



Global Forum on Adaptive Social Protection

Protecting lives and livelihoods in times of crisis

13-15 June 2023 • Berlin

At the Interface between Food Security and Social Protection: How to Ensure Nutrition-Sensitive Programme Design?



Moderators



Juan Gonzalo Jaramillo Mejia

Social Protection Policy Officer, WFP

Juan Gonzalo Jaramillo Mejia is a Social Protection Programme Policy Officer at the United Nations' World Food Programme currently leading the organisation's global learning and knowledge management in social protection. A Political Scientist and International Relations professional, he holds a MSc. in Development Management from the London School of Economics. His areas of interest and action have revolved around the food security and nutritional outcomes of social protection, its extension of coverage to the rural informal sectors and, in particular, the design and implementation of features that enhance the social, financial inclusion and gender-equitable impacts of interventions. Prior to his assignment to WFP, Juan Gonzalo worked for the Colombian Ministry of Foreign Affairs in China, the Grameen Bank, FAO, ILO and the CGIAR as a foreign policy and development specialist and researcher covering topics from micro-finance, bilateral and multilateral cooperation to the integration of men and masculinities in developmental narratives.



Ugo Gentilini

Lead Economist, Social Protection and Jobs, World Bank

Ugo Gentilini is Lead Economist for Social Protection and Labor at the World Bank. His interests encompass research and practice on social protection from high-income countries to fragile states. With a PhD in Economics, he has published extensively on social assistance in the context of, for example, labor markets, urbanization, food security and nutrition, subsidy reforms, humanitarian assistance, displacement and mobility. His recent books include Exploring Universal Basic Income (2020), Adaptive Social Protection (2020), and the 1.5 Billion People Question (2017); he led the global trackers of social protection responses to inflation and COVID-19; he has been a team member of the World Development Report 2019; and he is co-founder of the flagship The State of Social Safety Nets in the World Series. Ugo began his career in 2002 with the UN World Food Programme, and since 2016 he has been producing a weekly newsletter on social protection reaching thousands of subscribers (contact him for receiving it every Friday).

Speakers



Miriam Ines Rangone

National Coordinator of the Community Approach Program, Ministry of Social Development, Argentina

Mrs Miriam Ines Rangone is National Coordinator of the Community Approach Program (Abordaje Comunitario) of the Argentina National Plan Against Hunger - UNDP Project ARG 20/004 at the Ministry of Social Development. The Program aims at providing financing for food benefits (cash transfers) to poor and vulnerable populations through civil society organizations. Mrs Rangone holds a bachelor's degree in Social Work, Psychodramatist and she is Professor of the Social Work Career at the Salvador's University. She is also Senior Consultant for FOPAR, Social Investment Participatory Fund.



Sintayehu Demissie

Head of the Food Security Coordination Office, Ministry of Agriculture, Ethiopia

Mrs. Sintayehu Demissie is the Head of the Food Security Coordination Office of the Ministry of Agriculture for the Government of Ethiopia. She joined the Ministry in 2009 and worked across District, Zonal and Regional levels, as well as serving in positions covering M&E, livelihoods, and food security. In her current role she manages the Ethiopian Rural Productive Safety Net Program and Ethiopian Emergency Desert Locust project under the Ministry of Agriculture.

Speakers



Dr. Maliki Achmad

Acting Deputy Minister for Population and Labor, Ministry of National Development Planning, Indonesia

Dr. Maliki earned his doctoral degree in the Economics of Population, focusing on the pension system, at the University of Hawaii, Manoa, USA. An advocate for social welfare, he coordinates the formulation of Presidential Regulation on Social Protection System Reform, which includes a roadmap of adaptive social protection development. He also led the initiation of the Socio-Economy Registry, a socioeconomic census covering all Indonesian population, including older people, people with disabilities, and vulnerable populations living in disaster prone regions. The dataset will enable policy planning that is affirmative towards disasters and climate change. Currently, Dr. Maliki is the Acting Deputy Minister for Population and Labor at the Ministry of National Development Planning (BAPPENAS), Indonesia. He develops and supervises Indonesia's ageing policy and implementation.



Dr. Dinar Dana Kharisma

Senior Policy Planner and Coordinator for Social Assistance at the Directorate of Poverty Alleviation and Community Empowerment, Ministry of National Development Planning, Indonesia

Dinar Dana Kharisma currently works as a Senior Policy Planner and Coordinator for Social Assistance at the Directorate of Poverty Alleviation and Community Empowerment, Ministry of National Development Planning (BAPPENAS). Since 2008, he has participated in the designing and evaluation process of various national social protection programs, including the conditional cash transfer Program Keluarga Harapan, National Social Security System (SJSN), as well as the Integrated Social Service and Referral System (SLRT). He is currently actively working on the digital transformation of social assistance programs, digital village monograph development for village-level pro-poor planning, adaptive social protection development, and national older people policy improvement. He has also been invited to teach in various universities, including Padjadjaran University, IPB University, and Brandeis University. He received his BA in Economics from the University of Indonesia, MA in Law and Diplomacy from Tufts University, USA, as well as MA and PhD in Social Policy from Brandeis University, USA.

Speakers



Dr. Ahmed Alzubaidi

Director General of the E-Government Committee, Iraqi Council of Ministers, Iraq

Dr. Ahmed Alzubaidi currently serves as the Director General of the E-government committee in the Iraqi Council of Ministers. His primary role is in coordinating inter-agency implementation of the 2030 vision for digital transformation, including the national enhancement of the national Public Distribution System. He obtained a Master's degree in Global Health Leadership from New York University (NYU) in 2013 and is currently a doctoral candidate.



Background

Social protection systems can influence nutrition levels but require deliberate design to have a direct impact.

Various strategies have been attempted to enhance its effectiveness, such as integrating social services with cash transfers or in-kind benefits.

This session will take systems perspective and explore different tools available to policymakers to shape the nutritional impact of social protection systems and discuss innovative solutions, especially for use during crises.



Background

This discussion will look at questions such as:

- How are countries enhancing the impacts of social protection systems on food security and nutrition, and what factors that have unlocked solutions to these challenges?
- What reforms have countries taken to enhance the food security effectiveness and efficiency of in-kind and cash transfer programs?
- How can a focus on food security and nutrition objectives be maintained in adaptive systems in times of crisis?
- What role can diverse stakeholders (e.g., government ministries, sectors, civil society, private sector) play in enabling social protection to improve nutrition in crises, and how can they be mobilized to contribute to these objectives?



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Framing the Debate

Ugo Gentilini



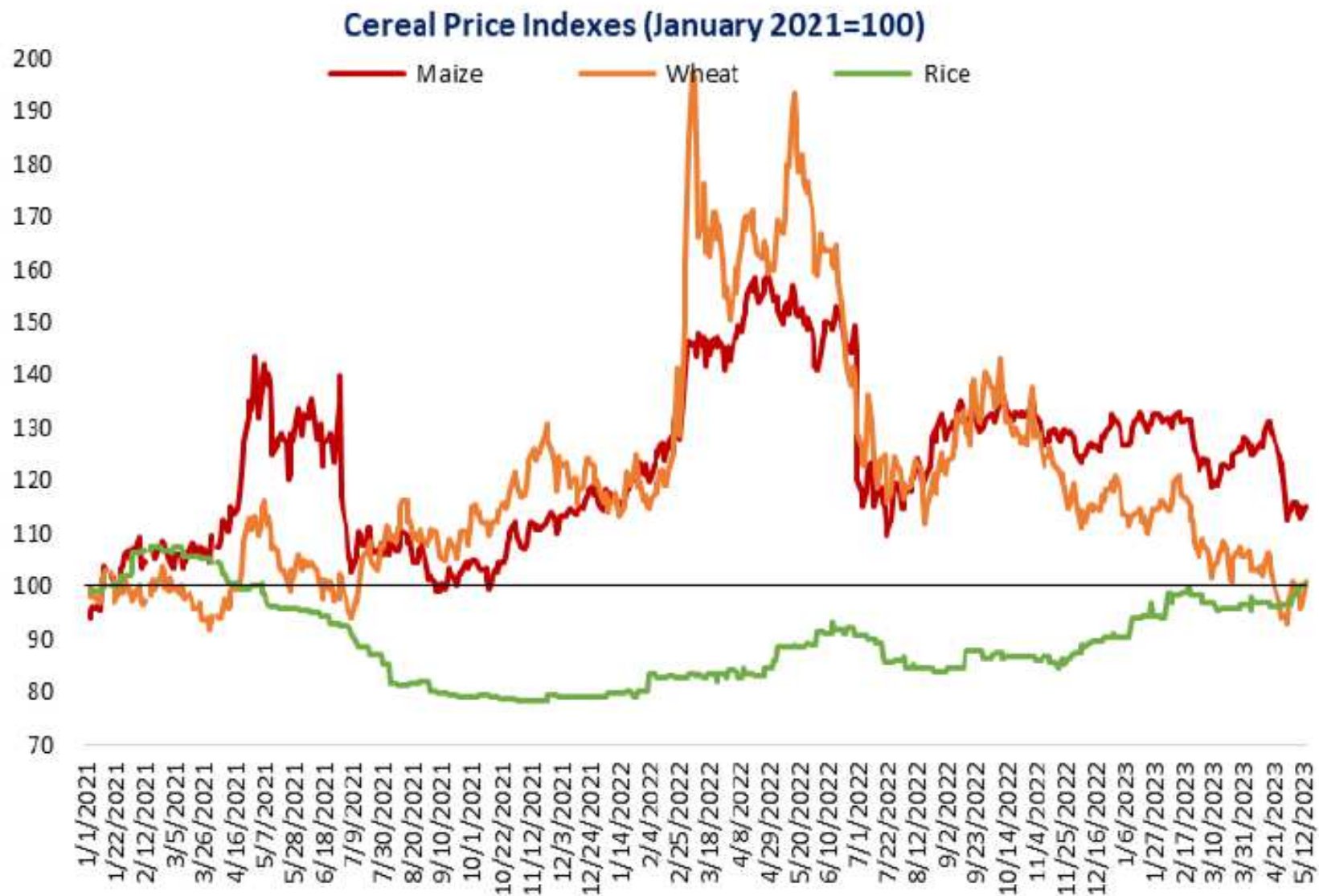
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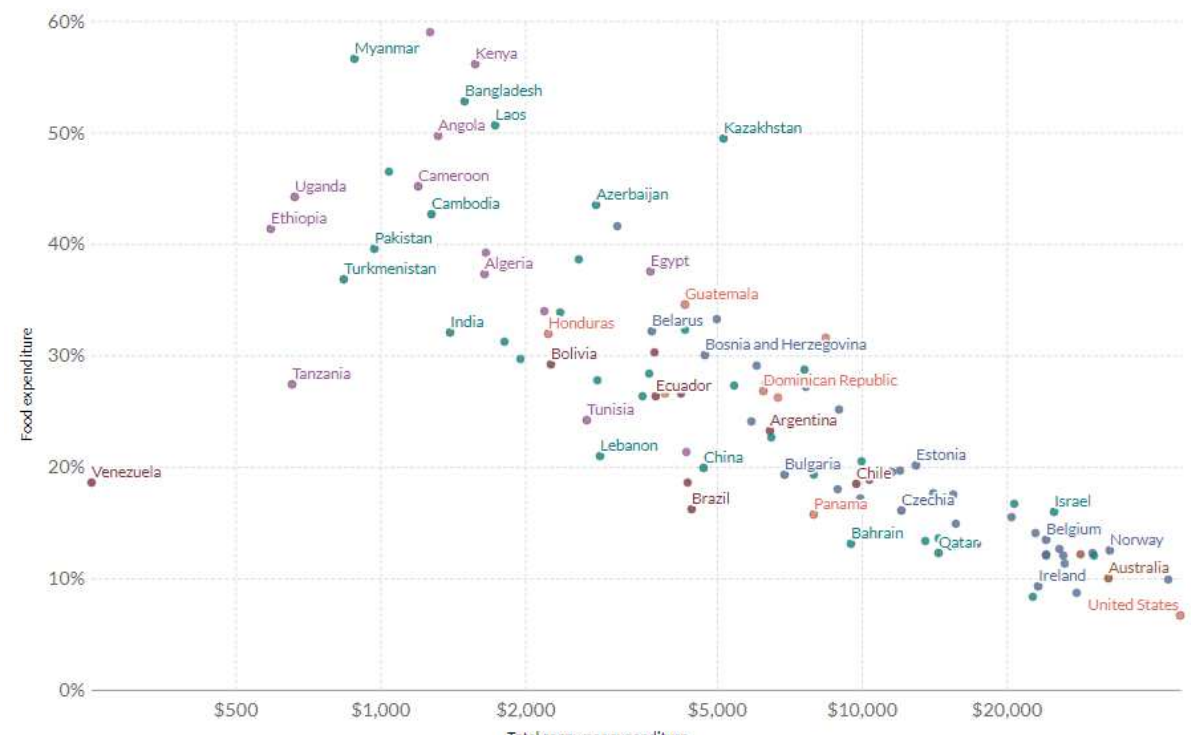


