



# Social protection coverage toolkit

Fabianna Bacil, Charlotte Bilo and Wesley Silva, International Policy Centre for Inclusive Growth (IPC-IG)



Food and Agriculture  
Organization of the  
United Nations



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## ACRONYMS AND ABBREVIATIONS

<b>ASPIRE</b>	Atlas of Social Protection Indicators of Resilience and Equity
<b>FAO</b>	Food and Agriculture Organization of the United Nations
<b>ILO</b>	International Labour Organization
<b>IPC-IG</b>	International Policy Centre for Inclusive Growth
<b>NENA</b>	Near East and North Africa
<b>NGO</b>	Non-governmental organisation
<b>SDG</b>	Sustainable Development Goal
<b>SPL</b>	Social protection and labour
<b>UNDP</b>	United Nations Development Programme
<b>UNICEF</b>	United Nations Children's Fund

## EXECUTIVE SUMMARY

The implementation of nationally appropriate social protection systems for all has emerged as one of the key targets of Sustainable Development Goal (SDG) 1, 'End poverty in all its forms and everywhere', which calls for all countries to report on the coverage of social protection programmes. However, there is no single way of calculating the coverage offered by social protection programmes. This toolkit, developed by the International Policy Centre for Inclusive Growth (IPC-IG) and commissioned by the Regional Office for the Near East and North Africa (NENA) of the Food and Agriculture Organization of the United Nations (FAO), proposes a new, step-by-step approach to measuring such coverage.

The baseline premise is that social protection coverage should refer to the extent to which policies and programmes provide protection against the multiple risks to which vulnerable people are exposed during each phase of the life cycle, recognising as well that these risks vary depending on key determinates, such as age, gender and place of residence. In summary, the proposed methodology is based on **a coverage measurement function that should include the extent to which the different risks are covered**, ranging from unprotected to protected, and taking into account the particular vulnerabilities of each population group. Thus, it distinguishes itself from more common measurements, which consider participation and coverage as analogous terms.

First, it is important to note that there is no universal definition of social protection; although the most common definitions have many significant overlaps, they also have certain differences, especially regarding the types of programmes included. As for similarities, all the definitions understand social protection as a policy instrument to **protect and prevent against poverty and its various consequences** (ill health, malnutrition, lack of access to education etc.). This minimum concept is used in this study, although the proposed coverage approach could also be applied to broader definitions.

Similar to social protection, the definition of coverage also differs among institutions. The concept adopted by the World Bank reflects a 'population concept' of coverage: the share of a population or subpopulation that receives or contributes (as in the case of social insurance) to social protection. Meanwhile, the International Labour Organization (ILO) differentiates between legal and effective coverage: the first refers to who, by law, is entitled to social protection, and the latter indicates who in fact contributes or receives. Despite their differences, both take a 'participation' approach to social protection, meaning who participates (either directly or indirectly) in a social protection programme. However, they do not say much about the extent to which people's specific life-cycle risks are covered—in other words, they cannot provide detailed insights into the adequacy of the social protection system in place.

Against this background, this toolkit aims to offer an alternative approach to measuring social protection coverage. **The proposed methodology has four main steps.** The **first** one is **setting a national definition of social protection**. The importance of nationally adopted definitions is also reflected in SDG target 1.3, which calls for the implementation of **nationally appropriate social protection systems** and the goal of achieving substantial **coverage** of poor and vulnerable citizens by 2030. The national conceptualisation of social protection (meaning the objective of social protection in a given country as well as the types of programmes and their target groups) largely depends on the country's socio-economic characteristics. For example, a country with a large rural population might include livelihood projects as a key social protection instrument, while this might be less relevant in other contexts.

Unlike other approaches, the proposed methodology focuses on risks and the extent to which social protection programmes implemented by the State can mitigate the vulnerabilities of the population exposed to them. To that end, the **second** necessary step of this methodology is **risk mapping**. As outlined above, risks and vulnerabilities vary across different groups and are context-specific. Therefore, it is first necessary to identify the different social groups and their specific risks. For example, farmers are vulnerable to the occurrence of droughts, while working-age

individuals are exposed to the risk of unemployment. The **person's characteristics define their individual sum of risks**, which is equal to the totality of risks to which they are vulnerable. The relevant characteristics and groups must be defined according to the national context.

Each of these risks has an assigned **arbitrary weight** ( $w_r$ ). It might reflect the level of vulnerability of that person to such risk or how much the society values addressing it. For example, if child marriage has a higher incidence in rural areas, the weight for this risk could be higher for rural children. Alternatively, a government might prioritise ending hunger, so the risk of insufficient food receives higher weights. Importantly, **the sum of the weights of risks that affect a person must be equal to 1**. In addition, this step is highly dependent on the availability of data on the population being studied. In this sense, household surveys such as the Multiple Indicator Cluster Survey, vulnerability and risk assessments, and national consultations with relevant stakeholders are possible sources to provide the necessary information.

Once the groups and the specific risks that a national protection system is meant to protect against are identified, the third step requires that the existing social protection **programmes are mapped**, to identify whether and to what extent they address the mapped risks. The schemes that address each risk vary from country to country and are also linked to the national definition of social protection, which determines the types of programmes included.

Lastly, **a coverage function must be defined** for each risk identified in Step 2 to enable the assessment of the extent to which each scheme responds to them. In other words, this function reflects how much the risk is mitigated by different programmes. It aims to indicate, for example, how much a food transfer scheme can protect against the risk of food insecurity. In other words: For every risk  $r$ , a specific coverage function applies criteria to evaluate whether it is covered, returning a proportion between 1 (fully covered) and 0 (completely uncovered).

There is no single way to define a coverage function, and the best approach depends on both the type of risk and the availability of data. Usually, a good starting point is to consider why a factor is considered a social risk—in other words, what the consequences are to be avoided. For instance, droughts are a severe issue for farmers because they may cause crop failure, which negatively affects their income. Therefore, the coverage function of a programme to address crop failure could consider either the availability of other sources of water (which might mean that a number of plots are no longer exposed to this risk) or the share of the income lost due to the drought that would be replaced by the scheme. This exercise naturally involves a certain degree of discretion, so it is important to clearly state all assumptions made. For example, in the absence of nutritional status data, a study might have to focus solely on the link between food insecurity and a household's income level to be able to measure the adequacy of schemes to address such risk.

After defining each coverage function, the individual social protection coverage rate ( $SPC_i$ ) can be calculated as the sum of the multiplication of coverage rates by the respective risk weight. In other words:

$$SPC_i = \sum_{r=1}^{R_i} c_r w_r$$

Then, the total social protection coverage rate of a population composed of  $N$  people is the average of the individual rate:

$$SPC = \frac{1}{N} \sum_{i=1}^N SPC_i$$

Lastly, the **coverage gap** is  $1 - SPC$ . This gap expresses the adequacy of the social protection system in place, as it shows how much people's vulnerability remains uncovered after assessing the programmes in place.

However, even though the State should be the main party responsible for the provision of formal social protection, it is important to consider that individuals might acquire protection against risks through other means—for instance, through non-governmental organisations (NGOs) or other family/community members. This tends to be especially

important when state support is limited. For example, an individual might be covered against the risk of food insecurity solely by their wage, which determines the amount of food purchased, or also by a food aid programme provided by the government or an NGO. Therefore, the application of this methodology to calculate the protection coverage rate from other sources can provide valuable information. It could be used, for example, to highlight discrepancies between the mechanisms adopted by different social groups, contextualise the role of the State, and allow a better understanding of the society's level of vulnerability.

The identification of the relevant protection sources is based on the mapped set of risks to which each group is exposed. Like the previous step, this exercise is strongly based on the information provided by household surveys, which typically cover these topics. However, there are other possible ways to identify existing programmes and other sources that address each risk, such as reports of NGO activities that detail their projects and results, and documents produced by government entities that implement social protection programmes.

This report discusses each of these steps in detail. It is divided into six main parts following the introduction. The first section provides a theoretical discussion on the concept of social protection and social protection coverage, examining some of the most common definitions used by international development organisations, such as the World Bank and the ILO. This section also offers an overview of how these organisations define and measure coverage, and discusses the advantages and caveats of each. Next, the four main steps of the new coverage methodology (setting a national definition of social protection, risk mapping, programme mapping and programme benchmarking) are explained in detail. Lastly, an example is provided to illustrate the application of this alternative approach.

In summary, this new approach is based on the premise that social protection coverage should refer to the extent to which programmes provide protection against the multiple risks to which people are exposed during each phase of the life cycle. Therefore, it focuses on risks and the particularities of each social group. By doing so, it highlights the specific needs of different groups and the existing protection gaps, enabling the implementation of evidence-based policies to strengthen the national social protection system.



# 1. INTRODUCTION

An ever-growing body of research has documented the positive effects of social protection programmes, not only on preventing and reducing monetary poverty but also on improving key determinants of multidimensional poverty. Within this context, the implementation of nationally appropriate social protection systems for all has emerged as one of the key targets of Sustainable Development Goal (SDG) 1: ‘End poverty in all its forms and everywhere.’ The current COVID-19 pandemic has also exposed the importance of building strong social protection systems to be able to deal with the resulting health, social and economic crises: social protection policies can promote access to health care, protect enterprises, jobs and incomes, prevent poverty and informality, and favour macroeconomic stabilisation (ILO 2020).

