



SOCIAL PROTECTION PLAN 2021-2025

A PLAN TO CONTRIBUTE TO SOCIAL PROTECTION'S
EXPANSION TODAY TO END EXTREME POVERTY AND
ERADICATE HUNGER TOMORROW



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This paper has been jointly produced by Action Against Hunger International social protection Working groups involving technical teams of operational headquarters of Spain, US and France, of the Regional Office for west and Central Africa and of the International Donor Unit. It has been a collaborative assignment involving contributions from the following ACF-IN colleagues: Hélène Pasquier, Céline Sinitzky Billard, Pascal Debons, Johanna Wagman, Cedric Bernard and Nicolas Lacroix. This work was initiated with the support of the earliest contributors to the Social Protection working group: Cécile Barrière, Christelle Huré, Antonio Vargas. Thanks are extended to Katharina Hackstein (consultant) for her expert facilitation. Finally, the support of various colleagues from field and HQ for their proof reading contribution, especially the one from Sarah Brousse is duly acknowledged

ABOUT THIS PLAN

Social protection is fundamental to achieve the Sustainable Development Goals (SDGs), to promote social justice and to realize the human right to social security for all. SDGs, in particular the first one: “No poverty”, call for universal social protection. Lack of social protection leaves people vulnerable to poverty, increases inequalities and social exclusion across the life cycle.¹ Social protection contributes directly or indirectly to several other SDGs, including (i) eliminating hunger by promoting food security and access to improved nutrition, (ii) ensuring

healthy lives, (iii) facilitating access to quality education, (iv) achieving gender equality, (v) ensuring clean water and sanitation, (vi) attaining decent work for all, (vii) safeguarding affordable and clean energy in healthy environment, (viii) reducing inequalities and (ix) building strong institutions.

Action Against Hunger is committed to work with the global community to contribute to the achievements of the SDGs (with a specific focus on the common SDGs 1, 2, 3, 5, 6, 13 and 16).²



Social protection systems are key to prevent and reduce poverty and inequalities at every stage of people’s lives. Social protection takes the form of affordable quality essential services such as health, education, sanitary infrastructure, as well as benefits for children, caregivers with newborns, persons with disabilities, older persons and people unable to generate revenue.³ Social protection and nutrition are intrinsically linked to poverty, which is the most important root cause of malnutrition.⁴ In order to avoid undernourished children becoming poor adults, nutrition sensi-

ve social protection is a vital element in any nutrition-sensitive investment.⁵

Given its demonstrated positive social and economic impacts, Action Against Hunger believes social protection is a crucial policy to achieve a world free from hunger.⁶ **Action Against Hunger considers that social protection systems have to be deployed everywhere, both in North and South.** For the past decades, Action Against Hunger has directly contributed to implementing or supporting many programs and initiatives relevant to social protection

¹ I. Ortiz, V. Schmitt, L. De, International Labor Organization (2019). 100 years of social protection: The road to universal social protection systems and floors Volume I: 50 country cases. Geneva

² “We are strongly committed to collective, inclusive, and concerted action, and to working together with new and long-time partners in our global community to contribute to the objectives of the 2030 Agenda for Sustainable Development and the achievement of the SDGs.” Action Against Hunger (2021). International Strategic Plan 2021-2025. p.19

³ Harold Alderman (2015) Leveraging Social protection Programs for Improved Nutrition, Summary of Evidence Prepared for the Global Forum on Nutrition-Sensitive Social Protection Programs, p.11

⁴ Food and Agriculture Organization of the United Nations (2015). Nutrition and Social protection, Rome. p.23

⁵ Harold Alderman (2015) Leveraging Social protection Programs for Improved Nutrition, Summary of Evidence Prepared for the Global Forum on Nutrition-Sensitive Social Protection Programs, p.11

⁶ “Our teams will continue to work with our partners on the front lines to strengthen social protection measures and safety nets to prevent hunger and further suffering.” Action Against Hunger (2021). International Strategic Plan 2021-2025. p.7

systems, supporting governments and institutions from early design to implementation.

Based on past and current evidence, and the experiences of social protection’s initiatives, this plan is a call to action to address core issues related to social protection. It focuses on five critical changes necessary to expand social protection today to end poverty and hunger tomorrow and on its own nutrition-sensitive contribution.

This technical plan will present how to engage, as humanitarian and development stakeholders build

ing nexus, in social protection initiatives led by government, in accordance with our capacity and expertise. This plan provides a diagnosis of these key challenges and the specific solutions needed to turn things around over the coming years. These solutions require a collective effort at global, regional and national levels. This plan lays out Action Against Hunger’s commitments and contributions to these joint efforts to strengthen government-led systems. For Action Against Hunger, this plan is not a stand-alone initiative but contributes to an ongoing reflexion process based on our expertise in different areas to end hunger.



WHAT IS SOCIAL PROTECTION?

Social protection is a basic human right enshrined in several international human rights instruments such as the Universal Declaration of Human Rights (1948), the International Covenant on Economic, Social and Cultural Rights (1966), the Convention on the Elimination of all Forms of Discrimination Against Women (1979) and the International Convention on the Rights of the Child (1989).