**World Food
Programme**



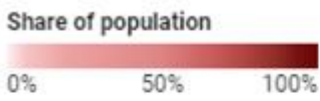


Food expenditures claim higher shares (40-60%) of budgets at lower income levels



Nearly 3 billion people cannot afford a “healthy diet”

Population who cannot afford a healthy diet, 2017



Population



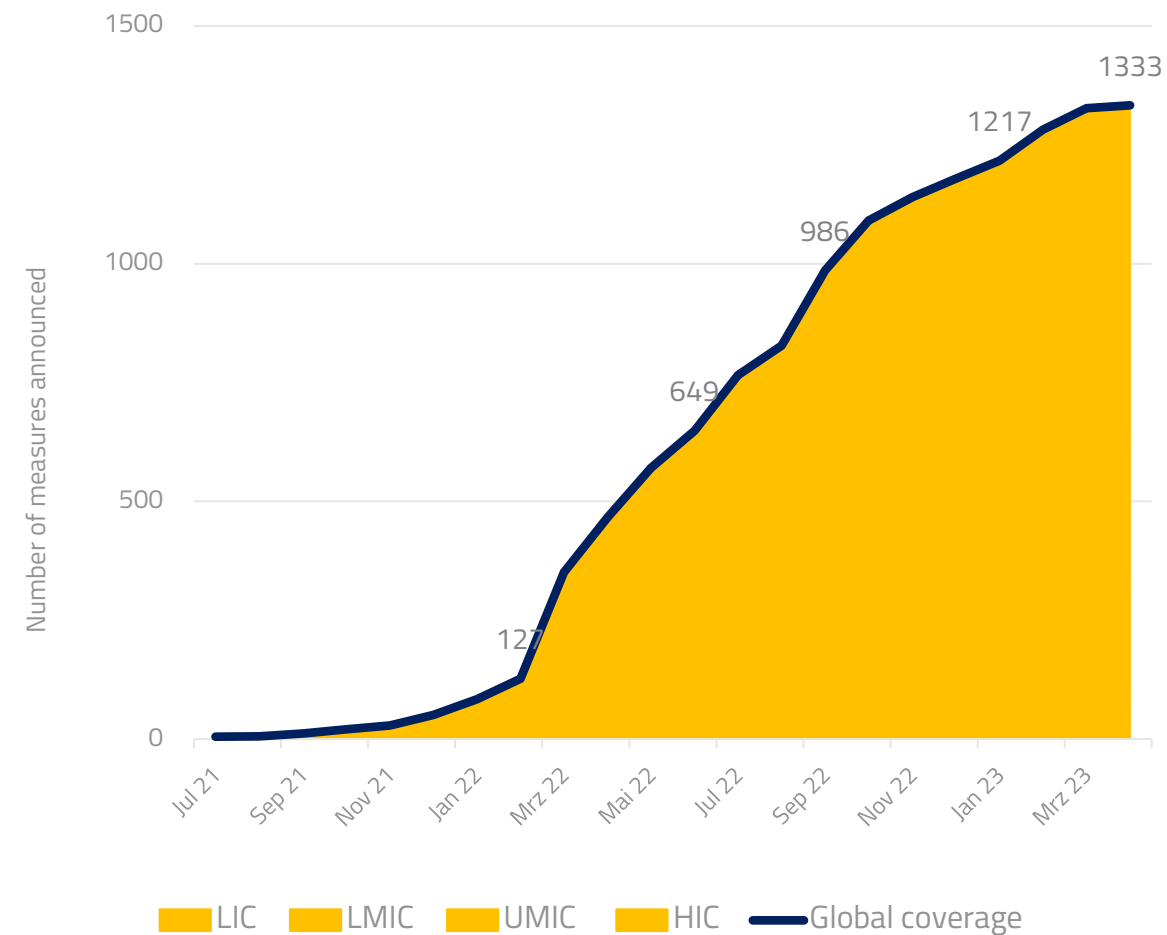


▶ + 20 million people in extreme poverty (2022)

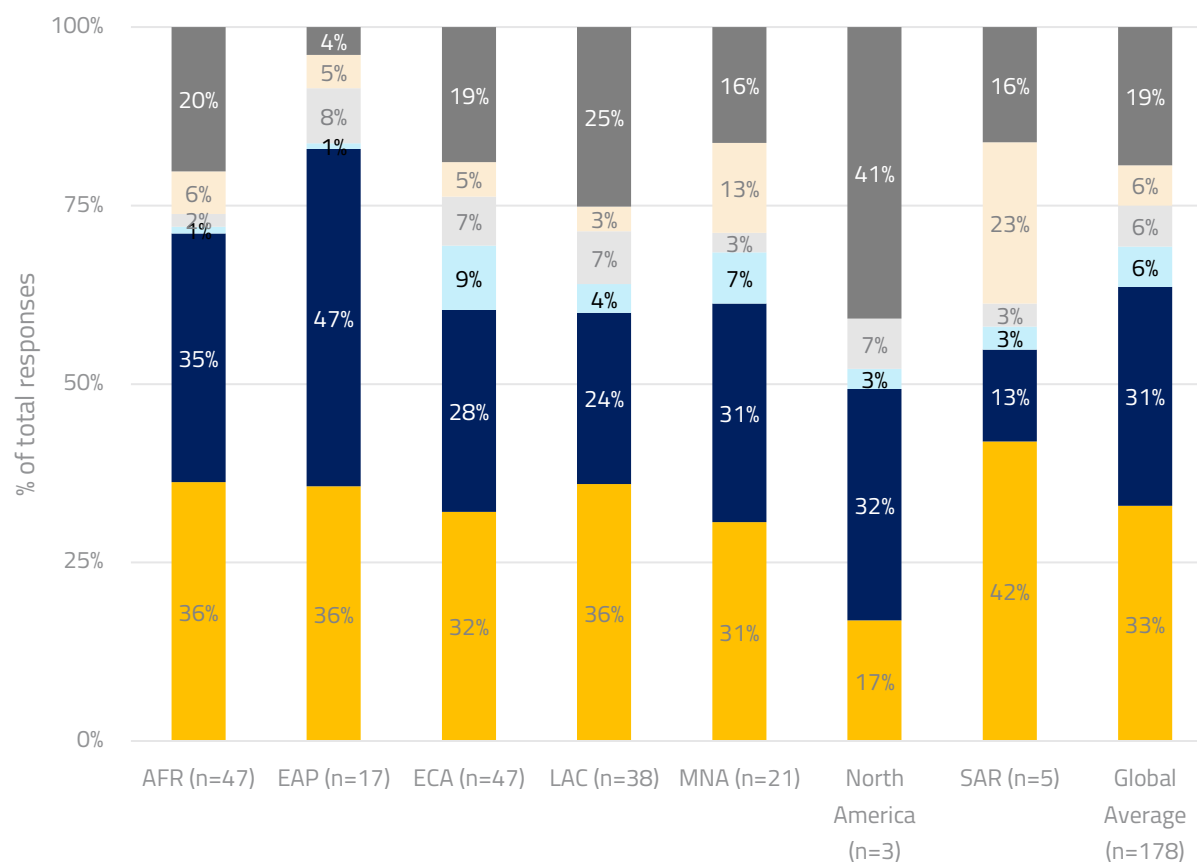
▶ Cost-of-living among low-income households rose by 1-4 percentage points more than for high-income ones

▶ + 65 million people in acute food insecurity (IPC phase 3+), total = 258 million

Countries are ramping up social protection responses to inflation...