Against this background, this toolkit provides a step-by-step guide to measuring the coverage of social protection programmes. The toolkit is based on the premise that social protection coverage should refer to the extent to which policies and programmes provide protection against the multiple risks to which vulnerable people are exposed during each phase of the life cycle. It is taken as a premise here that these risks vary depending on key determinates, such as age, gender and place of residence. The aim of the toolkit is to go beyond the usual approaches to measuring social protection coverage, which tend to equate programme participation with social protection coverage.

The toolkit was developed by the International Policy Centre for Inclusive Growth (IPC-IG) and commissioned by the Regional Office for the Near East and North Africa (NENA) of the Food and Agriculture Organization of the United Nations (FAO).

The rest of the toolkit is divided as follows. The first section provides a theoretical discussion on the concept of social protection and social protection coverage, examining some of the most common definitions used by international development organisations, such as the World Bank and the International Labour Organization (ILO). This section also offers an overview of how these organisations define and measure coverage, and discusses the main advantages and caveats of each.

Subsequently, an alternative approach to measuring social protection coverage is presented, which proposes the following four main steps:

1. Setting a national definition of social protection
2. Risk mapping
3. Programme mapping
4. Programme benchmarking.

At the end, an example to illustrate this alternative approach is provided. The annex also includes a discussion on the possible data sets to be used.

## 2. CONCEPTUAL DISCUSSION: SOCIAL PROTECTION AND COVERAGE

### What is social protection?

To measure the coverage rate of social protection programmes, it is first necessary to define what ‘social protection’ means. The concept has received increased attention over recent years, not only from national governments but also from international organisations. The importance of social protection has also been recognised through its inclusion in the **SDGs** under target 1.3: ‘Implement **nationally appropriate social protection systems** and measures for all’.

In **developed countries**, social protection is historically associated with the protection of workers and their families from social risks, dating back to Bismarck, who introduced the first sickness insurance (1883), followed by employment injury insurance (1884) and invalidity and old-age insurance (1889). For a long time, social protection was mainly associated with contributory social insurance programmes for workers in the formal sector. In **developing countries**, contributory systems have existed for some time, but only a minority of the population is covered by these systems due to the large proportion of informal and agricultural workers. Yet social protection underwent an important transformation in the 1990s. Against a background of economic crises, structural adjustment and globalisation, social protection became a policy framework for addressing poverty and vulnerability. Soon international organisations such as the World Bank, the United Nations Children’s Fund (UNICEF) and the FAO started to promote the social protection agenda (Barrientos 2010).

Yet there is no **universal definition of social protection**. As illustrated in Box 1, the most common definitions of social protection have many significant overlaps, but also certain differences, especially regarding the **types of programmes** included. For example, while some organisations consider microcredit or agricultural input programmes as part of social protection, others have a narrower scope and only recognise programmes associated with traditional social security instruments, such as old-age pensions, and social assistance transfers to those who are not covered by the system related to formal employment.

According to Barrientos (2010), these differences can be explained by the different **approaches to social protection**: **1) the social policy/public finance approach**; and **2) the developmental approach**. The **social policy/public finance approach** includes three main components, namely:

- social insurance (contributory programmes that provide protection against life-course and work-related hazards);
- social assistance (tax-financed programmes that address poverty and deprivation); and
- employment-related programmes (‘passive’ policies that protect the rights and entitlements of workers, as well as ‘active’ programmes and policies that promote employment and labour productivity).

The **developmental approach**, on the other hand, sees social protection as a tool to enhance development across different dimensions; it is based on the idea that development is broader than just increasing per capita income. According to this approach, social protection also comprises the aspects of human development, governance, the environment and empowerment, and calls for integrated policies.

Although the approaches tend to overlap in terms of the programmes they include, there are some significant differences. For example, the developmental approach provides space to encompass areas such as microfinance, agricultural input subsidies, school feeding, crop and income diversification, livelihood support etc. Given the importance of these programmes for small-scale farmers, these differences are particularly important in **rural areas**.

Moreover, definitions based on the developmental approach, such as the framework of ‘Transformative Social Protection’

developed by Devereux and Sabates-Wheeler (2004) at the Institute of Development Studies and also promoted by agencies such as UNICEF, may include themes related to **equity and social justice** (including legislation to protect the rights of ethnic minorities and other vulnerable groups). While this framework has a wider scope when it comes to the social protection supply side, it may have a reduced scope regarding the beneficiaries of social protection, focusing mainly on vulnerable groups. As explained by Lal and Soares (2012, 38), “such difference may be partially explained by the ‘development’ perspective adopted by the authors, and focus on social protection in low-income countries. They tend to emphasise the contribution of social protection to a society’s economic and social development, as observed by Barrientos (2010), and do not limit their interpretation to the categories developed by a theoretical outline traditionally applied to developed countries.”

Although there are significant differences among the distinct social protection definitions, they have at least one similarity: all of them understand social protection as a policy instrument to **protect and prevent against poverty and its various consequences** (ill health, malnutrition, lack of access to education etc.). This minimum definition is used for the present study. However, it should be kept in mind that the toolkit can also be applied to broader definitions of social protection (and hence a wider scope of programmes). Moreover, no matter which definition is used, all acknowledge at their core that the **risk** of being exposed to the various consequences of poverty are not the same for everyone in a given society, but are dependent on several **determinants**, the most important ones being **age, gender and location**.

### Box 1. Different definitions of social protection

Barrientos (2010) provides an overview of the development of the concept of social protection over time (for a discussion, see also Lal and Soares 2012).

#### International Labour Organization

The ILO understands social protection as originating from rights, as also enshrined in the Universal Declaration of Human Rights. As such, it refers to an entitlement to benefits that society provides to individuals and households. In line with this understanding, the ILO World Social Protection Report (WSPR) 2017–2019 (ILO 2017, 194) defines social protection as a human right, including “a set of policies and programmes designed to reduce and prevent poverty, vulnerability and social exclusion throughout the life cycle.” For the ILO, social protection includes nine main areas: child and family benefits; maternity protection; unemployment support; employment injury benefits; sickness benefits; health protection (medical care); old-age benefits; invalidity/disability benefits; and survivors’ benefits. Social protection systems address all these policy areas through a mix of contributory (social insurance) and non-contributory schemes.

In addition to the ILO Social Security (Minimum Standards) Convention 102 of 1952, the Social Protection Floors Recommendation No. 202 of 2012 is the most recent ILO social protection framework, establishing that Member States should determine and maintain national social protection floors as a nationally defined set of basic social security guarantees, which secure protection aimed at preventing or alleviating poverty, vulnerability and social exclusion. These guarantees should ensure at a minimum that all in need have access to at least essential health care and basic income security over the life cycle.

More specifically, national social protection floors should comprise at least the following four social security guarantees, as defined at the national level:

1. access to essential health care, including maternity care;
2. basic income security for children;
3. basic income security for persons of active age who are unable to earn sufficient income, in particular in cases of sickness, unemployment, maternity and disability; and
4. basic income security for older persons.



## World Bank

The World Bank (2020) defines social protection systems as systems that “help the poor and vulnerable cope with crises and shocks, find jobs, invest in the health and education of their children, and protect the ageing population”

The Social Risk Management (**SRM**) framework is central to the World Bank’s work on social protection. In 2019, the SRM framework was updated (SRM 2.0) (Jorgensen and Siegel 2019), placing a stronger emphasis on the relationship between risk and asset poverty, and how people can move from being vulnerable towards being resilient to poverty, through:

- asset- and livelihood-building programmes (e.g. adaptive social protection, and productive economic inclusion);
- risk-sharing programmes (social insurance, private insurance and other informal mechanisms); and
- poverty alleviation programmes (social assistance that may be complemented by Cash+).

The World Bank sees the revised SRM framework as being aligned with human rights and social justice approaches to poverty reduction, drawing on principles of universal coverage and benefits for all in need.

The working definition of social protection followed by the World Bank divides social protection into three main components:

1. social assistance (social safety nets): such as cash transfers, school feeding and targeted food assistance;
2. social insurance: such as old-age and disability pensions, and unemployment insurance; and
3. labour market programmes: such as skills-building programmes, job-search and matching programmes, and improved labour regulations.

The Atlas of Social Protection Indicators of Resilience and Equity (ASPIRE)<sup>1</sup> is a database provided by the World Bank which provides a series of indicators related to countries performance of social protection. For more, see also the section on coverage. See Annex 1 for a description of the programme types included in ASPIRE.

## Institute of Development Studies

The Transformative Social Protection framework (based on Devereux and Sabates-Wheeler 2004) defines social protection as “all public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks and enhance the social status and rights of the marginalised; with the overall objective of reducing the economic and social vulnerability of poor, vulnerable and marginalised groups” (Devereux and Sabates-Wheeler 2004, 9). According to the authors, social protection can fulfil one or more of the following functions:

- protective: to relieve conditions of poverty and deprivation (targeted resources—cash transfers, food transfers, vouchers—and services);
- preventive: to avert conditions of poverty and deprivation (contributory schemes—pension and health insurance; tripartite financed; savings clubs and crop and income diversification);



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1. See: <<http://datatopics.worldbank.org/aspire/>>.

