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#2018-017

**Institutional factors and people's preferences in the
implementation of social protection: the case of Ethiopia**
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UNU-MERIT Working Papers

ISSN 1871-9872

Maastricht Economic and social Research Institute on Innovation and Technology

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Institutional factors and people's preferences in the implementation of social protection: the case of Ethiopia^{*}

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Draft – March 2018

Abstract

Effective implementation of social protection interventions is key for achieving positive impact, but factors underpinning quality of implementation have not been widely explored. Recent literature on determinants of social protection expenditures indicates that quality of institutions and people's preferences play an important role. This paper builds on this literature to explore the linkages between quality of institutions and people's preferences in relation to the quality of implementation of social protection interventions. It does so by using Ethiopia and one of the largest social protection programmes in Sub-Saharan Africa – the Productive Safety Net Programme – as a case study, thereby contributing to debates of how social protection can be implemented more effectively, particularly in settings with widespread poverty, relatively low levels of institutional capacity and rapid scale-up of programmes. Based on primary qualitative data, the paper finds that greater institutional quality is associated with more effective implementation of social protection interventions. The ability to voice preferences can lead to adaptations in implementation, although the extent to which this occurs is highly gendered.

JEL codes: H11, H53, I38.

Key Words: Social protection, Institutions, Public policies, Ethiopia.

^{*} We thank Michael Cichon, Franziska Gassmann, Pierre Mohnen, seminar participants at Maastricht Graduate School of Governance - UNU-Merit and UNICEF Ethiopia for their inputs and advices. We also thank Dereje Kebede, Ebrahim Jemal, Seid Mohammed, Tigist Worku, Abdi Yuya for supporting qualitative data collection. The usual disclaimer applies.

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Acronyms

AN	Arsi Negele (Woreda)
AT	Adami Tulu (Woreda)
BCC	Behaviour change communication
CCC	Community Care Coalition
CFSTF	Community Food Security Task Force
DA	Development Agent
DS	Direct Support
FGD	Focus group discussions
FPW	Female Public Work clients
HEW	Health Extension Worker
IN-SCT	Integrated Basic Social Services and Social Cash Transfer
KII	Key informant interviews
KFSTF	Kebele Food Security Task Force
KC	Kebele Chairman
KM	Kebele Manager
MPW	Male Public Work clients
PDS	Permanent Direct Support
PLW	Pregnant and lactating women
PSNP	Productive Safety Net Programme
PW	Public Work
SW	Social Worker
TDS	Temporary Direct Support
UNICEF	United Nations Children's Fund

1 Introduction

In the last decades low- and middle-income countries have increasingly established and expanded their social protection systems, reaffirming the important role of social protection investments (Cichon, Hagemeyer, & Woodall, 2006; Cichon, ILO, & ISSA, 2004; Morel, Palier, & Palme, 2012; World Bank, 2012). Social protection is important for alleviating poverty (Barrientos & Hulme, 2010; Barrientos, Hulme, & Shepherd, 2005), responding to its symptoms as well as addressing its causes (World Bank, 2001). There is now also widespread evidence regarding the effectiveness of social protection programmes towards improving social cohesion and effectively redistributing wealth among different categories in the population (Jutting & Prizzon, 2013; OECD, 2009).

Effective implementation of interventions is crucial for affecting change (Bastagli et al., 2016). Evaluations of cash transfer programme find that regular and consistent payments, and appropriate messaging about behaviour change constitute important mediating factors in achieving effects (Bastagli et al., 2016; Daidone, Davis, Handa, & Winters, 2017). Evidence from comprehensive graduation programmes that combine a range of livelihood-oriented support indicates that the supply of appropriate assets and positive relationships between beneficiaries and programme staff are vital for positive impact (Banerjee et al., 2015; Devereux, Roelen, Sabates, Stoelinga, & Dyevre, 2015). Research investigating factors that underpin the quality of implementation (or lack thereof) of individual programmes is limited however. A recent study across 80 high-, middle- and low-income countries shows that both quality of institutions and people's preferences for social protection have a positive impact on the level of expenditures in social protection (Gassmann, Mohnen, & Vinci, 2016). This research, using a qualitative approach, builds on these findings and studies the role of the quality of institutions and people's preferences in reference to implementation of social protection.

This paper posits that, given a country's demographic, economic, legal, political and historical conditions, the quality of institutions and the extent to which people are able to voice their preferences influences the quality of implementation of social protection. In particular, the study investigates to what extent greater and more effective collaboration between programme staff and service providers at different levels of administration, effective functioning of community committees, and beneficiaries' abilities to voice and have their preferences taken into account is associated with more effective implementation of programme components. It does so in the context of widespread poverty and relatively low levels of administrative capacity in Ethiopia. As such, this research aims to contribute to improving the effective implementation and thereby positive impact of social protection interventions in low-income countries, many of which are establishing, expanding or scaling up programmes in similar contexts.

Ethiopia implements one of the largest social protection programmes in Africa, namely the Productive Safety Net Programme (PSNP). It was established in 2005 in response to high levels of food insecurity and is currently in its fourth round of implementation (PSNP4). Although the programme is implemented

within a framework that articulates the responsibilities and functions assigned to different levels of administration (MoARD, 2014), challenges abound with respect to implementation. This includes limited access to service providers (such as health extension workers) and irregularity of functioning of community committees such as the Community Care Coalitions (Berhane et al., 2012; Gilligan et al., 2016). This study is premised on qualitative analysis in sites that implement the ‘standard’ model of PSNP4 and sites where a more intensive version of this model is piloted, the so-called Integrated Basic Social Services and Social Cash Transfer (IN-SCT). This pilot model is implemented under the umbrella of PSNP4 and introduces elements that aim at strengthening the collaboration among service providers, such as the employment of social workers and establishment of cross-sectoral coordination committees (MoARD, 2016). Comparative analysis across both models allows for investigating factors underpinning the quality of implementation across sites with differential levels of institutional quality.

The remainder of this paper is structured as follows: Section 2 presents the conceptual framework. Section 3 introduces the country and programme context in Ethiopia as well as the operationalisation of the conceptual framework. Section 4 presents the study’s methodology. Section 5 discusses research findings and section 6 offers a discussion in relation to the main hypotheses. Finally, section 7 concludes and elaborates on policy implications.

2 Conceptual framework

Existing evidence highlights the importance of the effective implementation of social protection programmes to achieve social protection outcomes. However, the knowledge about the factors which may undermine the quality of implementation of social protection programmes is not exhaustive. Hickey (2011) emphasises the role of the political economy and the importance of social contracts between governments and citizens in facilitating social protection. Political considerations have been found essential in the process of resource allocation (Norton & Elson, 2002). Alesina and La Ferrara (2005) argue that voting preferences and public perceptions can lead to more redistribution or greater government involvement in the provision of public services. Kaltenborn et al. (2017) explore the role of legal and policy frameworks in influencing social protection systems, finding that they can galvanise progress towards systems-building but are also subject to the very factors that may impede progress towards expansion and integration of social protection such as lack of ownership and lack of coordination. Indeed, recent evaluations find political will, vertical and horizontal coordination and stakeholders’ alignment of objectives to be key factors in facilitating so-called ‘cash plus’ approaches (Roelen et al., 2017).

Beyond size and design of social protection systems and programmes within those systems, the quality of implementation is vital for achieving positive impact (Bastagli et al., 2016). Despite this acknowledgement, factors that ensure an effective programme implementation are not often explicitly studied. One exception is a study by Kardan et al. (2016) which concludes that the strained capacity of local administration and community structures that often implement social programmes with very limited

resources, and the lack of training against the backdrop of already high workloads matter for the implementation. This inevitably undermines the extent to which programmes can deliver on their promises in a timely and effective manner.