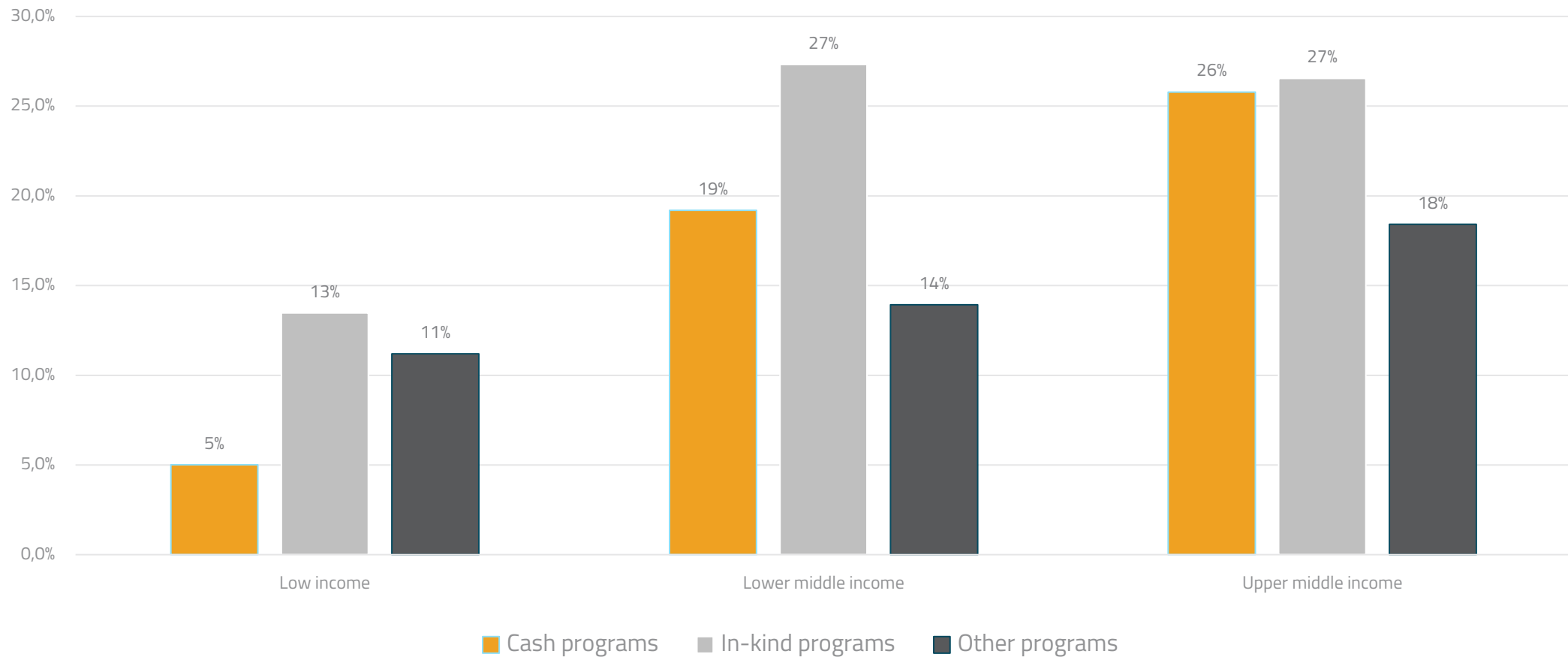
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Subsidies Social assistance Social insurance Labor market programs Trade related measures Tax measures

... which supplement established cash *and* in-kind transfers

Share of the total population covered by cash, in-kind and other social assistance programs





How to enhance the food security and nutritional potential of transfers?

Options and pathways...

▶ Improve the delivery of existing transfers

—————▶ *Digitizing public food distribution in Iraq*

▶ Better connect existing transfer programs

—————▶ *Multiple cash and in-kind programs in Argentina*

▶ Enhance links between transfers and other sectors

—————▶ *Productive Safety Net Program and health in Ethiopia*

▶ Radical shift in transfer modalities

—————▶ *From food subsidies to vouchers to cash in Indonesia*



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Health and Nutrition interventions in Ethiopian RPSNP

Presented by: Sintayehu Demissie Admasu
Germany, Berlin



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and Development

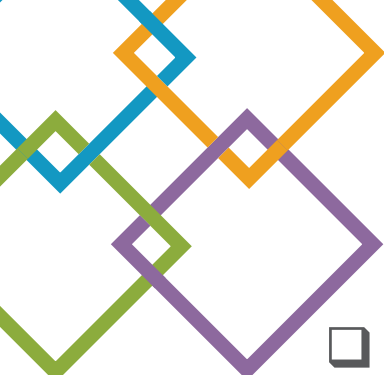


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Outline

- ☐ **Overview of PSNP5**
- ☐ **PSNP Promotes nutrition sensitive interventions (NSIs)**
- ☐ **Fee-exempted health services for PSNP beneficiaries in SD
woredas**
- ☐ **Coordination Arrangement**
- ☐ **Endline evaluation on nutrition sensitive features of PSNPIV
(IFPRI 2014)**



Overview of PSNP5

- ❑ PSNP 5 (2021-2025), is built largely on the successes and lessons learned from the previous phases, Increasing attention to mainstream Nutrition outcome in SP in line with national policies and global commitments
- ❑ Intends to contribute for 5 policy objectives:- The National Social Protection Policy; The National Policy on Disaster Risk Management (NPDRM); The National Food and Nutrition Policy, The Climate Resilient Green Economy (CRGE), and The Pastoral Development Policy (PDP).
- ❑ Nutrition sensitive interventions have been mainstreamed into all six outputs of the program
- ❑ It provides cash or food (cash/food) monthly support for its clients (Full food basket in areas covered by NGOs)
- ❑ Year round support for PDS and six months support for PW Households



485

Woredas

8M

Clients

51%

Women

**USD 2.38
Billion**

Overall Budget for PSNP 5



10%

Financing Opportunity to
New Partners

25%

Government of Ethiopia

65%

Development partners

PROGRAM GOAL:

Extreme poverty reduced in
PSNP woredas

PROGRAM OUTCOME:

Enhanced resilience to shocks of extreme poor
and vulnerable rural households in PSNP woredas

PSNP5 Theory of Change

Goal

"Extreme poverty reduced in rural Ethiopia"

Outcome

"Enhanced resilience to shocks of extreme poor
and vulnerable rural households in PSNP
woredas"

Outputs of the Fifth Phase of PSNP

1

Timely and adequate transfers received by eligible core caseload of PSNP clients.

2

Shock-responsive transfers received by eligible clients when needed.

3

Public Works respond to community livelihood needs and contribute to disaster risk reduction, climate change adaptation and mitigation.

4

Linkages to available social services facilitated for core PSNP clients with emphasis on PDS and TDS.

5

Tailored livelihood options accessed by eligible PSNP clients.

6

PSNP management and capacity enhanced.



PSNP Promotes nutrition sensitive interventions (NSIs)

- ☐ Nutrition sensitive interventions is considered as one subproject in Public Works.
- ☐ Transition of pregnant women from the approval of her pregnancy by Health Extension Workers (HEW) until her child become 2 years with transfer
- ☐ Earmarking 3% public work capital budget for nutrition related activities
- ☐ Earmarking 2 days of PW activity for SBCC sessions
- ☐ Reduction of 50% women workload and TDS HHs participation PD to work on their backyards
- ☐ Assigning 3-5 nutrition champions from PW clients in each PSNP kebeles to support nutrition related activities
- ☐ Promotion of Early Childhood Development (services i.e., construction of community child day care centres at Kebele centre.
- ☐ Caretakers of under 5 malnourished children shall transit to temporary direct support until the child recovered.



Fee-exempted health services for PSNP beneficiaries in SD woredas

- ❑ In 2021/22 alone over 388,000 PSNP participating PLW were linked to health services in the Seqota Declaration Expansion Phase woredas to receive fee-exempted health and nutrition services
- ❑ The fee-exempted services that are provided by the Maternal, child and Adolescent health services are an important part of the commitment to reduce out-of-pocket expenditure of the PSNP beneficiaries
- ❑ The following are some of the exempted services in the area of Maternal, Child and Adolescent and youth health and nutrition.
 - Family Planning services
 - Antenatal care and institutional delivery
 - Nutrition counseling
 - Immunization and Essential Newborn Care services



Coordination Arrangement

- ❑ It is a multi sectoral program coordinated by the Federal Food Security Coordination Office in the Ministry of Agriculture (MoA).
- ❑ Establishment of LASS TCs at all level
- ❑ Tripartite MOU has been developed and signed by the three ministries involved in coordinating and delivering LASS Output, namely MoA, MoWSA and MoH.
- ❑ The MOU document defines the roles and responsibilities and institutional arrangements for all actors at various levels of government.
- ❑ Community Facilitators and nutrition champions support the HEWs s to identify and bring suspected cases of malnourished children to the attention of the HEW.