A working definition of the Transformative Social Protection framework would describe social protection as:

- social assistance to extremely poor individuals and households;
- social services to groups who need special care or would otherwise be denied access to basic services;
- social insurance to protect people against the risks and consequences of livelihood shocks; and
- social equity to protect people against social risks such as discrimination or abuse.

### United Nations Children's Fund

Drawing on the Transformative Social Protection approach, UNICEF states in its Global Social Protection Programme Framework (UNICEF 2019, 15) that “child-sensitive social protection must include a strong focus on social vulnerabilities and seek to address the additional risks faced by children who are socially and economically vulnerable at the same time”. In line with this, UNICEF aims to support:

- integrated social protection systems that provide support across the life course and address the range of social and economic vulnerabilities of children and families, connecting programmes and services across sectors;
- programmes that address economic vulnerability;
- social welfare services that can respond to the range of vulnerabilities children and families face, providing direct support as well as connections to relevant services; and
- measures to address structural vulnerability and exclusion, including through legislative or policy frameworks empowering and linking marginalised and excluded groups to access basic social services.

In terms of programmes, four main types are considered:

- social transfers (i.e. cash transfers and tax credits as well as in-kind transfers such as school feeding, subsidies or fee waivers);
- social insurance (i.e. mechanisms to protect against shocks or life events, such as ill health, old age or unemployment, or broader risks such as droughts, floods or extreme weather events);
- labour and jobs (i.e. labour market programmes, or initiatives focused on children and families, including childcare services; family-friendly workplaces to facilitate employment, particularly of women; maternity and paternity leave; or skills-building for adolescent employability); and
- social service workforce: outreach, case management and referral services.

It should be noted that other agencies do not usually consider social service workforce to be a separate programme category. UNICEF, however, considers it integral to effective child-sensitive social protection.



## Food and Agriculture Organization of the United Nations

For the FAO, social protection can help to enhance food security and nutrition (FSN), agriculture, poverty eradication and rural development, as well as the resilience of livelihoods to shocks and stresses. The FAO has increasingly focused on how social protection can be aligned with broader rural development, FSN and agricultural efforts to maximise the impacts on poverty reduction and resilience-building in rural areas.

According to the FAO Social Protection Framework: Promoting rural development for all, "...social protection comprises a set of policies and programmes that addresses economic, environmental and social vulnerabilities to food insecurity and poverty by protecting and promoting livelihoods" (FAO 2017, 6).

The FAO's approach suggests a combination of:

- social protection: such as cash and in-kind transfers, health and social insurance, unemployment benefits;

with other instruments that have social protection functions:

- food security and nutrition/natural resources management: such as food transfers, subsidies, livelihood and asset packages, crop insurance; and
- rural enablers: such as access to agricultural extension, finance, education, energy, infrastructure, land, and rural employment guarantee schemes.

## Social Protection Inter-Agency Board

The Social Protection Inter-Agency Board (SPIAC-B) was created in 2012 to contribute to better coherence and coordination of social protection policy at the international and national levels. To harmonise efforts and provide an agreed framework for analysis, the SPIAC-B has created a common definition.

Social protection refers to the set of policies and programmes aimed at preventing or protecting all people against poverty, vulnerability and social exclusion throughout their life cycles, with a particular emphasis on vulnerable groups.

The SPIAC-B has also developed Inter-Agency Social Protection Assessment (ISPA) tools with the aim of providing a shared conceptual framework for the analysis and development of social protection systems.

The tool defines five types of categories (see also Annex 2):

1. social assistance;
2. social insurance;
3. labour market programmes;
4. social care services; and
5. general subsidies.

In practice, countries also have different definitions, depending on the socio-economic context and the overall political narrative. Box 2 provides an example of the different definitions used by Myanmar and Rwanda.

## Box 2. Examples of national definitions of social protection

### Myanmar

“Myanmar social protection includes policies, legal instruments and programmes for individuals and households that prevent and alleviate economic and social vulnerabilities, promote access to essential services and infrastructure and economic opportunity, and facilitate the ability to better manage and cope with shocks that arise from humanitarian emergencies and/or sudden loss of income” (Republic of the Union of Myanmar 2014).

### Rwanda

Social protection is defined as “a system of regular and predictable cash transfers that will provide income support to those living in poverty and vulnerable to falling into poverty; As a means of ensuring access to other public services—such as health and education—by enabling poor households to overcome the financial barriers that they may face” (Ministry of Local Government 2011).

## What is social protection coverage?

Just as there are multiple definitions of social protection, the definition of coverage can also differ. According to the World Bank handbook ‘Measuring the Effectiveness of Social Protection: Concepts and Applications’, coverage examines who is entitled to or receives a benefit. The authors highlight the different use of the term for different areas of social protection. For instance, within the area of social insurance, “it usually refers to coverage of specific losses because of realization of risks (for example, coverage of the risk of income loss due to disability or of damaged housing due to floods)” (Yemtsov et al. 2018, 55).

**The concept of coverage used in the World Bank’s ASPIRE** database (which provides a series of indicators related to the performance of social protection) reflects a ‘**population concept**’ of coverage: the proportion of a population or subpopulation that receives or contributes (as in the case of social insurance) to social protection. For **contributory schemes**, this definition means that coverage can vary along the life cycle and by area of social protection: for the working-age group, coverage is defined as those contributing to a scheme—for example, through payroll taxes (or in the absence of contributions, based on entitlement to future receipt)—while for those who are no longer contributing to the economy (e.g. elderly people or those with disabilities) it means receiving benefits.

Yemtsov et al. (2018) also note that the **denominator** also varies depending on the type of programme used. For example, **social assistance** is usually not limited to a certain age or employment status. Most social assistance programmes **target** poor people. In these cases, it might make more sense to calculate coverage of the population eligible for the programme, or the poorest quintile. When a social assistance programme is means-tested and limited to a specific group (e.g. persons with disabilities living in poverty), coverage refers to the people in this group. This poses an additional challenge, as countries should have mechanisms to identify the categories and their living conditions on a national, regional and local level, which is only possible with household surveys or very sophisticated administrative records of health benefits, for example.

The **ILO**, on the other hand, differentiates between **legal** (sometimes also mentioned as ‘statutory’) and **effective coverage**. While the first refers to who, by law, is entitled to social protection, the latter indicates who in fact

contributes or receives—in other words, how legal provisions are implemented in practice. According to the ILO (2017, 200), social security **coverage is a multidimensional concept with at least three dimensions:**

- **scope** (mainly legal coverage): the number and type of social security branches or functions to which the population has access (by law);
- **extent** (both legal and effective): the percentage of persons covered (contributing or receiving) within the whole population or the target group; and
- **level** (both legal and effective): the adequacy of coverage by a particular social protection benefit, measured by the level of cash benefits (absolute or relative to benchmarks such as previous income, average income or poverty line).

Table 1 explains these three dimensions in more detail. It can thus be said that the ILO has a broader conceptualisation of coverage than the World Bank. Yet, as shown in the next section, the ILO also uses a more limited definition of coverage for the monitoring of SDG target 1.3.

**Table 1. Legal and effective coverage**

Dimension of coverage	Legal coverage	Effective coverage
Scope	Which social security areas are anchored in the national legislation?	Which social security areas are actually implemented?
	For a given group of the population: for which social security area(s) is this group covered according to the national legislation?	For a given group of the population: for which social security areas is this group effectively covered (benefits are actually available)?
Extent		For a given social security area (branch): which categories of the population enjoy actual access to benefits in case of need (currently or in the future)?
	For a given social security area (branch): which categories of the population are covered according to the national legislation? What percentage of the population or labour force is covered according to the national legislation?	The “beneficiary coverage ratio”: for a given social security area, what percentage of the population affected by the contingency receives benefits or services (e.g. percentage of older persons receiving an old-age pension; percentage of unemployed receiving unemployment benefits)?  The “contributor coverage ratio”: for a given social security area, what percentage of the population contributes to the scheme, or is otherwise affiliated to the scheme, and can thus expect to receive benefits when needed (e.g. percentage of working-age population or of the labour force contributing to a pension scheme)? By extension, the “protected person coverage ratio” would include people who—assuming that legislation is unchanged—would be entitled to a non-contributory benefit in the future, either through a universal scheme, or a means-tested scheme, provided they meet the eligibility criteria.
Level	For a given social security area: what is the level of protection provided according to the national legislation? For cash benefits: what is the prescribed amount or replacement rate according to the national legislation?	For a given social security area: what is the level of protection actually provided (e.g. for cash benefits, average level of benefit as a proportion of median income, minimum wage or poverty line)?

Source: ILO (2017, 201).

## Measuring Sustainable Development Goal target 1.3

As mentioned above, the development of social protection systems is one of the targets of SDG 1 ('End poverty in all its forms and everywhere') (see Box 3).

### Box 3. SDG 1: 'End poverty in all its forms and everywhere'

- Target 1.1: By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than USD1.25 a day.
- Target 1.2: By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to the national definition.
- Target 1.3: Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of poor and vulnerable people.
- Indicator 1.3.1: Proportion of the population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and those who are poor and/or vulnerable.

