictions.
- USAID-funded COVID-19 emergency cash transfer implemented by Save the Children in six cities, targeted at 29,000 households. This programme provided households with a monthly support of ETB 2,000 (£44) over the course of three months.

Source: Gentilini *et al.* (2020) and key informant interviews

4 Policy

In this section, we discuss how the GoE's social protection response to COVID-19 was operationalised. We focus on the financing of the response; relevant legislation, policies, and strategies; governance and mandates with regard to social protection; and coordination of the overall social protection response, including coordination with international partners.

4.1 Financing

As outlined in the previous section, the social protection response to COVID-19 was fairly limited, including a number of proposed expansions that were designed and planned but ultimately not implemented due to financing constraints. The responses that were implemented were mostly donor-financed:

- The vertical expansion of the RPSNP, which provided two months of additional support to 42% of the regular RPSNP clients (2.9 million), was financed by some of the development partners backing the regular RPSNP activities. The general expenses needed to administer the expansion (e.g. woreda-level staff salaries) are covered by the GoE.
    - Out of the 2.9 million clients, about 525,000 received two months of additional in-kind food transfers delivered by the four USAID-funded NGOs (see Section 1.2 for details on RPSNP implementation arrangements). These additional food rations were provided by USAID.
    - The cost of delivering an additional two months of cash support to the remaining 2.38 million clients was US$ 36.7 million (MoA, 2020), excluding administrative costs. This was deemed to fit within the US$ 40 million budget envelope that partners had at their disposal. The partners that financed the additional cash support included the World Bank, the Danish International Development Agency, the Embassy of the Kingdom of the Netherlands, and Global Affairs Canada. The RPSNP has various contingency budget arrangements, which are detailed below in Box 3. The financing for the vertical expansion of the RPSNP, which was additional to regular programme funds, was channelled through the programme's federal contingency budget line. The woreda contingency budgets were not used for this vertical expansion as these are intended to be used only for local emergencies and idiosyncratic shocks, rather than for responding to covariate shocks such as COVID-19 (MoA, 2020).
- The vertical expansions of the UPSNP were financed as follows:
    - The additional support for TDS clients was financed through a grant provided by WFP, originating from the Government of France. The cost of the TDS scale-up was just over ETB 19 million (~ £422,000) and was transferred from WFP to the UPSNP, with the Ministry of Finance responsible for all financial management activities (WFP, 2020).
    - The additional support to PDS clients was financed through a US$ 3.4 million grant provided to UNICEF by Sida. Part of this amount was also used to provide the top-up to TDS clients in collaboration with WFP.
- The total revised funding target for HFA as at August 2020 was US$ 593.4 million, which included US$ 159 million for COVID-19 responses and US$ 434.4 million for non-

COVID-19-related needs. At the time of publication of the mid-year HRP in August 2020, only 38% of the identified needs for HFA had been funded. While it was not possible to verify exactly how many people in need of COVID-related HFA had received food/cash assistance, the United Nations Office for the Coordination of Humanitarian Affairs financial tracker suggests that only 14.2% of the COVID-19-related food needs had been funded.[15]

Box 3: RPSNP contingency budget lines

To facilitate scale-up, the RPSNP has built-in contingency budget lines. The woreda contingency budget is meant to be used for small and localised shocks. It constitutes about 5% of the total value of PDS and public works client transfers per woreda.

The federal contingency budget line is used in the event of larger covariate shocks – most commonly droughts – to address transitory food needs of RPSNP clients. The federal contingency budget is a 'zero' budget line, meaning that donors can pay into it on a demand-driven basis.

The federal contingency budget is the first in line to be used in the case of shocks affecting RPSNP woredas that are causing transitory food insecurity. Transitory needs that go beyond the scope of the RPSNP are met by HFA through the humanitarian response system. The triggering of the federal contingency budget and humanitarian responses is designed to be activated on the basis of a joint assessment using the food insecurity hotspot classification system (see Section 5.1 for more information).

Source: MoA (2014)

Generally, key stakeholders interviewed for this research agreed that limited government and donor financing was one of the main constraints in providing an adequate social protection response with wide coverage that would offset the pandemic's impact on poverty. A range of adaptations were designed but where donor financing was not available or was limited these were not implemented or were implemented at a scale that was lower than the assessed need. For example, a temporary income support programme for urban informal workers was designed but a request for an emergency DPO was unsuccessful and the government had no other resources to contribute. In addition, key stakeholders reported that the vertical scale-up designed by MoA with support from the NDRMC had initially intended to offer an additional five months of support to all RPSNP clients on the basis of the needs assessed. However, due to resource limitations, the planned adaptation had to be re-designed and scaled down significantly to only support those RPSNP clients that were the most severely food insecure, for a reduced number of months (see Section 5.1 for more details on targeting).

Key stakeholders agreed that leveraging a substantial amount of additional emergency financing was slightly easier for the RPSNP, compared to the UPSNP. This was due to two factors: (i) the RPSNP's contingency budget line and experience in using it for channelling additional financing to respond to shocks; and (ii) the greater number of donors providing financial support to the RPSNP. Details on the contingency budget mechanisms and how they relate to the scalability framework of the RPSNP can be found in Box 3.

[15] https://fts.unocha.org/appeals/936/summary [Accessed 18 February 2021]

4.2 Legislation, policies, and strategies

There is a clear policy intention to put in place scalable social protection in Ethiopia. One of the four priorities for the NSPS is scaled-up safety nets and early warning systems for disasters (MoLSA, 2016). There is also a long-term vision to build a national scalable safety net by combining the RPSNP and HFA (see Box 1). However, there is no legislation in place and there is no institutional framework to standardise shock-responsive social protection in Ethiopia. The only channel through which safety nets are currently scaled up is through the RPSNP, which does not have national coverage and is limited to drought-prone woredas only (see Box 3) (OECD, 2019). As a result, it was not possible to identify any legislation guiding the COVID-19 social protection response in Ethiopia.

In general, the GoE responses to the COVID-19 crisis have been guided by the COVID-19 Multi-Sectorial Preparedness and Response Plan (GoE, 2020a). Social protection does not appear in the plan as a separate sector and any social assistance in response to the pandemic appears to be covered under the food security cluster of the plan. This cluster refers to strategies related to HFA only, and does not mention any strategies related to expanding routine social protection programmes or creating new ones.

4.3 Governance and coordination

Despite its mandate for disaster response, the national response to COVID-19 was not led by the NDRMC. Due to the public health nature of the disaster, the response was led by Ethiopia's Public Health Institute (EPHI). The response was multi-sectoral in nature and EPHI convened regular coordination meetings between representatives from different sectors, including MoLSA and the NDRMC (GoE, 2020).

The overall mandate for the coordination of social protection policy and the social protection sector lies with MoLSA. However, several key informants reported that the extent to which MoLSA is able to execute its coordination role effectively is limited. Two explanations were offered for this: (i) capacity constraints at MoLSA and (ii) a lack of prioritisation and backing of a coherent social protection sector from the highest levels of the GoE. An example for this highlighted by one key informant includes the fact that MoLSA has still not received an endorsement for the creation of a Federal Social Protection Council which would serve as a high-level mechanism for MoLSA to formally execute its coordination role. The COVID-19 pandemic may have offered an opportunity for MoLSA to step up to its coordination responsibility for the social protection sector, particularly given the national reach of the crisis across all rural, peri-urban, and urban areas. However, MoLSA capacity constraints and a lack of directives and endorsements from the highest levels of the GoE meant that in practice this did not happen in the response to COVID-19.