Endline evaluation on nutrition sensitive features of PSNPIV (IFPRI 2021)

- ☐ High percentage of HEWs have received nutrition training during PNSPIV.
- ☐ Care givers' IYCF knowledge improved especially on exclusive breastfeeding, but less so on complementary feeding.
- ☐ A higher rate of pregnant women (nearly double) stopped public works activities and 57% started to receive direct support payments.
- ☐ SBCC sessions have been conducted on Gender, SD, & nutrition issues as part of the PW component.
- ☐ PLW (Pregnant and lactating women) and children under five suffering from malnutrition were linked to locally available health and nutrition services
- ☐ Minimum Acceptable Diet of children 6-23 months increased significantly over the two years (1.9% to 4.4% over 29 months)
- ☐ MDD-W increased significantly during the two years - 1.6% to 4.1% over 29 months.
- ☐ Mixed results on wasting and stunting prevalence - nothing definitive - but it would be unusual to have an impact on stunting in such a short time-frame and wasting can be affected by multiple factors



The way forward

- ❑ The PSNP is an opportunity to mainstream nutrition, food security, and social protection focusing on nutrition-sensitive interventions.
- ❑ Strengthen the institutional collaboration to ensure accountability. Nutrition is a multi-sectoral thematic area and it needs the engagement of multiple groups.
- ❑ Allocation of adequate capital budget for Nutrition sensitive PWs and enhanced livelihood activities
- ❑ Detail assessment on the PSNP contribution to nutrition required
- ❑ PSNP engagement with the Ethiopian food system transformative process should be strengthened and mobilize additional resource.

Thank you!

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Argentina: Reforming Food Assistance in Times of Economic Crises

Presented by: Miriam Ines Rangone
Germany, Berlin



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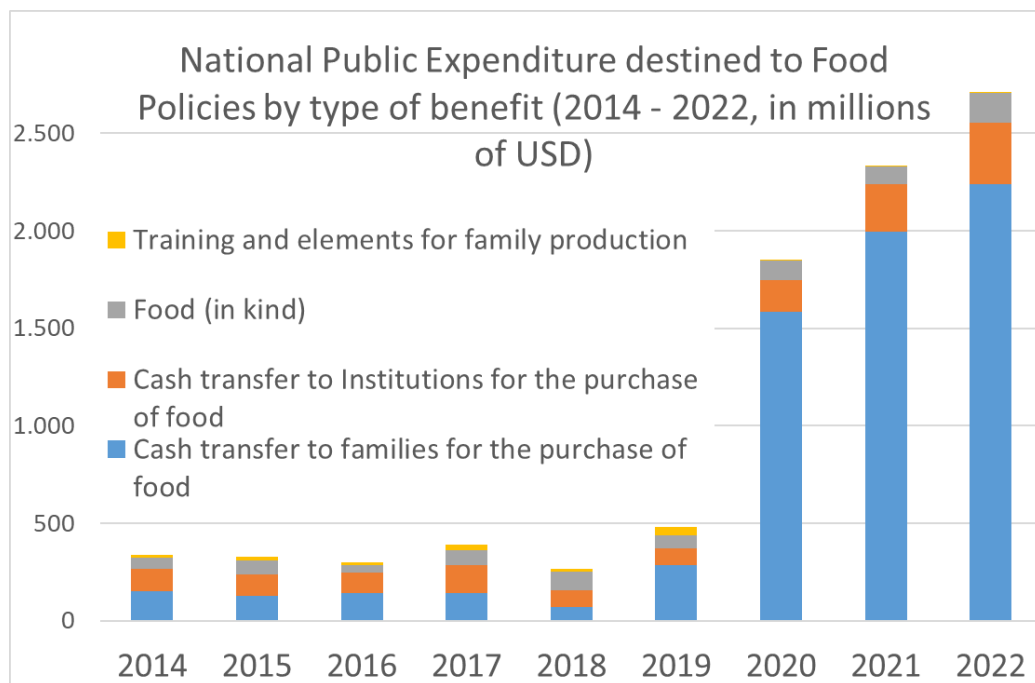
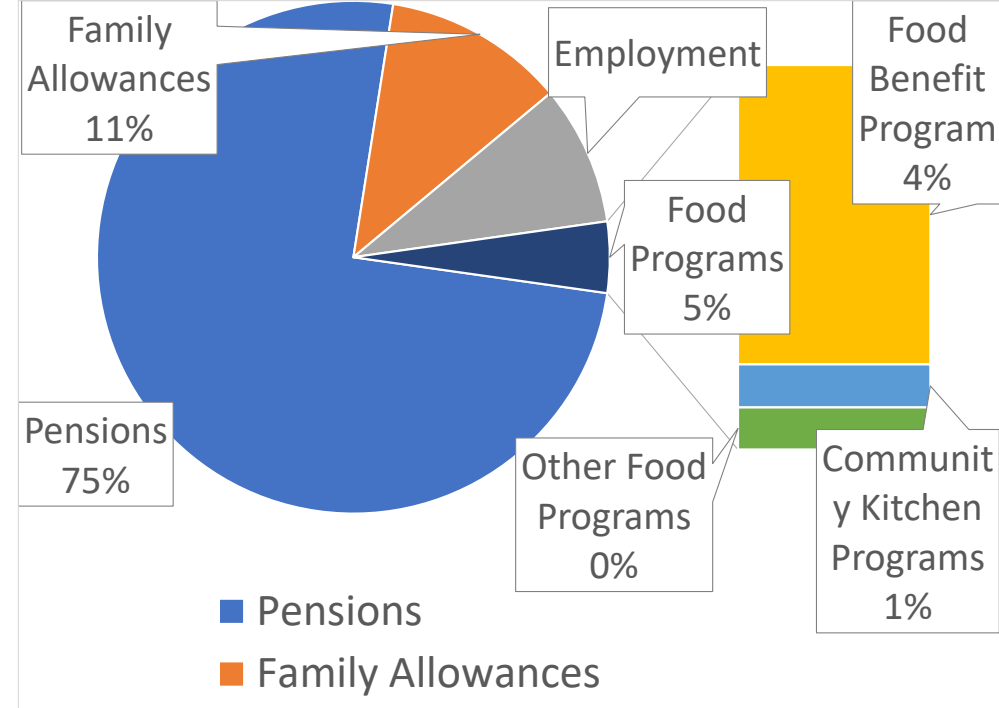


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**World Food
Programme**

Expenditure on Food Programs tenfolded since 2019



- Social Protection in Argentina is equivalent to 12 pp. of GDP (national and subnational level)
- The federal (national) govt. Spends 10 pp. of GDP, mostly on Pensions and Family Allowances
- Food Policy, implemented by the Ministry of Social Development spends 0.5 pp of GDP
- The Food Benefit program, *Prestación Alimentar*, is the largest with 80% of all Food programs
- This direct food program transfers cash directly to beneficiaries' account.
- Community Kitchens, the indirect food program (both in-kin and in-cash) spends 10% of the Food Policy
- The expenditure of the Direct in-cash program tenfolded between 2018-2022

Food programs in AR adapted to unstable macroeconomy

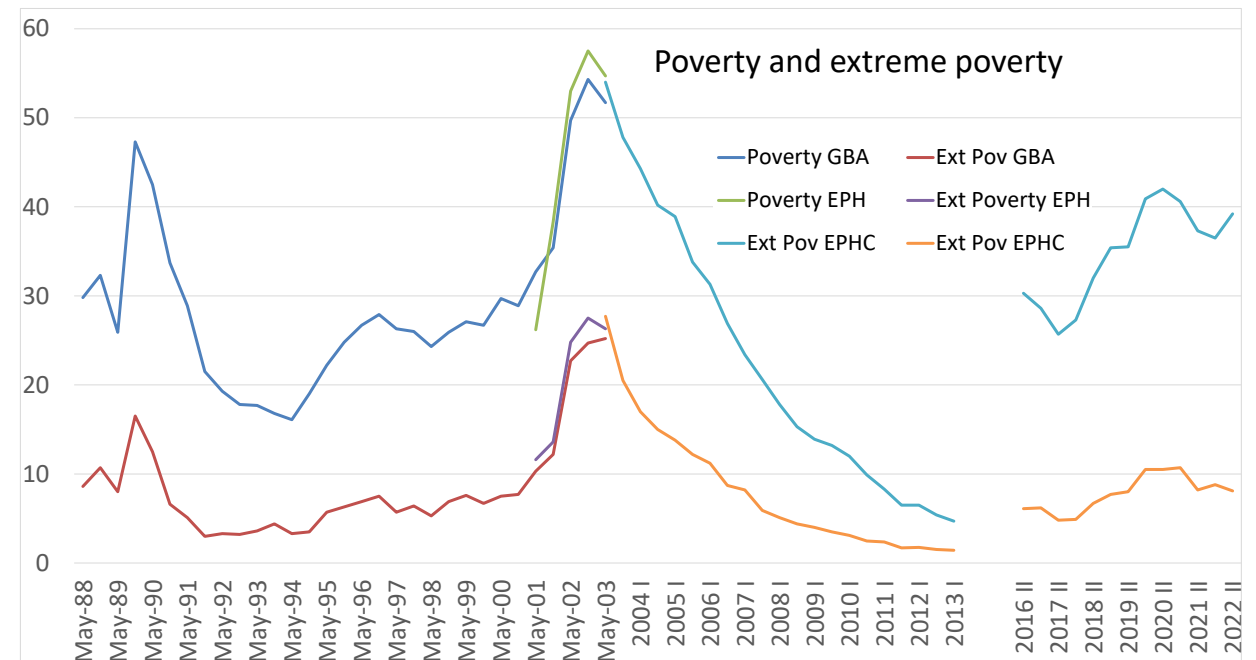
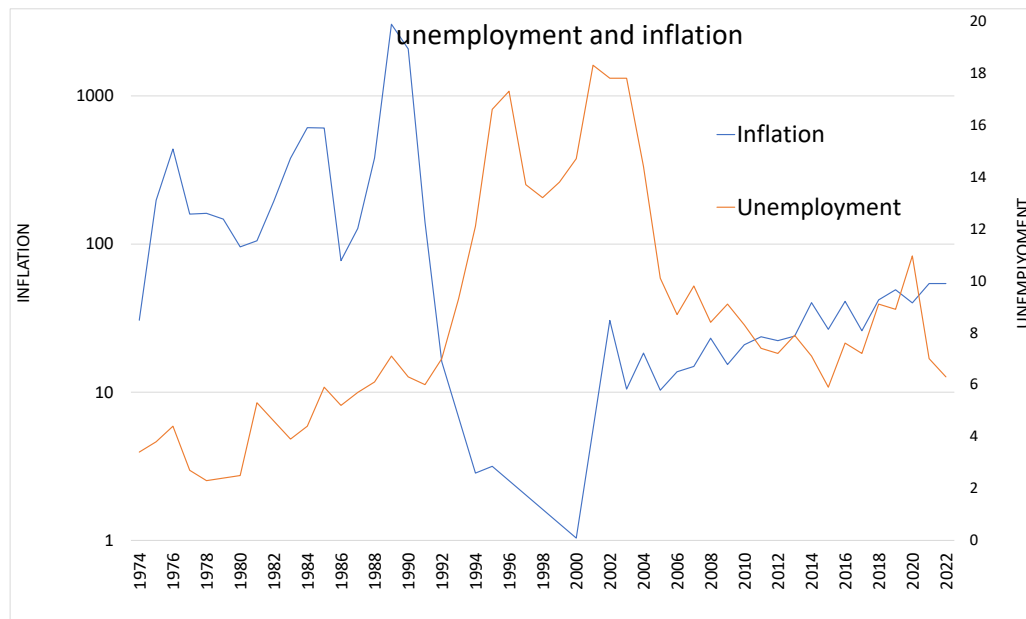
1980s, high (and hyper) inflation, Rising Poverty. Direct in-kind transfer programs

1990s Fixed Exchange rate. Zero inflation, booming unemployment. Indirect in-kind transfer program (CSOs)

2002 Deepest economic and social crisis, radical expansion of assistance component of Social Protection (Community Kitchens through CSOs, vouchers, later on Food Card).