Additionally, the importance of social protection for sustainable development is reflected in several other goals, including:

- universal health coverage (SDG target 3.8);
- gender equality (SDG target 5.4);
- decent work and economic growth (SDG target 8.5); and
- greater equality (SDG target 10.4).

As with all the other SDGs, countries are required to report their progress on implementing the SDGs. The custodian agencies are United Nations bodies (and in some cases, other international organisations) responsible for compiling, verifying and submitting country data and metadata. For SDG target 1.3, the ILO is the main custodian agency (its data sets are used in the official SDG progress reports), and the World Bank is a partner organisation. As illustrated in the following section, the two agencies have different ways to measure target 1.3. Table 2 presents a comparison between the two approaches, highlighting their main advantages and disadvantages.

### Indicator 1.3.1a: ILO

The indicator used by the ILO reflects the proportion of persons **effectively** covered by a social protection system, including social protection floors.<sup>2</sup> It also reflects the main components of social protection: child and maternity benefits, support for unemployed persons, persons with disabilities, victims of work injuries and older persons.

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2. For more information, see also: Metadata SDG 1.3 <<https://unstats.un.org/sdgs/metadata/files/Metadata-01-03-01a.pdf>>; A Guidebook on SDG Labour Market Indicators, p. 46 <<https://bit.ly/3d1kS3n>>; SDG 1.3. Social Protection Systems for all, including and Floors, Key to Eradicating Poverty and Promoting Prosperity <<https://bit.ly/2U0nr2q>>; and Indicators to measure Social Protection Performance: implications for EC programming, p. 48 <<https://bit.ly/3e7CYSH>>.

Data are collected through an administrative survey—the **ILO’s Social Security Inquiry<sup>3</sup>**—a **periodic collection of administrative data from national ministries of labour, social security, welfare, finance and others**.

The collected data are revised by the Social Protection Department to identify internal inconsistencies between data and indicators and to detect major differences regarding indicators calculated in previous years. When significant discrepancies are detected, the questionnaires are sent back to the countries, including detailed comments, for further revision and adjustments. In many cases, direct contact with national counterparts is required, as the application of the **Social Security Inquiry relies on strong coordination with government counterparts**.

Secondary data sources encompass existing global databases of social protection statistics, including those of the World Bank, UNICEF, UN Women, Help Age, the Organisation for Economic Co-operation and Development (OECD) and the International Social Security Association.

These two data sources (Social Security Inquiry and data from existing global databases) form the **World Social Protection Database<sup>4</sup>** (the basis for the **World Social Protection Report**, published periodically by the ILO).

The aggregated indicator is calculated as the **proportion of the total population receiving cash benefits under at least one of the contingencies or actively contributing to at least one social security scheme**.

The disaggregated indicators per branch are measured as follows:

- **Proportion of children covered by social protection benefits:** the ratio of children/households receiving child or family cash benefits to the total number of children/households with children
- **Proportion of women giving birth covered by maternity benefits:** the ratio of women receiving cash maternity benefits to women giving birth in the same year (estimated based on age-specific fertility rates published in the United Nations World Population Prospects or on the number of live births corrected for the proportion of twin and triplet births)
- **Proportion of persons with disabilities receiving benefits:** the ratio of persons receiving disability cash benefits to persons with severe disabilities (the latter is calculated as the product of prevalence of disability ratios, published for each country group by the World Health Organization, and each country’s population)
- **Proportion of unemployed persons receiving benefits:** the ratio of recipients of unemployment cash benefits to the number of unemployed persons
- **Proportion of workers covered in case of employment injury:** the ratio of workers protected by injury insurance to total employment or the labour force
- **Proportion of older persons receiving a pension:** the ratio of persons above statutory retirement age receiving an old-age pension to persons above statutory retirement age (including contributory and non-contributory pensions)
- **Proportion of vulnerable persons receiving benefits:** the ratio of social assistance recipients to the total number of vulnerable persons (the latter is calculated by subtracting from the total population all people of working age who are contributing to a social insurance scheme or receiving contributory benefits, and all persons above retirement age receiving contributory benefits).

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3. See: <<http://www.ilo.org/dyn/ilossi/ssimain.home>>.

4. See: <<https://www.social-protection.org/gimi/Wspr.action>>.

## Indicator 1.3.1b: World Bank

The ‘effective’ coverage definition is used, measuring the **direct and indirect beneficiaries who are actually receiving social protection benefits** at the time nationally representative household survey data are collected.<sup>5</sup>

**Table 2. Data collection for SDG target 1.3: A comparison between the World Bank and ILO**

Agency	ILO	World Bank
Main source used	Social Security Inquiry (administrative survey)	ASPIRE (household survey data)
Level of disaggregation	Whenever data are available, the indicator is disaggregated by sex and age groups.	Currently available by quintile and geographical location (according to metadata would also be possible by sex and age group).
Advantages	<p>One of the main strengths of the Social Security Inquiry indicators is that they allow for a largely comparable set of indicators across a very wide range of countries.</p> <p>They take a dual approach at the national and programme (scheme) level to access information rarely available at the national level.</p>	<p>Household surveys have the unique advantage of allowing analysis of programme impact on household welfare.</p> <p>Provides information on programme overlaps.</p>
Caveats	<p>Does not allow differentiation between coverage by contributory insurance, universal and means-tested schemes.</p> <p>Does not indicate whether the poorest and most vulnerable are covered.</p> <p>The indicator refers to the population involved in at least one social protection cash transfer, but it conveys no information on multiple benefits or on the adequacy of the benefit.</p> <p>Does not measure all types of social protection, such as in-kind (e.g. asset) or school feeding programmes.</p> <p>Focus on programmes anchored in national legislation (does not mean that legislation has entered into force yet), as these “are usually more stable in terms of funding and institutional frameworks, guarantee coverage as a matter of right, and provide legal entitlements to eligible individuals and households” (ILO 2017, 14). While there is no official definition detailing which types of legislation are considered, it can be observed that the list of non-contributory family allowances in the Middle East and North Africa region is quite limited, listing only Iraq and Libya, but important programmes, such as Egypt’s Takaful and Karama, are not included.<sup>6</sup></p> <p>Another main constraint is the lack of data; sometimes information is provided only on certain schemes, providing inconsistent information across countries.</p>	<p>The information on country SPL programmes included in ASPIRE is limited to what is captured in the respective national household survey and does not necessarily represent the universe of existing programmes in the country, usually excluding the smaller ones.</p> <p>May give imprecise coverage estimates due to sampling bias and underreporting, and is usually limited to large-scale programmes, leaving out smaller schemes.</p> <p>It does not provide age-disaggregated data.</p> <p>Many household surveys have limited information on SPL programmes. Some surveys collect information only on participation without including the transfer amounts, while others include programme information mixed with private transfers, making it difficult to isolate individual programmes.</p> <p>ASPIRE indicators do not include those who are protected by law or those who have benefits guaranteed but are not necessarily receiving them at the time the survey is administered—for example, people who actively contribute to old-age pensions and are entitled to the benefits on reaching retirement age.</p> <p>While the coverage indicators provide useful insight by showing the number of individuals per wealth quintile who live in a household receiving a transfer as a share of all individuals within the same quintile, this does not account for the fact that some social protection transfers may be targeted on a basis other than household wealth.</p>

Source: Authors’ elaboration.

5. For more information, see also: Metadata SDG 1.3 <<https://bit.ly/2Y3ujLz>>; Measuring the Effectiveness of Social Protection: Concepts and Applications <<https://openknowledge.worldbank.org/handle/10986/29802>>; and Indicators to measure Social Protection Performance: implications for EC programming, p. 50 <<https://bit.ly/30HKmQU>>.

6. According to personal communication (2018), the ILO has started to include some regional schemes, not only national as previously. In addition, old-age pension schemes that are not anchored in national legislation have been included (Annex B.10 of the World Social Protection Report 2017–2019). Information for all the schemes, statutory and non-statutory, are being compiled and organised in the inventory database.

ASPIRE is the World Bank's main database on social protection indicators, including coverage, and is used to prepare monitoring reports, such as the State of Social Safety Nets (World Bank 2018, chapter 3).

In ASPIRE, coverage data are available for all Social Protection and Labour (SPL) programmes (cumulative), and separately for each of the three components: Social Insurance (contributory), Labour Market Programmes (contributory and non-contributory) and Social Assistance (non-contributory). As with other ASPIRE indicators, the coverage indicator is calculated using nationally representative household surveys.

The ASPIRE team harmonises these household surveys to make them reasonably comparable across countries and over time, using the following three steps:

- **Identification and classification of SPL benefits and services:** Household surveys are carefully reviewed to identify SPL programme information. Programme variables are aggregated and harmonised into 12 SPL programme categories and 2 private transfer categories (see Annex 1). To generate the indicators, the following variables are also harmonised: household identification number, location (urban/rural), household size, adult equivalent household size, welfare aggregate, household weight and the poverty line, defined as the poorest quintile (20 percent) of the welfare distribution.
- **Welfare aggregates:** Households are ranked in quintiles of the welfare distribution (either household total income or consumption). Special efforts are made to include the most recently updated welfare aggregates officially agreed with each country's National Statistical Office and/or harmonised by regional poverty teams. These welfare aggregates are also consistent with the ones used by World Bank PovcalNet poverty estimates.
- **Purchasing Power Parity (PPP) conversions:** All monetary variables (transfer amounts) and the welfare aggregate are deflated to 2005 values and then converted to international US Dollars according to the following:  $[\text{all transfers and welfare (t)} / \text{CPI (2005)}] / [\text{ICP (2005)}]$ , where ICP (2005) is the PPP conversion factor base 2005 of private consumption.