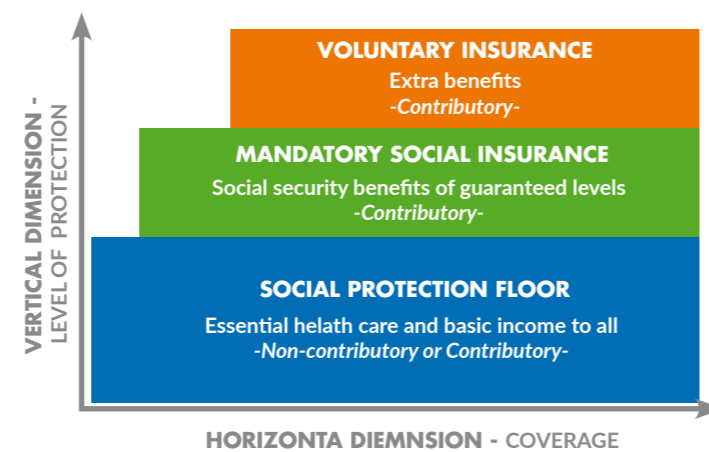
Action Against Hunger understands social protection as⁷: *“Public policies that provide predictable and accurate services, to protect everyone against livelihood and lifecycle risks, by addressing chronic poverty and guaranteeing universal access to essential services; with the overall objective of realization of the economic, social and cultural rights indispensable for human dignity, from conception to death”.*

Social protection refers to complex comprehensive systems of laws and policies (e.g. water governance, labour market policies), social assistance and insurance schemes (e.g. safety nets, contributory pensions, health insurance), and basic public services (e.g. health, education, nutrition, water, sanitation).

Through its non-contributory aspect, notably through free and quality public services such as Universal Health Coverage, social protection is a key tool for transformational change regarding inequalities, and especially gender inequalities. Indeed, social protection contributes to a more

inclusive and redistributive society through universal protection floors; as basic set of services and benefits, framed by the International Labour Organization (ILO) that enables and empowers all members of a society to access a minimum of goods and services.⁸ ILO also represents all the contributory aspect of Social Protection Systems in its staircase, which tend to drive transformational changes to bridge inequalities.

Figure 1: ILO Staircase adapted representation



In 2012, ILO's Recommendation No. 202 sets out that member states should establish and maintain national social protection floors as a nationally defined set of basic universal social assistance guarantees and services aiming at preventing or alleviating poverty, vulnerability, and social exclusion. These guarantees should ensure that, over

the life cycle, everybody has access to, at least, essential health care and basic income security. These together ensure effective access to essential goods and services defined as necessary at the national level.⁹ This recommendation was signed by 185 countries of all levels of development and endorsed by the G20 and the United Nations.¹⁰

Action Against Hunger commits to contribute to the universality of social protection systems, i.e. ensuring full coverage of population through social protection floors, before increasing level of protection (also referred to the horizontal dimension of the ILO staircase before investing in the vertical one). In that regard, graduation programmes aiming to provide a sequenced and intensive package of support to very poor people, with the objective of facilitating their movement out of extreme poverty towards resilient and sustainable livelihoods, is not our sole and primary objective.

The reach of social protection programs has grown extensively since the 1980s but its integration into the development and humanitarian work is relatively recent.^{11/12} Despite significant progress in the extension of social protection in many parts of the world, the human right to social protection is not yet a reality for a majority of the world's population. Preliminary data shows that in 2019, only 45% of the world's population was effectively covered by a social protection system,

while the remaining 55 % – as many as 4 billion people – were left unprotected. Those ones left behind live mostly in Asia and the Pacific and in Africa, where respectively only 36% and 18% of the population is somehow covered by social protection systems.¹³

The COVID19 pandemic has put social protection in the spotlight. Governments and development actors have significantly increased the reach of social protection by introducing new schemes or extending pre-existing ones. A total of 200 countries/territories have put in place more than 1055 social protection specific measures between March and July 2020. Despite those efforts, through which over a billion individuals benefitted from social assistance in various ways, social protection coverage remains insufficient. Most of the COVID19 response through social protection were short term (in average designed for 3 months). The average coverage barely reached 14% of the population with major differences between countries (from no specific coverage up to the whole population). Per capita spending is also highly uneven from beginning of the COVID crisis to June 2020: this ranges from \$121 in high income countries to a mere \$1 in low-income settings; similarly, South Asia only provides \$3/capita.¹⁴

⁷ Freely adapted from Devereux S., Sabates-Wheeler R., IDS Working Paper 232, « Transformative Social Protection », 2004, Brighton and articles 22 and 25 of Universal Declaration of Human right proclaimed by the United Nations General Assembly, in Paris, on 10 December 1948 and CaLP glossary

⁸ High Level Panel of Experts on Food Security and Nutrition of the Committee on World Food Security report (2012). Social Protection for food security. Rome. p.25

⁹ International Labour Organization (2015). World Social Protection Report for 2014-2015. Building economic recovery, inclusive development and social justice. Geneva. p.163

¹⁰ International Labour Organization (2015). World Social Protection Report for 2014-2015. Building economic recovery, inclusive development and social justice. Geneva. p.22

¹¹ Harold Alderman (2015) Leveraging Social protection Programs for Improved Nutrition, Summary of Evidence Prepared for the Global Forum on Nutrition-Sensitive Social Protection Programs,