In the absence of a coordinated response of the social protection sector, the responses within the scope of the RPSNP and UPSNP were led by their implementing ministries. The design of the RPSNP response was firmly government-driven, led by the Food Security Coordination Directorate of MoA, in close coordination with the NDRMC. The role of the NDRMC with regards to the scalable safety net is mainly around the collection and analysis of data for hotspot assessments, and the preparation and coordination of HRPs and funding calls. This is precisely the role that it fulfilled during the COVID-19 response. The vertical

expansion of the UPSNP for PDS and TDS clients was decided through coordination between UNICEF, WFP, and MoLSA. It appears that WFP and UNICEF were the driving force behind the design of the response, while MoLSA was responsible for its implementation. Stakeholders have attributed this partly to the fact that unlike the RPSNP the UPSNP did not include any shock-responsive design features and as a result no governance or coordination protocols for emergency response.

4.3.1 Development partners' coordination during the response

Most key informants described the donor coordination during the COVID-19 social protection response as reasonably effective, avoiding duplications of efforts. In the case of the RPSNP this was mainly due to the presence of various donor coordination groups and the fact that most donors' support to the social protection sector in Ethiopia is channelled through a coalition backing the RPSNP.

During usual times, the donor working group, which includes representatives from the 11 donors who contribute to the RPSNP, holds bi-weekly meetings. The frequency of these meetings was increased to weekly between April and August 2020, which was when most of the decisions regarding the COVID-19 response were taken. Several key informants from donor organisations described that this helped to coordinate donors' contributions to the COVID-19 response and to make sure that donors 'moved as one'.

It is worth noting that there is no similar coordination group for the UPSNP. UNICEF has increasingly supported the UPSNP in recent years, and therefore has established relationships with MoLSA, but these are outside a formal, coordinated structure. WFP is not usually involved in the UPSNP. The UPSNP's main donor, the World Bank, was consulted on the planned vertical expansions but otherwise was not directly involved in their design or implementation.

4.4 Information systems and data sharing

Information systems and data sharing for the RPSNP and UPSNP are fairly limited and the digitalisation of social protection delivery in Ethiopia is still in its early stages.

Although the manual for phase four of the RPSNP outlines that a national social registry was to be developed between 2014 and 2020 and hosted by MoLSA, this is still a work in progress. In the absence of an operational national social registry that includes information on all vulnerable households in Ethiopia, it is challenging to design a programme that can quickly reach the most vulnerable – especially those not currently supported by social assistance programmes – without a resource- and time-intensive registration and targeting exercise.

In addition, the management information systems (MISs) for the RPSNP and UPSNP are still under development. In the absence of an operational MIS, the only systems that can be used to access data on programme beneficiaries are the Urban and Rural Payroll and Attendance Sheet Systems (UPASS and RPASS), hosted by the Ministry of Finance. The primary purpose of these systems is registration of attendance at public works activities, which in turn is used to trigger payments to clients. These systems are fairly rudimentary

and do not fulfil the same functions as a robust MIS. For example, there is no easy way to identify TDS clients in the system as they only appear as public works clients.

The lack of effective information management for social protection posed significant challenges in the identification of TDS clients for the vertical expansion responses to COVID-19. In addition, UNICEF reported that the UPASS system was not able to trigger extraordinary payments that needed to be made for the delivery of the top-up to UPSNP PDS and TDS clients. A technician had to be hired to update the software to allow for these payments, and this needed to be done for each of the 11 cities covered by the programme.

5 Design

This section describes specific design features of the vertical expansions used for the RPSNP and UPSNP. Where appropriate, we also make reference to the HFA design features, as these are increasingly tied to the RPSNP design and operations.

5.1 Eligibility, conditionalities, and targeting

5.1.1 Vertical expansion of the RPSNP

Targeting for the vertical expansion of the RPSNP was conducted in collaboration with the NDRMC using the food insecurity hotspot classification system, in addition to the international standard Integrated Food Security Phase Classifications (IPC) (MoA, 2020). These two classifications are commonly used to assess the severity of food insecurity in Ethiopia.

Hotspot classifications are derived using six multisector indicators, including agriculture, nutrition, and markets. Hotspot woredas require urgent humanitarian response and have three priority levels, with Priority 1 being the most severe (see Table 2). The IPC classifies people into five phases, with the help of regular survey data that assess households' food insecurity levels. People in Phase 1 are classified as 'food secure', while people in Phase 5 are experiencing a 'catastrophe'. Generally, people in IPC Phase 3 or above are facing high acute food insecurity (IPC, 2020).

Table 2: NDRMC hotspot classifications and IPC equivalents

NDRMC code of severity	NDRMC hotspot level classification	Class description	IPC equivalent
Hotspot 1 (Priority 1)	Very severe	Hazards of a high damaging level have occurred and have affected the lives and livelihoods of the population, with very severe lack of adequate food security; may include excess mortality, very high and increasing malnutrition, and irreversible livelihood asset depletion.	Humanitarian emergency
Hotspot 2 (Priority 2)	Severe	Hazards of a high damaging level have occurred and have affected the lives and livelihoods of the population, with high stress and a lack of adequate food security, which has resulted in a high level of malnutrition and accelerated depletion of livelihood assets.	Acute food and livelihood crisis
Hotspot 3 (Priority 3)	Moderate	Hazards have occurred and have affected the lives and livelihoods of the population moderately so that most households are at	Moderately food insecure or

		risk to their continued adequate food security in a stable manner.	chronically food insecure

Source: MoA (2020)

The Food Security Coordination Directorate of MoA, in collaboration with the NDRMC, used the two classification systems to determine which RPSNP woredas would be targeted for a vertical expansion in response to COVID-19. The agreed targeting criteria determined that RPSNP woredas classified as 'Hotspot 1' woredas or woredas falling into the IPC Phase 3 or above would be included in the vertical expansion (MoA).[16] This woreda-based targeting exercise led to the selection of 132 RPSNP woredas (35% of all RPSNP woredas) for the vertical expansion. Within each selected woreda, there was no further targeting exercise for the top-up. This meant that all 2,907,208 RPSNP clients (42%) in the Hotspot 1/IPC Phase 3+ woredas were eligible to receive the two months of additional support.

Key stakeholders from both MoA and the World Bank made the following observations about the targeting process:

- While the use of the hotspot and IPC classifications allowed for an evidence-based allocation of resources, the final design was largely driven by resource constraints. The initial plan of MoA and the NDRMC to deliver an additional five months of support to all RPSNP clients based on needs assessed was estimated to cost US$ 298 million. This greatly exceeded the available resources, and any expansion needed to fit within a budget envelope of US$ 40 million that RPSNP implementers and partners had at their disposal.
- The hotspot classification system used for targeting was developed for shocks such as droughts. The approach was used for the vertical expansion of RPSNP in the absence of reliable data on the socioeconomic impact of COVID-19 by woreda. Technically, the vertical expansion was therefore based on food insecurity hotspots, rather than COVID-19 hotspots; other ongoing shocks, such as the locust invasion, may have influenced the classifications.
- The targeting process, and hence the delivery of the additional support, was delayed due to difficulties in calculating the classifications. The regular process involves field visits and surveys, some of which were not possible due to COVID-19-related restrictions on movement.