### 3. AN ALTERNATIVE APPROACH TO MEASURING COVERAGE

As shown above, not only do the definitions of social protection differ, but also those of social protection coverage. Despite their distinctions, both the ILO and the World Bank take a 'participation' approach to social protection.

Yet they do not say anything about the extent of the risks that society faces across the life cycle. The mere participation in a social protection programme does not necessarily protect against these risks. Families, for instance, might remain poor regardless of their participation in a cash transfer programme that, nevertheless, alleviates their poverty. This discussion is closely related to that of **adequacy**. For example, if a government of a very resource-constrained country were to introduce by constitutional amendment, as a citizenship right, a universal basic income programme transferring annually to every citizen a meagre 1 cent of its extremely depreciated national currency, would it be acceptable to attribute to it a social protection coverage rate of 100 percent?

Conversely, not participating in a government legislation-based social protection programme does not mean someone is unprotected. In developing countries, well-off families not infrequently opt out of State-provided social protection programmes to pursue other strategies. They might lack social protection coverage, but they own property. Should they be considered unprotected?

Against this background, this toolkit proposes a complementary approach to measuring social protection coverage. Instead of using participation in social programmes as a proxy, **a coverage measurement function should include the extent to which the different risks are covered**, ranging from unprotected to protected. Importantly, the proposed methodology aligns with the understanding developed by the ILO (2017) that social protection coverage can be measured in three dimensions (extension, scope and level).

As argued above, despite the differences between the definitions of social protection, all of them recognise that poverty affects distinct population groups differently. Therefore, a comprehensive coverage assessment of national social protection floors should be concerned with the extent to which **measures are (or not) in place to address the predefined risks of each population group**, taking into account their particular vulnerabilities.

The approach presented here assumes that a coverage function must be defined for every risk factor. To illustrate this, let us take the case of unemployment. A child in a household with unemployed adults risks becoming malnourished. The unemployment of adults is an ever-present risk factor, but it can be fully or partially counteracted if the household has other income sources or savings, if it receives support from other households due to family or community ties, if the adults were formal workers eligible to receive unemployment insurance or if the family can enrol in a cash transfer programme.

But those responses differ regarding the extent of protection they offer. Taking a coverage definition that goes beyond mere participation means that a child of a family that participates in a cash transfer programme is **covered proportionally** to the share of household expenditures (or poverty gap) covered by the transfer. The relative size of the transfer, thus, would also need to be considered to gauge the degree of protection, and not only mere programme participation.

In short:

- Every social group **g** has a specific set of risk factors **R**. For example, farmers are vulnerable to the risk of droughts, while school-age children are exposed to the risk of school drop-out.

$$R_g = \{r_1, r_2, \dots, r_n\}$$

- Every individual **i** has a set of risk factors defined by their personal characteristics and membership of social groups:

$$R_i = R_{g1} \cup R_{g2} \cup R_{gn}$$

- The sum of risks for each individual that should be mitigated by social protection is established by counting the risk factors that affect that person:

$$SR_i = \sum_{r=1}^{R_i} r_i = I_i$$

where  $I_i$  is the **number of risks** faced by the  $i$  person.

- Each of these risks has an individual assigned weight that expresses the person's level of vulnerability to that risk and the importance of its minimisation. **The sum of the weights given to the risks that affect a person must be equal to 1.**

$$SW_i = \sum_{r=1}^{R_i} w_r = 1$$

In practical terms, this means that the sum of risks represents the totality of the risks to which that specific individual is exposed. As already mentioned, this set of risks is a consequence of the person's characteristics and, consequently, membership of social groups. The characteristics that might affect the set of risks include, for example:

- age group;
- place of residence;
- gender;
- employment status; and
- health status.

Social groups are, in this sense, defined by shared characteristics between individuals. Nevertheless, even though membership of these groups determines the risk set, the weight of each risk is determined for the **individual**. For example, all girls aged 10–17 years might be exposed to early marriage due to their gender and age group. Yet rural girls might be even more vulnerable to this risk than their urban counterparts. Therefore, in their individual sum of risks, the weight of early marriage would be higher for rural girls than for urban girls. Another example would be that of malnutrition. A government might choose to focus its resources on the reduction of malnutrition among children under 5 years and, therefore, assign a higher weight to this risk than to other age groups.

Similarly, while every member of the working-age population might be considered vulnerable to unemployment or insufficient earnings, rural workers also face the risks of pests or natural disasters. Even among rural workers, it is possible that those living in certain regions of a country are more vulnerable to seasonal weather factors (e.g. floods or droughts) that impact their production and, thus, earnings than others. Hence, these risks would have higher weights for some rural workers than for others.

In summary, the set of risks and the weight of each of them are distinct according to the intersection of characteristics for each individual.

- After defining the set of risks and their weights, the next step is to define a way to measure the coverage against the defined risks: For every risk  $r$  a specific **coverage function** applies criteria to evaluate whether it is covered, returning a proportion:

$$c = f(\text{criteria})$$

- $c = 0$       Uncovered
  - $0 < c < 1$     Partially covered
  - $c = 1$       Covered
- The individual social protection coverage rate  $SPC_i$  can be expressed as:

$$SPC_i = \sum_{r=1}^{R_i} c_r w_r$$

Notice that, **in the case in which all risks that affect a person are considered equally important, they have the same weight** (at the individual level). In this case, the individual social protection coverage rate is equal to:

$$SPC_i = \frac{1}{SR_i} \sum_{r=1}^{R_i} c_r$$

- Therefore, the total social protection coverage rate of a population composed of  $N$  people is the average of the individual rate:

$$SPC = \frac{1}{N} \sum_{i=1}^N SPC_i = \frac{1}{N} \sum_{i=1}^N \sum_{r=1}^{R_i} c_r w_r$$

- The coverage gap is  $1 - SPC$ .

## Step 1. Setting the national definition of social protection

The importance of nationally adopted definitions is also reflected in SDG target 1.3 (see Box 3), which calls for the implementation of **nationally appropriate social protection systems** and the goal of achieving substantial **coverage** of poor and vulnerable people by 2030.

The national conceptualisation of social protection (meaning the objective of social protection in a given country as well as the types of programmes and their target groups) largely depends on the country's socio-economic characteristics. For example, a country with a large rural population might include livelihood projects as a key social protection instrument, while this might be less relevant in other contexts.

If social protection has not yet been defined and conceptualised in a given country—for instance, in a strategic policy document such as a poverty reduction paper or social protection strategy—there are several ways to come to this definition, such as:

- consultations with relevant stakeholders;
- revision of legal documents (such as constitutions or labour codes); and
- high-level meetings.

## Step 2. Risk mapping

After having defined social protection, including its objectives, the next step is to map the set of risks that affect the population. As outlined above, risks and vulnerabilities vary across different groups and are context-specific. Advocated strongly by agencies such as UNICEF, a **life-cycle approach** to social protection requires taking into account age- and gender-specific risks and vulnerabilities throughout the entire life cycle, including childhood, adolescence, working age and old age (for examples of age-specific risks, see Table 3).

**Table 3. Examples of age-specific risks**

Age group	Risks
Pregnancy and early childhood (children under the age of 5)	Unsafe birth; limited or no access to antenatal as post-natal care; no immunisation; undernutrition of the child (especially in the first 1,000 days); undernutrition of mothers; deficiencies in care (e.g. breastfeeding); lack of birth registration; no access to early childhood development centres; orphanhood
Children of school age: primary school (6–11) and secondary school (12–17)	Child labour; being out of school/school drop-out; school fees; poor access to health; poor home environment; child abuse; orphanhood; disability
Youth	Unemployment; lack of skills; limited access to training opportunities; early marriage; early pregnancy; alienation; disability; HIV/AIDS infection
Working age	Unemployment; debt and dowry system; gender discrimination and domestic violence (in particular, women); limited access to social security if in informal employment; migration; lack of access to financial and insurance markets
Old age	Disability and chronic illness; no access to special health care; widowhood; no pension provision

Source: UNICEF (2014); Rawlings, Murthy, and Winder (2013).

It is important to keep in mind here that these risks vary not only by age group but also by poverty status, gender and place of residence, especially between urban and rural location, among others. For example, children, pregnant women or elderly rural dwellers all face specific or more intensified risks than other groups. The assigned weights reflect this, as higher values can be given to individuals that are part of the social groups more affected by the risk.

There are also risks that affect the whole population, regardless of age, gender, poverty status or place of residence. This applies especially to those related to shocks (such as environmental disasters, conflicts, forced displacement, economic crisis), but also others such as poor access to health care services. Yet the intensity of these risks and the coping mechanisms available can vary depending on these characteristics.