In order to advance the limited understandings of what drives the quality of implementation of social protection, this study draws on wider work regarding factors underpinning the size and design of social protection systems and interventions. We employ the conceptual framework by Gassmann et al. (2016) to consider the role of the quality of institutions and people's preferences. The framework posits that, given a country's initial conditions such as demographic, economic, legal, political and historical factors, the quality of institutions and people's preferences can influence resource allocations towards social protection programmes. Firstly, the functioning of institutions reflects, to a certain degree, the ability of governments to mobilise resources (Caiden & Wildavsky, 1974). Secondly, people's preferences may explain the level of social protection expenditures and its allocation to programme beneficiaries (i.e. targeted or universal) because of the political consequences (Pritchett, 2005; Sen, 1995). This study transposes this conceptual framework to the investigation of factors underpinning the effectiveness of implementation of social protection, and considers the extent to which a greater quality of institutions and the ability for people to voice their preferences, and have them taken into account, are associated with a greater quality of implementation.

The underlying hypotheses are as follows: i) a higher quality of institutions is associated with a better implementation of social protection interventions and; ii) people's ability to express their preferences and have them taken into account improves the implementation of social protection interventions.

This paper employs a narrow definition of institutions, particularly focusing on the role of government. Following McNamara (1999), we refer to the "quality of institutions" as the way things are done in a society. Furthermore, this paper considers effective public services as an integral element of high quality institutions (Easterly, 2013). We use the terms 'quality', 'effectiveness' and 'performance' of institutions interchangeably.

There are different definitions for people's preferences (see Engelen, 2017; Fisher, 2006; Hausman, 2005; Sen, 2007), but they converge on "the subjective tastes, as measured by utility, of various bundles of good that permit the consumer to rank these bundles of goods according to the levels of utility they give the consumer"(Veres, Tarjan, & Hamornik, 2014). In this paper, the notion of "people's preferences" refers to the extent to which social protection beneficiaries are able to influence the implementation of social protection through formal mechanisms such as the participation in community meetings and interactions with service providers.

The implementation of social protection interventions usually follows the policy design and the targeting process and consists in the delivery of the interventions and the regular programme monitoring and evaluation (World Bank, 2015b). It is recognised that the implementation of social protection interventions is affected by a mix of factors such as politics, social contracts between citizens and state

authorities, institutions, actor interests, socio-cultural attitudes and fiscal constraints (Holmes & Jones, 2010). This paper explores how institutional quality and people's preference affect the quality of implementation of social protection interventions by focusing on the following aspects: effective monitoring, the effective implementation of social protection activities and whether social protection interventions are chosen to meet their clients' needs.

3 Case study of Ethiopia

3.1 Country and programme context

Ethiopia is one of the fastest growing economies in Africa and in the world. Annual GDP growth averaged 11 percent in the period between 2004 and 2014 (World Bank, 2016) and moved from being the 2nd poorest country in the world in 2000 to being the 11th poorest in 2014 (World Bank, 2016). Poverty has reduced concomitantly. In 2000, Ethiopia had one of the highest poverty rates with 56 percent of the population living below \$1.25 PPP per day. In 2011, this had reduced to 31 percent (World Bank, 2015a). According to the latest estimates⁴, the headcount poverty rate declined from 29.6 percent in 2010/2011 to 23.5 percent in 2015/2016 (NPC, 2017). Notwithstanding these achievements, poverty remains widespread and particularly the most vulnerable and marginalised have not seen an improvement in their living conditions (NPC, 2017). Food insecurity has been and remains a strong component of vulnerability in Ethiopia, in part due to the country's geographical setting, its exposure to climatic shocks and traditional dependence on undiversified livelihoods (Devereux, 2000).

Ethiopia implements a myriad of social protection interventions including social insurance programmes (pensions), access to basic social services (fee waivers), national nutrition programme (supplementary feeding) and the Food Security Programme (Ministry of Labour and Social Affairs (MoLSA), 2012). The latter includes the PSNP, which is one of the largest social protection interventions in Sub-Saharan Africa (Slater & McCord, 2013) and can be considered the cornerstone of social protection in Ethiopia (World Bank, 2015a).

The PSNP was first implemented in 2005. The programme was developed in response to widespread food insecurity and continued need for emergency food relief by providing food insecure households with a transfer in lean times to avoid asset depletion and protect livelihoods (Devereux et al., 2014). The two main components are a public works programme for households with labour capacity and a direct support element that provides direct cash or food transfers to households without labour capacity. Since its inception, the programme has widely expanded and now covers 8.5 percent of the country population. It is implemented in Afar, Amhara, Dire Dawa, Harari, Oromia, Somali, Southern Nations, Nationalities and Peoples' Region and Tigray (Hirvonen, Mascagni, & Roelen, 2016). Over the years, it

⁴ Estimates based on Household Income Consumptions and Expenditures and Welfare Monitoring Surveys conducted by the Central Statistical Agency in 2015/2016. Poverty line based on the 2010/2011 Household Income and Consumptions Expenditure Survey using a basket of goods defined in 1995/1996 which provides 2,200 kilo calories valued at 2010/2011 national average prices in order to obtain food poverty line of 2010/2011.

has been found to reduce household vulnerability, food insecurity, and distress sale of assets among others (Berhane et al., 2013).

The programme is currently in its fourth round of implementation, also referred to as the PNSP4. Programme design and implementation have undergone various changes from previous rounds, aiming to strengthen the programme and improve its outcomes (MoARD, 2016). Clients with a permanent lack of labour capacity in their household – Permanent Direct Support (PDS) clients — now receive payments during 12 months rather than six months per year. Pregnant and lactating women and caregivers of malnourished children will move from Public Works (PW) to Temporary Direct Support (TDS) from four months of pregnancy until the child is one year old or for as long as the child is malnourished. PNSP4 also includes co-responsibilities⁵ for PDS and TDS clients, including the need for clients to take-up antenatal and postnatal care services and attendance of behaviour change communication (BCC) sessions. These co-responsibilities are not punitive; non-compliance does not lead to withdrawal from the programme or transfers being withheld.

The Improved Nutrition through integrated linkages to Social Services and Social Cash Transfer (IN-SCT) pilot project falls under the umbrella of PNSP4. It is implemented by the Ministry of Labour and Social Affairs (MoLSA), with support from UNICEF and Irish Aid, in collaboration with the regional and woreda⁶ level representatives of the Ministry of Agriculture and Natural Resources (MoARD), the Ministry of Education (MoE), and the Ministry of Health (MoH). The pilot started in 2016 and is implemented in two PNSP woredas in Oromia region (Adami Tulu and Dodota) and two PNSP woredas in Southern Nations Nationalities and People (SNNP) region (Halaba and Shashego). The pilot aims to improve the uptake of social services by direct support client households, improve the knowledge, attitudes and practices of direct support client households regarding nutritional, sanitary, health, child protection and educational behaviour, and contribute to a better understanding of the roles and responsibilities of actors such as social workers and community-based committees in achieving improved outcomes (Schubert, 2015). A key component of this pilot is the employment of social workers that operate at kebele level to undertake case management of direct support clients and collaborate with community care coalitions⁷ (CCCs) for purposes of monitoring and follow-up, particularly in relation to the newly introduced co-responsibilities.

CCCs are groups of individuals at community level that join together with the common purpose of facilitating people's involvement in community activities, and expanding and enhancing care and support for the most vulnerable groups of people, including children (UNICEF & UNAIDS, 2004; World Vision

⁵ The programme facilitates linkages with health and nutrition services, particularly for pregnant and lactating women who have antenatal care and nutrition-related co-responsibilities (soft conditionalities) as they transition to temporary direct support, but also for public works clients, whose participation in nutrition behavioural change communication (BCC) sessions counts towards their public works requirement (MoARD, 2014).

