



## Chapter 2

# Overview of the Delivery Systems Framework

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**T**his chapter provides an overview of the delivery systems framework for social protection programs. The framework was developed through direct experiences in diverse countries around the world. This overview presents principles and concepts, with some brief examples to illustrate specific points. More richly detailed examples of practices in specific countries are shared in subsequent chapters that examine the nuts and bolts of each of the implementation phases along the delivery chain.

The first section of this chapter defines the general concept and core elements of social protection delivery systems. This includes (1) the implementation phases of the delivery chain; (2) the key actors that interact along that delivery chain (institutions and people); and (3) the enabling factors that facilitate those interactions: communications, information systems, and technology.

The chapter's second section highlights two common challenges facing social protection delivery systems: the challenge of coordination and the challenge of inclusion. Countries have adapted different operating models in response to these dual challenges. Two pairs

of contrasting models discussed in this chapter—and throughout the Sourcebook—include (1) whether delivery systems are developed separately for each program or whether multiple programs operate using an integrated delivery system (or integrated aspects of parts of the system), which relates to the challenge of coordination; and (2) whether operational models are built around on-demand systems or are administrator-driven. Although these distinctions most strongly influence intake and registration, they affect delivery systems all along the delivery chain.

The third section of the chapter presents a hypothetical example based on a composite of real cases. The example serves multiple objectives:

- It illustrates the framework and the phases of the delivery chain for both benefits and services, using an example of unemployment assistance that includes activation requirements and employment services. This end-to-end perspective is valuable because subsequent chapters will delve more deeply into the parts of the delivery chain.

- It demonstrates how these delivery systems can be used as integrative platforms to coordinate programs outside social protection (such as health insurance subsidies and social energy tariffs).
- It illustrates the value of using process maps, journey maps, performance management indicators, and

other diagnostic tools to assess the effectiveness and efficiency of delivery systems from the perspectives of both administrators and clients.

- It touches on many of the overarching messages of this Sourcebook; these are further delineated in the fourth section of this chapter.

## 2.1 CONCEPTS AND CORE ELEMENTS OF THE DELIVERY SYSTEMS FRAMEWORK

While much attention is paid to the design of social protection interventions, this Sourcebook addresses another key question: How? Specifically, how do countries deliver social protection benefits and services? How do the various elements of delivery systems come together to implement programs as they were intended to function? How do they do so effectively and efficiently? How do they ensure dynamic inclusion, such that people can access them when in need? How can delivery systems be leveraged to promote better coordination and integration—not only within social protection but also in other areas? How can they meet the needs of their intended populations and provide a better client experience? Social protection delivery systems address these crucial questions.

What are delivery systems? The short answer is that delivery systems are implementation. The longer answer: delivery systems are the operating environment for implementing social protection benefits and services. That operating environment includes the implementation phases of the delivery chain, the main actors, and enabling factors. Another important component of the delivery systems framework is performance. Assessing the performance of delivery systems is essential to ensure that delivery systems contribute to an effective and efficient delivery of benefits and services. (For a detailed discussion on performance, see chapter 9.)

### The Delivery Chain as the Anchor for the Framework

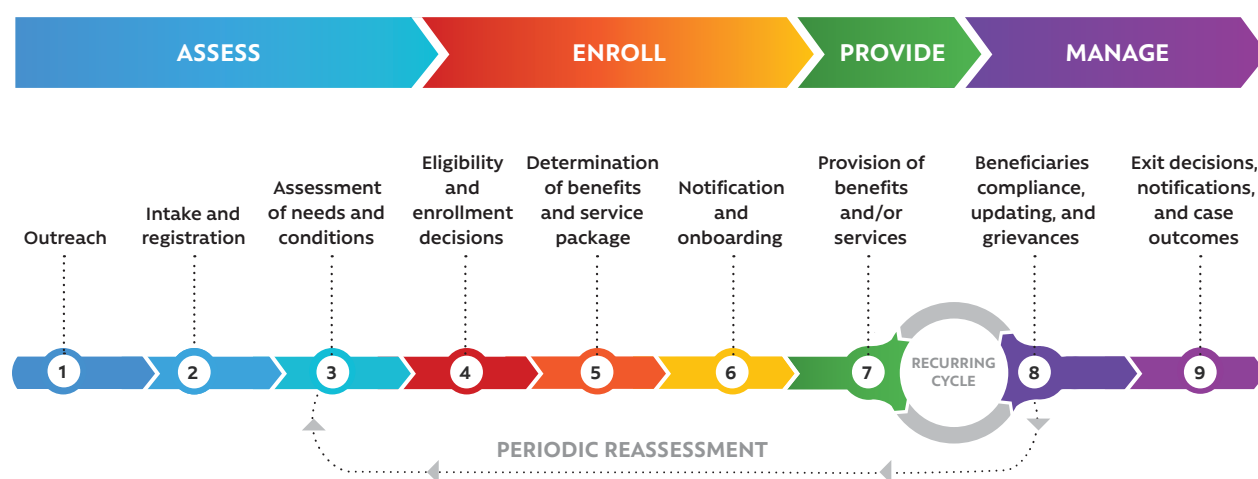
Virtually all social protection programs pass through similar implementation phases along the delivery chain. In developing the delivery systems framework, we reviewed how a broad spectrum of social protection programs are implemented in diverse contexts,

including numerous types of social and labor benefits and services (see table 1.1 in chapter 1). Although benefits and services seem so different, virtually all were implemented in similar ways (figure 2.1). Delivery systems for all benefits and services

- need some sort of **outreach** to promote awareness and understanding among the intended population.
- involve some form of **intake and registration**, to gather information on people's characteristics, needs, and conditions.
- undertake some type of **assessment** to profile those characteristics, needs, and conditions.
- use those profiles to determine potential **eligibility**, assign the appropriate level of **benefits and services**, take **enrollment decisions**, and **notify and onboard** beneficiaries.
- **provide** enrolled beneficiaries with the intervention, which may involve **payment of cash benefits** and/or the **provision of services**, which can vary depending on the nature of the specific service.
- **manage** data on beneficiaries to ensure that their information is accurate and up to date and that they comply with any co-responsibilities, grievances, and appeals, as well as reassessments and/or beneficiaries exiting the program(s).

Although these implementation phases are common among social protection delivery systems, the intensity and order of each phase may vary according to program specifics. Some phases may be more intensive, depending on the nature of the program. For example, services may be monitored more intensively than benefits, and monitoring of conditional cash transfers may be more complex than monitoring of unconditional cash transfers. Some programs may switch the

**Figure 2.1** The Social Protection Delivery Chain



Source: Original figure for this publication.

order of some phases, combine some phases, or carry them out virtually simultaneously. For example, with social services, a caseworker may assess the individual for social risks during the intake interview. Similarly, for many programs, the determination of eligibility and the determination of the appropriate package of benefits and services may occur in a single step (for example, with benefit menus that are calculated depending on the applicant's income in relation to eligibility thresholds). In addition, the specific processes within each phase will vary by program type, the nature of institutional arrangements, and the technology and information systems that are available. Yet even when specific processes differ, social protection programs share common implementation phases.