¹² Gentilini, U. & Omamo, S.W. (2011). Social Protection 2.0: Exploring Issues, Evidence and Debates in a Globalizing World. Food Policy: 36(3):329-40

¹³ International Labour Organization (2019). World Social Protection Report for 2017-2019 - Universal social protection to achieve the Sustainable Development Goals. Geneva

¹⁴ Ugo Gentilini (World Bank), Mohamed Almenfi (WB), Pamela Dale (UNICEF), Ana Veronica Lopez (WB), and Usama Zafar (WB)(July 10, 2020). Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures "Living paper" version 12. Washington

1. SOCIAL PROTECTION FLOORS ARE HORIZONTALLY EXPANDED OVER THE LIFE-CYCLE

1.1. THE CHALLENGES

1.1.1. Designing, implementing and maintaining a minimum set of basic transfers or entitlements to access essential goods and services over the life-cycle remains a huge challenge. **Prioritisation of basic quality social care services** (health, water, education...) **by governments is insufficient**, and while essential services of different quality are provided, social assistance schemes remain underdeveloped.¹⁵ Consequently, many health systems fail to effectively reach the poor and vulnerable and ensure equitable access to essential healthcare services.¹⁶

1.1.2. From a human rights' perspective, food and nutrition security are key components of a comprehensive social protection package.¹⁷ **While social protection contributes in theory to several other SDGs,¹⁸ there is in practice a lack of integrated social protection packages or systems to tackle interconnecting and complex vulnerabilities.** Leaving no one behind requires spending funds well but also fostering multisectoral action to address

the specific risks and vulnerabilities throughout the life-cycle.

1.1.3. Social protection funding and programmes are usually fragmented and in support of narrow sectoral approaches. Many problems of existing social protection programs are due to lack of cohesion in social and economic planning or inconsistencies between different parts of the social protection system.¹⁹ Few donors have the mandate to cover all the social protection floors, often resulting in weak impact of social protection.

1.1.4. Efforts to guarantee a basic set of social guarantees for all are further complicated by the time dimension as the level of needs may vary over time. Social protection is often insufficiently adapted to seasonal variations, which are likely to worsen with climate changes. Rural livelihoods are strongly affected by seasonal variations but are increasingly less considered.²⁰ The same applies to health risks, hunger and malnutrition

¹⁵ "ILO estimates show that the right to health is not yet a reality in many parts of the world, especially in rural areas where 56 per cent of the population lack health coverage as compared to 22 per cent in urban areas." International Labour Organization (2019). World Social Protection Report for 2017-2019 - Universal social protection to achieve the Sustainable Development Goals. Geneva. p. xxxii

¹⁶ "Globally and for many countries, the pace of progress has slowed since 2010. Progress requires considerable strengthening of health systems to provide UHC, particularly in lower income settings. (...) In 2017, between one-third and half the world's population (33% to 49%) were covered by essential health services." World Health Organization (2019). Primary Health Care on the Road to Universal Health Coverage 2019 Monitoring Report. Geneva. P. 2

¹⁷ De Groot, R., Palermo, T., Handa, S., Ragno, L.P. and Peterman, A. (2015). Cash Transfers and Child Nutrition: What we know and what we need to know, Innocenti Working Paper No.2015-07, UNICEF Office of Research, Florence p.6

¹⁸ International Labour Organization (2019). World Social Protection Report for 2017-2019 - Universal social protection to achieve the Sustainable Development Goals. Geneva. p.3

¹⁹ Asian Development Bank (2003), Social protection: Our framework policies and strategies, Manila. p.46

²⁰ J. Kaminski, L. Christiaensen and C.L. Gilbert, The World Bank (2015) Does seasonality continue to permeate African rural livelihoods? Summary available on the website in July 2021: <http://www.worldbank.org/en/region/afr/publication/agriculture-in-africa-does-seasonality-continue-to-permeate-african-rural-livelihoods>

which change because of seasonal variations and impact service delivery.

1.1.5. Protracted crises affect a significant portion of populations through heightened risk of

death, disease, and breakdown of livelihoods.²¹ They are addressed by donors through annual, short-term funding. Current solutions are not adequate to address the long-term needs of these populations and build resilience.

1.2. SOLUTIONS

1.2.1. The rapid expansion of the horizontal coverage of universal social protection floors should be prioritised in support to the sustainable development of a country. This expansion has to be built on national effort already in place which promote quality basic social services delivery as free health care policies, water network... Rural areas should not be excluded.

1.2.2. Since poverty is multidimensional, **social protection schemes should be designed as part of an integrated package** ensuring that all people going through the contingencies mentioned by ILO 202 recommendation are included, (particularly children – from infant to school-aged-, pregnant women and caregivers with new-borns, elderly), including marginalized groups (due to their gender, beliefs, nationality, ethnicity, status...), to avoid leaving anybody behind. Instruments and programmes providing basic income security and universal health coverage should be designed according to the specific needs and risks of these groups throughout the life-cycle, ensuring they are gender transformative and responsive to people with disabilities.

1.2.3. Multi-sectoral funding should be made available to address complex needs where re-

levant. Close collaboration is needed to ensure that social protection and other development policies are consistent and mutually supportive.²²

1.2.4. Social protection systems should be responsive to seasonal variations (such as recurrent pikes of diseases) and households' needs (such as lean season, winter allowance) and include specific support to needs that occur during a predictable time of the year (such as start of the school year).