2003-2008, strong recovery of economy, falling poverty rates. Quality improvement of Food Programs: Indirect in-cash transfers (CSOs). WB's FOPAR, later on UNDP support

2019: Re-launching of Food Card, piggy backing CCT (AUH) targeting. No indexation mechanism in accelerating inflationary context



Pros and cons of different Food Program models

Direct in-kind

- (+) Holds purchasing power of food items
- (-) Targeting and allocation criteria
- (-) Centralized procurement, storage and distribution (CO2 emission)

Direct in-cash

- (+) No intermediation, no lag time, no procurement process
- (+) If paid through debit cards, restricted purchases (food only)
- (-) Ex-ante targeting (in AR depends in 3rd party program AUH)
- (-) Requires benefit amount updating mechanism

Direct vs Indirect
In-kind vs in-cash

Indirect in-kind (through CSOs)

- (+) ex-post targeting, wider coverage (indigeneous populations, remote areas)
- (-) Centralized procurement, inflation incompatible, irregular provision of food to CSOs
- (-) Little monitoring Information (final beneficiaries, etc.)

Indirect in-cash

- (+) Fresh food items, higher nutritional content
- (+) Institutional strengthening (ovens, fridges, cookware) + training (nutrition, food handling)
- (-) Monitoring of CSOs, food purchases, etc.
- (-) Losses in purchasing power of per capita (ration) benefit

Some situations that generate the need to rethink interventions on food issues

1. Demand in Community Kitchens expanded exponentially (Post Covid 2019 Pandemic scenario, loss of purchasing power, etc.).
2. Mechanism for centralized purchase of non-perishable food finds limitations due to:
3. Inflation acceleration.
4. Public purchase without price adjustment clauses, are deserted.
5. Increase in the international price of food due to the Russian invasion in Ukraine.
6. Sequels in the national economy.



Coming next



- ✓ Community Feeding Program
 - ✓ Financial and technical support via a World Bank project.
 - ✓ Indirect Food Program implemented with Organizations.
 - ✓ Transfer via prepaid debit card (non-bank).
 - ✓ Restriction of food purchases (inc. negative list) at the checkout line.
 - ✓ Avoid later surrender mechanisms.
 - ✓ Validates eligibility for use of resources (food, cleaning supplies, etc.).
 - ✓ Monitor instantly (MDS Data Analysis Unit.)
 - ✓ Update capita/ration amount: avoid losses of purchasing power in an inflationary context.
 - ✓ Collect information on prices and quantities (specific Price Index)
- ✓ Monitoring of attendees to dining rooms.
- ✓ Traceability of program spending with ex post targeting (auto targeting)
 - ✓ Cross control amount spent on food.
- ✓ Interoperability with other programs of the Social Protection System
- ✓ Potential additional benefits.
 - ✓ Ascending resource distribution (on demand).
 - ✓ Lower operating costs.



Eating is much more than a good plate of food

State of current affairs

- Overweight and obesity turn out to be the most frequent forms of malnutrition in children and adolescents.
- Change in food consumption patterns, those with the highest economic performance are acquired.
- Lower daily intake of healthy foods.
- Greater access to foods with high energy density and low nutritional quality.
- Risk of contracting infectious diseases and chronic non-communicable diseases associated with food.

Feeding and nutrition

- ❖ Quality food taking into account cultural characteristics.
- ❖ Preparation, Preservation and Storage of food (dry and fresh).
- ❖ Food hygiene. Cross contamination.
- ❖ Proper handling of food prevents diseases transmitted through them.
- ❖ Safe use of water.
- ❖ Disposal and separation of waste.
- ❖ Nutritional food education: technical assistance, training, games, didactic and graphic materials, plays.



Thank you!

13 June 2023

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Transformation of Program SEMBAKO

Presented by: Dr. Maliki
Germany, Berlin



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Transformation of Program SEMBAKO

Dr. Maliki

Acting Deputy Minister for Population and Manpower

Ministry of National Development Planning Agency, Republic of Indonesia

June 2023



Current Social Assistance Programs and Payment

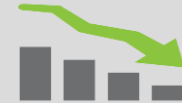
Mandate on Presidential Decree No. 63/2017 about Non-Cash Social Assistance



Social assistance and subsidy are distributed through non-cash channel (card) via banking system.



Integration of multiple social assistance programs in one card.



The main objective is to accelerate the poverty reduction and improve the financial inclusion.

Disbursement Mechanism of Social Assistance/Subsidy Programs in Indonesia



Conditional Cash Transfers (PKH)

Through basic saving accounts, disbursed using Social Welfare Card (KKS) via ATMs and bank agents.



Food Assistance (*Program Sembako*)

Through e-voucher/wallet integrated in Social Welfare Card (KKS).



Education Assistance (*Program Indonesia Pintar*)

Through basic saving accounts.

Health Insurance Subsidy

Directly applied to health insurance accounts.



Electricity & LPG Subsidy

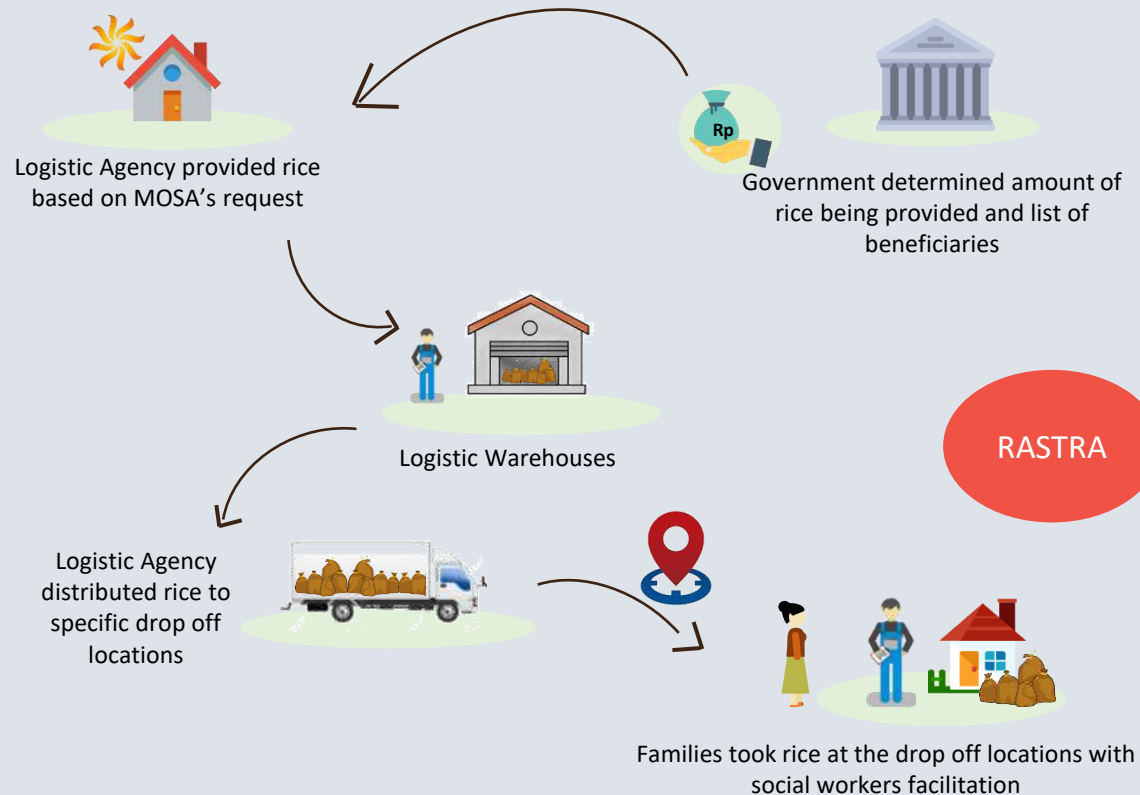
Through price subsidy, not a direct transfer.