⁶ Ethiopia is administratively divided into regional states and chartered cities, zones, woreda (districts) and kebele (wards) which are the smallest unit of local government.

⁷ Also known as Community-Based Social Protection Committee, the term CCCs was introduced in 2016 with the development of the PNSP4 Programme Implementation Manual.

International, 2010). CCCs typically include 10-15 members from across the community, mostly representing key community structures such as the kebele management, government sector bureaus, faith based organisations and women’s development army⁸ (MOLSA, 2017). The community care coalitions’ effectiveness in mobilising community involvement depends on how well it functions, its inclusiveness across the community and the effectiveness of initial mobilisation efforts to promote the use of these community structures (Germann, Ngoma, Wamimbi, Claxton, & Gaudrault, 2009).

The expansion of PSNP interventions and the achievements with respect to poverty have not gone hand-in-hand with improved government effectiveness, as reflected by international indicators⁹. Ethiopia has been ranked as a poor performing country over the last years (Kaufmann, Kraay, & Mastruzzi, 2007), reflecting a low level of participation in political decision-making, limited ability to express preferences and overall weak effectiveness of institutions. This is further aggravated by episodes of political-motivated violence. In October 2016, the government imposed a state of emergency in response to protests by the Oromo and Amhara ethnic groups against the government. This was lifted in August 2017 but has resulted in restrictions in and access to information, while also affecting to a certain extent the functioning of institutions such as community care coalitions and community appeal committee at kebele level.

3.2 Operationalisation of conceptual framework

In order to explore the linkages between the broad concepts of quality of institutions, people’s preferences and quality of implementation, we focus on specific components within the PSNP4 and the IN-SCT pilot.

In this case study, we consider the quality of institutions to be manifested, among other things, by the level of engagement and the strength of collaboration, coordination and interaction between the main service providers in the kebeles. These primarily include social workers, development agents, health extension workers and kebele managers. The degree of functioning and regularity of meetings of community committees such as the community care coalitions, and grievance redress mechanisms such as the kebele appeal committees also contributes to quality of institutions. As such, the following factors are taken into account as proxies for *quality of institutions*:

- Clarity about roles and responsibilities of service providers and efficiency of collaboration between service providers in the kebele, including health extension workers, social workers, development agents and kebele managers, as reported by service providers;

⁸ Women’s development army consists of female community members (one member for every six families) advocating and advising women for example to give birth in health facilities and communicate women’s needs to community representatives.

⁹ Source: Kaufmann D., A. Kraay, and M. Mastruzzi (2010), The Worldwide Governance Indicators: Methodology and Analytical Issues www.govindicators.org. The index of government effectiveness – a proxy for institutional quality - ranked Ethiopia 125 out of 214 countries in 2010 and only 150 out of 214 countries in 2016. The index of Voice and Accountability – a proxy for people’s preferences - ranked Ethiopia 189 out of 214 countries in 2010 and 186 out of 214 in 2016. The index for political instability⁹ ranks Ethiopia 195 out of 214 countries in 2016.

- Establishment and efficient functioning of community structures and grievance redress mechanisms such as community care coalitions or the kebele appeal committee, as reported by service providers and clients.

The ability for people to voice their preferences or complaints, and for those to be responded to, is crucial for social accountability. This paper chooses to focus on temporary direct support and public work clients as they are expected to interact with community structures and kebele representatives.

People's preferences are assessed based on the following:

- Extent to which public work clients are able to engage with community structures and share their preferences or concerns on the type of public work activities implemented at kebele level, as reported by clients and service providers.

Finally, the quality of implementation is assessed with two new programme components, namely the process of transitioning pregnant and lactating women from public works into temporary direct support, and the monitoring and follow-up of co-responsibilities assigned to temporary direct support clients, including attending growth monitoring and behaviour change communication sessions, amongst others. As such, *the quality of implementation of social protection interventions* is proxied by the following factors:

- Correct and effective implementation of transition of pregnant and lactating women or primary caregivers of malnourished children from public work activities into temporary direct support, including the processes of identification of pregnant and lactating women, confirmation of pregnancy, and transition from public work into temporary direct support, as reported by clients and service providers;
- Effective implementation of co-responsibilities¹⁰ for temporary and permanent direct support clients, including the extent of support and follow-up in case of non-compliance with co-responsibilities, as reported by clients and service providers.
- The type of social protection interventions implemented reflects people's needs, including the extent to which the choice of public work activities implemented reflects people's preferences.

4 Methodology

This paper presents a qualitative investigation based on primary data. A qualitative approach allows for the assessment of and emphasises nuances, sequences and multiple perspectives of phenomena that are not clearly delineated (Stake, 1995), which holds true for the notions of quality of institutions, people's preferences and provision of social protection programmes.

Primary qualitative data collection consisted of two components: (i) key informant interviews (KIIs) with programme staff and service providers at woreda and kebele level and, (ii) focus group discussions

¹⁰ Co-responsibilities include: attend 4 antenatal care visits; obtain postnatal care; obtain vaccination of children; attend monthly growth monitoring for children; attend behavioural change communication sessions; complete birth registration; and for children aged 6-18 to go to school (for permanent direct support clients only).

(FGDs) with PSNP and IN-SCT clients. The proposed methodology allows for obtaining different perspectives about the research questions in an effective manner and to complement and triangulate responses between categories of respondents. The research protocol included questions related to the proxies described above - functioning of the kebele institutions¹¹; functioning of CCCs and grievance redress mechanisms; collaboration among service providers; quality of implementation and monitoring of transition of eligible clients from PW activities into TDS; overall accountability of kebeles to community members.

Data collection was undertaken in four kebeles in Oromia region, two kebeles implementing PSNP4 and two kebeles implementing the IN-SCT (see Table 1 and Figure 1).

In consultation with local counterparts, purposive sampling has been used to select the region, woredas and kebeles¹² under study (see Table 2). The choice for undertaking fieldwork in only one region – Oromia – was driven by the desire to provide an in-depth analysis of the existing variance between kebeles in the selected woredas where the two different programme approaches were implemented. Oromia is one of the nine ethnically based regional states of Ethiopia, covering 284,538 square kilometres. It is bordered by the Somali region to the east; the Amhara region, the Afar region and the Benishangul-Gumuz region to the north; South Sudan, Gambela region, and Southern Nations, Nationalities, and Peoples' region to the west; and Kenya to the south. According to the 2007 census, Oromia Region has a population of 27 million, which makes the region the largest in population and area.