5.1.2 Vertical expansion of the UPSNP

No targeting was required for the vertical expansion of the UPSNP. A decision was taken by the technical partners, UNICEF and WFP, in collaboration with MoLSA, to use the limited funds available to provide additional assistance to all current TDS clients (pregnant and lactating mothers) and all existing PDS households. By design, these groups of UPSNP clients are already exempt from the public works requirement and so the additional transfer was designed to be unconditional.

[16] Based on June 2020 hotspot classifications.

5.2 Transfer amount, modality, and frequency

5.2.1 Vertical expansion of the RPSNP

A vertical expansion implies additional transfers for existing clients and/or an increase in the size of the agreed monthly transfer. For the RPSNP vertical expansion, it was determined that the transfer level would be the usual public works wage rate received by clients, and that there would be a one-off transfer of two months' worth of wages. There was no uniform national transfer amount across those woredas selected for the vertical expansion, as public works wage rates differ across zones and are determined by food prices, which are reviewed on an annual basis (GoE, 2014).[17]

The transfer modalities of the vertical expansion were the same as for regular RPSNP payments (MoA, 2020), which vary from woreda to woreda. The aim is to provide transfers in the form that is most appropriate for clients, with the selected modality taking into consideration market conditions, and the availability of services and capacity (MoA, 2014). In 'government woredas', the transfer is delivered mostly in the form of cash (and occasionally cash plus food). In 'NGO woredas', transfers are delivered by USAID-funded NGOs, mostly in the form of in-kind food rations. These are usually woredas where food is deemed the more appropriate payment modality due to poorly functioning food markets affecting availability and prices. Of the RPSNP clients included in the vertical top-up, about 12% received their transfers in the form of in-kind food rations.[18]

In theory, transfer values and modalities of HFA transfers to households in RPSNP woredas are aligned with the values and modalities used for RPSNP clients (MoA, 2020). This appears to be true in practice with regard to modality, where HFA is delivered in RPSNP woredas using RPSNP systems. However, the number of transfers often differs between the RPSNP and HFA, as does the transfer values, leading to grievances among community members. While it was not possible to verify whether this was also the case for the COVID-19-related HFA, the significant funding shortfalls of the mid-year HRP make this a very likely scenario.

In non-RPSNP woredas, transfer modalities vary depending on local capacities and the degree to which food markets are functioning. As a large proportion of households in need of COVID-19-related HFA were located in urban areas, it was planned to assist them through cash transfers (GoE, 2020c).

5.2.2 Vertical expansion of the UPSNP

The top-up value agreed under the vertical expansion for both TDS and PDS UPSNP clients was ETB 360 (~ £8) per month, in addition to the usual cash assistance received by these target groups.[19] However, the top-up for TDS clients (pregnant and lactating women) was per person, while the top-up value for PDS clients was per household. This means that while there were 93,120 PDS clients, the top-up only reached about 50,050 households.

[17] The wage rate gets reviewed annually and is calculated based on the cost of buying 3 kg of cereal per day.
[18] Authors' calculations based on data provided by the World Bank.
[19] TDS clients receive ETB 450 per person per month while PDS clients receive ETB 315 per person per month.

Approximately half of PDS households have only one PDS client registered. While it is possible to have more than one PDS client per household, resource constraints meant that it was decided there would be a maximum of one top-up per PDS household.

The top-up value of ETB 360 was determined by WFP using the Cost of the Diet software and representing the cost of an energy-only diet for the month of March 2020. This value was deemed by WFP to be appropriate to 'improve access to food needs in order to reduce malnutrition among children by improving women's nutrition during and after pregnancy' (WFP, 2020).

There was variation in the frequency of the top-ups. PDS households received monthly top-ups of ETB 360 over the course of six months. TDS clients in Addis Ababa also received six months' worth of top-up (ETH 360 per month). However, TDS clients outside Addis Ababa received a one-off lump-sum payment of ETB 1,080 (~ £32), representing three months' worth of top-up. The difference between TDS clients in and outside Addis Ababa is due to the fact that there were some funds left-over from the UNICEF support to PDS clients which was redirected to provide three additional months of support to TDS clients in Addis Ababa which was the city with the highest relative cases of COVID-19. [20]

Table 3 provides an overview of the transfer values, frequency, and duration for the vertical expansions of both the RPSNP and the UPSNP. Unfortunately, it was not possible to identify how many rounds of HFA were delivered to cover COVID-19-related needs as this usually depends on the financing of the HRP (see Section 4.1).

Table 3: Transfer values, frequency, and duration across programmes

Programme	Amount	Frequency	Duration
RPSNP vertical expansion	ETB 245 – 320 (~ £5.40 £7.10) per person/month or 15 kg of cereal per person/month	One-off	Two months' worth of additional support lumped into a one-off payment
UPSNP vertical expansion (TDS)	ETB 360 per individual per month (~ £8)	One-off transfer	Three - six months' worth of additional support lumped into a one-off payment
UPSNP vertical expansion (PDS)	ETB 360 per household (~ £8)	Monthly	Six months
COVID-19-related HFA	Varied by woreda – aligned to RPSNP amounts in RPSNP woredas	Missing information	Six months until next HRP in early 2021

[20] Based on key stakeholder interviews with UNICEF and WFP.

6 Implementation and operations

6.1 Outreach and communication

There is little documented information about outreach and communication for the expansions of the RPSNP, UPSNP, or HFA in response to COVID-19. However, key informants interviewed for this research noted that the UPSNP and RPSNP used their existing structures and procedures for outreach and communication regarding the expansions.

For the RPSNP vertical expansion, a key informant from MoA explained that woreda-level staff received communication plans from the Food Security Coordination Directorate and letters were issued that confirmed the amount clients were going to receive. Woreda-based staff and kebele-based food security committee members, who are in regular contact with clients, were asked to transmit information about the size and timing of the top-up. Other key informants noted that, in practice, communication and outreach is often a challenge even during routine programme implementation, which casts some doubt on the effectiveness of the outreach and communication activities of the response to COVID-19.

For the UPSNP vertical expansion, the communication and outreach was led by social workers and other staff in MoLSA's municipal structures, the Bureaus of Labour and Social Affairs (BoLSAs). These social workers are responsible for regular case management of PDS clients, including for linking them to other relevant basic services. Key informants at MoLSA confirmed that their social workers are in regular contact with all eligible households and were involved in communicating the details about the top-up. Preliminary results from a post-distribution monitoring survey conducted by UNICEF confirmed that outreach activities were effective, with over 95% of PDS clients reporting that they had been informed about the top-up.[21] Of those, 77% had received the information via a BoLSA social worker. Data received from MoLSA show that there are currently 475 social workers across the 11 UPSNP cities, which means that each social worker is responsible for just over 100 PDS households.

BoLSA social workers do not normally engage with TDS clients as part of the UPSNP. However, within the scope of the vertical top-up, UNICEF reported that they went beyond their current scope of work to also provide outreach to TDS households. The awareness rate among TDS clients was 60%, and of those 69% had been informed by a social worker directly.

6.2 Beneficiary registration, verification, and enrolment

As the major adaptations of the RPSNP and the UPSNP both provided additional support to existing clients, no registration or enrolment processes were required.

[21] This survey was conducted for internal purposes and its results have not been published. The figures were provided by representatives from UNICEF.