Rastra to SEMBAKO Transformation

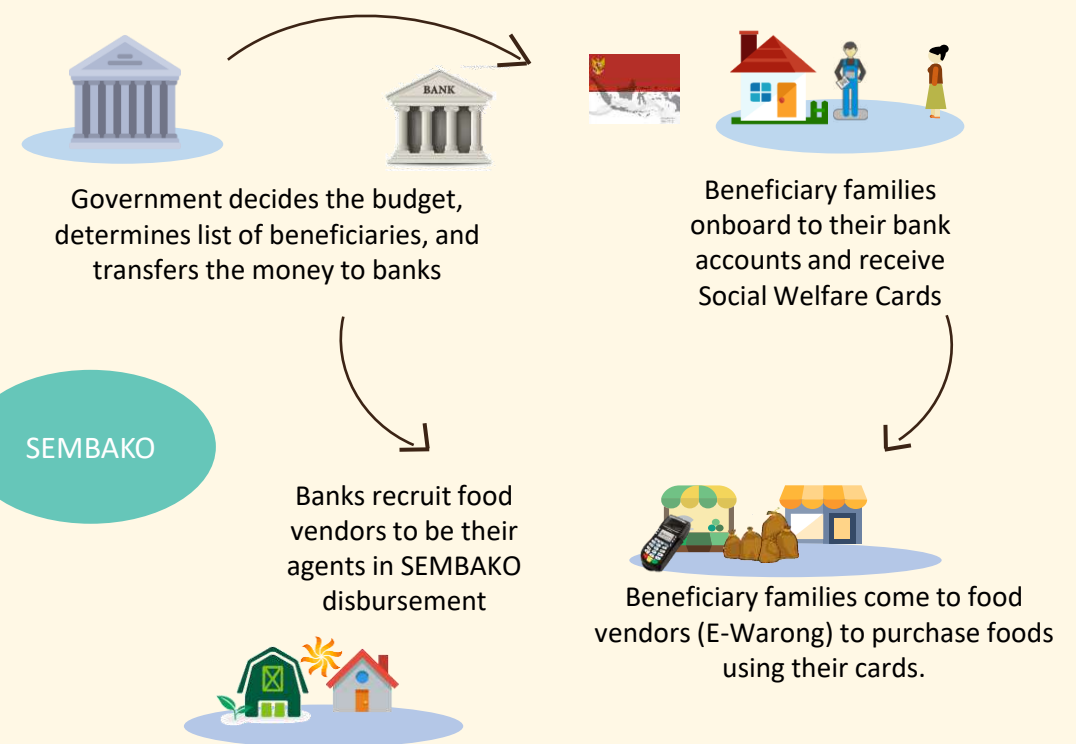
BEFORE: RASTRA

Rice ration medium quality (10-15Kg/family/month) dropped regularly at specific times



AFTER: SEMBAKO

Food voucher through debit card can be disbursed for various foods at anytime at designated vendors





Improving Welfare through SEMBAKO

PURPOSES

1. Helping the poor and vulnerable **covering their food expenses**
2. **Improving beneficiaries' access to and decision power over:**
 - ✓ More balanced and variative nutrition sources
 - ✓ Time and place of disbursement/purchase
3. Also improving:
 - ✓ **Financial inclusion**
 - ✓ **Local economic activity**
 - ✓ **Program effectiveness and efficiency**
4. Supporting **SDGs achievement.**

PROGRAM DETAILS

Eligibility is based on PMT. Families at the lowest 25% are eligible.

Mothers or female in the families disburse the benefits

Benefit amount is Rp 200,000 (\$14.3) per month per family.

Disbursed by swiping Social Welfare Card at food vendors (bank agents) called E-warong.

Beneficiaries can purchase staple foods (rice, corn, flour), protein sources (eggs, fishes, meats), vitamin sources (fruits and veggies).



Expansion of Social Assistance during COVID-19

- Expansion of existing/regular programs
 - Coverage
 - Benefit level
- Nothing changed in terms of delivery mechanism
- Response after pandemic started, managed to prevent further increase of poverty
- Other than regular programs expansion, various new programs were created, such as Village Cash Transfer, Wage Subsidy for the Low Earners, Pre-Employment Card, and other cash/in-kind transfer programs.

Income Deciles	Conditional Cash Transfers (PKH)	Food Assistance (Sembako)	Electricity Subsidy
6+			
5			450 VA; 24 Million Households
4			900 VA; 7.2 Million Households
3	10 Million Beneficiaries Up from 8 Million Benefit index increased by 25%	18.8 Million Beneficiaries Up from 15 Million Benefit increased by 33% from Rp 150.000 (\$10.7) to Rp 200.000 (\$14.3)/ month	Increased subsidy 450 VA: Free 900: Discount by 50%
2			
1			
Institution			
Time period	monthly for 12 months	monthly for 12 months	6 months (April – Sept) <i>Extended to Dec</i>
Delivery mechanism	Cashless - Bank	Cashless - Bank	Voucher



Challenges of Program SEMBAKO

General Challenges

Uniform amount of benefit across all regions regardless different price rates and living standards.



SEMPAKO is a household-based social assistance. Data and measures of intervention are limited to address individual level (intra-HH) vulnerabilities.



Limited payment channels and vendors also limit beneficiaries' choices and financial inclusion, especially in remote areas.



Low understanding and bargaining power of beneficiaries induce opportunities for vendors' fraud (fix packaging, higher price rates).



Financing and benefit rates decisions have not been decided based on needs and adequacy.



Challenges in COVID-19 Expansion

Social assistance expansion initiatives were not coordinated, implementations were fragmented, targets potentially overlap.

Existing data were not updated, data of non-poor impacted population (e.g. informal sector employees) were not available.

Expansion was challenging, payment channels were limited, new beneficiaries registration took time, infrastructures and food vendors were not equally available across Indonesia.

Beneficiaries understanding on physical distancing was low, cross-contamination risk was high.

Sustainable financing mechanism was not available, the GoI must reallocate development budget for *Covid-19 SP*.



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Way Forward



Social Protection Reform Agenda

1

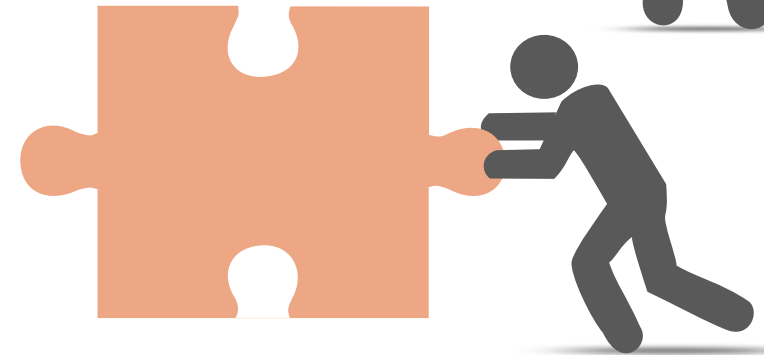
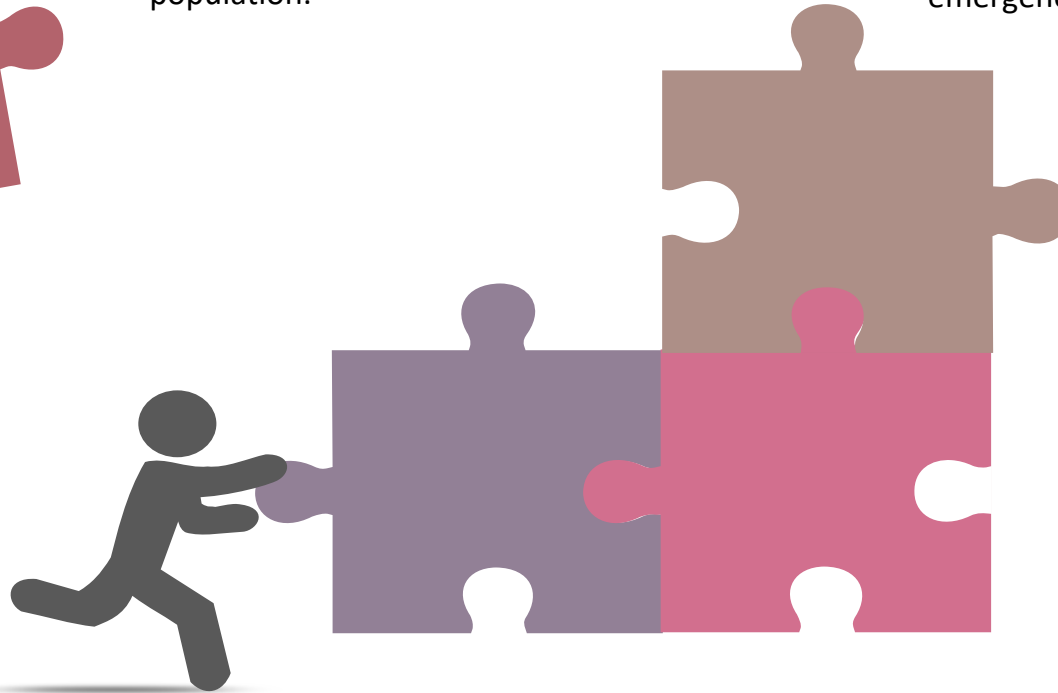
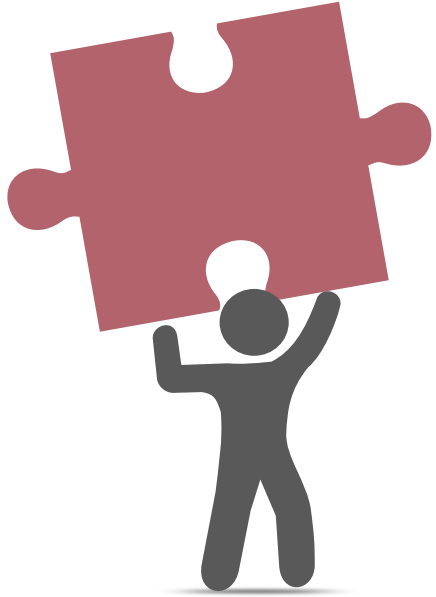
Data Transformation to Socio-Economic Registry

Improvement of socio-economic data quality and coverage of 100% population.

2

Development of Adaptive Social Protection

Improving social protection schemes to be more adaptive toward disasters, emergencies, and climate change.



3

Digitalization of Social Assistance Payment

Improving social assistance payment mechanism to be more beneficiary-oriented.

4

Innovation of Social Protection Financing

Development of more sustainable social protection financing.

5

Programs Integration

Stronger coordination and integration among social protection and related programs.



Adaptive Social Protection

1

Regular Social Protection

Functions

- Protects people according to the vulnerability of social assistance and security.
- Covers life cycle vulnerabilities (health, poverty, disability, old age, occupational accidents and death)



Functions optimally under normal conditions.