The commonality of these phases along the delivery chain provides the functional anchor for the delivery systems framework. Clarity around these core functions serves as an organizing framework. It can also help avoid some of the pitfalls we commonly see with misused terminology (box 2.1). Finally, the harmonization of key functions across programs could provide the basis for an integrated delivery model. An awareness of these commonalities can help prevent fragmentation of social delivery systems and improve effectiveness and efficiency, which comes with coordination of administration and synergies in bundling interventions.

In tracing the delivery chain, the outputs of each implementation phase are inputs to the next. While the main chapters of this Sourcebook are devoted to individual phases of the delivery chain, it is helpful to

recognize the linkages across those phases. Figure 2.2 shows the links between the phases with inputs and outputs color-coded to represent their location in the delivery chain.<sup>1</sup>

- **Outreach (chapter 3).** Most programs kick off with outreach, which typically involves communication and interaction to build awareness, inform people (the intended population and vulnerable groups) about the program(s), and encourage the intended population to engage and provide their information for potential inclusion. The key inputs to outreach include program information, core messages, and communications and "active search" tools. The core outputs of outreach would then be that the intended populations and vulnerable groups are informed and understand the interventions, and are willing to engage, apply, and provide information. That output becomes input in the next phase of the delivery chain.
- **Intake and registration (chapter 4).** The inputs to intake and registration are the intended population and vulnerable groups who were reached and informed during the outreach phase and would be willing to engage and provide information. Another source of input might be information from other administrative systems. The outputs of this phase would then include complete, validated, and verified information on those who have registered. Those outputs feed into the next phase of the delivery chain.

## Box 2.1 Clarifying Some Commonly Misused Terms: Implementation and People along the Social Protection Delivery Chain

The development community uses a variety of terms to describe people and implementation phases along the social protection delivery chain, which unfortunately can cause confusion. Some examples of terminology that often can take on multiple or confusing meanings include the following:

- **"Beneficiaries" versus "registrants."** We often see practitioners referring to registrants as "beneficiaries," referring to people in social registries as "beneficiaries," or using the term "identification of beneficiaries" (as described below). Not all registrants will become beneficiaries. This miscommunication may even create a liability for programs because registrants may think they are beneficiaries, even though in the early phases of the delivery chain, people are not beneficiaries and there is no guarantee that they will become beneficiaries.<sup>a</sup>
- **"Identification of beneficiaries."** Development practitioners and program administrators often refer to the combined phases of intake and registration, assessment of needs and conditions, and determination of eligibility as the "identification of (potential) beneficiaries." That terminology can be convenient as shorthand, but it is important to avoid any confusion around the word "identification" (which could be misconstrued as "proof of identification," as in foundational or functional IDs). In addition, using the term "beneficiaries" to refer to applicants or registrants can hinder communication, as discussed above.
- **"Targeting."** Some practitioners refer to those same upstream phases as "targeting" (or to the social registry systems that support them as "targeting systems"). They also use the term "target criteria" to refer to eligibility criteria. In general, we try to avoid using the term "targeting" to refer to implementation for several reasons: (1) not all social protection benefits and services are "targeted," and even universal programs pass through similar phases along the delivery chain; (2) "targeting" can sound rather fierce to a layperson (as in, "we are here to target you for program x" versus "we are here to register you for potential inclusion in program x"); and (3) the term "targeting" is used to describe many concepts and its overuse can be confusing.<sup>b</sup> We do occasionally use the terms "target group" (to mean intended population) and "targeting mechanisms," as those are both design concepts that we take as given. Finally, we also use the terms "targeting accuracy" or "targeting outcomes" as those are evaluation concepts.
- **"Registration" versus "enrollment."** Some practitioners also interchange the terms "registration" and "enrollment." This is confusing for some audiences because all applicants register but only beneficiaries enroll in a program.
- **"Case management."** The term "case management" is particularly polemic as it is used differently by various professions (for example, by social workers, health care workers, and IT specialists).<sup>c</sup> Further, some may use the term "case management" to mean what we call the "beneficiary operations management" stage of the delivery chain. Some practitioners use the term to mean social work (covering awareness, intermediation, referrals, and counseling). Others use the term to refer to an integrated approach to managing clients all along the delivery chain (through the entire "life of the case," as some practitioners call it). To avoid confusion, we avoid the term.
- **"Service delivery" versus "delivery systems."** There is also a tendency for people to use the term "service delivery" to mean delivery systems. This stems from the common use of the term "service delivery indicators" in human development, or "public services" in governance. We avoid using "service delivery" to mean delivery systems for various reasons, including: (1) social protection delivers both benefits and services (as "products")—not just services; and (2) the "systems" part of delivery systems matters, with recognition of the simultaneous interaction of many moving parts in this operating environment for implementing social protection.
- **"MIS," or "management information system."** The term "MIS" has different definitions in the business community, the international development community, and the IT community. In the business world, "management information system" (MIS) is an academic discipline or a course of study that focuses on the art of managing information systems effectively, including people, organizations

*continued*

## Box 2.1 (continued)

and technology. In the international development and nongovernmental organization communities, MIS is a catch-all term that has been used to refer to systems that manage information in specific sectoral contexts. For example, the Human Resource MIS, Education MIS, Health MIS. In social protection, development practitioners often use the term MIS to refer to systems (or software applications) that manage information for the functioning of registration and eligibility systems—or for the operation of specific programs to deliver benefits and services (e.g., payments transactions, conditionalities monitoring, etc.) Meanwhile, in the IT world, the definition of MIS is an information system that produces reports that management need for planning and control, by processing information captured by transaction processing systems, stored in databases. MIS is a dated turn of phrase in IT parlance. Contemporary terminology for information systems that produce reports and dashboards include terms such as “business intelligence” and “analytics.” In contemporary IT terminology, the term MIS as it was intended in the development community refers to information systems; in particular, software applications and database management systems. Given the confusion around the term, we prefer to avoid using the term MIS in this book. Wherever possible, we refer to information systems, software applications, and database

management systems as defined in IT parlance. If more specificity is needed to identify an information system, we are more explicit, such as “beneficiary operations management system” or “social registry” platform.

To minimize the confusion that occurs when people understand the same word differently, this Sourcebook seeks to adopt a clear and consistent terminology. The glossary for this book explains how particular terms are used. For the phases along the delivery chain, we anchor the terminology in the core functions that are being implemented. At the same time, we recognize that the terminology used here may need to be adapted for use in specific settings. For example, in some countries, the term “screening” may be used instead of “assessment of needs and conditions,” while other countries may use the term for an initial screening (or prescreening) that will be followed by a more in-depth assessment (such as those sometimes conducted for a subset of applicants). Another example: while the term “social registries” is a common label for information systems that support outreach, intake and registration, and the assessment of needs and conditions, some countries may not use the term at all, instead referring to “targeting systems,” “automated registration and eligibility systems,” etc. While recognizing that individual users may need to adapt the terms used here, this book strives for consistent terminology within these pages.