6.3 Payment and delivery systems

The one-off top-up payment to RPSNP clients was delivered through the same system that is commonly used for regular RPSNP payments. As explained in Section 5.2, depending on their location, some clients receive their wages/transfers in cash and some receive them in in-kind food rations. In the majority of cash woredas, the money is paid out physically by woreda cashiers. In about 38% of all cash woredas,[22] transfers are delivered electronically through third-party payment providers. The lump-sum payment was transferred from the Ministry of Finance to the regions in mid-November, about four months after the decision to expand was made. Funds reached clients by December 2020.

All UPSNP payments were made via clients' existing bank accounts. The payroll system, UPASS, which is hosted by the Ministry of Finance, was used to trigger the payments. However, key stakeholders from both MoLSA and UNICEF reported that there were issues related to the UPASS system that led to delays in processing the payments (further details on this were provided in Section 4.4).

However, despite the challenges related to the UPASS system, all stakeholders from the World Bank, WFP, UNICEF, and MoLSA agreed that the use of bank accounts for payment of UPSNP transfers greatly facilitated the delivery of the additional payments in response COVID-19.

6.4 Case management, complaints, and appeals

We found limited information on case management, complaints, and appeals for the social protection responses to COVID-19. However, key informants stated that the usual RPSNP and UPSNP complaints and appeals mechanisms would apply; these are mostly organised via the woreda structures and BoLSA social workers.

6.5 Monitoring and evaluation

The GoE is responsible for monitoring and overseeing the delivery of transfers for both the RPSNP and the UPSNP.

In the case of the top-up to TDS clients of the UPSNP, WFP reported that both the GoE and WFP implemented monitoring activities. At federal level, monitoring is the responsibility of the Federal Urban Job Creation and Food Security Agency. At district level, monitoring support is provided by the city administrations, woreda offices, and local community committees (e.g. targeting and appeals committees). WFP is planning to conduct a post-distribution monitoring survey and panel study in each UPSNP city, with a suggested sample size of about 610 TDS clients (WFP, 2020). The objective of these surveys is to monitor and evaluate the impact of the vertical expansion on the UPSNP's TDS clients.

Responsibility for monitoring the implementation of the PDS top-up lies with MoLSA. MoLSA reports that this was mostly done via its municipal structures, the BoLSAs, which have the mandate to verify with the Bureaus of Finance whether transfers have reached the

[22] Based on information provided by a key informant from the Food Security Coordination Directorate at MoA.

households' bank accounts. In collaboration with MoLSA, UNICEF conducted a short and simple survey to understand if households accessed the payments, how the top-up was spent, and what impact it had. The survey was conducted in January 2021 and covered 2,466 PDS households across 10 cities. The interviews for this survey were conducted with the help of BoLSA social workers and enumerators who also used this opportunity for broader follow-up with households as part of its ongoing monitoring and engagement activities.

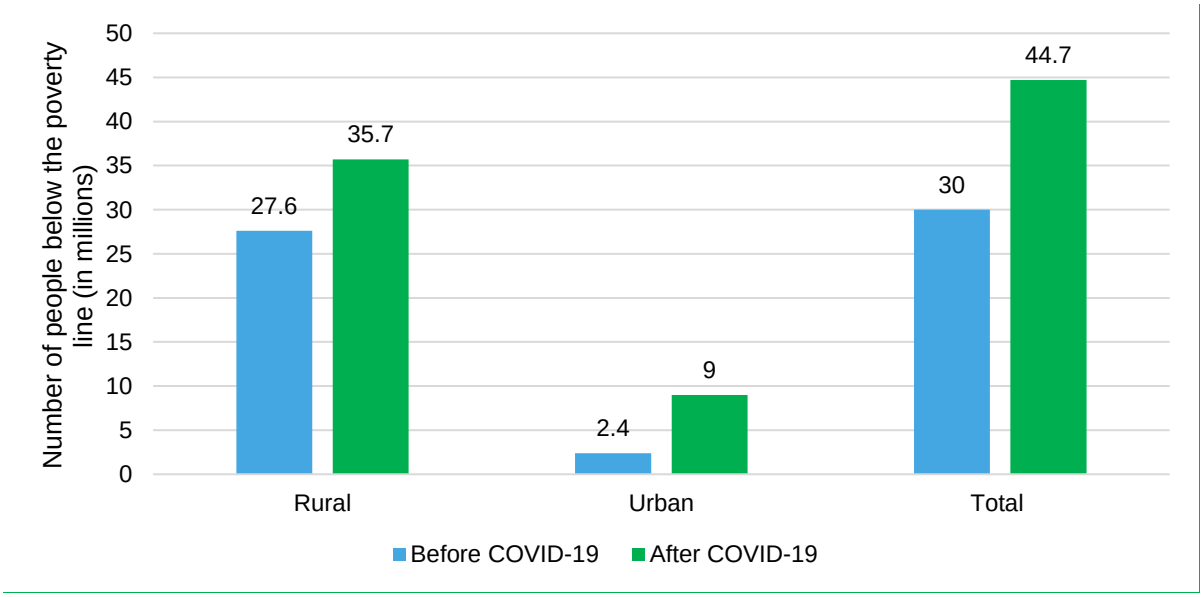
7 Assessment of the social protection response to COVID-19 in Ethiopia

In this section, we provide an assessment of the overall social protection response to COVID-19, taking into account the adaptations and humanitarian responses that were implemented.

7.1 Coverage

Detailed microsimulations conducted and published by SPACE show that, in Ethiopia, the number of people living below the poverty line is estimated to increase by almost 50% as a result of COVID-19 (see Figure 4). While before COVID-19 there were an estimated 30 million people living below the poverty line, this number is estimated to rise to almost 45 million post COVID-19. The largest increase is experienced in urban areas, where the number of people below the poverty line is estimated to increase by 272%, compared with a 29% increase in rural areas (Wylde, 2020).

Figure 4: Estimated number of people below the poverty line in Ethiopia, before and after COVID-19



Source: Wylde (2020)

The microsimulation results also show that many of those people who already started out as poor are also impacted by COVID-19, falling further below the poverty line. However, assuming a uniform impact of the crisis would lead to an undercounting of almost 8 million newly poor people. Accounting for heterogeneity shows that it is not only the people just above the poverty line that have slipped into poverty due to the COVID-19 crisis but also some of those who started out far above the poverty line. This suggests that new COVID-19 caseloads in need of social protection may vary significantly from existing ones (Wylde, 2020).

Table 4 provides an overview of the targeted caseloads of the social protection adaptations and humanitarian assistance implemented in response to COVID-19 in Ethiopia. The mid-year HRP targeted about 4.9 million people for COVID-19-related HFA. However, as Wylde (2020) points out, HRP estimates for COVID-19-related needs were based on extremely simplified assumptions and it was not possible to confirm which targeting process were used to ensure the HFA reached those people who were pushed into poverty due to COVID-19. In addition, only a small proportion of the needs identified by the mid-year HRP were funded, so that it is likely that only a fraction of the identified 4.9 million people received assistance in practice.

Besides HFA, we could only identify one new cash transfer (an emergency cash transfer by Save the Children) that targeted households who currently do not have access to any kind of social assistance. However, this cash transfer was implemented outside the public social protection system and involved three months of cash assistance for a relatively small number of households across six cities of Ethiopia.