Table 1 List of selected kebeles for field work

No.	Programme	Woreda	Kebele	Kebele ¹³ /Woreda Population
1	IN-SCT	Adami Tulu	Kebele 1	6,498/141,405
2	IN-SCT	Adami Tulu	Kebele 2	2,579/141,405
3	PSNP	Arsi Negele	Kebele 1	2,524/260,129
4	PSNP	Arsi Negele	Kebele 2	3,858/260,129

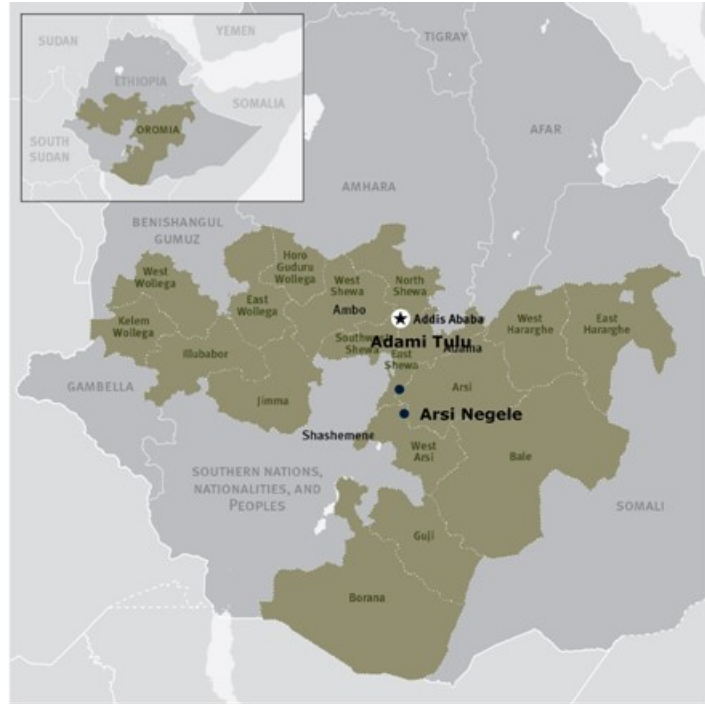
Note: Population data from CSA Ethiopian Population Census, 2007.

Figure 1 Administrative map of the selected woredas

¹¹ Kebele administration consists of an elected kebele council (in principle 100 members), a kebele cabinet (also referred as executive committee and comprised by a manager, chairperson, development agent, school director, representatives from the women association and youth association), a social court (three judges) and the development and security personnel assigned at the kebele. All the kebele cabinet members are members of the kebele council. Three kebele council members are supposed to represent the kebele in the woreda council (Yilmaz & Venugopal, 2008).

¹² Ethiopia consist of 9 regions which are further subdivided into 68 zones. Woreda or districts are smaller subdivisions. Kebeles are municipalities and are the smallest administrative division.

¹³ Census 2007, population projections based on 2.9 per cent population growth of Oromia region.



Source: Author's adaptation. Oromia region, Adami Tulu and Arsi Negele woredas.

The selection of woredas and kebeles was conducted in three steps:

Firstly, two kebeles were selected with the PSNP4 interventions in place and two kebeles with the IN-SCT approach that, as described above, represents an extended version of PSNP4. Kebeles implementing the IN-SCT approach are assumed to have better quality institutions because the IN-SCT pilot aims at strengthening the integration of services and collaboration among service providers. This includes the employment of social workers and the establishment of coordination mechanisms at woreda level. The inclusion of both models in this study allows for insights across areas with variation in quality of institutions.

Secondly, within each of the selected woreda, two kebeles were identified as advised by the woreda representatives. One aspect of this advice included the choice for sites that were relatively unaffected by the civil unrest that took place in Oromia region from late 2016 to August 2017. In some areas this resulted in the disruption of the regular functioning of the institutions and local administrations.

Finally, the selection of the kebeles was based on practical considerations such as ease of access and budget implications. Kebeles were selected on the basis of their access to main roads, availability of services and performance in PSNP/IN-SCT as advised by woreda representatives.

Pre-testing of interview protocols was conducted in Warja Washgula kebele in Adami Tulu woreda with the following objectives: (i) testing the time needed to conduct the KIIs and FGDs; (ii) assessing whether the KIIs and FGDs questions were translated properly, understandable and appropriate to the local context; and (iii) determining whether revisions needed to be made or additional questions to be

added. The actual fieldwork was conducted in April 2017. In total, fieldwork included 17 KIIs with government representatives, and representatives of service providers, and 20 FGDs that included a total of 184 community members and social protection clients (34 percent male and 66 percent female) with an average age of 40 (see Annex 1). FGDs were separated by gender to allow for free discussion. All fieldwork was conducted in Amharic. Interview protocols were therefore translated into Amharic and translated back into English to ensure consistency of meaning of content between protocols using different languages¹⁴.

Data was collected by a team of four field researchers, working in teams of facilitators and note takers respectively with experience in conducting research with similar design. The team was trained on each topic and provided with operational definitions of key concepts (for example PSNP, IN-SCT, responsibilities of service providers, etc.). Data analysis and interpretation was undertaken by reading and re-reading the responses collected using a process of categorisation and identification of themes, trends and patterns across the different segment of respondents identifying coherent categories. Next, the responses were analysed and findings were corroborated using triangulation and observations to ensure, to the extent possible, validity of findings between different sources and different categories of respondents.

No major challenges were encountered during fieldwork, although the team had to overcome various logistical issues. Firstly, although communication and invitation were properly delivered, during fieldwork in the first kebele, different categories of respondents arrived at the same time creating some difficulties in managing the different groups. Priority was given to pregnant and lactating women and to permanent direct support clients (who are mostly elderly people). During fieldwork in subsequent kebeles, the research team organised the activities in a more structured manner having different groups attending their respective sessions at different times. Secondly, because permanent direct support clients are advanced in age, some of them conveyed difficulties to hear and understand questions. Extra time was allocated for FGDs conducted with this respondent category to gather the required data. Thirdly, kebele managers in two of the four selected kebeles were not available during data collection days. Interviews were rescheduled to take place at another time. Finally, in Arsi-Negele woreda, social workers were recently hired and not yet assigned to specific kebeles. This has compromised to a certain extent the depth of the answers received from their interviews.

A few notes about the methodology are in place. Firstly, this study does not aim to be nationally or regionally representative. The research represents an in-depth and localised study; findings and conclusions should be considered in light of Oromia's regional context. Secondly, this study aims to give insight into and reflect on beneficiaries and service providers' perceptions and experiences with respect to the linkages between quality of institutions and people's preferences and the quality of

¹⁴ Interview protocols were approved by the Ethical Review Committee Inner City (ERCIC) of Maastricht University.

implementation of social protection interventions as opposed to identifying causal pathways. We report associations following respondents' suggestions and ideas.

Table 2 Sampling framework

IN-SCT					
Location	Key Informant Interviews (KIIs)	Focus Group Discussions (FGDs)			
		Committees	Temporary Direct Support (TDS) clients	Permanent Direct Support (PDS) clients	Public Work (PW) clients
Adami Tulu (woreda level)	-Woreda SCT coordinator & PSNP coordinator together				
Adami Tulu kebele 1	- Development Agent (DA) - Health Extension Worker (HEW) - Kebele Manager (KM) - Social Worker (SW)	CCC including Kebele Administrator (KA) (chairperson)	-Female group [including pregnant and lactating women (PLW), and primary caregivers of malnourished child]	-Female group	-Male group -Female group
Adami Tulu kebele 2	- Development Agent (DA) - Health Extension Worker (HEW) - Kebele Manager (KM) - Social Worker (SW)	CCC including Kebele Administrator (KA) (chairperson)	-Female group [including pregnant and lactating women (PLW), and primary caregivers of malnourished child]	-Female group	-Male group -Female group
Total	9	2	2	2	4
PSNP4					
Location	Key Informant Interviews (KIIs)	Focus Group Discussions (FGDs)			
		Committees	Temporary Direct Support clients	Permanent Direct Support clients	Public Work clients
Arsi Negele (woreda level)	-Woreda BOLSA vice-head and PSNP coordinator together				
Arsi Negele kebele 1	- Development Agent (DA) - Health Extension Worker (HEW) - Kebele Manager (KM) - Social Worker (SW) (no assigned SW)	Kebele Food Security Task Force (KFSTF) rather than CCC which are not established in the kebele.	-Female group [including pregnant and lactating women (PLW), and primary caregivers of malnourished child]	-Female group	-Male group -Female group
Arsi Negele kebele 2	- Development Agent (DA) - Health Extension Worker (HEW) - Kebele Manager (KM) - Social Worker (SW) (no assigned SW)	Kebele Food Security Task Force (KFSTF) rather than CCC which are not established in the kebele.	-Female group [including pregnant and lactating women (PLW), and primary caregivers of malnourished child]	-Female group	-Male group -Female group
Total	8	22	2	2	4

5 Findings

This section presents the findings with respect to (i) the quality of institutions, (ii) people's preferences, and (iii) the quality of implementation of social protection interventions along the proxies defined above. It does so by drawing on the comparison between PSNP and IN-SCT sites.