1.2.5. The situation of people living in conditions of protracted crisis should be examined regarding their eligibility for multi-annual funding and integrated into the long-term policy and social protection design.



²¹ "Humanitarian coalition, Factsheet: Protracted crises, Canada. Webpage available on the website in July 2021: <http://humanitariancoalition.ca/protracted-crises>

²² Asian Development Bank (2003), Social protection: Our framework policies and strategies, Manila. p.46

1.3. OUR CONTRIBUTION

1.3.1. ACTION AGAINST HUNGER will provide its expertise in order to foster horizontal expansion of social protection floors over the life cycle. This expertise includes analysis of the determinants of nutrition insecurity, analysis of the wider systems in which social services are governed and organized such as health systems strengthening (HSS) projects to inform social protection initiatives/ design, and delivery of quality services and assistance in terms of health, WASH, DRM, and social safety nets. We will continue to contribute to international and national efforts to achieve Universal Health Coverage through HSS dynamics including better inclusion of nutrition and mental health in primary health services.²³

1.3.2. ACTION AGAINST HUNGER will provide its nutrition security lens to ensure children under five, adolescents and pregnant and lactating women's specific needs are considered within social protection policies. We will also push for gender transformative considerations in the design and implementation of the social protection schemes.

1.3.3. ACTION AGAINST HUNGER will advocate towards donors for funding of the setting-up and scaling-up of universal social protection floors, as well as multi-sectoral funding, to assure that complex needs are addressed. We will also search for new donors and innovative funding mechanisms, which allow multi-sectoral and sustainable funding. We also contribute to allow flexible and innovative institutional arrangements, bringing all possible relevant partners together under well-regulated sectoral policies, government's administrative oversight to ensure good governance and affordable services.

1.3.4. ACTION AGAINST HUNGER will advocate towards national governments for the setup of universal social protection floors, including seasonal responsive social protection schemes that cover challenges over the life cycle. We will provide the required support until national systems have reached maturity.

1.3.5. ACTION AGAINST HUNGER will also keep pushing for the availability of long-term and multi-annual funding to address protracted crises.

2. SOCIAL PROTECTION SCHEMES COVER ALL PEOPLE IN NEED

2.1. THE CHALLENGES

2.1.1. Existing targeting systems have not been sufficiently assessed to demonstrate their accuracy. Targeting create an artificial divide within highly vulnerable populations as differences between beneficiary and non-beneficiary are often very thin or non-existent. The different targeting methodologies like the proxy means testing (PMT) promoted by the World Bank have their drawbacks, just as different forms of community targeting.²⁴ Country specific assessments are only available for few countries.²⁵ High socio-economic mobility generally causes invalidation of most targeting after only several months of use or very high cost to maintain a continuous targeting approach.

2.1.2. Targeting strategies of social protection programmes are not fully aligned with their objectives and not built on comprehensive criteria, which do not take into consideration people's specific vulnerability. Ensuring that all pregnant and lactating women, children under five years old, the youth, the elderly, persons with disability, and most marginalised people, whether living in urban or rural areas, benefit from social protection schemes is critical.

2.1.3. If women are often targeted by social protection programs, more could be done to ensure that they are truly economically empowered through gender sensitive protection schemes.

2.1.4. In many countries coverage of social protection schemes is low. At the global level, only 35% of children are covered by child and family benefits, only 41% of caregivers with new-borns receive maternity benefits. 56% of the global rural population lacks health coverage. Inequities at the regional and national levels result in significant geographical differences in health and livelihoods status, access to health services and livelihoods opportunities and financial protection. **Insufficient mobilisation of domestic resources,** which results from low political commitment on the issue, **is one of the reasons for this low and unequal coverage.** Thus, governments allocate, for example, only 0.4% of GDP to child and family benefits, ranging from 2.2% in Western Europe to 0.2% in Africa, Asia and the Pacific.²⁶ Overall, low-income and middle-income countries devote about the same level of resources to social safety nets (1.5 and 1.6 % of GDP, respectively), while richer countries spend 1.9 % of GDP.²⁷

2.1.5. Often people in need do not have sufficient information as to their rights, which further restricts their access to complaints, referral or legal mechanisms.²⁸ Most of the assistance programming are also missing the point to inform properly the population due to weak information management, poor translation and lack of culturally appropriate and accessible communication.

²⁴ S. Kidd, D. Athias. Development Pathways (2020). Hit and Miss: An assessment of targeting effectiveness in social protection with additional analysis. London

²⁵ The World Bank (2012). West bank and Gaza: targeting assessment of the cash transfer program (Report ACS890), Washington.

²⁶ International International Labour Organization (2015). World Social Report for 2014-2015. Building economic recovery, inclusive development and social justice. Geneva. p. xxii

²⁷ The World Bank (2015). The State of Social Safety Nets. Washington. p.2

2.2. SOLUTIONS

2.2.1. Universal approach to social protection should always be prioritized, including through the development of robust affordable essential services.