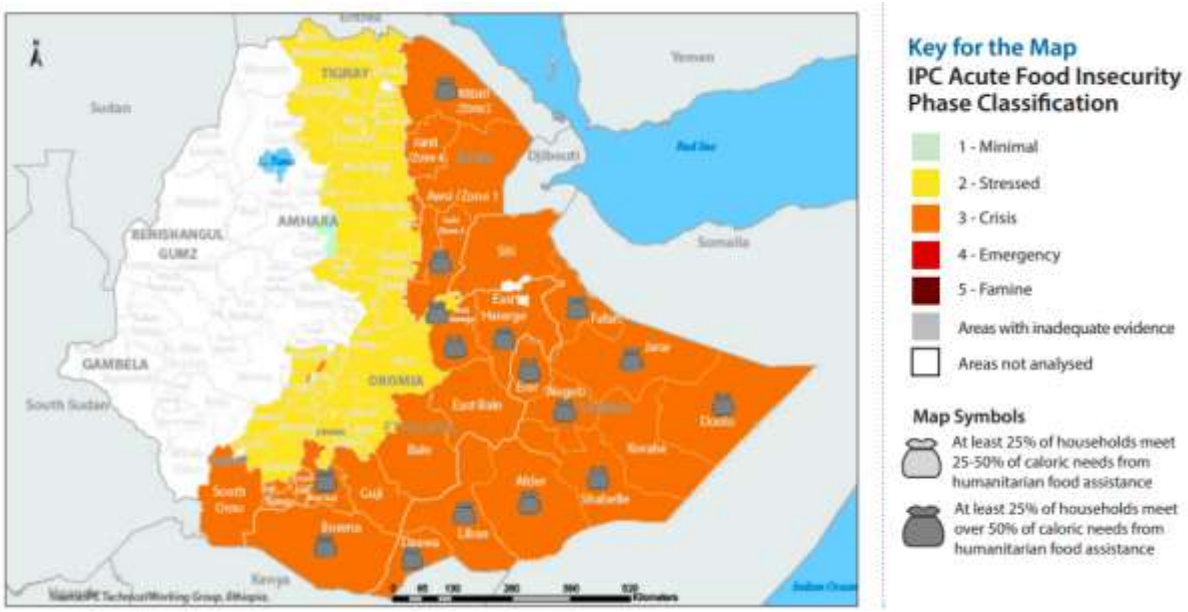
Table 4: Coverage of social protection responses to COVID-19 in Ethiopia

Programme	Geographic coverage	Target caseload	Additional or existing clients
RPSNP vertical expansion	140 RPSNP woredas	2.9 million (42% of all public works RPSNP clients)	Existing
UPSNP vertical expansion (TDS)	11 cities	93,120 PDS clients (100%)	Existing
UPSNP vertical expansion (PDS)	11 cities	17,460 TDS clients (100%)	Existing
Save the Children emergency cash transfer	6 cities	29,000 households	Additional
COVID-19-related HFA	Nationwide	4.9 million people[23]	Additional

Comparing the very limited expansion of the coverage of cash and food assistance to the estimated number of people pushed into poverty due to COVID-19, it is clear that there has been a very significant gap in the coverage of social assistance in response to COVID-19. This unmet need was also confirmed by a recent IPC analysis from December 2020, which showed that, despite ongoing HFA and routine assistance to UPSNP and RPSNP clients, an estimated 8.6 million people have faced high levels of acute food insecurity. This is also likely to have been an underestimate since the IPC assessment only analysed about 53 million people, which constitutes just under 50% of the total population in Ethiopia (IPC, 2020). Given that COVID-19 is a shock that does not only affect the drought-prone areas included in the IPC assessment, it is likely that at least some proportion of the excluded population also suffered from an increased level of food insecurity during this time.

[23] Several reviews of the HRP 2020 revised the target for individuals in need of HFA: the early 2020 target was 5.9 million people; this was then revised upwards to 14.9 million in May 2020, and downwards to 11.8 million by August 2020. About 4.9 million of the 11.8 million in need of HFA were COVID-19-related. By August 2020, 5.9 million people had been reached, which equates to 50% of the assessed need.

Figure 5: IPC acute food insecurity (October–December 2020)



Source: IPC, December 2020

Even if additional funding had been available, a horizontal expansion of the RPSNP and scale-up of HFA might not necessarily have been the most appropriate choice to respond to a national covariate shock like COVID-19. The geographical footprint of the RPSNP is limited to drought-prone woredas and it is currently not possible to expand the RPSNP horizontally beyond the current targeted woredas, due to a lack of targeting and delivery infrastructure. In the absence of data that go beyond the traditional assessment of food insecurity, the social protection system in Ethiopia was not able to identify those households that suffered the most from the economic shock brought on by the COVID-19 crisis. As the heterogeneity analysis of the SPACE microsimulations show, it is highly likely that the profile of those households most affected by COVID-19 is very different from the profile of the routine caseloads of both social protection and humanitarian programmes. The crisis disproportionately affected urban populations, informal workers, and even some households who started off far above the poverty line (Wylde, 2020).

7.2 Gender equality and social inclusion

Evidence on the extent to which women and marginalised groups were specifically targeted by the social protection response to COVID-19 is mixed. In the case of the RPSNP, we did not identify any particular consideration that was given to gender equality and social inclusion (GESI) issues in the scope of the response to COVID-19. Instead, the targeting was guided by woreda-level food security classifications and the additional support was targeted at public works clients only. Rural PDS clients did not receive any support in addition to the routine support they already receive under the RPSNP.

However, GESI considerations did play a role in the decision-making regarding the expansion of the UPSNP. Key informants from MoLSA, UNICEF, and WFP stated that one of the key motivations behind the vertical expansion for TDS and PDS clients was to provide additional assistance to the most vulnerable – who were likely to struggle disproportionately

with the food price inflation brought about by the adverse economic effects of COVID-19. TDS clients are pregnant and lactating women, while PDS clients are mostly people with disabilities, the elderly, orphans or vulnerable women. These groups are labour-constrained and therefore likely to have fewer options for coping strategies available to them (e.g. alternative forms of employment, etc.). At the same time, they often have higher medical expenses and/or dietary needs than able-bodied members of society. The post-distribution monitoring survey conducted by UNICEF and MoLSA showed that 75% of PDS clients who received the top-up were women. Of these, 78% are women who are either divorced, separated, deserted, widowed or had been married.

While the HRP traditionally presents detailed breakdowns of people in need and targeted for assistance, disaggregated by gender, disability, and age, it was not possible to obtain any data on which groups are reached by the HFA in practice. The HRP also explicitly identifies the need to prioritise displaced and returnee populations. However, again it is unclear to what extent these were reached by assistance.[24]

7.3 Adequacy

As discussed in Section 5.2, the transfer value for the RPSNP is guided by local food prices, i.e. the cost of buying 3 kg of cereals per person per day. In RPSNP woredas, HFA values are aligned to RPSNP values. The vertical expansion of the RPSNP provided an extra two months of transfers to 42% of existing clients.

A study by Abay *et al.* (2020) provides evidence on the adequacy of the RPSNP transfer value in regard to cushioning households against the economic effects of COVID-19. The study compares pre-COVID-19 data (collected in March and August 2019) to data collected in the aftermath of the onset of the pandemic (June 2020). Using difference-in-difference estimation techniques, Abay *et al.* (2020) find that the RPSNP was largely effective at protecting participating households from the economic shock of COVID-19. Specifically, they show that:

- while the incidence of household food insecurity of non-RPSNP households increased by 11.7 percentage points, the incidence of household food insecurity of RPSNP households only increased by 2.4 percentage points;
- RPSNP households were 7.7 percentage points less likely to reduce expenditure on health and education and 13 percentage points less likely to reduce expenditure on agricultural inputs, both of which are negative coping strategies; and
- the protective role of the RPSNP was greater for those from poorer households and those living in remote areas.