5.1 Quality of institutions

This section explores the quality of institutions at kebele level. Proxies for the quality of institutions include the clarity of roles and responsibilities and efficiency of collaboration between main service providers in the kebeles, including social workers, development agents, health extension workers and kebele managers, and the establishment and the degree of functioning and regularity of meetings of community care coalitions and kebele appeal committees.

Findings for these two proxies suggest that institutions in IN-SCT kebeles included in this research function more effectively in comparison to those in PSNP kebeles. Table 3 presents an overview of illustrative quotes followed by a discussion of findings for each of the proxies for quality of institutions.

Table 3 Overview of quotes regarding service providers and community structures

	IN-SCT	PSNP
Clarity about roles and responsibilities of service providers and efficiency of collaboration between service providers in the kebele (i.e. development agent, health extension worker, kebele manager and social worker)	<p>“We are working and collaborating together. We are especially working well with the social worker, the kebele chairman and the kebele manager.” [AT-K1-HEW]</p> <p>“The most important collaborations are those between the social worker and development agent and social worker with health extension worker, even though all others are also important for the program.” [AT-K1-KM]</p>	<p>“What kind of integration you are talking about. We development agents are the only actors at kebele level. With regards to woreda actors, I think there is weak integration between woreda finance and agriculture office.” [AN-K1-DA]</p>
Efficient and regular functioning of community structures and grievance redress mechanisms (such as community care coalitions and kebele appeals committee)	<p>“The first community care coalition was established in November 2015 but it was dismantled following the country wide public unrest which destroyed so many institutions. The "renaissance" of government brought new people to offices. The current community care coalition was established in August 2016.” [AT-K1-CCC-FGD]</p> <p>“The community care coalition was established in February 2016.” [AD-K2-CCC-FGD]</p> <p>“We are aware about social protection activities which are presented at community meeting where updates are shared. Information is also provided and posted on a board at the centre of the kebele...Transparency is ensured through disclosing plans and reports at the general meeting.” [AT-K1-FPW-MPW-TDS-FGD]</p> <p>“Transparency is ensured through disclosing plans and reports at the general meeting. This is mainly done to target PSNP beneficiaries. After posting the results, three days are given to the people to confirm whether the right people have been shortlisted.” [AT-K1-MPW-FGD]</p>	<p>“No, as far as I know community care coalition and grievance mechanisms are not yet established” [AN-K1-DA-KII]</p> <p>“There is no one assigned in our kebele to manage community care coalition and grievance redress mechanisms.” [AN-K1-PW-FGD]</p> <p>“The woreda/kebele leaders inform the community members about the PSNP activities through meetings attended by most of the community members.” [AN-K1-FPW-FGD]</p> <p>“The kebele administration usually informs the community about the PSNP activities at the general meeting.” [AN-K1-FPW-FGD]</p>

Note: a) *Selected woredas and kebeles:* Arsi Negele woreda (AN); Adami Tulu woreda (AT); Kebele 1 (K1); Kebele 2 (K2); b) *Research method:* Focus Group Discussion (FGD); Key Informant Interview (KII); c) *Respondents:* Community Care Coalition (CCC); Development Agent (DA); Female Public Worker clients (FPW); Health Extension Worker (HEW); Kebele Manager (KM); Male Public Workers clients (MPW); Social Worker (SW); Temporary Direct Support clients (TDS).

Clarity about roles and responsibilities and collaboration among service providers

Findings indicate that the clarity of roles and the relationship among service providers including development agents, health extension workers, kebele managers and social workers in IN-SCT kebeles is stronger compared to PSNP kebeles. The availability of social workers in IN-SCT kebeles is a key factor in greater collaboration between service providers in IN-SCT versus PSNP kebeles, and allows service providers to more effectively perform their tasks in IN-SCT kebeles compared to PSNP kebeles.

Service providers in IN-SCT kebeles in Adami Tulu report that collaboration among service providers and roles and responsibilities in terms of who should do what during the different phases of implementation of social protection interventions are clear. For example, the kebele manager in kebele 2 maintains contacts with service providers such as development agents and health extension workers and interacts regularly with school directors to monitor school attendance.

Social workers in IN-SCT kebeles support the organisation and running of meetings for different service providers and community groups. One of the social workers explained how they strengthen contacts between service providers and clients, particularly in terms of improving nutritional outcomes. Permanent direct support clients attested to the important role of social workers, pointing out their role in monitoring whether children attend school, following up in case that they do not, and advising direct support clients to use the cash transfer received for food and child education. The latter is an essential part of the implementation of the co-responsibilities for IN-SCT clients.

Notwithstanding the positive collaboration among service providers in IN-SCT kebeles, many service providers also reported to be overstretched. They struggle with the need to take care of their own personal responsibilities while accomplishing their professional assignments.

In the PSNP kebeles included in this research, service providers reported not to be entirely clear about their responsibilities in implementing PSNP interventions. Development agents and health extension workers reported lack of training and awareness to be important challenges. In both kebeles, development agents, health extension workers and kebele managers did not know that co-responsibilities include clients needing to send their children to school or pregnant and lactating women needing to attend ante-natal care visits. Furthermore, the health extension workers conveyed a limited understanding of their role in monitoring co-responsibilities. For instance, one health extension worker was unaware that primary caregivers of malnourished children are eligible for temporary direct support.

The IN-SCT pilot employs social workers for the specific purpose of monitoring and following up on co-responsibilities as well as coordinating the cross-sectoral response to clients across service providers at kebele level. In PSNP kebeles, these tasks are to be undertaken by regular government social workers or

to be shared among other service providers, including health extension workers and development agents. The PSNP kebeles included in this study do not have social workers, as confirmed by PSNP clients. This is an important explanation for lack of awareness and collaboration in these kebeles.

Establishment and efficient functioning of community structures

Community structures in the form of community care coalitions and kebele appeals committees are established and functioning in the IN-SCT kebeles included in this research, as reported by clients and service providers. Meetings do not take place on a regular basis but only when needs arise. Despite the lack of regular meetings, community care coalitions are reported to follow up on community members who are eligible for temporary direct support and cannot perform labour intensive public work or are chronically food insecure in the kebele. However, various coalition members indicated that the coalitions do not meet frequently enough to meet the demands expressed by the permanent and temporary direct support clients.

Findings suggest that the functioning of community coalitions is very sensitive to external shocks and their impact on individual members. The drought in 2016 and early 2017 as well as civil unrests in the region in late 2016 and early 2017 was found to have undermined community care coalitions' functioning to a certain extent. For example, community care coalition members in kebele 1 reported that they were less able to dedicate time to discuss public issues and that they had to prioritise their own livelihood activities.

The kebele appeals committees constitute the mechanisms through which clients and non-clients can complain or voice preferences about the programme. These committees are in place in both IN-SCT selected kebeles in Adami Tulu, as reported by the respective development agents. Members of the committee include the development agent and the health extension worker as well as the vice kebele chairman, a representative of women affairs, a representative of the community elders and religious leaders. Male public work clients reported that they are aware about the possibility to report their complaints to the kebele chairman, kebele manager, village leaders and development agent. Complaints get referred to the committee through the village leader, who acts as a gatekeeper to the committee. Once the village leader is informed, he brings specific cases to the attention of the committee. However, development agents in both IN-SCT kebeles reported that clients can also directly file their complaints with the committee as indicated in the PSNP implementation manual (MoARD, 2014). The appeals committees were found not to meet regularly, but rather when complaints are made¹⁵.