Small-scale farmers, for example, often face severe constraints in terms of access to infrastructure, innovative technologies and financial services, such as credit or savings. The latter are particularly important to protect them against climate-related shocks and natural disasters, which can have dramatic consequences for those dependent on agricultural activities.

### Remember:

Every social group  $g$  has a specific set of risk factors  $R$ , and each risk factor  $r$  has a weight at the **individual level** that expresses the individual's vulnerability to that risk and the importance of its minimisation. The value of the weights ought to be defined by the society or the government.

Every individual  $i$  has a set of risk factors defined by their membership of social groups:

$$R_i = R_{g1} \cup R_{g2} \cup R_{gn}$$

The individual sum of risks is established by counting a person's risk factors and gives the number of risks to which that person is vulnerable ( $I_i$ ):

$$SR_i = \sum_{i=1}^{R_i} r_i = I_i$$

Table 3 gives an example of a set of social groups and their related risks. However, there might be differences within the same group, and there are other characteristics that should be taken into consideration when conducting this analysis. These include, for instance, gender, place of residence and disability status.

The risks faced by individuals change according to their specific characteristics—for example, working-age men and women have different sets of risks, as gender discrimination tends to affect the latter more than the former.

The relevant characteristics and groups must be defined according to the national context. Furthermore, the application of the proposed methodology depends on which characteristics and risks it is possible to map and identify using the available data.

There are several ways to identify the most pressing risks faced by the different population groups in a country. For example, **household surveys, such as the Multiple Indicator Cluster Surveys (MICS)**, can be a useful source of data to define not only the risk groups but also the specific types of risk these groups face (for more information, see also Step 4, ‘Benchmarking’). Existing vulnerability and risk assessments, as well as national consultations with relevant stakeholders, can be other valuable sources here.

It is also necessary to define the weights of each risk. As already mentioned, the social characteristics of an individual are one of the factors that should be taken into consideration, reflecting the intensity and importance of each risk. Furthermore, the society and the government might want to place greater importance on certain groups. For example, the government might choose to prioritise the protection of children, therefore assigning higher weights to their specific risks.

### Step 3. Programme mapping

**Table 4. Example of life-cycle risks and corresponding social protection programmes**

Age group	Type of risk	Type of programme
Pregnancy and early childhood (0–5 years)	Lack of adequate nutrition during pregnancy (risk of stunting)	In-kind or cash transfers targeted at pregnant women
	Unsafe birth and lack of access to antenatal and post-natal care	Maternal health programmes
	Child undernutrition	In-kind or cash transfers to lactating women
	Deficiencies in care (e.g. breastfeeding) if mother has to work	Cash transfers; maternity allowances
	No immunisation	Health care benefits promoting access to basic health care
Primary school age (6–11 years)	Child labour	Cash transfers
	Malnutrition	Cash transfers and school feeding programmes
	Disease due to poor access to health	Non-contributory health insurance
Secondary school age/youth (12–17 years)	School drop-out	Educational fee waivers; scholarships
	Unemployment	Skills training
	Early marriage, early pregnancy	Cash transfers (consider relevance of gender-sensitive features)
Working age (18–60 years)	Unemployment/underemployment	Cash transfers combined with skills training; public works programmes; microcredit
	Gender discrimination (e.g. on labour market, unpaid care work)	Cash transfers targeted at women
	Debt due to expenses such as dowry or illnesses	Cash transfers; non-contributory health insurance; saving schemes
	Loss of income due to pregnancy	Maternity benefits
	Ill health during pregnancy	Non-contributory health insurance; maternal health programmes
Old age	Inability to work	Old-age allowances
	Poor health	Non-contributory health insurance; health care benefits
	Widowhood	Cash transfers

Source: World Bank (2012); UNICEF (2012).

Once the groups and their specific risks are identified, the existing social protection programmes need to be mapped to identify whether and to what extent they address the mapped risks. A social protection system may have different components, which can be universal, contributory (for those working in the formal sector) or targeted social assistance programmes (non-contributory).

Table 4 summarises how social protection programmes can address the different vulnerabilities and risk factors over the life cycle. It is important to highlight here that the types of risks and programmes can vary from country to country.

## Step 4. Defining the coverage function and programme benchmarking

After having mapped the different programmes, it is important to **assess the extent to which they respond to the risks identified in Step 2**. This exercise naturally involves a certain degree of discretion; therefore, it is important to clearly state all assumptions made. It also needs to be highlighted that social protection programmes alone are not enough to completely prevent a risk. Interventions in other sectors (i.e. employment generation, health care and education) are also important.

The following examples show how and why it is important to consider the **adequacy** of a programme. A cash transfer that only provides a very minimal transfer will cover children’s risk of being malnourished only partially (assuming here that malnutrition is the result of a lack of disposable income to purchase food for the mother and the child). Research has shown that programme impacts appear to be greater when transfers are regular and predictable. Moreover, the transfer level needs to be large enough.

Considering there are multiple possible sources of protection against a given risk, there is no single way to define the coverage function of a risk. However, a useful starting point is to consider why a factor is considered a social risk—in other words, what are the consequences that are meant to be avoided. For instance, droughts are a severe issue for farmers because they may cause crop failure, which can negatively affect their income. Therefore, the coverage function of a programme to address crop failure could consider either the availability of other sources of water (which can mean that a number of plots are no longer exposed to this risk) or the share of the income lost due to the drought that would be replaced by the scheme.

### Remember:

For every risk  $r$  a specific **coverage function** applies criteria to evaluate whether it is covered, returning a proportion:

- $c = 0$       Uncovered
- $0 < c < 1$       Partially covered
- $c = 1$       Covered

The individual social protection coverage rate  $SPC_i$  is given by:

$$SPC_i = \sum_{r=1}^{R_i} c_r w_{ir}$$

The total social protection coverage rate is the average of the individual rate:

$$SPC = \frac{1}{N} \sum_{i=1}^N SPC_i = \frac{1}{N} \sum_{i=1}^N \sum_{r=1}^{R_i} c_r w_{ir}$$

- The **coverage gap** is  $1 - SPC$ .

A rule of thumb would be to attempt to translate the risks into monetary terms, as this facilitates the calculation of both risk exposure and protection against it. One example is the risk of food insecurity: ideally, the household survey would provide data on the nutritional status of the household members, which enables the direct calculation of the importance of the transfers to achieve the minimum level of food consumption to be healthy. However, this information is not always available. Yet governments often define a national poverty line and food poverty line. Often, the food consumption level is also covered in household surveys. The coverage function might then consider the gap between these two values that is covered by each monetary transfer.

Meanwhile, the food consumption level might be assumed to directly indicate the level of protection acquired by the individual through the market (encompassing the wage earned in the labour market and loans, for instance). This is particularly relevant if the analysis is based on household surveys. However, there are surveys (for example, Multiple Indicator Cluster Surveys) that provide more detailed data on nutritional status (see Annex II on data sources for further information).

The best coverage function for each case is highly dependent on the data available. The lack of more detailed data might mean that the only possibility to consider is coverage as programme participation. In these cases, administrative data (as provided in programmes reports) are valuable tools.

Let us take the risk mapping in Table 3 presented in Step 2 to illustrate how this benchmarking could potentially look like. Table 5 provides an indicative example for the risks faced during pregnancy and early childhood. The example only serves as an illustration, and it should be noted that defining the ‘coverage function’ (i.e. which criteria a programme needs to fulfil to be considered to cover 100 percent of the given risk) is context-dependent and should be validated through national consultations.

**Table 5. Example of benchmarking: Working-age adults (18–60 years old)**

Types of risk	Social protection programme	Coverage function	Example in country X
Low income due to unemployment/ underemployment	Cash transfers	Provides at least 20% of national food poverty line = 1	Cash transfer provides 10% of national food poverty line = 0.5
	Public works programme	Guarantee at least 100 days of work and provides at least 20% of national food poverty line = 1	Only 50 days are offered, paying only 10% of national food poverty line = 0.5
Low income due to gender discrimination (e.g. in the labour market, unpaid care work)	Cash transfers targeted at women	Provides at least 20% of national food poverty line = 1	Cash transfer provides 10% of national food poverty line = 0.5
Loss of income due to pregnancy	Cash transfers targeted at pregnant women/ women with children under the age of 2 years	Provides at least 20% of national food poverty line = 1	Cash transfer provides 10% of national food poverty line = 0.5
Ill health during pregnancy	Conditional cash transfers with maternal health component	Minimum of 8 antenatal care visits delivering services in accordance with World Health Organization (WHO) recommendations (recommended by WHO) = 1	Only 4 visits = 0.5, or 8 visits but they do not comply with WHO recommendations = 0.5
Loss due to crop failure	Public works programme that builds irrigation projects for cultivated plots	All farmers are reached through irrigation projects = 1	Only 50% of farmers are covered = 0.5

Source: Authors' elaboration.

However, to identify the main coverage gaps, it is necessary to consider all existing sources of protection against the risks that affect a society to understand the level of protection a population has. In other words, all the information regarding income, economic transfers, any other sources of support and protection strategies that is available through the data gathered on the country is relevant.