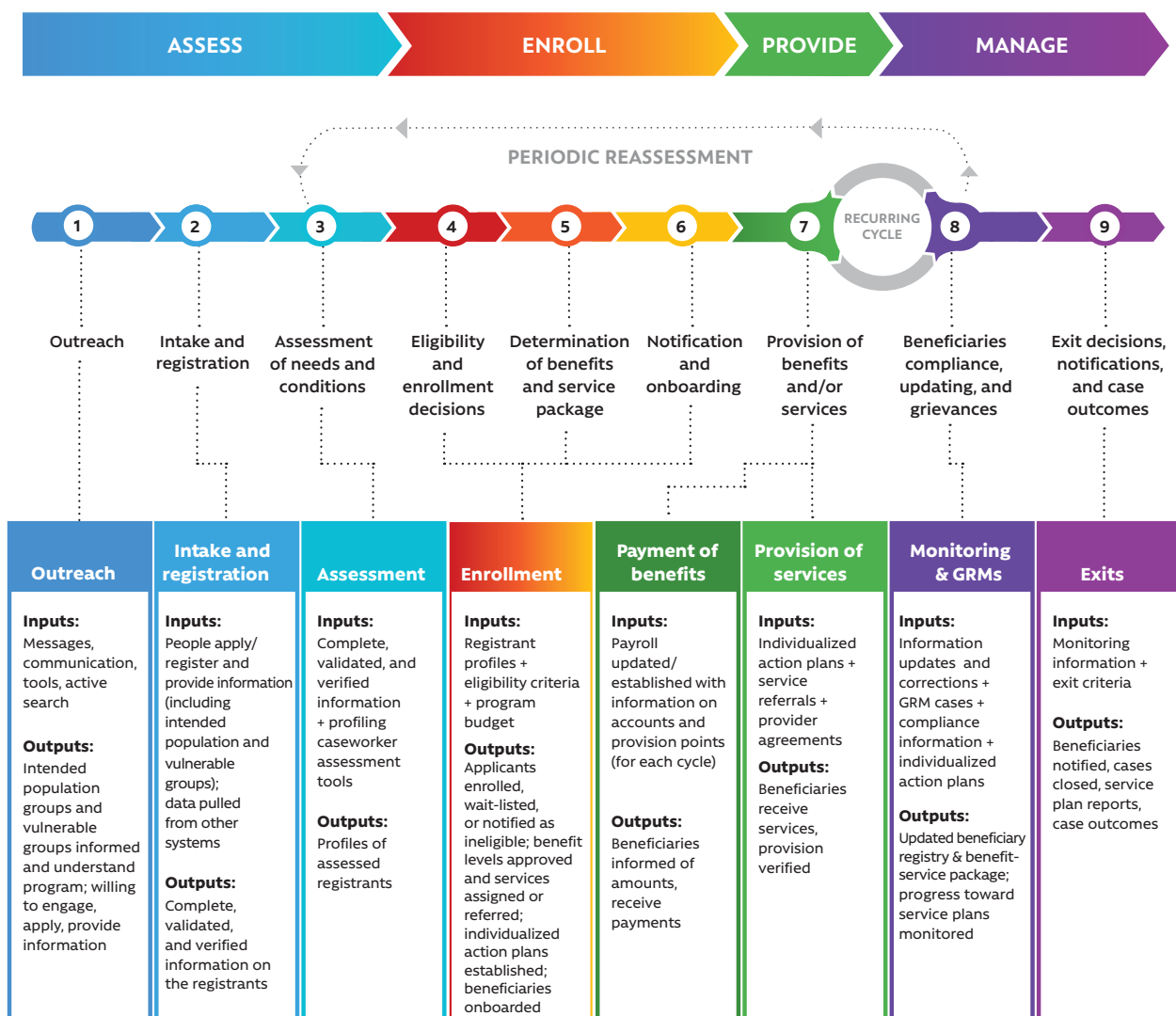
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a. For example, some practitioners use the term “beneficiary identification” to refer to the processes of outreach, intake and registration, assessment of needs and conditions, and eligibility and enrollment. Since we do not know the status of people before they apply, are assessed, and deemed eligible, we cannot call intended populations or applicants “beneficiaries.” At the very least, that shorthand should be stated as “identification of potential beneficiaries,” but that still runs the risk of implying people would become beneficiaries (and the term “identification” is also confusing). Along the same lines, some practitioners confuse the terms “social registries” and “beneficiary registries.”

b. For example, there are targeting mechanisms (such as geographic, categorical, socioeconomic, etc.); target groups (intended populations); target criteria (eligibility criteria); the act of “targeting” (as a verb) to mean implementation (which we try to avoid as noted above); “targeting systems” to mean information systems (like social registries) that support the upstream phases of outreach, intake and registration, and assessment of needs and conditions; and targeting outcomes (such as coverage, absolute and relative incidence, and errors of inclusion and exclusion).

c. An example of the confusion around the term case management is illustrated in the following text: “There is no one standardized or nationally recognized and widely accepted definition of case management. An Internet search for the definition of the term case management will result in thousands of references . . . Despite the large search outcome, experts would agree that there are no more than twenty or so definitions of case management [that are] considered appropriate. These definitions are available in peer-reviewed professional case management literature or on websites of case management (or case management-related) organizations, societies, and agencies.” <https://www.cmbodyofknowledge.com/content/introduction-case-management-body-knowledge>.

**Figure 2.2** Inputs and Outputs along the Social Protection Delivery Chain



Source: Original figure for this publication.

Note: GRM = grievance redress mechanism.

- **Assessment of needs and conditions (chapter 4).** In addition to verified information, various assessment tools would constitute inputs to the assessment of needs and conditions. The outputs of this phase are the profiles of assessed registrants.
- **Eligibility and enrollment (chapter 5).** Registrants' profiles along with program-specific eligibility criteria are the inputs to the determination of eligibility. Enrollment decisions are further informed by available budget, as well as protocols for wait-listing eligible individuals if there are insufficient slots due to capacity or budget constraints. Registrants' profiles also inform **decisions on the benefit/service package**, according to program rules (such as benefit menus)

and caseworkers' discretion (to assign or refer eligible registrants to appropriate services). Applicants are **notified** of their status (eligible or ineligible and enrolled or wait-listed), and enrolled beneficiaries are **onboarded**, including an explanation of rules, activities, expectations, and the rights and responsibilities of beneficiaries. Caseworkers also discuss individualized action plans (IAPs) with beneficiaries at this stage, if they are used. Additional information may be gathered during onboarding as needed (such as bank account information for payments). After beneficiaries are notified and onboarded, the output of enrollment is information about the specific beneficiaries (or a cohort of beneficiaries if being processed

as a group) that is added to the beneficiary operations management system, with associated information on benefits and services.