Community structures – including both community care coalitions and kebele appeals committees – were found not to be established or in place in the PSNP kebele included in this study. PSNP clients indicated to report their complaints directly to the village leader, kebele chairman and kebele manager, albeit with differences across the respondent groups. While female public work and temporary direct

¹⁵. The kebele appeals committees is stipulated to meet quarterly according to the implementation guidelines.

support clients reported that they are filing their complaints particularly to the kebele chairman, male public workers and permanent direct support clients file their complaints to village leaders, kebele chairman, development agent and kebele manager.

5.2 People’s preferences

This section explores the extent to which social protection clients are able to express their preferences regarding implementation modalities, and whether those preferences are taken into account. We consider to what extent clients engage with community care coalitions and grievance committees for voicing their preferences and the extent to which such bodies subsequently channel people’s requests into programme implementation of social protection interventions. This is different from what we considered in the previous section where the analysis was limited to the establishment and functioning of community structures. Table 4 presents an overview of illustrative quotes with respect to the extent to which clients’ preferences are expressed when kebele public work activities are decided.

Table 4 Overview of quotes regarding clients’ preferences

	IN-SCT	PSNP
Social protection clients are able to express their preferences on social protection interventions through (community care coalitions and kebele appeals committee)	<p>“People decide what is to be done when there is the general meeting at community level...and people influence the choice of public work activities through their representatives during the kebele council.” [AT-K1-MPW-FGD]</p> <p>“The list of public work activities is proposed by the development agents and presented at the general meeting. Then the community with full participation approves priority activities through discussion.” [AT-K1-TDS-FGD]</p> <p>“Since the public work activities approved at the community general assembly, the community members have opportunities to influence the type of the public work to be done in the kebele in each year.” [AT-K2-MPW-FGD]</p> <p>“The develop agent and kebele officials prepare a list of public work activities and order us to do the public work activities. They organize a meeting to discuss but not much will be changed.” [AT-K2-FPW-FGD]</p> <p>“We do all what the development agent suggests us to do; we can’t influence the type of public work activities.” [AT-K1-FPW-FGD]</p>	<p>“The development agent first plans the type of public work activities and presents them to the community. The community will add if there is the need of any improvement to be made otherwise agrees with development agent’s plan.” [AN-K1-MPW-FGD]</p> <p>“We do all what the development agent and kebele management decided and people can’t influence the type of PW activities.” [AN-K2-MPW-FGD]</p> <p>“We are called to start the public work activities and we do not know the exact mechanism of decision making on the type of public work. We think that development agent and kebele management select types of public work and we then participate in the implementation. They inform and discuss with us just before the starting of the implementation.” [AN-K1-TDS-FGD]</p> <p>“Development agents prepare the proposal of the list of activities then the whole community decided at the general meeting...As the community gave final decisions, they do have a right to accept or reject the development agents proposals.” [AN-K2-FPW-FGD]</p>

Note: a) *Selected woredas and kebeles:* Arsi Negele woreda (AN); Adami Tulu woreda (AT); Kebele 1 (K1); Kebele 2 (K2); b) *Research method:* Focus Group Discussion (FGD); Key Informant Interview (KII); c) *Respondents:* Female Public Worker clients (FPW); Male Public Workers clients (MPW); Temporary Direct Support clients (TDS).

In the IN-SCT kebeles included in this study, findings point towards a gendered use of grievance mechanisms, suggesting that male public work clients are more likely to raise complaints and to have their preferences reflected in the choice of public work activities.

Few female public work and permanent direct support clients in IN-SCT kebeles reported to have voiced complaints to the kebele chairman. They reported to be aware about the opportunity to raise their issues to the development agent and to the kebele manager but indicated usually not to do this either out of fear of repercussions or because they do not want to bother kebele officials or service providers. The same groups of clients indicated to feel unable to influence the choice of the type of public work activities that are to be implemented at community level and rather want to follow development agents' decisions.

By contrast, male public work clients in both kebeles reported to voice their preferences during the general meeting¹⁶, to the kebele appeals committee, or to file their complaints directly to the kebele chairman or to the development agent. In case of the latter, they subsequently discuss the issues at the kebele council and after thorough discussions, approve and select public works activities. Similarly, temporary direct support clients (who are mostly women) reported to file complaints to the kebele appeals committee or directly to the kebele manager. Depending on the complexity of the issues raised, the kebele manager either responds immediately or refers the complaint to the grievance committee. In case of the latter, the issue is discussed in consultation with the other members of the committee.

The ability to voice preferences and have them taken into account is limited in PSNP kebeles included in this study. This is not surprising given the fact that community structures are not in place. In case of complaints, clients refer to the kebele chairman or to the kebele manager directly. One development agent indicated PSNP clients to be "silent recipients" who are subject to the decisions of woreda and kebele leaders. The leaders were said to inform community members more for reasons of formality or to manage political pressure rather than to promote a discussion with PSNP clients and consider their concerns. Male public work clients in both kebeles would prefer the redress mechanisms to be functional in order for them to contribute to overall levels of community engagement and to increase the involvement of community representatives.

Notwithstanding the absence of functioning community structures for making complaints, individual service providers and staff at community level act as focal points. While experiences with the kebele chairman and manager taking up this role is generally positive, experiences differ across kebeles in case of the development agent. Female public work clients reported that when they approach the development agent to communicate their preferences regarding the types of public work activities to be implemented at community level, the development agent rarely takes their voices into account in the final approval of activities. Male public work clients in kebele 2 reported that they generally follow the development agent's decisions without the possibility of influencing those decisions. However, male public work clients in kebele 1 explained that the development agent presents the list of public work activities to the community which is approved unless additional activities are suggested to be included.

¹⁶ General meeting which bring together social protection and community members as part of the targeting process.

5.3 Quality of implementation of social protection interventions

The quality of implementation of social protection interventions is assessed by observing (i) the process of transitioning pregnant and lactating women out of public work activities into temporary direct support, and (ii) the process of monitoring of compliance with co-responsibilities and support and follow-up in case of non-compliance with co-responsibilities for temporary direct support clients. Table 5 presents an overview of quotes for each proxy with respect to the design and delivery of social protection interventions in IN-SCT and PSNP kebeles.