When interpreting these findings, it is important to consider the timing of the survey on which the study was based. In June 2020, RPSNP clients were still receiving their regular public works wages as the programme is designed to provide assistance between January and June. Between July and December clients commonly do not receive assistance. The original assessment by MoA and the NDRMC identified the need to provide all RPSNP clients with

[24] Please note that a detailed assessment of the extent to which GESI aspects are embedded in the design and the delivery of humanitarian response goes beyond the scope of this report.

an additional five months of support to cushion them against the shock. However, as explained in Section 4.1, financing constraints meant that in the end only 42% received two months of additional support, which reached clients in December 2020. This suggests that while the value of the RPSNP may be largely adequate, the duration of the vertical expansion was likely not.

Given the significant resource limitations, the trade-off between coverage and adequacy was the main consideration behind the decision to fund a vertical expansion for all TDS and PDS clients of the UPSNP. The decision to 'top up', rather than to spread limited funding more thinly across a larger number of people, was motivated by the objective of providing 'meaningful support' to the most vulnerable among the UPSNP clients (e.g. pregnant and lactating women and PDS clients, who by definition are unable to work).

The UPSNP top-up value of ETB 360 represents the cost of an 'energy-only diet', as calculated using the Cost of the Diet software. WFP reported that while this value was not the optimum in terms of the nutritional requirements of pregnant and lactating women, it was the minimum transfer value. In the case of the TDS clients, the top-up was delivered on an individual basis, while for PDS clients it was delivered on a household basis, without taking the number of PDS clients in that household into consideration. Therefore, the adequacy is likely to have been less for households that had more than one PDS client, as compared to TDS clients or households with only one PDS client. The post-distribution survey conducted by MoLSA and UNICEF showed that 96% of PDS and 99% of TDS client said that the main impact of the top-up was that it enabled them to cover the food needs of the household.

7.4 Comprehensiveness

We did not find evidence of additional interventions that were systematically layered upon social protection responses in order to comprehensively address risks. However, BoLSA social workers took on an important role in ensuring that social risks and vulnerabilities arising from COVID-19 were addressed. The recruitment, training, and deployment of social workers is supported by UNICEF and there are reports that they received special training to equip them to handle additional challenges arising from the COVID-19 crisis (UNICEF, 2021). For example, BoLSA social workers worked to support returnee migrants in quarantine centres and helped to reintegrate unaccompanied children. Within the scope of the vertical top-up for PDS clients, preliminary results from the post-distribution monitoring survey conducted by UNICEF also found that social workers were active in supporting PDS clients in accessing their cash top-ups (83% of PDS clients reported receiving this support) and accessing healthcare services (50% of PDS clients reported receiving this support).

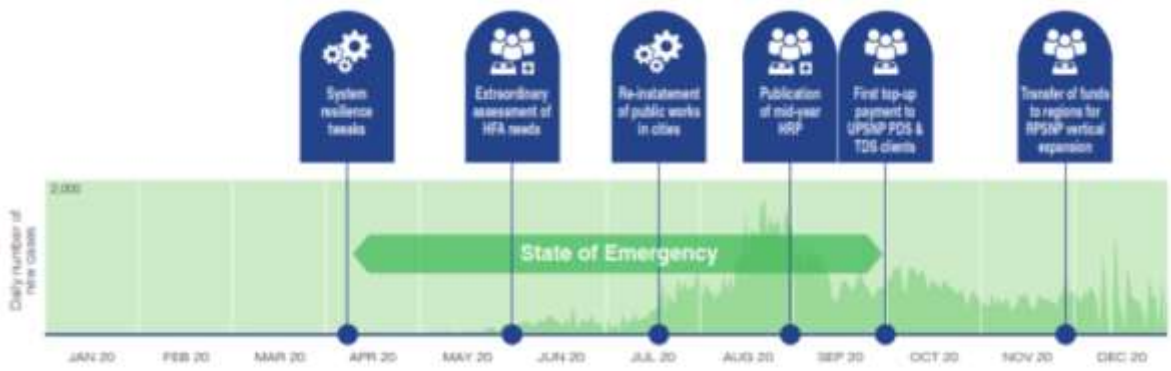
However, there are only 475 social workers across 11 cities in Ethiopia, which is likely to be inadequate to comprehensively address all social risks and to link vulnerable populations to other social services (Bizuwerk, 2020).

7.5 Timeliness

The tweaks made to improve system resilience were very timely. Just after the detection of the first case of COVID-19 in Ethiopia, the GoE issued a series of guidance documents aimed at making adjustments to the implementation modality for both the UPSNP and the

RPSNP, to ensure the continuation of the programmes, protect clients from potential risks, and help them prepare for the economic impact of the pandemic. Even before the declaration of the state of emergency, the GoE suspended the public works conditionality for both the UPSNP and RPSNP. In April, UPSNP clients received three months of wages up-front and were allowed to access up to 50% of their savings.

Figure 6: Timeline of social protection response to COVID-19 in Ethiopia and daily number of COVID cases



Source**:** Authors, on the basis of information from key informant interviews and World Health Organization[25]; design by Richard Edenborough

However, the delivery of the vertical expansions of existing programmes was significantly delayed. For the UPSNP, a memorandum of understanding was signed between MoLSA, UNICEF, and WFP around June/July 2020, outlining the details of a vertical expansion for PDS and TDS clients. However, the first top-up payment only reached clients' bank accounts around late September/early October, over six months after the confirmation of the first case of COVID-19 in Ethiopia, and after the end of the five-month long state of emergency and containment measures. For the RPSNP, while discussions about potential expansions (vertical or horizontal) started in April 2020, the funds for the vertical expansion were only transferred to the regions in November 2020. Transfers were expected to reach clients by mid-December 2020, five months after the last regular transfer of the public works season and over eight months after the state of emergency was declared.

Discussions with key informants identified several factors that contributed to the delays:

- **Financing:** In the absence of any available government financing, lengthy negotiations between the GoE and donors were needed to raise additional funds. In the case of the RPSNP, the channelling of the funds was slightly easier due to the existing emergency contingency budget line. However, even here, key informants reported delays in transferring the money to the Ministry of Finance, which in turn led to delays in disbursement. In terms of the HFA and additional needs assessed due to COVID-19, while there was an extraordinary assessment of additional needs due to COVID-19 in May 2020, there were severe challenges in obtaining funding for the revised mid-year 2020 HRP and funds only trickled in slowly and insufficiently.

[25] www.who.int/countries/eth/

- **Data availability:** Due to restrictions on movement to curb the spread of COVID-19, it was very challenging for the NDRMC to perform the data collection that is usually needed to prepare the food security hotspot classifications. This led to delays in finalising the classifications which in turn delayed the design of the vertical expansion of the RPSNP.
- **Data management:** As mentioned in Section 4.4, there is currently no operational MISs for both the UPSNP and RPSNP. The PASS system, which is used to track attendance of public works clients and trigger monthly payments, threw up several challenges in the delivery of the vertical expansion for PDS and TDS clients. It was difficult to easily identify TDS clients from the system due to a lack of disaggregating variables, and the UPASS software needed to be updated as it did not allow for extraordinary payments, which led to a further delay of about one month.
- **Liquidity issues:** In November and December 2020, when the top-up payments under the RPSNP were delivered, the GoE imposed national restrictions on the amount of cash that could be handled. Given that the majority of RPSNP clients still do not get paid via electronic transfers, this posed a challenge to delivering the cash to the clients. A key informant stated that in November 2020 MoA had been in the process of requesting an exception to this rule for the purposes of administering social assistance payments. It is not clear whether this was achieved.