- **Provision of benefits: Government-to-person (G2P) payments (chapter 6).** The beneficiary operations management system provides input data to the payroll for provision of benefits. Other inputs include information on registrants' bank account, mobile money, digital wallet, or payment coordinates. For beneficiaries who are already in the program, additional inputs to the payroll for subsequent implementation cycles come from the beneficiary operations management stage, including any adjustments to beneficiary status or amounts. Additionally, other inputs come from reconciliation of payments from the last cycle. The outputs of the payments phase would then be the release of funds and the disbursement of benefits to beneficiaries for the current implementation cycle. This phase would then feed into the beneficiary operations management stage (chapter 8) as part of the recurring cycle of implementation.
- **Provision of services (chapter 7).** The main inputs to the provision of services are information on beneficiaries, IAPs, service referrals, and agreements with service providers (if service provision is outsourced). Inputs may also come from the beneficiary operations management stage of the previous implementation cycle, including any updates to the IAPs, service package, beneficiary status, or other changes. The primary output is verification that services are being provided. This phase would feed into the beneficiary operations management stage (chapter 8) as part of the recurring cycle of implementation. The actual provision of services is the most idiosyncratic of all phases along the delivery chain. This is because the "products" being provided tend to be quite specialized (labor and social services) and the modalities for provision vary significantly (e.g., public provision, private provision by contracted firms, or provision by partner foundations).
- **Beneficiary operations management (chapter 8).** Key inputs to beneficiary operations management are (1) the verified provision of benefits (from chapter 6) and services (from chapter 7), as well as (2) the outputs from the enrollment phase for newly added beneficiaries (from chapter 5). Key activities in the beneficiary operations management stage include

updating and correcting information on beneficiaries and their benefit-service packages; monitoring any conditions imposed on beneficiaries related to education, health, or labor-related activities (depending on the specific program); and filing, investigating, and resolving grievance and appeals cases. The overall outputs of this phase are an updated beneficiary operations management system (including changes in information, beneficiary status as a result of reassessment, and decisions on exit), changes in the benefit-service packages, decisions on any penalties or sanctions for noncompliance with conditions, and resolution of grievances (in some cases leading to the addition of new beneficiaries or changes in benefit/service packages). This phase feeds back to the provision of benefits (chapter 6) and the provision of services (chapter 7).

## Main Actors: People and Institutions

### People

People are core actors in delivery systems. Ultimately, they are the most important element of social protection programs. But "they" are not easily described. In human terms, they may be individuals, families, or households. They may be young or old; male, female, or other gender-identifying. They may be poor, nonpoor, employed, unemployed, or inactive. They may be disabled or vulnerable to social risks. They may have faced a health or economic shock or catastrophic event, either on their own or as part of a group. They may be living in remote areas, dense urban slums, or areas plagued by fragility, conflict, and violence. Or they may have migrated from another country or region, either voluntarily or due to displacement. As discussed in chapter 1, this Sourcebook focuses on demographic groups (such as children or the elderly), poor or low-income people (individuals, families, or households), unemployed workers, persons with disabilities, and individuals facing social risks (see table 1.1).

Finding the right technical term to describe "people" once they are part of the social protection delivery system is a challenge. We confront the terminology challenge in three ways (and the glossary provides definitions of these and other terms used throughout the Sourcebook):

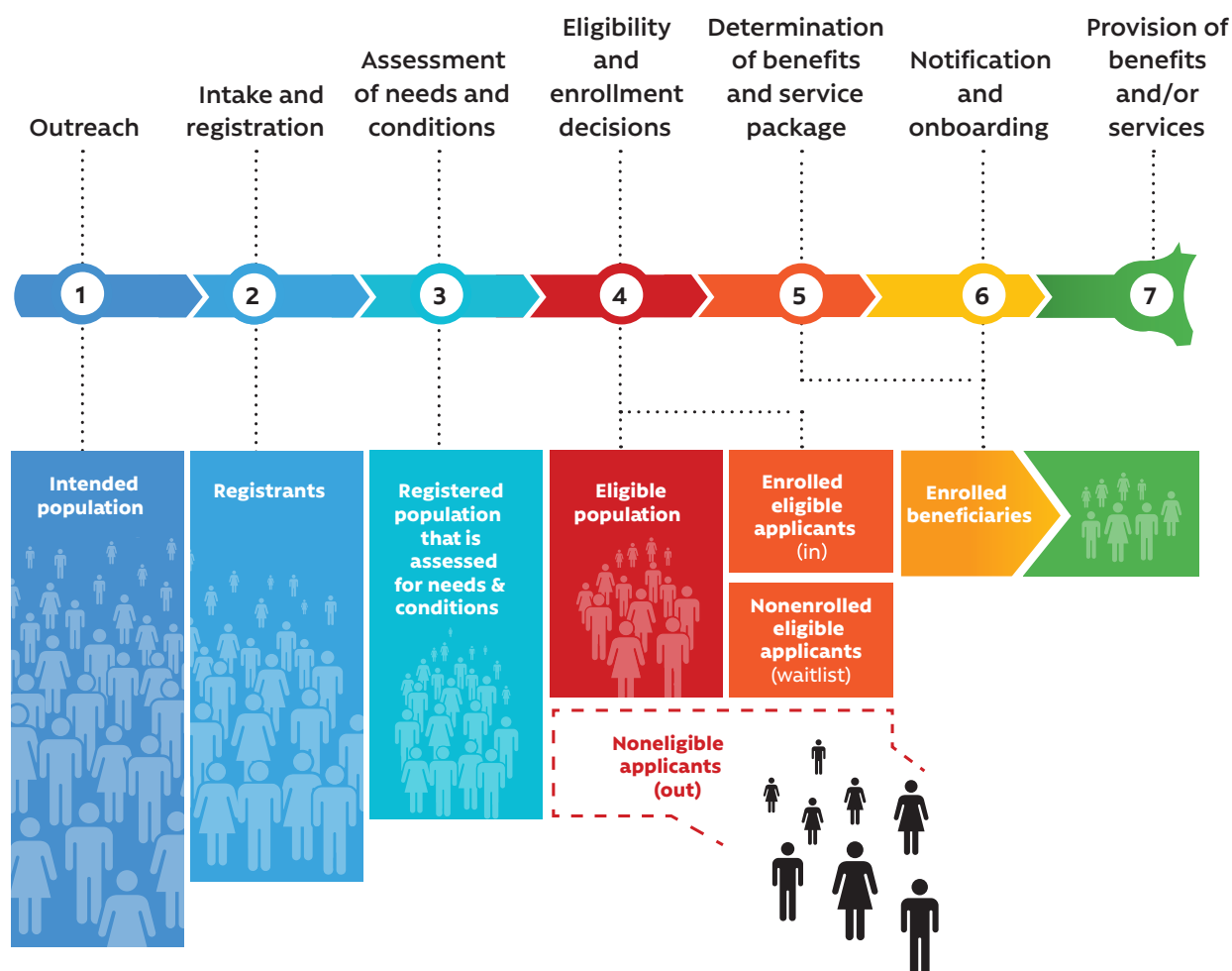


- **The first challenge is that people's operational status changes throughout the delivery chain.** That transition is depicted in figure 2.3. In the outreach phase, they are typically referred to as the "intended population." During intake and registration and the assessment of needs and conditions, people are technically either "applicants or registrants," depending on the type of operating model and whether people actively apply for programs via on-demand systems or whether they are registered during a mass registration wave with administrator-driven approaches. For simplicity, we refer to both applicants and registrants as "registrants" throughout the Sourcebook (unless the discussion is about only an on-demand system, in which case we also use applicants). Once eligibility is established and registrants are enrolled in

a program, they become "beneficiaries." (See box 2.1 for the confusion that can arise with the misuse of the terms "registrants" and "beneficiaries.")