Table 5 Overview of quotes on implementation of interventions

	IN-SCT	PSNP
Correct and effective implementation of transition of pregnant and lactating women or primary caregivers of malnourished child from public work activities into temporary direct support, including the processes of identification of pregnant and lactating women, confirmation of pregnancy, and transition from public work activities into temporary direct support.	<p>“When at public work activities see a pregnant woman, I tell her to stay at home and not to attend public work activities or if a woman brings confirmation about her pregnancy even at one month I will transfer her to TDS until the child gets one year old.” [AT-K1-DA-KII]</p> <p>“Pregnant and lactating women are being given permission to stay at home when they disclose their pregnancy. Some brings a test result to get transferred to temporary direct support as early as possible. When, malnourished children are discovered they are also immediately transition to temporary direct support until the child is recovered.” [AT-K2-CCC-FGD]</p> <p>“There are conditions in which pregnant and lactating women are found working. This happens partly because of development agent's failure to comply with the guidelines and partly when a woman fails to report her pregnancy due to cultural influence and remain working until her pregnancy is visible.” [AT-K1-CCC-FGD]</p>	<p>“We received a direction from the woreda PSNP to transfer the pregnant women and lactating mothers into temporary direct support for sevenththe17 months. As per this direction we are implementing it and no monitoring of the activity is done.” [AN-K1-DA-KII]</p> <p>“If a woman is found to be pregnant, she is expected to inform her lowest level group (called "Tokko-Shanee" means one-to-five group leader) and the group leader informs the health extension worker who will finally notify me about the woman's pregnancy. Then I will allow her to be free of PW until six months post-delivery.” [AN-K2-DA-KII]</p> <p>“There is no paper work involved in transferring a pregnant woman into temporary direct support apart from sending list of those with similar rights to be excluded from public work activities.” [AN-K2-DA-KII]</p>
Effective implementation of co-responsibilities for temporary direct support clients, including monitoring of compliance with co-responsibilities and support and follow-up in case of non-compliance with co-responsibilities).	<p>“We know that we encouraged to meet some responsibilities such as to have latrine and to use it properly, to send our children to school, to follow our antenatal visits at the health post (four times during pregnancy period) and postnatal visits (at least once after delivery), to give birth at the health centre, to take immunization for ourselves and our baby, and to have proper feeding practices (exclusive breast feeding up to 6 months of the child age).” [AT-K1-TDS-FGD]</p> <p>“The social worker comes to our houses and asks whether we are sending our kids to school or not. Additionally, fathers of the children strictly follow on their education as most of us are living with our grandchildren.” [AT-K1-PDS-FGD]</p> <p>“We are not asked to meet any co-responsibilities by the health extension worker or social worker, but the village leaders and the health extension worker call us for a meeting and advise us to deliver at health centre.” [AT-K2-TDS-FGD]</p>	<p>“We don't know anything about co-responsibilities. Even the word is new to me - he said - I heard this word from you just now.” [AN-K1-DA-KII]</p> <p>“We are not aware about any expectations while on rest due to the temporary direct support benefits.” [AN-K1-TDS-FGD]</p> <p>“I do not know about co-responsibilities in this kebele.” [AN-K2-DA-KII]</p> <p>“No co-responsibilities are given in relation to PSNP.” [AN-K2-TDS-FGD]</p>

Note: a) *Selected woredas and kebeles:* Arsi Negele woreda (AN); Adami Tulu woreda (AT); Kebele 1 (K1); Kebele 2 (K2); b) *Research method:* Focus Group Discussion (FGD); Key Informant Interview (KII); c) *Respondents:* Community Care Coalition (CCC); Development Agent (DA); Permanent Direct Support clients (PDS); Temporary Direct Support clients (TDS).

Effective transitioning of pregnant and lactating women from public work activities into temporary direct support

Findings show that IN-SCT kebeles are more effective in implementing the transition of eligible clients from public work activities into temporary direct support compared to the PSNP selected kebeles. Clients that are eligible for this transition include pregnant and lactating women and caregivers of malnourished children.

In IN-SCT kebeles, development agents, health extension workers and social workers reported that the transition of eligible temporary direct support clients out of public work activities is well implemented as all pregnant and lactating women transition out of public work and into temporary direct support. Social workers play a key role in facilitating this transition. They collect monthly reports from development agents and visit public work sites to check whether any pregnant and lactating women are working on the sites. In addition, social workers interact with development agents, who are main gatekeepers in terms of the transition as they provide information about this programme provision to public works clients and approve who can move from public work into temporary direct support.

Despite these positive findings, service providers indicated that the overall quality of the transition of clients from public work into temporary direct support could still be strengthened. Development agents in particular mentioned the need for further awareness raising among women to encourage those that are eligible to claim their rights.

In PSNP kebeles, the transition from public works into temporary direct support appeared to function relatively well, although not as effectively as in IN-SCT kebeles. Temporary direct support clients reported to have been provided with basic orientation about their rights to be transferred to temporary direct support by development agents and health extension workers. As no social workers operate in the PSNP kebeles, the process of transition of eligible temporary direct support clients out from public work activities is mainly supported by the development agents and the health extension workers. This leads to implementation issues. For example, development agents ask clients for a family member to replace them in public work activities when transitioning into temporary direct support. This is against PSNP policy and guidelines in the implementation manual.

Effective monitoring of compliance of and follow-up on co-responsibilities for temporary direct support clients

Findings show that IN-SCT kebeles are more effective in the implementation and monitoring of compliance of co-responsibilities compared to PSNP kebeles.

In IN-SCT kebeles included in this research, awareness of co-responsibilities for temporary direct support clients was high among those interviewed. Development agents, health extension workers and kebele managers reported co-responsibilities to be well implemented and communicated to clients by the development agents, health extension workers and social workers. This was confirmed by permanent direct support clients in both kebeles.

Implementation of co-responsibilities is not without challenges however. Social workers, who are primarily responsible for the effective implementation of co-responsibilities, were found to be overloaded. They cover multiple kebeles, leading to a high workload and little time to perform their duties in each kebele. The quality of implementation of co-responsibilities may also be improved by strengthening the monitoring on how co-responsibilities are observed by social protection clients. One kebele manager suggested that monitoring could be improved by establishing an independent body responsible for monitoring.

In the selected PSNP kebeles, the quality of implementation of co-responsibilities was generally low. The health extension workers, development agents and kebele managers in both kebeles were not aware of the concept of co-responsibilities. Female public work clients mentioned that behavioural change communication sessions are not held regularly and the development agent mainly provides clients with financial savings advice. Both male and female public work clients did report receiving information from the health extension worker on immunisation, family planning, antenatal care and postnatal care follow-ups, bed-nets utilisation to prevent malaria and good hygiene practices. Equally, male public work clients reported that the school director encourages them to send their children to school. However, the advice provided by health extension workers and school directors is likely to be part of regular health and education outreach rather than a result from the implementation of PSNP co-responsibilities.

The type of public work activities implemented is a reflection of people's preferences

Findings show that public work clients in IN-SCT kebeles have greater access to community structures and are better able to communicate their preferences and concerns about the type of public work activities implemented in the community. In particular, the findings show that male public work clients engage in discussions held at community meetings and submit their list of activities to the development agent who presents them to the general meeting and to the kebele council that is responsible for the decision. Therefore, the discussions about public work activities held at community meetings support the decision process and help to identify public work activities which reflect people's needs and public work clients' preferences.

In the selected PSNP kebeles, male public work clients do not have access to community structures and therefore the level of discussion about public activities to be implemented is limited. The development agent proposes public work activities and activities are then decided after a limited discussion during the general meeting at the kebele. The choice of public work activities implemented does not necessarily reflect public work clients' preferences.

Findings show that in both IN-SCT and PSNP selected kebeles, female public workers do not engage effectively in the discussion of activities to be implemented because of fear or repercussion or because they feel that their concerns will not be represented and that the type of public work activities is decided by the kebele representatives.

Table 6 provides a comparative summary of the findings for the three main themes– the quality of institutions, people’s preferences and the quality of implementation – for IN-SCT and PSNP kebeles. It can be observed that – based on the respective proxies – the quality of institutions is higher in IN-SCT compared to PSNP kebeles, the ability for clients to have their voices heard and incorporated to be slightly better in IN-SCT compared to PSNP kebeles, and the quality of implementation to be generally higher in IN-SCT kebeles compared to PSNP kebeles.