8 Conclusions and recommendations

8.1 Conclusions

The first case of COVID-19 in Ethiopia was detected on 13 March 2020, and in April Ethiopia declared a national state of emergency that lasted until September. During this time, schools were closed and national and international restrictions led to adverse economic effects, including high levels of inflation and spikes in food prices. The economic downturn, combined with the restrictions, meant that a significant proportion of people lost their employment and saw their incomes decline. Estimates using microsimulations indicate that, as a result of the economic impact of COVID-19, an additional 15 million people have been pushed below the poverty line in Ethiopia. While all regions of the country are affected, the results suggest that the profile of the people pushed into poverty by COVID-19 is different from the usual caseloads of people in need of assistance. The crisis has disproportionately affected urban populations, informal workers, and even some of those households that were far above the poverty line prior to the pandemic. In Ethiopia, social assistance is historically targeted at rural households in drought-prone areas, who suffer from chronic or transitory food insecurity. The COVID-19 shock came on top of a number of other shocks that hit Ethiopia in 2020, such as the worst locust invasion in almost 25 years, severe flash floods, and a violent conflict in the northern region of Tigray.

The coverage of the social protection response to COVID-19 in Ethiopia was limited – especially when taking into account the additional number of people pushed below the poverty line. The GoE was quick to issue guidance on system resilience measures, such as a temporary suspension of the public works requirement and the delivery of advance lump-sum payments for the RPSNP and the UPSNP. However, in terms of the adaptation of existing social protection programmes, the response was limited to a delayed vertical expansion of the rural and urban PSNPs for a restricted number of existing clients (42% of RPSNP clients and about 18% of UPSNP clients). Coverage was not expanded as no horizontal expansion of existing programmes or new programmes targeting newly vulnerable populations were implemented. While the NDRMC conducted an extraordinary assessment in May 2020 to estimate the additional number of people in need of HFA due to COVID-19, it is unclear how many of these 4.9 million people actually received assistance, due to significant shortfalls in funding of the mid-year HRP. Given the nature of the May assessment and the limitations as regards data availability, it is also not clear whether the people identified by HFA were even those most affected by the economic impact of COVID-19. As a result, it is unlikely that Ethiopia's social protection response offset any significant proportion of the estimated impact of COVID-19 on poverty.

The high expectations about the ability of the RPSNP to respond mask its appropriateness to respond. The RPSNP has been used a number of times to successfully respond to drought induced shocks. As a result, there were understandably high expectations about the RPSNP's ability to respond to COVID-19. However, the caseload affected by COVID-19 is different from the RPSNP routine caseload which is linked to food insecurity and droughts. In fact, the RPSNP infrastructure for targeting and delivery are only present in drought-prone woredas - which means that even if there had been funding to scale it up horizontally, it might have missed a large proportion of those people

who were pushed below the poverty line by COVID-19. Perhaps understandably, a historical commitment to and focus on the RPSNP as well as a lack of alternatives to deliver a response at scale in rural areas, meant that it was the only rural programme considered for a scale-up. In a 'best case' scenario, there would be other programmes, more nuanced and sector specific, that are capable of providing or supplementing support to people with varying conditions identified as in need.

In the absence of more appropriate data on households affected by the economic shock from COVID-19, the targeting decisions for the vertical expansion of the RPSNP and additional HFA needs were made on the basis of the traditional food insecurity classification system. In the context of a number of other shocks, it is therefore not clear whether the response targeted those households most affected by the COVID-19 crisis. While the leadership shown by the Food Security Coordination Directorate of MoA, and the commitment to evidence-based targeting, is commendable, the COVID-19 response highlights the need for a shock-responsive targeting strategy that goes beyond the response to droughts. The problem with appropriate targeting for identification of households outside the areas where the two routine programmes operate also stems from the fact there is currently no national social registry that would allow for an easy and quick identification of vulnerable households.

A fragmented social protection sector in a low capacity environment is further compromised by a lack of clarity on mandate for 'shock responsiveness'. While it is the responsibility of MoLSA to coordinate the social protection sector, it has not yet received endorsements for formal coordination mechanisms (e.g. the Federal Social Protection Council) that would it allow to execute this role effectively. It is also not explicit where the mandate for shock-responsive social protection lies. While disaster response is the mandate of the NDRMC, capacity constraints at MoLSA and lack of official endorsements from the GoE mean that the coordination of the social protection sector, including in the response to COVID-19, is of limited effectiveness. As result, the response was mostly managed along the lines of programmes, under the leadership of different ministries, rather than in a coordinated manner.

The major constraint in providing a more extensive social protection response was the lack of financing. While the NDRMC estimated 4.9 million people in need of HFA due to COVID-19, it is unclear how many of these actually received assistance due to significant shortfalls in funding of the mid-year HRP. The response through RPSNP, UPSNP and HFA was mostly donor-financed due to resource limitations on the side of the GoE. Where donor resources could not be raised, several planned responses, such as a temporary income support for informal urban workers through the UPSNP, did not materialise. While the GoE contributed a significant proportion of resources to reach the non-COVID-19 HFA targets, it was not possible to identify how much they contributed towards reaching the COVID-19-related HFA caseload.

Given the significant resource limitations, the trade-off between coverage and adequacy was the main consideration behind the decision to fund a vertical expansion for all TDS and PDS clients of the UPSNP. The decision to "top-up" rather than to spread limited resources thinly across a larger number of people was motivated by the objective of providing 'meaningful support' to the most vulnerable among the UPSNP

clients (e.g. pregnant and lactating women and PDS clients who by definition are unable to work). This resulted in a more inclusive and adequate allocation of resources.

It was easier to raise and channel funds via the RPSNP than the UPSNP, due to a greater number of donors backing the former programme, more advanced system maturity and the existence of a contingency budget line for emergency scale-ups. The RPSNP has been in operation since 2005 and supported by a network of twelve donors; the UPSNP only came into existence in 2015 and is financially supported by only one donor. This speaks to the length of time it takes to establish and evolve systems that can deliver. While the RPSNP had fifteen years of experience of donor coordination, operational 'know-how', and resource mobilisation through different financial instruments, the UPSNP did not have an ex-ante financial mechanism that could be used to fund its operations. Ensuring that systems are developed, well understood and in place *before* a shock, is a foundational principle of shock-responsive social protection, and comparing the responses through RPSNP and UPSNP confirms the importance of this approach.

For both the RPSNP and the UPSNP, the timeliness and efficiency of the response would have been facilitated by a functioning programme MIS. For both programmes, these are still under development. Challenges were also encountered with the UPASS payroll system which initially did not allow for extraordinary payments, further highlighting the importance of dynamic data management systems for timely shock-responsive social protection. However, in contrast to the RPSNP, all UPSNP clients receive their monthly transfers via bank accounts, which facilitated a more timely delivery of top-up payments.