+ 2

Strengthening towards Adaptability

- Based on regular social protection.
- Protects the people from risk and covariates shock.
- Covers medium and large scale shocks: natural disasters, social conflicts, economic crises, and climate change



Functions optimally under emergency/disaster conditions.

= 3

Adaptive Social Protection

- Broad and adaptive capacity protects people from vulnerabilities and covariate shocks.
- Includes risk protection throughout life cycle and shocks for individual, family, community and massive scale.



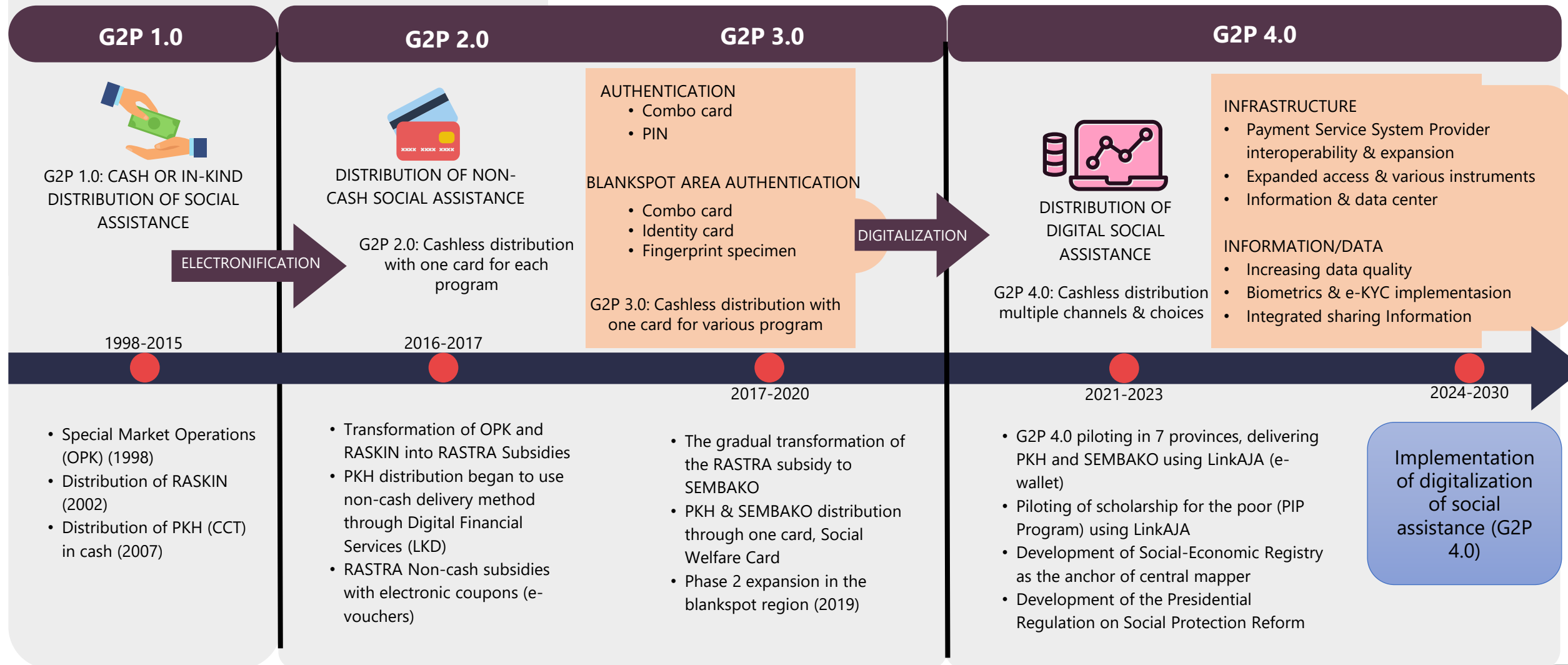
Functions optimally under normal conditions and has full adaptive functions during emergencies.

Active Conditions



History and Roadmap of SEMBAKO Payment Mechanism

The social assistance distribution mechanism in Indonesia has gone through various transformations aimed to improving the quality of social assistance distribution continuously. The development of digital technology is the key to transforming the distribution of social assistance in the future.





SEMPAKO Integration with Other Programs

The program integration of the Ministry of Social Affairs, the Ministry of Education and Culture, the Ministry of Energy and Mineral Resources, the Ministry of Health, the Ministry of Cooperatives and Small and Medium Enterprises, the KPPA and the BKKBN target the same poor family.

- Pension Scheme
- PKH for elderly
- Long term care



- Family Development
- Entrepreneurship and access to capital
- SEMBAKO Program for food security



- PKH for people with disabilities
- Social rehabilitation for vulnerable groups and disaster victims

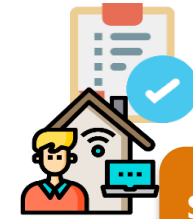


- PKH, scholarship for students
- Subsidised Health Insurance
- Child protection



The total social transfer benefits received by one family increased from IDR 450,000 (\$32)/month to a minimum of IDR. 1 million (\$71)/month

Integrated data source



Social-Economy Registry

Other ministerial datasets

Scholarship for students for 20,1 mio person

Market linkage dan partnership 100-300 thousand small business actors

Program Keluarga Harapan/Flagship Program 10 mio household

Sembako /Staple food program 18,8 mio household

Subsidised Health Insurance 96,8 mio person

Social rehabilitation: 300 thousand person

Electricity and LPG Subsidy: 15,6 Mio household

- Accurate targeting and evidence-based planning.
- Outreaching.
- Program referral system.

Adaptive approach applied at regular programs for before, during, and after disasters/emergencies



Vision of Future SEMBAKO to Discuss

Data and Targeting

Ensuring SEMBAKO covers all vulnerable beneficiaries (in both household and individual levels) with necessary and effective support of nutrition/food.

Collaboration

Improve collaboration and integration between and among stakeholders to enhance SEMBAKO effectiveness.



Capacity Building and Empowerment

Improving government capacity in delivering SEMBAKO.

Improving beneficiaries' capacity in utilizing the programs benefit and mechanism for their optimal welfare enhancement.

Adaptive Aspect

Ensuring SEMBAKO's capacity to expand coverage quickly and deliver the benefits efficiently during all type of condition, including emergencies.