Table 6 Overview of findings

Quality of institutions	IN-SCT	PSNP
Level of engagement, collaboration, coordination and interaction among main service providers (i.e. development agent, health extension worker, kebele manager and social worker)	+	-
Efficient and regular functioning of community structures and grievance redress mechanisms (such as community care coalitions and kebele appeals committee)	+	-
People’s preferences		
Social protection clients are able to express their preferences on social protection interventions through (community care coalitions and kebele appeals committee)	+/-	-
Quality of implementation of social protection interventions		
Correct and effective implementation of transition of pregnant and lactating women or primary caregivers of malnourished child from public work activities into temporary direct support, including the processes of identification of pregnant and lactating women, confirmation of pregnancy, and transition from public work activities into temporary direct support.	+	+/-
Effective implementation of co-responsibilities for temporary direct support clients, including monitoring of compliance with co-responsibilities and support and follow-up in case of non-compliance with co-responsibilities).	+/-	-
Type of social protection interventions implemented reflects people’s needs, including the extent to which the choice of public work activities implemented reflects people’s preferences.	+/-	-

6 Discussion

This section reflects on the hypotheses underpinning this paper. The first section elaborates on the link between the quality of institutions and the effective implementation of social protection interventions. The second section discusses how people’s preferences may influence the design and quality of implementation of social protection interventions.

6.1 Quality of institutions and quality of implementation of social protection interventions

Findings confirm the notion that a higher quality of institutions is associated with a greater quality of implementation of social protection interventions. Collaboration between service providers and the establishment and functioning of community structures is stronger in IN-SCT kebeles compared to

PSNP kebeles. This is reflected by the more effective transitioning of pregnant and lactating women into temporary direct support and stronger monitoring and follow-up of co-responsibilities.

The fact that service providers in IN-SCT kebeles have continuous and regular interactions with clients contributes to better monitoring of co-responsibilities and a better understanding of clients' expectations and responsibilities upon receipt of the cash transfer. This has a positive impact on the clients' compliance with co-responsibilities. In addition, service providers in IN-SCT kebeles appear to have greater clarity about their roles and responsibilities with respect to who should do what in terms of supporting the transition out of public work into temporary direct support. In contrast, service providers in PSNP kebeles seem to be less clear about their role and responsibilities. This is partly due to the fact that training and information sessions on the overall PSNP approach and public work activities are not regularly provided.

One important contributing factor to the greater quality of implementation is the presence of assigned social workers in the IN-SCT kebeles. The social workers visit IN-SCT clients and inform them about the importance of implementing co-responsibilities and make referrals to kebele-level government structures (administration, development agent, and health extension worker). While social workers implement their tasks in IN-SCT fairly effectively, they do report to be overloaded because of the high number of kebeles assigned to them. This undermines the quality of implementation.

Finally, IN-SCT kebeles have functioning community care coalitions and kebele appeals committees, and they appear to offer an important accountability mechanism that may contribute to more effective implementation. Yet findings also attest to the sensitivity of community structures to shocks. Particularly covariate shocks that affect all members of the committee (such as drought or civil unrest) can cause the mechanism to break down.

6.2 People's preferences and quality of implementation of social protection interventions

Overall, findings show that clients in kebeles with greater collaboration among service providers and functioning community structures and grievance redress mechanisms – in this case in IN-SCT kebeles – are better able to file complaints and express their preferences to community care coalitions or grievance committee members. Findings suggest that in absence of strong community structures, the ability to raise complaints and have voices taken into account is highly dependent on personal engagement of the individuals that act as focal points in absence of community committees.

Yet, the availability of community structures and grievance mechanisms is no guarantee for people's preferences to be factored into implementation of social protection interventions. Even though female public work and permanent direct support clients are aware of the possibility to file complaints, they tend not to do so because of fear of repercussions. Some prefer not to bother the community care coalition and grievance committee members. Male public work clients often use community structures and are able to easily express their preferences with respect to the choice of public work activities. This is also

reflected in the type of public work activities implemented in the selected IN-SCT kebeles, which is the result of discussion and people's engagement and participation compared to the PSNP kebeles where clients have limited access to community structures and public work activities are mainly decided by the kebele representatives.

This gender dynamic is not exclusive to IN-SCT kebeles where mechanisms are in place. In the PSNP kebeles, male public work clients reported that they propose changes to the development agents' plans when activities are presented to the community during general meeting. Female public work clients instead report that decisions regarding the type of public work activities to be implemented in the kebele are mainly driven by the development agent with limited public work clients' influence.

7 Conclusion and policy implications

This paper expands on the existing but limited literature on factors underpinning the quality of implementation of social protection programmes. Using a qualitative approach and using Ethiopia's PSNP and IN-SCT as a case study, this paper explores the links between the quality of institutions and people's preferences in relation to the quality of implementation of social protection interventions. The paper considers the degree of collaboration between service providers and the establishment and the effective functioning of community structures as indications of the quality of institution. The extent to which clients are able to express their preferences on public work activities are considered as manifestations of people's preferences. The correct and effective implementation of the transition of eligible clients from public work into temporary direct support, the effective implementation of co-responsibilities, and the extent to which the choice of public work activities reflects people's preferences are used as measures of the quality of implementation of social protection interventions.

Findings confirm the assumed variation in institutional functioning observed in IN-SCT kebeles versus regular PSNP kebeles. This is reflected by stronger relationships between service providers, including development agents, health extension workers, kebele managers and social workers, and a clearer understanding of roles and responsibilities on behalf of the service providers. In PSNP kebeles, the division of tasks and responsibilities among service providers is more blurred with comparatively weaker coordination and collaboration.

In IN-SCT kebeles, the access to community structures such as community care coalitions and kebele appeals committee is greater compared to PSNP kebeles where community structures are not established and show limited functioning. IN-SCT clients report greater access to community structures, allowing them to voice their preferences on social protection interventions. However, this finding is limited to male public work clients, pointing towards gender inequality in terms of translating preferences into outcomes.

Findings suggest that greater interaction among service providers and better functioning community structures allow for stronger implementation of social protection interventions. The implementation of

co-responsibilities, a proxy for quality of implementation of social protection interventions, is more effective in IN-SCT kebeles with greater engagement among service providers and better functioning community structures. In PSNP kebeles, the implementation of co-responsibilities is observed to be weak, largely due to the fact that no social workers are assigned to these kebeles and limited functioning of community structures.

The research supports the notion that people's abilities to voice their preferences shapes the design or implementation of social protection interventions. The research particularly considered whether the availability and use of community structures and grievance mechanisms was reflected in the types of public work activities undertaken in the kebeles. Findings show public work activities implemented in IN-SCT kebeles reflect clients' need and their involvement in the decision process compared to PSNP kebeles where the activities are mainly decided by the kebele representatives. Across the board, female clients were less likely to voice their preferences or if they did, to have their voices taken into account.

In reference to the specific situation in Ethiopia, this research shows that continued investment in PSNP structures is crucial for the quality of its implementation at the local level. The inclusion of new components into the fourth round of PSNP – such as co-responsibilities and the shift from public work to temporary direct support for pregnant and lactating women – and the subsequent demands for implementing those components require a systems approach with linkages to and collaboration across service providers. Finally, the comparative analysis of quality of implementation across regular PSNP kebeles and kebeles with the IN-SCT model indicates that greater investment in services, including awareness creation for community members and social protection clients and investment in capacity-building of all service providers is imperative for making a systems approach work. The research also indicates that well-functioning grievance mechanisms are a necessary requirement for taking clients' preferences into account but also that they are not sufficient in the sense that social dynamics and gender inequalities affect the way some groups of clients feel able to voice their preferences and to have those voices heard.

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Annex 1 Profile of survey respondents

Characteristics	Total	Percentage
Gender		
Female	121	65.8%
Male	63	34.2%
Age		
19-29 years	61	33.2%
30-39 years	46	25%
40-49 years	24	13%
50-59 years	19	10.3%
60 and older	34	18.5%

Source: Author's compilation, based on survey results.

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