- **Second, the distinction between the terms "assistance unit" and "designated recipient" is important.** The assistance unit can be an individual, a family, or a household, depending on the focus of an intervention. When it comes to the designated recipient, in some instances an individual other than the intended beneficiary may be the designated recipient (such as a parent or guardian who collects a child allowance on behalf of a child). In other cases, even when the assistance unit is the family or household, an individual beneficiary within the household is selected as the designated recipient (the person who collects the benefits on behalf of the family).

**Figure 2.3** Population Reference Groups along the Social Protection Delivery Chain



Source: Original figure for this publication.



- **Third, there is no universal technical term that encompasses all of the following people: intended population, applicants, registrants, beneficiaries, individuals, families, households, assistance units, and designated recipients.** In some countries, they are all referred to as “clients,” in the sense that the programs seek to serve them. Other countries use the term “customers,” again with a service-oriented intention. However, some practitioners object to the terms “clients” or “customers” because those terms may imply that people have to pay for public benefits or services. The term “citizens,” which derives from the public administration concept of “citizen service” is similarly fraught because it could be misinterpreted to imply citizenship or legal residency is necessary to receive benefits or services. In this Sourcebook, we will use the term “people” as much as possible or refer to them in the appropriate technical categories (intended population, applicants, registrants, beneficiaries, individuals, families, households, assistance units, or designated recipients). In certain instances, this Sourcebook may use the term “client,” for example with “client interface” (since “people interface” could imply that program administrators or staff are not people).

## Institutions: Central, Local, and Providers

Social protection programs typically deliver a variety of benefits and services to improve and manage the welfare of poor and vulnerable individuals and families. Benefits and services are provided by different institutions, which can include government agencies, nongovernmental organizations, foundations, and/or private providers such as payment agents. These can cut across administrative levels (central, subnational, local) and sectors, since social protection programs often involve agencies and partners in other sectors.

There is no blueprint for the set of institutional arrangements supporting social protection delivery systems.<sup>2</sup> Usually, many actors are involved, and the definition of roles and responsibilities is context-specific. Moreover, institutional arrangements are dynamic. The starting point matters, and that starting point is typically not a blank slate. In addition, systems and arrangements tend to evolve, and the factors that affect them may

be hard to control. Political economy shapes choices, as does the availability of financial, physical, and human resources, at least in the short run. In the long run, it is possible to reduce these constraints by investing in capacity-building and infrastructure, but the speed and scope of such investing is also conditioned by the starting point and prevailing institutional constraints.

Features of the overall country context such as the level of decentralization, the capacity of local governments, and the local and central political dynamics condition and constrain optimal, or even merely feasible, options for institutional arrangements for the delivery of benefits and services. Macro-level institutional arrangements are—by definition—a “given” from the perspective of the program implementer, and these include the following:

- **Country-level administrative structure.** The degree of autonomy of the subnational level has strong implications for how the institutional arrangements get shaped. Arrangements in highly centralized, unitary states and in highly decentralized states will necessarily vary, and even federal countries can have vastly different arrangements when it comes to division of responsibilities for social protection.<sup>3</sup> The constitution itself may assign responsibilities to a particular level of government. While social development is the responsibility of the central government in Mexico, in Brazil poverty reduction/social welfare is a concurrent responsibility of the different levels. Moreover, political, administrative, and financial decentralization can proceed at different speeds, and create tensions and trade-offs that are hard to manage.
- **Local-central political dynamic.** To the extent subnational governments that are not under direct hierarchical control of the implementing agency play a role in delivery, the task of inducing their cooperation and ensuring effective coordination during implementation will become a relevant consideration (and constraint).
- **Assessment of local-level resources to support the existing arrangements.** In addition to the ability of the central government to provide the right incentive structure, the quality of decentralized delivery depends on the capabilities of the subnational governments directly in charge of providing benefits and services. Assessing the existing human resources capacity, the current workload and distribution

of tasks, ratio of field staff to beneficiaries and to central-level staff, the use of technology, and so on, is critical for choosing the most appropriate institutional arrangements and incentive structures for final delivery outcomes. This must be done at the central and local (e.g., citizen interface) levels, as well as for contracted service providers if these are used (for example, as payment agents in the case of cash transfers) and consider which elements are “static” (e.g., given in the short run) and which are modifiable.

Various institutional roles influence social protection outcomes. At the policy-making level, institutions are responsible for the definition of social protection policies, budget allocation, program selection, and parameters for programs (for example, intended populations, benefit levels, and eligibility criteria). This policy-making role can be held by a single agency or shared across different institutions. The implementation role, which is the focus of this book, refers to the delivery of benefits and services. The actors involved in delivery systems typically include those responsible for overseeing and managing the program(s) and supporting systems and those responsible for day-to-day program operations, including the key elements of client interface.

The policy-making role refers to those responsible for the definition of social protection policies and programs. This role can be held by one agency or shared across different agencies. Unlike other social sectors such as health and education, social protection is relatively new as a “sector” and institutional arrangements vary significantly. Social protection programs are often organizationally complex, involving multiple government actors, systems, and processes. In many countries, programs have evolved and been added to over time, and as a result, social protection systems and programs frequently lack an overall strategic vision and a clear institutional structure. Social protection programs are often multisectoral and may fall under the responsibility of multiple ministries and government agencies.

In most instances, central actors fill the roles of financing, policy making, and managing delivery systems. Core central agencies commonly include ministries of labor and social protection (joint or separate) and social insurance institutes, though social protection programs can also be spread across many other central agencies (with some programs managed by the

ministries of health, education, or agriculture, among others). Central (national) governments are often the principal financiers of social protection programs, due to their role in raising revenues (via general taxation for noncontributory programs or the contribution collection for social insurance programs) and their ability to redistribute funds to reduce interregional inequalities.<sup>4</sup> Central agencies also typically set policies and define the main parameters for nationwide programs. Central agencies often manage and oversee implementation of delivery systems. In addition, central agencies in many countries manage delivery platforms such as information systems. In many cases, numerous central actors are involved, which can require explicit mechanisms for horizontal coordination or integration (see the hypothetical example in the next section of the chapter).