2.2.2. To minimize inclusion and exclusion errors, when targeting benefits and services, **quality assessments of targeting accuracy and impact evaluations for specific countries have to be conducted.** This will help calibrating existing targeting systems or deciding which targeting system meets best the set objectives. It is important to build an evidence base to inform current and future interventions, improve their effectiveness and to identify principles that can be applied to other contexts and used for scaling-up efforts. Furthermore, nutrition-sensitive targeting needs to be put into practiced in all social protection interventions in order to have an effect on nutrition.

2.2.3. Social protection programs must explicitly target women, with gender equality objectives to contribute to women's economic empowerment, by: (i) ensuring coordination with gender transformative development interventions to increase their quality access to public services (education, health and WASH services), (ii) guarantying women's authentic participation, (iii) promoting women's access to goods and resources, taking into consideration their workload and domestic constraints. Social protection interventions that specifically target resources towards women can contribute to improved food and nutrition security by increasing women's autonomy, their control over resources, and their decision-making power relative to nutrition and health issues.

2.2.4. There is a need for evidence-based arguments to convince policy-makers that investing scarce resources in social protection programmes is a cost-effective and good governance exercise in the long term, because of their impact on poverty reduction or on food and nutrition insecurity. **Governments should be encouraged to use different funding mechanisms**, in accordance with ILO's guidelines on fiscal space for social protection²⁹, in order to **maximize the affordability of social protection policies**, including affordable essential health services.

2.2.5. Information should be made available to the targeted population together with access to an appropriate complaint and legal mechanisms that can be easily accessible and accountable. Furthermore, to make sure people are aware of their rights, social protection policies and programs should include communication with community and information sharing practices.



2.3. OUR CONTRIBUTION ASSETS

2.3.1. ACTION AGAINST HUNGER will prioritise the implementation of universal social protection programs when technically feasible including Universal Health Coverage.

2.3.2. ACTION AGAINST HUNGER will advocate for and/or collaborate in quality assessments on targeting accuracy.

2.3.3. ACTION AGAINST HUNGER will also monitor coverage of social protection systems and their gender transformational aspect especially in areas where we have particular expertise such as nutrition security and universal health coverage and its specific focus on under five children and women from adolescence to the end of their reproductive age.

2.3.4. ACTION AGAINST HUNGER will participate in the development of evidence on cost-effectiveness of social protection programs, particularly when universal, through their impact on food and nutrition insecurity, in order to advocate for improved political commitments and increase of domestic resources for social protection.

2.3.5. ACTION AGAINST HUNGER will contribute to the strengthening of an effective and user-friendly accountability system, easily accessible to people in need. We will work on the demand side of care with people-centred approach.³⁰

²⁸ Social Protection and Human Rights platform (2015). Key issues: Social protection Systems. Webpage available on the website in July 2021: <http://socialprotection-humanrights.org/key-issues/social-protection-systems/>

²⁹ International Labour Organization (2019). Fiscal Space for Social Protection: A Handbook for Assessing Financing Option. Geneva

³⁰ Action Against Hunger (2021). Health Systems Strengthening Strategy 2021-2025. p.8

3. SOCIAL PROTECTION SCHEMES COVER ALL PEOPLE IN NEED

Please note that, in this document, we consider the concept of shock refers implicitly to covariate shocks, those that affect large numbers of people and/or communities at once, such as droughts, floods, earthquakes, epidemics, conflicts...

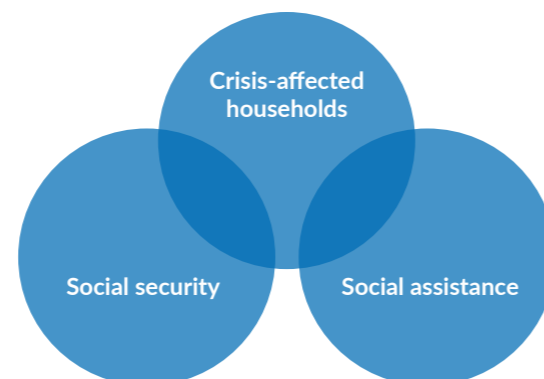
3.1. THE CHALLENGES

3.1.1. The primary focus of social protection is to address structural poverty and access to basic services, not to assist victims of disasters. In that sense, **not all social protection systems have a shock responsive component and schemes are based on the assumption of static needs**, not allowing an adequate in- and out-flow for beneficiaries. Social protection systems can potentially be severely disrupted by shocks. Not all social protection systems are institutionally mature enough to manage a shock responsive component. National social protection systems face challenges particularly when faced with shocks that affect a substantial share of the population or affect their functioning. In these cases, the existing social protection system is stretched to its limits and unable to deal with the new challenges in a timely and adequate manner.

3.1.2.³¹ **Rapid onset shocks, linked with natural** (e.g. earthquakes, volcanoes, tsunamis), **socio-natural** (e.g. climate change, floods, droughts) **or anthropogenic** (e.g. epidemics outbreak, conflicts) **hazards, will generate new needs** instantly.³² Due to the unpredictable nature of rapid onset shocks, these new needs are **likely**, at least to some extent, **to be unrelated to the ones covered by an existing social protection system**. Social protection system, particularly health system, are not sufficiently resilient to prepare, absorb and eventually transform

after the occurrence of a shock. New geographical areas or segments of the population will seek assistance. This problem can be particularly acute in conflict zones outside the reach of established social protection systems or due to large epidemics.