Even though the State should be the main party responsible for the provision of formal social protection, it is important to consider that individuals might acquire protection against risks through other means—for instance, through NGOs or other family/community members. This tends to be especially important when state support is limited.

As these coverage assessments are often used as a base for devising recommendations for government policies, it is important to understand how formal provision interacts with other protection sources.

This means that the methodology to calculate the coverage rate should be applied separately to relevant sources to be able to assess how much a population is exposed to existing risks and possible reforms to increase programme efficacy. Relevant sources include, for instance, informal social protection (NGOs, community, family), formal social protection (government) and individual strategies (income, access to savings, asset ownership).

For instance, an individual might be covered against the risk of food insecurity solely by their wage, which determines the amount of food purchased, or also by a food aid programme provided by the government or an NGO.

The vulnerability to this risk can be captured only by considering both the income and the participation in these programmes. Furthermore, different social groups might rely differently on each source; therefore, calculating the coverage rate separately might highlight discrepancies across them.

The identification of the relevant protection sources is based on the mapped set of risks to which each group is exposed. Similar to the previous step, this exercise is strongly based on the information provided by household surveys, which typically cover these topics. However, there are other possible means to identify existing programmes and other sources that address each risk, such as reports of NGO activities that detail their projects and results, and documents produced by government entities that implement social protection programmes (see also the section on data sources).

In practical terms, this means that different protection strategies (social protection programmes, other economic transfers, own income and assets, among others) should all be treated as 'programmes'. It is necessary to separately assess how each of them can effectively protect the individual against the risk. Only by doing so is it possible to calculate how vulnerable the population is to existing risks and how possible reforms could enhance the social protection system in place.

## 4. ILLUSTRATIVE EXAMPLE

Let us consider, for instance, a population that has four **social groups** ( $g$ ): poor rural women, poor rural men, poor urban women and poor urban men.

- Poor rural individuals are vulnerable to two risks: (i) **food insecurity**; and (ii) **drought**, which would cause the loss of income due to the lack of food crops to sell.
- Poor urban people, on the other hand, are only vulnerable to the risk of **food insecurity**.
- Lastly, women are vulnerable to **insufficient nutrition during pregnancy**.

**Table 6. Social groups and risks**

Group		Risks		
Gender	Location	Food insecurity	Insufficient nutrition due to pregnancy	Drought
Men	Rural	Yes	No	Yes
Women	Rural	Yes	Yes	Yes
Men	Urban	Yes	No	No
Women	Urban	Yes	Yes	No

Source: Authors' elaboration.

In other words, the **set of risk factors** of poor rural people comprises the risks of food insecurity and drought, while that of poor urban individuals is formed solely by food insecurity. Women within these groups are also vulnerable to insufficient nutrition during pregnancy.

All risks are considered equally important here, so the **weight** of all of them is equal inside the set of risks that affect one person. Note, however, that this means that the same risk can weigh more for one person than for another, depending on the number of risks that inflict that person. Importantly, the sum of the weights given for the risks faced by the individual has to be equal to 1.

The individual sum of risks ( $SR_i$ )—in other words, the number of risks that affect each person—is established by considering the person's risk factors. In this example:

- Poor rural men:  $SR_{rm} = 2$
- Poor rural women:  $SR_{rw} = 3$
- Poor urban men:  $SR_{um} = 1$
- Poor urban women:  $SR_{uw} = 2$

Thus, the set of risk factors of each individual is defined by the characteristics he or she has. There are four possibilities in this example (to simplify, we will consider that all women in these social groups are currently pregnant), and the weights of the risks for each individual are found by dividing 1 by the individual's sum of risks:

- Poor rural men:  $R_i = \left\{ \left( \frac{1}{2} \cdot \text{food insecurity} \right), \left( \frac{1}{2} \cdot \text{drought} \right) \right\}$
- Poor rural women:  $R_i = \left\{ \left( \frac{1}{3} \cdot \text{food insecurity} \right), \left( \frac{1}{3} \cdot \text{drought} \right), \left( \frac{1}{3} \cdot \text{insufficient nutrition} \right) \right\}$
- Poor urban women:  $R_i = \left\{ \left( \frac{1}{2} \cdot \text{food insecurity} \right), \left( \frac{1}{2} \cdot \text{insufficient nutrition} \right) \right\}$
- Poor urban men:  $R_i = \{1 \cdot \text{food insecurity}\}$

To determine the coverage function, it is necessary to know the programmes that protect the individual against that risk. In this example:

- food insecurity is covered by a government cash transfer scheme targeted at poor people with a fixed value of 100 monetary units (mu);
- the government cash transfer programme provides 50 mu to women who are pregnant to prevent insufficient nutrition; and
- drought is covered by a public works scheme that carries out irrigation projects for every cultivated plot.

Considering that the poverty line of this population is determined by the amount of money necessary to purchase 2,100 calories in the market plus a given value for non-food expenses, and this value is equal to 1,000 mu, the coverage function of each risk factor is given by:

#### 1. Food insecurity:

The example assumes that food insecurity is a consequence of a lack of disposable income to purchase food. The coverage function is defined here as the share of the gap between the poverty line and the person's income (pre-benefit) that is covered by the benefit provided.

**Table 7. Programmes and coverage function by risk**

Risks	Programmes and coverage function		
	Cash transfer	Additional cash transfer	Public works programme
Food insecurity	100% of the gap between the person's income and the national poverty line	-	-
Insufficient nutrition due to pregnancy	-	100% of the gap between the person's income and the national poverty line	-
Drought	-	-	Completely avoid income loss due to drought

Source: Authors' elaboration.

The average income of poor rural men and women is 500 mu and 400 mu, respectively, while it is 800 mu for poor urban men and 700 mu for poor urban women. Therefore:

- Rural men:  $r_{rm} = \frac{100}{1,000-500} = 0.2$
- Rural women:  $r_{rw} = \frac{100}{1,000-400} = 0.17$
- Urban men:  $r_{um} = \frac{100}{1,000-800} = 0.5$
- Urban women:  $r_{uw} = \frac{100}{1,000-700} = 0.33$

### 2. Insufficient nutrition during pregnancy:

This risk follows the same logic as food insecurity.

- Rural women:  $r_{rw} = \frac{50}{1,000-400} = 0.083$
- Urban women:  $r_{uw} = \frac{50}{1,000-700} = 0.17$

### 3. Drought:

Since there is a public works programme that provides irrigation to every cultivated plot, it can be considered that farmers are completely covered against this risk.

- Rural men:  $r_{rm} = 1$
- Rural women:  $r_{rw} = 1$

Thus, the individual social protection coverage rate is calculated by adding the coverage of each risk factor and dividing by the total number of risks faced by that group:

- Rural men:  $SPC_{rm} = \frac{1}{2}(0.2 + 1) = 0.6$
- Rural women:  $SPC_{rw} = \frac{1}{3}(0.17 + 0.083 + 1) = 0.42$
- Urban men:  $SPC_{um} = 0.5$
- Urban women:  $SPC_{uw} = \frac{1}{2}(0.33 + 0.17) = 0.25$

Assuming there are only four people in this population (one member of each group), the total social protection coverage is:

$$SPC = \frac{1}{4}(0.6 + 0.42 + 0.5 + 0.25) = 0.44$$

Thus, the coverage gap is:  $1 - 0.44 = 0.56$ .

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# ANNEX I—PROGRAMME CLASSIFICATIONS

**Table 1.** Programme classification based on World Bank (ASPIRE)

Social insurance	Contributory pensions	Old age
		Survivors
		Disability
	Other social insurance	Occupational injuries benefits
		Paid sickness leave benefits
Health		
Maternity/paternity benefits		
Other		
Labour market	Passive labour market programmes	Out-of-work income maintenance (contributory and non-contributory)
	Active labour market programmes	Training (vocational, life skills, cash for training)
		Employment incentives/wage subsidies
		Employment measures for persons with disabilities
		Entrepreneurship support/start-up incentives (cash and in-kind grant, microcredit)
		Labour market services and intermediation through payments for ecosystem services (PES)
Other active labour market programmes		
Social assistance	Unconditional cash transfers	Poverty-targeted cash transfers and last-resort programmes
		Family/children/orphan allowance
		Non-contributory funeral grants, burial allowances
		Emergency cash support (refugees/returning migrants)
	Public charity, including <i>zakat</i>	
	Conditional cash transfers	Conditional cash transfers
	Social pension	Old-age social pensions
		Disability benefits/war victims' non-contributory related benefits
		Survivorship
	Food and in-kind transfers	Food stamps, rations and vouchers
		Food distribution programmes
		Nutrition programmes (therapeutic, supplementary feeding and people living with HIV)
		In-kind/non-food support (education supplies, free texts and uniforms)
School feeding	School feeding	
Public works	Cash/food for work	
Fee waivers and subsidies	Health insurance exemptions and reduced medical fees	
	Education fee waivers	
	Food subsidies	
	Housing subsidies and allowances	
	Utility and electricity subsidies and allowances	
	Agricultural inputs subsidies	
	Other	
Other social assistance programmes	Scholarships/education benefits	
	Social care services, transfers for caregivers	
	Whatever is left out from above categories	

Source: World Bank (n.d.).