Horizontal institutional arrangements play a key role for one of the two main challenges of social protection delivery systems: coordination. A key question is the extent to which roles and responsibilities are distributed horizontally among different ministries/agencies, requiring specific arrangements to support the coordination role. In some instances, there may be one central ministry with a mandate for policy making, delivery, and inter-institutional coordination. This is the case, for example, of the strong central ministries in Brazil, Indonesia, Peru, and the Philippines, but also of more recent ministries still in the process of consolidating capacity such as in Guatemala. Alternatively, social protection policy making may not have a dedicated body, but rather be the responsibility of a national multisectoral planning agency, as in Nepal. In this latter case, the delivery role is effectively separated from the policy-making role and program-level oversight tends to be weak, diluting the potential impact of the policy. And many cases lie in between these two, with multiple ministries/agencies assigned separate (though often overlapping) policy mandates and program portfolios, sometimes aided by inter-institutional coordination bodies and sometimes not.<sup>5</sup> Although it is still possible for an individual program to be delivered efficiently under a single ministry, weak horizontal coordination weakens aggregate impacts of disparate programs and reduces efficiency at the systemic level.

The implementation role refers to the delivery function. Unlike education or health which is often assigned

to a particular level of government in its entirety (e.g., primary education for the municipal level, secondary for the provincial level, hospitals only at the provincial and/or national level, etc.), the most important social protection programs tend to be national in nature and yet dependent on subnational levels for their delivery.<sup>6</sup> The institutional arrangements put in place to deliver benefits and services to the public vary across programs,<sup>7</sup> and so do the roles of central and local levels of government.

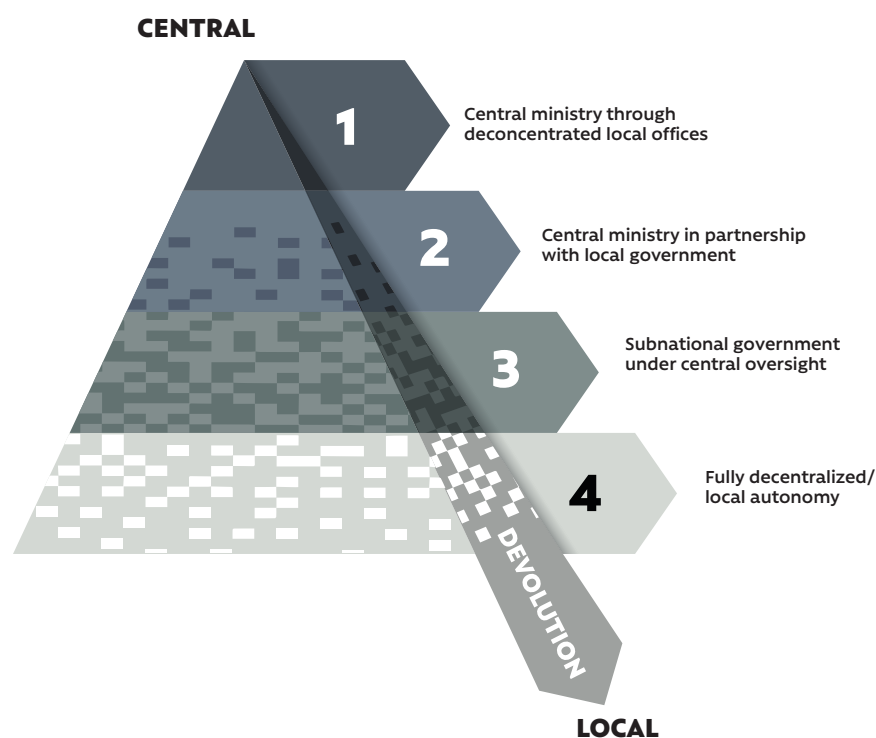
Local governments are called upon to fulfill specific functions during implementation, such as outreach, and intake and registration.<sup>8</sup> The advantage of shifting responsibility for program implementation closer to clients comes from local governments' close proximity to the beneficiary communities, which in turn facilitates client-facing transactions and their presumably greater responsiveness/sensitivity to local needs and preferences, which can be instrumental in strengthening accountability. This is particularly true for social programs targeted to the poor or vulnerable groups, who suffer from greater risk of exclusion, due to cost and other barriers, to accessing benefits and services. However, separation of responsibilities for financing and implementation across government levels also implies the need to carefully think about the institutional incentives to ensure that service providers are held accountable for program outcomes. Vertical coordination can be complicated because of, among other things, lack of clarity in assigned roles and responsibilities, mismatch in roles and resources, absence of common information, inability of local governments to respond to the central government requirements due to weak capacity, and political discord.

Countries adopt various schemes in terms of the set of vertical institutional arrangements that support the central-local division of responsibilities for the delivery of social protection benefits and services, based on their institutional and administrative context. In many low- and middle-income countries, where social protection is a relatively nascent sector (compared to, for example, health and education), institutional setups are still evolving. A main difference between the delivery of cash benefits and that of social or labor services relates to the different degrees of administrative intensity required for the delivery. It may be possible to roll out large cash transfer or social assistance schemes with relatively

centralized institutional arrangements, but as a country's social protection system matures and evolves into a more complex mix of interventions tailored to varied needs of the poor and the vulnerable, the institutional setup also tends to grow more complex, especially in terms of its ability to provide face-to-face support to people.<sup>9</sup> It is important to note that such arrangements can vary across programs within the same country (for example, there may be different arrangements for social insurance and social assistance) or for similar programs in different countries (there are diverse arrangements for conditional cash transfers around the world). Figure 2.4 summarizes some of the variations commonly found in vertical relationships for social protection delivery systems, which include the following:

- **Centralized with deconcentrated local offices.** An individual program can be fully centralized in a constitutional sense, with implementation by deconcentrated local offices that report directly to the central agency. Such arrangements are quite common for social insurance, for example, when local social security agencies report to the central social security institute. In social assistance programs, examples of such centralized-deconcentrated arrangements include Mexico's Prospera program (with deconcentrated local offices reporting to the central SEDESOL agency) and Indonesia's PKH conditional cash transfer program (with thousands of facilitators contracted by the central Ministry of Social Affairs [MoSA], although they are recruited in specific localities and deployed all over the country).
- **Central-local partnerships in decentralized contexts.** In countries where more administrative functions (especially those related to decision making) are decentralized to local governments (e.g., federal states, but also some nominally unitary states with relatively high political autonomy), the central ministry may enter into partnerships with autonomous local governments to ensure delivery of social protection programs. Such is the case in Brazil's Bolsa Família Program or Tanzania's Productive Social Safety Net, where program financing and overall management remain centralized while many client-facing functions are managed by municipalities. These arrangements have been formalized by intergovernmental collaboration agreements which,

**Figure 2.4** Main Patterns of Vertical Institutional Arrangements for Social Protection



Source: Original figure for this publication.

in some cases, also include partial cost-sharing of administrative costs. In the case of Brazil, for example, the federal government provides administrative cost-sharing subsidies based on performance indicators to ensure more heterogeneous implementation across municipalities.