Figure 2: Differences between households affected by shock and those receiving social protection, graph from Mc Cord. 31



3.1.3. Slow onset shocks, like droughts, will pause on the difficult question of the triggering of the shock responsive component. Questions around the “breaking point” of existing social protection beneficiaries or the integration of new beneficiaries with similar characteristics will emerge.

3.1.4. Humanitarian coordination and disaster risk management systems are insufficiently linked with social protection systems. Apart from often

accessing similar early warning systems, truly encompassing preparedness and response frameworks are lacking. Learning is insufficiently shared among stakeholders due to poor

collaboration. This results in parallel intervention and ad hoc coordination with a risk of loss of efficiency or gap in coverage.

3.2. SOLUTIONS

3.2.1. Joint preparedness linking social protection and humanitarian actors under a disaster risk management umbrella is key for an efficient shock response. **Multi-risks analysis, surveillance system use, scenario planning, response triggers and prepositioning should be systematically conducted together.** With a gradual shift to cash transfer as the most efficient tool for humanitarian intervention, attention in preparedness should evolve from prepositioning goods to prepositioning data, such as registry of population or payment transfer networks.

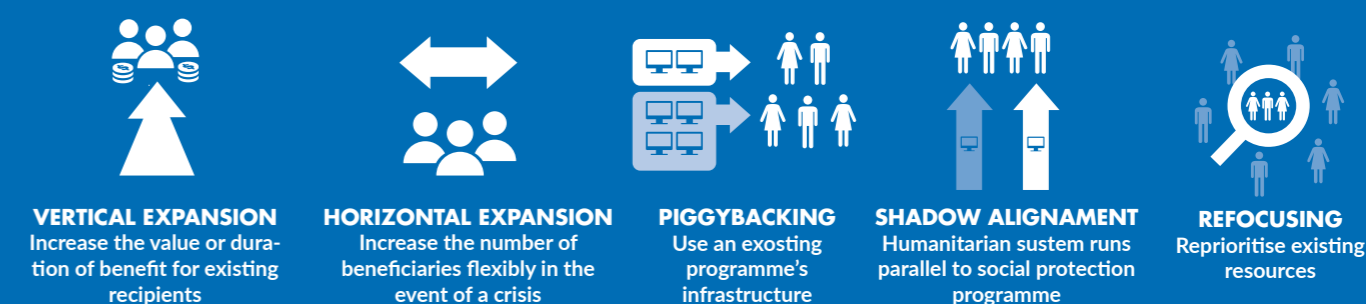
3.2.2. The options for shock-responsive social protection are manifold. Each model has strengths and weaknesses and will depend on the nature of the disaster risks, the existing social protection system and its institutional robustness.

One option is to **make adjustments** to the design of the core programme. Another option is **piggybacking** to using elements of the existing social protection system for the specific emergency response such as beneficiary lists, staff, or payment systems. A **vertical expansion** is the temporary

increase in the value of social assistance to meet the households' additional needs (i.e. a top-up). A temporary **horizontal expansion** would allow the inclusion of a new caseload to the national social protection programme, and presents the particular advantage of favoring a more universal approach to social protection. Designing a humanitarian response which is **aligned to existing or planned national social protection programmes**, without integrating the two is also an option. Governments may align their systems with those of humanitarian agencies or vice versa.³⁴ Based on an analysis of the current conditions in countries, humanitarian actors and other social protection actors should analyse which approach to take.³⁵

3.2.3. Shock responses related to income transfer need sound and contextualized modalities. Research and studies on potential universality, targeting and triggering criteria, timing and scale of transfer, to name a few, are needed for efficient shock responsive social protection. Update of those learning need to be then shared through collaboration between stakeholders to build better systems.

Figure 3: Response to shocks linked to Social Protection Systems, graph from OPM & al. 33



³³ Graph from Oxford Policy Management, Overseas Development Institute, Cash Learning Partnership and International Network Availability of Scientific Publications in C. O'Brien, Z. Scott, G. Smith, V. Barca, A. Kardan, R. Holmes, C. Watson, J. Congrave (2018). Shock-Responsive Social Protection Systems Research - Synthesis Report. OPM, Oxford

³⁴ C. O'Brien, Z. Scott, G. Smith, V. Barca, A. Kardan, R. Holmes, C. Watson, J. Congrave (2018). Shock-Responsive Social Protection Systems Research - Synthesis Report. OPM Oxford. p. iv

³⁵ N. Kukrety, Cash Learning Partnership (2016). Working with cash-based safety nets in humanitarian contexts. Guidance note for humanitarian practitioners.

³¹ Graph from McCord, A. (2013) ODI Shockwatch: Review of the Literature on Social Protection Shock Responses and Readiness. ODI, London in Clare O'Brien and al (2016) DFID Shock-Responsive Social Protection Systems research: literature review. OPM, Oxford

³² Classification of hazards based on United Nations Office for Disaster Risk Reduction, Terminology: Hazard webpage available on the website in July 2021: <https://www.undrr.org/terminology/hazard>



3.3. OUR CONTRIBUTION

3.3.1. ACTION AGAINST HUNGER will advocate towards national governments and international donors for the gradual setup of shock responsive social protection systems in pace with the capacity of existing systems to absorb this component efficiently.