The COVID-19 crisis dramatically highlighted the vulnerability of urban populations to shocks and some of these lessons that have already started to shape the policy discussions and decisions around social safety nets in Ethiopia. Traditionally, the discourse around shock-responsive social protection in Ethiopia has revolved around the vulnerability of rural communities to droughts and the RPSNP and HFA system have been designed to respond to chronic and transitory food insecurity. Unlike the RPSNP, the UPSNP did not include any shock-responsive features when it was designed in 2015. However, motivated by the experience of the COVID-19 crisis, the new phase of the UPSNP, the UPSNJP, will include a number of design features that aim to allow the urban safety net to be scaled up more easily in case of shock.

8.2 Implications for policy

The findings of this study suggest a number of policy implications as regards strengthening the shock-responsiveness of the social protection sector in Ethiopia:

1. Plans for the integration of the RPSNP and HFA into a single rural scalable social safety net should include strategies, protocols and triggers for shock-responsiveness that **go beyond the response to droughts and traditional indicators of food insecurity**. The new 'shock responsive RPSNP' will need to be able to respond to a range of different shocks, moving beyond the one-dimensional response to drought. This will require MoA to integrate NDRMC and sector experts from different ministries into a team for both contingency and annual planning, including experts to determine triggers for non-drought shocks.

2. **Learning from experiences and over time, the new 'shock responsive RPSNP' will also need to be able to respond to a range of different shocks in locations that have not benefitted from RPSNP before.** During the occurrence of many natural and manmade disasters, programme activities may need to be expanded beyond the fixed RPSNP intervention areas. Those areas currently not covered by the RPSNP lack capacity and the infrastructure to deliver social assistance. Minimum standards for protocols, systems and infrastructure for implementation should be determined and agreement reached for the application. The new phase of shock responsive RPSNP will have retargeting exercises to expand the coverage of the programme. This can be taken as an opportunity to apply similar approach and expand the system to other geographic areas that are prone to shocks. The commitment and allocation of resources will be important to capacitate the areas that currently do not have any infrastructure for the delivery of social transfers (in cash or in kind).

3. 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. This will require the Prime Minister's Office to determine the location of the 'shock responsive' policy agenda and then for the selected agency to integrate MoA, MoUCD and MoLSA experts, and 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.

4. A contextualisation of different types of shocks is necessary, including a definition of mechanisms of response. Efforts are underway to enhance the early warning system under the vision of transforming it into **a multi-hazard system that will generate automated, timely, disaggregated and reliable indicators** which trigger operational responses. This will require strengthening the capacities within NDRMC to perform its core analytical, coordination and communications roles, across multiple sectors (expanding beyond the current focus on food insecurity and droughts).

5. The forthcoming review of the GoE's Disaster Risk Management Policy (DRMP) should specifically clarify issues regarding shock responsive component of the RPSNP, as well as understand lack of shock responsive components embedded in other GoE national programmes. Specifically, this review should include (1) roles and responsibilities for preparedness and execution within sectors (2) what triggers are in place for decision-making to shift from sectors to MoP-NDRMC (3) the location of the 'shock-responsive' policy agenda (4) the authority granted to integrate sector experts from different ministries into a team for both contingency and annual planning (5) experts to determine triggers for both drought and non-drought shocks and (6) the adequacy of existing financial instruments/mechanisms available to GoE to respond to shocks, based on historic need.

6. The current system was not able to adequately assess the population affected by the economic impacts of COVID-19. This highlights the need for **multi-sector assessments that can assess the number, location and profiles (types) of people affected by a variety of different shocks**. This will require sector level data experts, supported by

CSA, to review the current assessment tools of NDRMC, and work to integrate a broader analysis across sectors, while retaining the focus on measuring or modelling development outcomes in the lives of citizens.

7. Shortfalls in available funding were a major cause for a delayed and under-sized response to the COVID-19 outbreak. Emergency situations require a quick mobilization of resources. The **development of a disaster risk financing strategy would be 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. Given the multi-sector nature of the hazard profile of Ethiopia, the Ministry of Finance should accelerate the preparation of a national disaster risk financing strategy that identifies financial instruments to (1) build better buffers to multiple shocks; (2) restore economic activity quickly in the event of a shock and (3) protect households, assets, and livelihoods through social protection systems amongst others.

8. **Comparable financial instruments** for the UPSNP (and other social protection programmes) must be developed as part of the single *national* scalable social safety net. A common set of financial instruments across both R- and UPSNPs would standardise response times, ensure there are predictable responses and go some way to remove the (increasingly) artificial distinction between urban and rural crises. This will require the PMO to mandate the agency responsible for the 'shock responsive' policy agenda to work with MoF, MoA, MoUCD and MoLSA experts, to agree the common structures and mechanisms needed for financing responses through the R and UPSNPs, ensuring common standards, protocols and instruments across the programmes.

9. As the lead institution responsible for coordinating the social protection sector and overseeing the implementation of its strategy, the **capacity of MoLSA must be strengthened**. To provide MoLSA with a formal mechanism to execute its coordinate role, the Federal Social Protection Council must be endorsed at the highest level of the GoE. This remains a priority regardless of which agency the PMO determines should lead the shock-responsive policy agenda. Coordination mechanisms and frameworks, including the nascent Federal Social Protection Council, should also include explicit protocols for MoLSA's role in the coordination of social protection responses in cases of emergencies. **Roles and responsibilities** in such cases, especially when they are non-drought related, **must be made clearer and MoLSA should be capacitated to work with the different programmes and their implementing ministries as well as among partners**. To achieve this, a comprehensive capacity development assessment should be urgently undertaken, identifying the 'gaps' between a minimum capacity threshold for MoLSA to complete its work in line with its mandate, and their current capacity threshold. The assessment should also financially quantify the implications of its findings.

10. **Programme management information systems** need to be strengthened. Neither the RPSNP nor the UPSNP have an operational MIS and, in their absence, the programmes are using the rudimentary PASS system. According to the new 'shock-responsive RPSNP' there are also districts which have no history of RPSNP operations but are expected to implement food assistance in line with RPSNP data management systems. The COVID-19 response has shown that the current systems are not dynamic enough to allow for an easy identification of beneficiary sub-groups or extraordinary payments to

quickly respond to shocks. In the short-term, a focus should be placed on operationalising the MIS for both the RPSNP and UPSNP programmes. This will require an accelerated programme of works in both MoA and MoUDC to upgrade the current system (standardising across multiple platforms where necessary) and to ensure both RPSNP and UPSNP use common units of management. It will specifically demand the introduction (or standardisation) of a dedicated shock-responsive component to the MIS.

11. 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 data privacy and protection 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.

12. An 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 when payments are made directly into clients' bank accounts, those can be delivered in a timelier manner – which is especially important when responding to emergency situations. While RPSNP has piloted digital payments for some time, the infrastructure required for digital payments to be made nationwide is beyond the capacity – or mandate – of any one programme to implement. The development of a digital payments strategy – identifying all infrastructure needs, as well as all Government and non-Government programmes that could piggyback on such a system - would be useful to advance this issue further.

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Annex A Stakeholders interviewed

Organisation	Type
Social Welfare Development Directorate, MoLSA	Government
Food Security Coordination Directorate, MoA	Government
Protection Section, EPHI	Government
UNICEF Ethiopia	Development partner
WFP Ethiopia (various)	Development partner
World Bank (various)	Development partner
FCDO	Development partner
USAID	Development partner
Save the Children	NGO