- **Subnational management and implementation with central oversight.** In some countries, management and implementation of certain programs may be fully decentralized to subnational actors, either with full central financing or with joint cofinancing between central and subnational governments, often through block or matching grants. One example is the Temporary Assistance for Needy Families (TANF) program in the United States, which is cofinanced by the federal and state governments through block grants and implemented by state and county administrators with limited federal government oversight. Another example is public employment services offices which operate at the local level in China and India, but regulations and guidelines are defined centrally (Auer et al. 2008).
- **Fully decentralized.** Some programs operate fully decentralized, with little or no involvement by the

central government. This arrangement is common for social services, which can be “local” not only in their management and implementation, but also in their financing. Examples of such programs include childcare, child protective services, and homeless shelters. In some instances, the central body may have centrally mandated quality standards and regulations (sometimes including cofinancing from the central government).

In addition, many programs outsource some or all aspects of delivery to partner agencies, which can include other public agencies, foundations, nonprofits, and specialized for-profit firms. Outsourcing is particularly common for the provision stage of the delivery chain. For example, provision of benefits is commonly outsourced to payment agents (such as banks). Provision of social and labor services are also frequently outsourced. In these cases, governments have contractual relationships with providers. These can be output-based (contracts that pay for delivering a certain number of services) or outcome-based (contracts that pay by result). These latter types will transfer a larger share of the outcome risk onto the provider but are also

complex to manage. In either case, outsourcing requires significant oversight. While it is at times used to compensate for lack of capacity, it requires significant management capacity both in establishing the contract and supervising it.

It is also crucial to define the respective roles of various actors along the delivery chain from a practical

and functional perspective. As discussed below, process mapping tools can be useful in mapping out who does what along the delivery chain.

Delivery chain process maps are useful management tools for plotting the sequencing of implementation processes across actors (box 2.2). They identify who does what and when they do it for core processes

## **Box 2.2 Social Protection Delivery Chain Process Maps (“Swim Lane” Diagrams): Conceptualizing the Organization as a System**

**D**elivery chain process maps are useful management tools for plotting the sequencing of processes across actors. These charts use the principles behind “swim lane” diagrams, which are common management tools that visually distinguish roles and responsibilities for business processes. Each actor is assigned a “swim lane,” and then core implementation processes are mapped in sequence across those lanes. The term “swim lane” symbolizes the concept that “each actor stays in their own lane” without crossing lanes to avoid “collisions” or role confusion.

This mapping helps assess the robustness of the delivery chain by identifying “who does what” and “when” for core processes supporting the functions of the main implementation phases. Uniqueness of role assignments is crucial for the principles of clarity and accountability. Delivery chain process maps can be plotted end to end for the entire delivery chain, or for the processes of specific implementation phases within the delivery chain (such as plotting a process chart for the payments phase without all the other phases). These tools can help promote efficiency, transparency, and effectiveness of social programs and delivery systems.

Ideally, process mapping would be carried out in a participatory manner with the participation of core actors. In this manner, each actor understands their own role, how their role fits with the bigger system, and can help identify potential improvements and reforms. The participatory approach also helps build trust, consensus, ownership, and understanding of the key processes along the delivery chain. Common office software packages can be used to help plot and visualize these delivery chain process maps—and they

can also be drawn in a participatory and initial way on flipcharts. The basic steps for delivery chain process mapping include the following:

- Identifying the actors: central agencies, other agencies or providers, local actors, and clients;
- Discussing the roles and responsibilities of each actor along the delivery chain;
- Assigning a “swim lane” to each actor (we usually use horizontal swim lanes with central actors on the top lane, then other agencies or providers, then subnational and local, then people);
- Identifying the steps for carrying out implementation phases along the delivery chain;
- Mapping the steps in sequence across the “swim lanes” for each actor;
- Reviewing processes for efficiency and effectiveness. Are all steps necessary? Which are “value-added” steps? Can some non-value-added steps be eliminated to reduce unnecessary bureaucracy? Can some steps be automated with information systems?

Delivery chain process mapping is integral to developing or assessing implementation of social protection programs. Swim lane delivery chain process mapping tools replace the usual “spaghetti diagrams” commonly seen in program operations manuals—the ones with numerous actors, many squiggly lines, and no clear start, sequence, or ending. Delivery chain process maps also help anchor and identify the processes and functions that could be automated with information and operating systems.

This chapter presents examples of delivery chain process maps for two hypothetical scenarios. Many real-world examples are presented elsewhere in this Sourcebook.

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Sources: Rummler and Brache 1990; Hammer and Champy 2003; Karippacheril and Lindert 2016, 2017, 2018; Karippacheril, Nishikawa Chávez, and Rodríguez Caillava 2019.

supporting the functions of the main implementation phases, which helps avoid confusion. The uniqueness of role assignments is crucial for the principles of clarity and accountability.

Tools such as delivery chain process maps can help identify three main functions:

- **Client-facing functions.** Which actors carry out client-facing functions? Implementation of client-facing functions is typically carried out by local actors and/or outsourced providers. Subnational or local actors are typically better placed than central agencies to implement client-facing functions, because they may have greater knowledge of, or contact with, the client base for programs. Subnational actors may include the administrative branches of states, regions, or provinces. Local actors may include municipal administrative offices, local offices of the central agency, specialized local offices, and mobile teams. In some instances, client-facing functions are outsourced to specialized providers, such as foundations or nongovernmental organizations, private contractors, payment agents, specific service providers (such as training institutes, childcare providers, shelters or other protective services), and other actors. The network for client interface can involve a variety of formats. This interface is discussed in more depth below.
- **Decision-making functions.** Which actors make operational decisions along the delivery chain (for example, about eligibility, enrollment, benefit/service packages, sanctions, and exits)? In many programs, responsibility for such decisions remains centralized. The advantages of centralized decision making are that people in similar circumstances receive standard treatment all over the country; political and client pressures on local actors are reduced; and local discretion in decision making is limited. In other programs, such decisions are decentralized to local actors (to municipalities, local councils, communities, even to caseworkers or facilitators). This can have the advantage of incorporating local realities in decisions, but its disadvantage is that by enabling local discretion, it may also introduce potential bias.
- **Managing operating systems.** Who manages supporting delivery platforms, such as information

systems? In many instances, such systems are managed centrally (even if the data are stored virtually). Among such systems are Turkey's Integrated Social Assistance System, Chile's Social Household Registry and integrated information system, and the social registries in the Philippines and Pakistan. In other instances, there are no national systems. For example, there is no national system for managing social assistance in the United States; each state is responsible for designing and building (or procuring) and maintaining its own system. In some cases, such systems are outsourced to operating agents, such as Brazil's Cadastro Único (social registry), which is managed by the social ministry but operated by a national federal bank (which also runs the program's payment system). Another example is Australia's Centrelink, which is the managing agent and operating system for all social protection benefits.