3.3.2. ACTION AGAINST HUNGER will actively engage in shock preparedness involving disaster risk management, social protection and humanitarian actors, by providing human resources, expertise, data analysis, and logistics as required. We will also support local health authorities in preparing and responding to shocks, including seasonal and exceptional epidemics, while promoting the continuity of essential health and nutrition services.³⁶

3.3.3. ACTION AGAINST HUNGER will, even in emergency settings, contribute to reinforce existing social protection systems by articulating its responses around it. We then will thrive to ensure tailored-made systems; by offering our emergency expertise to governments for the development of country owned and sustainable shock responsive systems.

3.3.4. ACTION AGAINST HUNGER will continue proactively participating in multistakeholders coordination efforts in particular to link existing groups or platforms around social protection with humanitarian coordination systems. We will also contribute to explore new ways of alliances and partnerships especially for exploring financing options for shock-responsive social protection. We also continue to share all the learning we produce and published evidence-based article.

4. SOCIAL PROTECTION IS PROPERLY IMPLEMENTED TO PROMOTE GOOD NUTRITION AND GENDER EQUALITY

4.1. THE CHALLENGES

4.1.1. The Grand Bargain, a shared set of commitments on how to improve humanitarian responses' efficiency, and how to address the humanitarian funding gap³⁷, identified a weak alignment of humanitarian and development programming in particular regarding social protection.³⁸ **Fragmentation and lack of coordination across programmes, actors and levels of government responsible for implementing social protection** increases the likelihood that measures will be ineffective, and that the rights of people in need will be infringed upon.³⁹ Where multiple initiatives exist, each of them implemented by numerous ministries or civil society organisations, there is a risk that initiatives will overlap, undermining their efficacy and jeopardising the holistic approach required by social protection.

4.1.2. Often the **affected population supposed to benefit from social protection is insufficiently involved in the design** of the social protection scheme. Engagement with the population is weak or inadequate, which leads to a lack of accountability.

4.1.3. Greater transparency has been identified as a challenge in the Grand Bargain. Lack of information, poor understanding of programming and limited access to feedback mechanisms are also often raised by the population, civil society actors operating in the area and sometimes by local authorities. **Limited access to information by beneficiaries impedes their ability to claim their rights**, and increases the likelihood that resources allocated to social protection programmes will be mismanaged or diverted.⁴⁰

4.1.4. Social protection, beyond addressing poverty, protecting against risks or enhancing rights, has the potential in some contexts to actively promote and raise other crucial well-being dimensions. **Opportunities exist, but are not always fulfilled, for social protection to create synergies with allied sectors and to actively advance good nutrition, gender, economic empowerment or climate adaptation.** One of the reasons is that institutional anchorage of social protection is context-specific and multi-level governance is not always appropriate.

³⁷ ICVA (2017). The Grand Bargain Explained: An ICVA briefing paper. Geneva

³⁸ The Grand Bargain (2016). A Shared Commitment to Better Serve People in Need. Istanbul. p. 6

³⁹ M. Sepúlveda & C. Nyst (2012), The Human Rights Approach to Social Protection, Ministry of Foreign Affairs of Finland, p.30

⁴⁰ M. Sepúlveda & C. Nyst (2012), The Human Rights Approach to Social Protection, Ministry of Foreign Affairs of Finland, p. 54

³⁶ Action Against Hunger (2021). Health Systems Strengthening Strategy 2021-2025. p.10

4.2. SOLUTIONS

4.2.1. Social protection programming should ensure coherence, coordination, and create synergies between the various sectors of national social protection programmes, which then should frame the other related development programmes and humanitarian activities.

4.2.2. Accountability to affected people reaffirms their dignity and right, to benefit from quality programming.⁴¹ Social protection programs need to be accountable. Programming should include dedicated feedback systems and complaint mechanisms, appropriate information sharing and raise awareness among the beneficiary population and civil society. Participatory mechanisms must ensure that participation is authentic, takes into account the existing asymmetries of power within the community, and is tailored to ensure the broadest participation possible by vulnerable and disadvantage groups.⁴² This accountability should be gender-sensitive, age-appropriate and contribute to the empowerment of all people in need.

4.2.3. Transparency towards all stakeholders engaged in social protection coordination, donors and beneficiaries should come into play regarding the quality of the implementation of social protection activities, encompassing all core components of the programme – including needs ‘assessment, targeting mechanisms,

eligibility criteria, benefit levels, complaints and redress mechanisms...

4.2.4. Coherence and complementarity of social protection instruments is essential. Where possible and relevant, social protection should explicitly commit to nutrition, gender, economic empowerment and climate adaptation objectives and adopt designs that enable an efficient mainstreaming of these elements. Effective dialogue among different state actors is a necessity for reaching universal social protection.



4.3. OUR CONTRIBUTION

4.3.1. ACTION AGAINST HUNGER will contribute to and advocate for the creation of a social protection platform, or to link existing ones together, to assure coherence, coordination, and to create synergies. We will also participate in conducting referrals and case management where appropriate.

4.3.2. ACTION AGAINST HUNGER will promote the participation of community and civil societies in the governance of social protection systems such as in health systems.⁴³ We will ensure that local civil societies are part of the discussion and capacity and resources are shared, to have a greater voice in setting up and monitoring social protection schemes.