**Table 2. Programme category and subcategory based on ISPA CODI**

SPL area	Programme category	Subcategory	
Social assistance	Cash transfers	Poverty-targeted cash transfers	
		Family and child allowance (including orphan and vulnerable children benefits)	
		Public-private charity, including <i>zakat</i>	
		Housing/utility allowance benefits	
		Emergency support in cash (including support to refugees/returning migrants)	
		Scholarships benefits	
		Old-age social pensions	
		Disability social pensions/allowance/benefits	
		War veteran benefits	
		Non-contributory funeral grants, burial allowances	
		Public works, workfare and direct job creation	
		Other cash	
		Food, in-kind and near-cash transfers	Food stamps and vouchers
	Food distribution programmes		
	School feeding/take-home rations		
	Nutrition programmes (therapeutic, supplementary and people living with HIV)		
	In-kind emergency support (including refugees/returning migrants)		
	Targeted subsidies: health benefits and reduced medical fees for vulnerable groups		
	Targeted subsidies: educational fee waivers		
	Targeted subsidies: housing/utility		
	Other food/in-kind programmes		
	Food for work (including food for training, food for assets etc.)		
	Other social assistance	Tax exemptions	
		Other exemptions	
		Other social assistance transfers	
	Social insurance	Contributory/earnings-related pensions and savings programmes	Old-age pension (all)
			<i>Old-age pension (national schemes)</i>
<i>Old-age pension (civil servant schemes)</i>			
<i>Old-age pension (other special schemes)</i>			
Survivors pension (all)			
Survivors pension (national schemes)			
Survivors pension (civil servant schemes)			
Survivors pension (other special schemes)			
Disability pension (all)			
Disability pension (national schemes)			
Disability pension (civil servant schemes)			
Disability pension (other special schemes)			
Other social insurance			Sickness/injury leave
		Maternity/paternity benefits	
		Contributory funeral grants/like insurance	
		Health insurance	
		Other social insurance	



SPL area	Programme category	Subcategory
Labour market programmes	Labour market policy services (intermediation)	Labour market services (PES)
	Labour market policy measures (active labour market programmes)	Training (vocational, life skills, cash for training), internship
		Job rotation and job sharing
		Employment incentives/wage subsidies
		Employment measures for persons with disabilities
		Public works, workfare and direct job creation including community development programmes
Labour market policy supports (passive labour market programmes)	Entrepreneurship support/start-up incentives (cash and in-kind grant, loans, training)	
	Other active labour market programmes	
	Out-of-work income maintenance (unemployment benefits, contributory)/severance payment if subsidised by government	
Social care services	Care for children/youth	Out-of-work income maintenance (unemployment benefits, non-contributory)
		Early retirement for labour market reasons
		Day-care services for vulnerable children, orphans
		Foster care
		Specialised social care for children (abandoned, neglected, abused, orphaned)
	Care for family	Non-residential psychological services for children and vulnerable youth
		Basic and specialised social care for substance abusers
		Preservation and reunification counselling services
		Domestic violence victims' basic and specialised social care services
	Care for vulnerable people of working age	Rehabilitation services
		Community development services
		Mother care and counselling services
	Care for persons with disabilities	Basic and specialised social care services for the homeless
Basic and specialised social care for substance abusers		
Immigrant counselling and care services		
Care for older persons	Residential care services for persons with disabilities	
	Psychosocial care services	
	Personal assistance and day care	
	Residential care facilities	
Other social care services	Psychosocial care services	
	Homeless shelters	
	Personal assistance and day care services	
General subsidies	General subsidies	Other social care services
		Food subsidies
		Fuel subsidies
		Electricity subsidies
		Housing subsidies
		Transport subsidies
		Agricultural input subsidies (seed and fertiliser subsidies, possibly other types as well)

Source: Inter Agency Social Protection Assessments (2018).

## ANNEX II—DATA SOURCES

To apply the steps proposed in this toolkit, it is paramount to have access to accurate information and data. Already **Step 1** requires the availability of strategic documents regarding the national definition of social protection. If these documents are not available, national consultations will need to be conducted. Moreover, for **Step 2**, one needs to know how many people belong to each risk group, which requires instruments such as household surveys. **Step 3** requires a good understanding of the specific design features of the different programmes, including type and level of benefit, target groups etc., highlighting the need for detailed programme descriptions. Lastly, for **Step 4**, implementation assessments are necessary to ensure a comprehensive evaluation of coverage, as it will require information on the design and implementation gaps of the programme. In the following, some of these data sources are described in more detail.

### Population census

A population census is a useful way to estimate how many people are in each social group. Yet the usability depends on how up to date the census is. Because of their costs, censuses are usually not conducted very frequently. Moreover, depending on the groups defined, they might not provide sufficient information on the different risk groups identified, which might require more disaggregated data. Household surveys, therefore, are another important source of information.

### Household surveys

Household surveys can help to determine the most pressing risks faced by the different population groups, as well as the size of these groups. Moreover, they can provide information about participation in different social protection programmes, as well as the level and regularity of the benefits provided. However, this requires a large enough sample to provide accurate estimates and a periodicity that provides timely estimates. Additionally, surveys must collect, at a minimum, information on existing major social protection schemes and on household characteristics. There are three types of surveys that are more commonly used for social protection assessments:

- household budget surveys;
- household income and expenditure surveys; and
- Multi-topic surveys, such as the Living Standards Measurement Study.

Other surveys, such as the Multiple Indicator Cluster Survey (MICS) and Demographic and Health Survey (DHS), may also be used as complementary sources of information, especially to determine the risk groups. However, they usually do not collect data on social protection benefits, with the exception of the latest MICS (sixth edition), which includes a module on social protection that gathers information on the receipt of benefits (by household or specific member), including the time since receiving the last transfer, access to health insurance and school support (Moore, Suzuki, and Idele 2018).

Yet most household surveys (especially in developing countries) **are not designed to purposely** collect data on social protection. Many surveys capture only general information on multiple public transfers combined in one or two questions, without asking specifically about individual transfers.

### Administrative data: Social registries and programme beneficiary databases

Administrative data sets cannot provide information about the population size of each risk group, but well-developed social registries can provide an accurate picture of the number of people participating in each programme.

Yet the extent to which they can provide information depends on their breadth and scope (how many people are registered, and which type of information is collected).

Ideally, social registries should contain information on all registrants/applicants to the social protection systems—whether or not they are deemed eligible or are enrolled. As such, they differentiate themselves from beneficiary registries, which usually only include information on individuals or families enrolled in the scheme (for a more in-depth discussion, see also Leite et al. 2017).

Unique identifiers such as a national identification document (ID) serve as a ‘key’ to open the door to integrated systems across programmes. Social registries use unique identifiers to facilitate cross-checks of administrative information systems from other government agencies to validate and verify data on registrants. Beyond authentication of identity, unique identifiers are needed for interoperability. All connecting information systems need to have the same set of unique identifiers to match and link information. This is greatly facilitated by the use of a robust and accurate national ID.

However, not all countries operate a national ID, and alternative ways are used to identify persons. The United States, for example, uses a set of identifiers to match individuals across administrative systems (name, address, gender, birth date, social security number etc.). In other countries, the national ID system may be weak, with low coverage of the population, especially among those who are neediest, or with many errors and duplications. In those situations, the lack of coverage of the national ID can be a barrier to entry into the social registry (exclusion). Conversely, the inability to verify identity can result in duplications or frauds.

In countries without a robust and accurate national ID, functional IDs are often created and assigned for the purposes of a specific social programme or the social registry. In Brazil, for example, the *Cadastro Único* assigns a Unique Social Identification Number (*Número de Identificação Social*—NIS) to individuals based on a variety of identifying documents and IDs, such as the Programme of Social Integration (*Programa de Integração Social*—PIS), assigned to workers in the formal sector, and the individual taxpayer registry identification (*Cadastro de Pessoas Físicas*—CPF). The NIS becomes the official number for social assistance, and if the individual registered in the *Cadastro Único* obtains a job in the formal sector, the NIS becomes a PIS (Leite et al. 2017).

There are key indicators that should be contained in single registries, such as information on the number of beneficiaries and their characteristics (including age, sex and place of residence); transfer size; status of the person’s and family’s benefit (e.g. whether the benefit has been suspended for failure to comply with any rule) and the programme’s coverage in relation to potential beneficiaries identified in the registry.

The second level of integration, called the Integrated Social Information System (*Sistema Integral de Serviço Social*—SIIS), involves information from the programmes and from the social registry, the national census and other sources from official statistics agencies. This overview is essential to assess the reach of the joint activities of the State and its effective participation in social life; in addition, if an integrated social information system is based on an integrated registry, it will provide data on gaps or overlaps in coverage with names and addresses—i.e. precise information for immediate state action (Bartholo, Mostafa, and Osorio 2018).

In summary, single registries can be used to estimate social protection coverage, but this depends heavily on their features and reach. However, a universal registry providing information of all residents is very rare in developing countries.

In the absence of a single registry, administrative programme data sets can be used to estimate coverage of one or more schemes. Yet, since they only provide information on the population covered, reliable population estimates are also necessary. Likewise, to have coverage estimates for a particular subgroup (e.g. rural population), both administrative data sets and population estimates need to provide information at a disaggregated level.





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