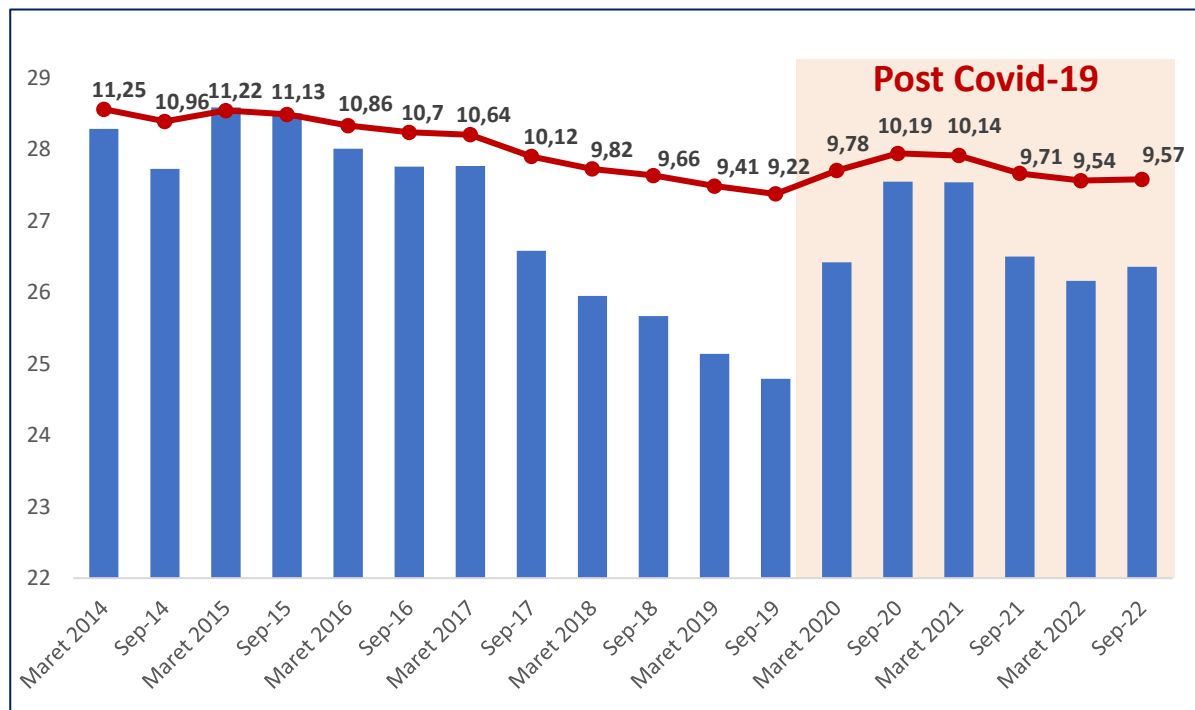


THANK YOU

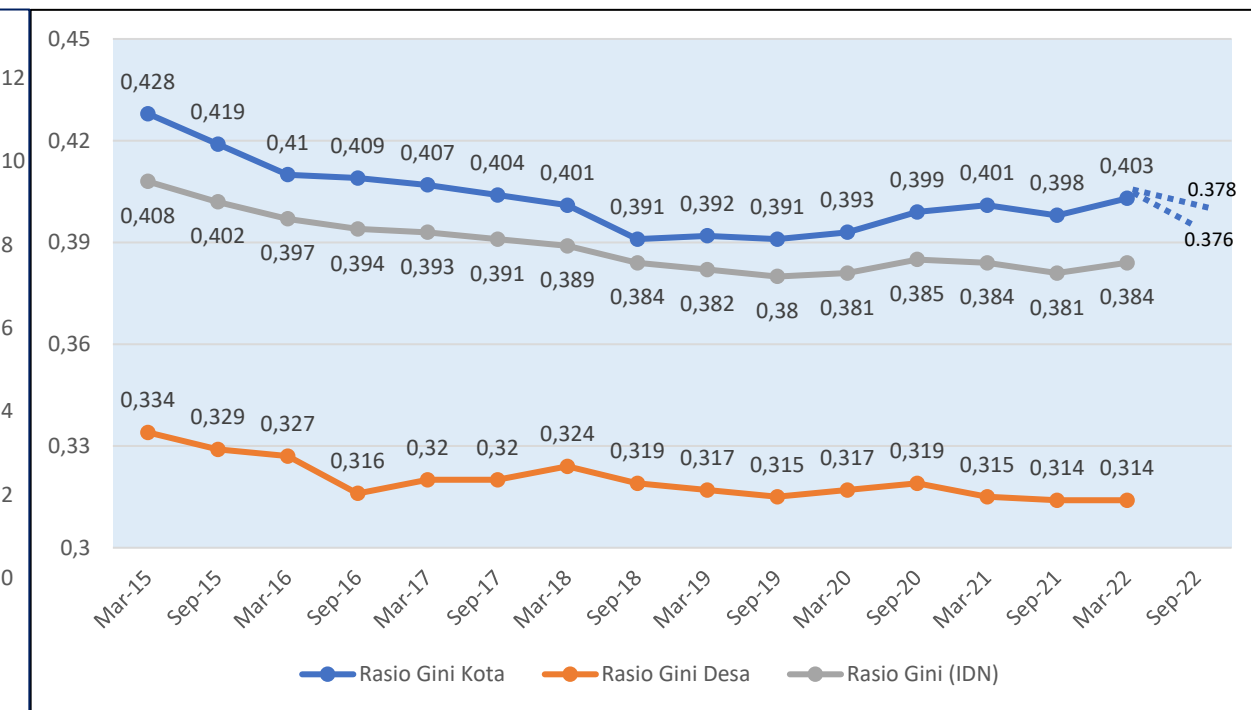


Poverty and Gini Index in Indonesia

Poverty Rate



Gini Index



Source: BPS dan Bappenas, 2022

- Indonesia achieved one-digit poverty in 2018. In Sept 2019, our poverty rate reached the lowest point at 9.22%.
- In 2020-2021, the COVID-19 has resulted in an increase in both poverty rate and the Gini index, undoing about 3 years of work in alleviating poverty.
- Started from Sept 2021 the poverty rate went back to one digit, but not yet achieved the lowest point.



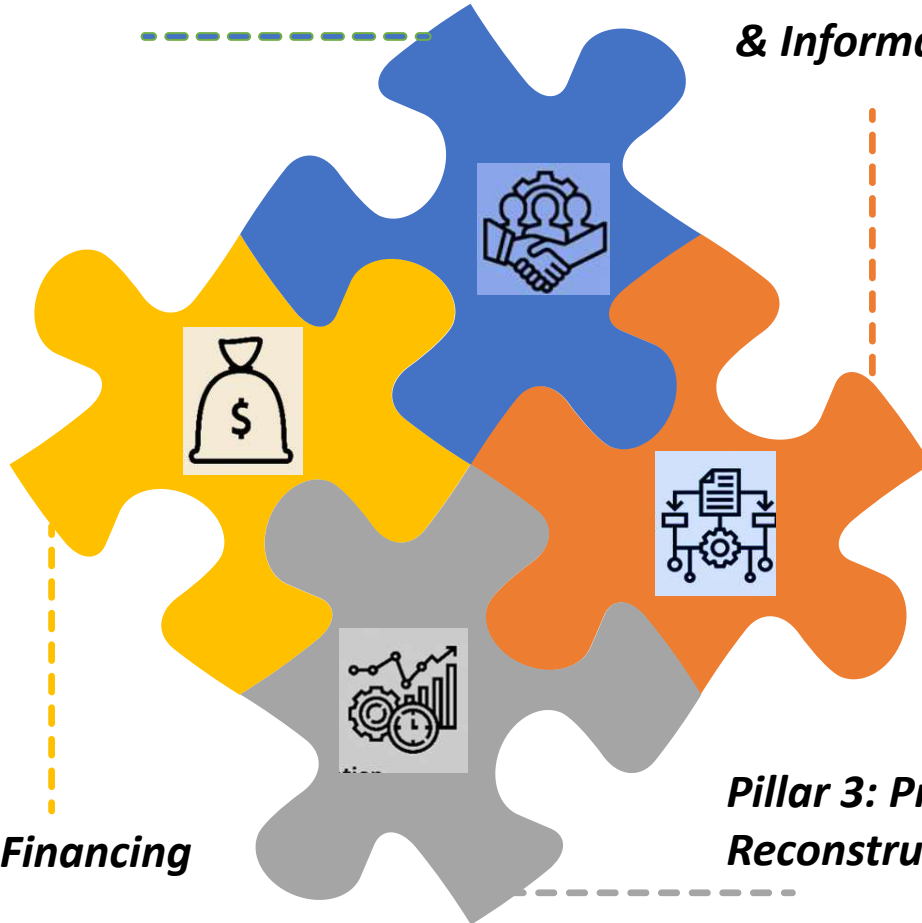
Strategy in the Roadmap of Adaptive Social Protection

Pillar 1: Coordination

Pillar 2: Data & Information

Pillar 4: Financing

Pillar 3: Program Reconstruction



1. Strengthening of Partnership and Institutions

Institutional relations and cooperation between ministries and institutions related to ASP (both government and non-government)

2. Availability and Utilization of Data and Information on Disaster and Climate Change

Development of an integrated and interoperability database system for ASP implementation

3. Integration of Social Protection Programs

Expansion, adjustment, and convergence of ASP programs to strengthen the adaptive, anticipatory, and absorptive capacity of communities

4. Financing

Suitable social protection budget planning with adequate risk layering



Non-Regular COVID-19 Social Assistance Programs

Income Deciles	Food Assistance for Jabodetabek	Cash Transfer outside Jabodetabek	Village Funds Unconditional Cash Transfer	Pre - Employment Card Program	Rice Assistance	Additional Cash Transfer	Productive Assistance	Wage Subsidy Assistance for Workers
6+				5,6 Million Beneficiaries			9,12 Million Micro, Small, and Medium Enterprises (MSMEs)	15.7 Million Labors
5	DKI: 1.3 Million Beneficiaries	9 Million Beneficiaries	11 Million Beneficiaries					
4				Training: Rp 1 Million/month				Rp 1.2 Million/2months
3	Bodetabek: 600 Thousand Beneficiaries	April – July : Rp 600k/month; July-Dec: Rp 300k/month	April – July : Rp 600k/month; July-Oct: Rp 300k/month	Incentive: Rp 600k/month		9 Million Beneficiaries		Workers with income less than Rp 5 million per month who are registered in BPJSTK
2	April – July : Rp 600k/month; July-Dec: Rp 300k/month	For non-beneficiaries of regular programs	For non-beneficiaries of regular programs	Survey (3x): Rp 50 k	10 Million Beneficiaries	For food assistance beneficiaries who are not PKH beneficiaries	Rp 2.4 Million/MSME	
1	For non-beneficiaries of regular programs				For conditional cash transfer beneficiaries		MSMEs who haven't received credits from bank	
					Benefit: 15 kg/beneficiary for 3 months			
Insitution								
Time period	9 months (April-Dec)	9 months (April-Dec)	9 months (April-Dec)	April – Oct/Nov Incentive for 4 months	3 months (August– Sept)	Once distributed in Sept 2020	Once distributed until Dec 2020	4 months (Sept – Dec)
Delivery mechanism	Cashless - Bank	Cash/Cashless	Cashless – Bank	Cashless - Bank	Non-Bank	Cashless – Bank	Cashless – Bank	Cashless – Bank



Global Forum on Adaptive Social Protection

Protecting lives and
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IRAQ CASE STUDY

The Public Distribution System (PDS)

Presented by: Dr. Ahmed Al-Zubaidi
Germany, Berlin



Federal Ministry
for Economic Cooperation
and Development



WORLD BANK GROUP
Social Protection & Jobs



**World Food
Programme**



Problem

The Government spends around **US\$ 3.4 billion** for PDS, which is **universally provided**,

YET

Poverty
≈ 25%



Multidimensional
Deprivation
42%



Stunting in
children U5
12%



Obesity adults
40% women
27% men

Anaemia
29% in WRA
31% PLW



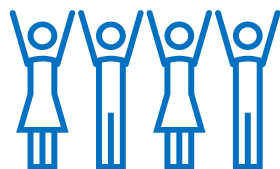
BECAUSE

- Universal targeting has **huge inclusion errors**, yet some may still be excluded (ex due to displacement or lack of documentation)
- **Inefficient use of resources** – 41 million people, even the wealthiest, received the food basket → **Low value for money**
- Low quality of food commodity and **little attention to nutrition**
- **Paper-based system** & no data on socio-economic and demographic status of households

Why it matters?



- Human Capital Gains for a prosperous country



- Addressing Inequalities & improving social cohesion



- Improving food security & nutrition for a healthy nation



- Increased adaptiveness & resilience to shocks



- Cost savings can be reinvested to provide a better service to those in need



How do we go about it? The PDS Reform

- **Transition from universal to need-based targeting approach**, which can cater to the needs of the most food insecure people in an efficient and effective manner. This approach will also inform a prioritisation strategy (ex budget cuts), **making the system shock-responsive**
- **Validation and authentication of the beneficiaries' database** through re-registration of PDS beneficiaries, collecting now socio-economic and demographic information to evaluate HHs vulnerability
- **End to end digitalization of PDS**, through technology solutions for redemption of food basket (Wakeel), entitlement (eligibility criterion), change requests (changes in household composition - Tamwini) and registration in the PDS database (Tasjeel).



How do we go about it? The PDS Reform

- **SBCC campaign about the PDS reform**, including targeting and promoting Self-Suspension messages for the rich.
- **Rehabilitation of PDS branches:** WFP is supporting all 25 PDS branches in the country for end-to-end digitalisation with technology equipment and solutions to enhance the efficiency and effectiveness of the PDS in regard to food security, reducing poverty, and vulnerability.



Thank you!

13 June 2023

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