4.3.3. ACTION AGAINST HUNGER will promote and participate in efforts related to data sharing to guarantee access to social protection to all persons in need and to avoid duplication. We will also advocate for access, publication, and dissemination of data and information to all, in conformity with data protection standards.

4.3.4. ACTION AGAINST HUNGER will strive to mainstream good nutrition, gender and economic empowerment in social protection systems by capitalizing on its relevant sectoral expertise. More specifically, we will push for (i) universal health care that ensure access to quality essential health services, that include nutrition services according to context's specificities and (ii) safety nets that pay specific attention, in their targeting and modality of transfers, to nutrition at-risk groups, gender-based realities and livelihood strategies of the poorest.

⁴¹ Peer to Peer Support, IASC (2017). Collective Accountability to Affected People Practical steps for Humanitarian Coordinators and Humanitarian Country Teams. p. 1

⁴² M. Sepúlveda & C. Nyst (2012), The Human Rights Approach to Social Protection, Ministry of Foreign Affairs of Finland, p. 60

⁴³ Action Against Hunger (2021). Health Systems Strengthening Strategy 2021-2025. p.8

5. SOCIAL PROTECTION POLICY IS EVIDENCE-BASED

5.1. CHALLENGES

5.1.1. Difficulty exists for social protection actors to **have dedicated resources** (time, human resources, money, technical expertise, access, partnership, authorization...) to **produce good quality evidence and/or learning**. And this is surprising considering the cost of social protection measures.

5.1.2. There is a common agreement among the humanitarian community that there is an **insufficient uptake** by practitioners of research and learning results. One critical element is the lack of linkages between academics, field practitioners and communities.

5.1.3. Moreover, evidence gaps for better operationalization of social protection are **not**

well identified. And this makes decision on which questions to prioritize for research impossible.

5.1.4. Social protection per definition can contribute to different outcomes: poverty reduction, gender equity, good nutrition and health, etc. and it is currently **difficult to measure social protection outcomes**.

5.1.5. As for any type of humanitarian and developmental aid, social protection needs **integrating more sustainable environmental practices into its design**, but the resources, tools, knowledge and evidence are still completely missing in that specific area of expertise.

5.2. SOLUTIONS

5.2.1. Dedicated resources for experimental research designs and implementation research should emerge to support evidence-based development and ensure quality of social protection implementation. Operational learning platform should also be funded to close the gap between academic and operational knowledge. This will contribute to make investment in social protection measures even more efficient and impactful.

5.2.2. The use of evidence in social protection implementation should be increased, particularly in the development of uptake strategies involving national social protection actors to inform operational stakeholders on a regular basis about evidence-based

effective programming on social protection.

5.2.3. Relevant and operation-oriented research questions should be identified in order to develop a **specific plan on research for social protection**

5.2.4. The measurement should be contingent on the identification of **appropriate indicators** that can be compared across humanitarian and social protection responses, and **that cover outcomes and impacts**, as opposed to simply inputs and outputs indicators.⁴⁴

5.2.5. Include **environmental analysis** of the ecosystem of implementation should be the very first step in any social protection design to then

assess the environmental risk of social protection activities implemented. Once the risks for the ecosystem are clearly stated, the design of social protection scheme needs to **integrate dedicated mitigation measures** to obtain the most eco-friendly framework possible to avoid contributing to the climate crisis and specific risks linked to them, which then should be addressed through shock responsive social protection.



5.3. OUR CONTRIBUTION

5.3.1. ACTION AGAINST HUNGER will continue implementing quality operational research and learning to facilitate evidence-based implementation for different activities across social protection programming.

5.3.2. ACTION AGAINST HUNGER will link uptake strategy to any research project to ensure the findings are reflected and possibly taken up in social protection policies and implementation. We will promote uptake and operational research platforms to centralise and learn on existing effective operational social protection systems.

5.3.3. ACTION AGAINST HUNGER will advocate for and contribute to reporting on the impact of a global social protection package across the social protection floor, which should be a cost-effective multi-sectoral package of assistance and services relevant to the country in question. We will study and act collectively on the factors of inequities (e.g. social inequalities, multi-sectoral determinants), especially toward access to health.⁴⁵

5.3.4. ACTION AGAINST HUNGER will support developing social protection monitoring platforms/tools, considering involvement of academic research for establishing valid indicators including nutrition security and gender outcomes indicators.

5.3.5. ACTION AGAINST HUNGER actively contributes to the development of the Health part of the Nexus Environmental Assessment Tool (NEAT+)⁴⁶, which is a key part of the environmental risk assessment of social protection policies. We will then use these tools routinely in our programming, including in our contribution to social protection systems and support governments to take environmental mitigation measures in their national social protection system.

⁴⁵ Action Against Hunger (2021). Health Systems Strengthening Strategy 2021-2025. p.7

⁴⁶ The Nexus Environmental Assessment Tool (NEAT+) is a rapid and simple project-level environmental screening tool developed by the UNEP/OCHA Joint Environment Unit, USAID, UNHCR, NRC, IUCN, WWF and other partners that allows humanitarian actors to quickly identify issues of environmental concern before designing longer-term emergency or recovery interventions. The tool is available on the Environmental Emergencies Centre website available in July 2021 : <https://eecentre.org/resources/neat/>