## Client Interface: The Interaction between People and Institutions

People and institutions interact throughout the delivery chain. On the institutional side, local actors or outsourced providers are typically responsible for client-facing implementation. The key client-facing phases are outreach, intake and registration, notification and onboarding, payment, provision of services, and some aspects of beneficiary operations management. On the client side, people need to be able to (1) learn about a program and its processes, and who to contact; (2) understand how and where to register, and navigate the processes for doing so; (3) understand and be informed of decisions regarding their eligibility status, enrollment, and benefits-service package (if enrolled); (4) participate in onboarding activities (if enrolled); (5) interact with payment or service providers and receive timely delivery of benefits and quality services; and (6) update their information, be informed of any changes in their status (including for noncompliance of conditionalities), and file grievances.

There are many modalities or "touch points" for client interface. Many interactions occur in person with front-line workers, such as caseworkers, employment officers, social workers, promoters or facilitators, extension agents, and community health workers. The location of the interactions can be people's homes (via home visits



by mobile teams), community sites, local offices, service centers, public employment services, or specific points of service (including payment providers). Or interactions may occur digitally, via mobile devices, tablets, laptops, personal computers, ATMs, self-service kiosks in public spaces, chatbots, etc.

The network for client interface can be a weak link in delivery systems—which can be a binding constraint on inclusion. An adequate network for citizen interface is crucial for the delivery system, and an efficient network is ideal. Many countries and programs, however, neglect what is often referred to as the “last mile” of delivery systems. In fact, given the centrality of people to the effectiveness and efficiency of social protection programs, this Sourcebook considers people to be the “first mile” of the system. An inadequate focus on the “first mile” hampers the ability of social protection programs to scale up, reach national scope, respond to shocks, and move toward dynamic inclusion so that anyone can apply for benefits and services at any time.

In many countries, the network for client interface is incomplete: offices operate only in a few districts and there is little or no outreach to remote areas; the number, training, or skills of frontline agents are insufficient to their tasks; or mobile teams visit local communities only every few years. Programs that rely on mobile teams may lack a permanent local presence. Or they may be hesitant to partner with autonomous local governments due to institutional constraints, lack of capacity, or mistrust. Technology has sometimes helped ease these gaps with online or mobile capabilities for some processes, but often the constraint still proves to be binding.

Even with an extensive network for client interface, first-mile interactions may be overly bureaucratic. Typically, scant attention is paid to people’s actual experiences in navigating the network. Despite their good intentions, most social agencies adopt and visualize processes and systems from the administrator’s point of view. They focus on organizational processes and institutional requirements, making general assumptions about their clients. As a result, people may find it frustrating to engage with government services. They find the client interface is bureaucratic and difficult to navigate, distant, or nonexistent, or so fragmented that they must apply for various benefits and services at multiple locations, waiting in line over and over, and incurring the costs of making numerous

visits to seek aid. This results in excessive time, costs, and visits—an indicator of the amount of time people spend on the process, the amount of money they spend to participate (such as transport costs, childcare costs, missed work, and notary fees), and the number of visits they must make to the local office or other agencies. It also results in various “pain points” along the client journey through the system (as discussed in section 2.3 below).

Whether it is in person or digital, people’s interactions can be improved by human-centered design techniques. Human-centered design (HCD) is the process of continually understanding and meeting users’ needs. Various HCD tools can help assess the quality of interactions (or “user experiences”) in social protection systems, including journey maps, which seek to trace clients’ experiences throughout the delivery chain (see box 2.3 and section 2.3 below).

HCD is particularly important for the inclusion of specific vulnerable groups. Often, social agencies design interventions with an average applicant or beneficiary in mind. The intended user population for most programs, however, can be quite diverse, including those living in remote areas or zones with fragility, conflict, and violence (FCV); people with disabilities; people of different cultures and languages; women; children and youth; informal-sector workers; homeless people without a fixed address; and migrants and forcibly displaced people. They may require particular adaptations or accommodations to ensure that they are reached and served. HCD approaches can help ensure that the interventions are adapted to their specific needs and constraints through the development of personas and the testing of interventions and processes with these diverse groups.

## **Enabling Factors: Communication, Information Systems, and Technology**

The interface between people and institutions is facilitated by enabling factors such as communication, information systems, and technology. These are the other core elements of the delivery systems framework. To some extent, communication and information systems help facilitate processes and the flow of information between these actors. They can both be technology-assisted, depending on the technologies available.



### Box 2.3 Journey Maps: Understanding the Client Experience of Social Protection Delivery Systems

Journey maps are a compact visualization of an end-to-end client experience. They trace the client's experiences, expectations, behaviors, and emotions (highs, lows, and pain points) along that journey. A key aspect of journey mapping is empathy with the client's own experience and perspective, which can be quite distinct from the administrative process perspective.

Journey maps can be built by following ("shadowing") clients as they attempt to access social protection benefits and services or listening to their recount of the experience. They do not have to be complex, drawn-out exercises: even a quick description of client experiences from start to finish can be enlightening. Basic components of journey maps include the following:

- **"Doing"**: Plotting the main activities, steps, actions that the client takes during various phases and understanding the different touch points or modalities through which clients interact with the system (in person, online, by phone, etc.)
- **"TCV"**: Keeping track of their time, costs, and visits (TCV): (1) the amount of time each step takes (in minutes or hours for each activity plus total elapsed calendar days from their "trigger event"); (2) the amount of money or private costs required for the client to carry out the activities (bus fares, notary fees, missed work, childcare costs, etc.); and (3) the number of visits to the local office or other point of service plus other trips (such as to other agencies or former employers to gather documents)
- **"Feeling"**: Understanding the feelings that the client may experience during the journey, both from the interactions with the processes, and the contextual

feelings and pressures they may be experiencing due to their situation and any delays (such as worries about missed paychecks, paying bills, etc.)

The journey map can also assess how well performance metrics and quality standards meet client expectations. For example, quality standards may hold that an interview should occur within 7-10 business days of the client filing an application for a benefit, and that a benefit should be paid within 7-10 business days of the beneficiary filing a claim. Those may be perfectly reasonable quality standards from an administrator point of view. However, they do not consider the additional actions that may be needed for the client to prepare the application package or benefit claim—and the lapse in calendar days from their own trigger event (such as a job loss) that is a "ticking time bomb" for the client who has to pay bills and make it through the month.

Together with delivery chain process maps, journey maps can expose real bottlenecks in processes, inefficiencies, non-value-added or unnecessary steps, delays (and their root causes), tensions between expectations and realities, and so on. They may even uncover unnecessary bureaucratic processes that are inefficient not only for the clients but also for the caseworkers and the overall system—such as duplications in processes, documents that clients are expected to provide because they are part of the "traditional routine" even when no longer required, and so on. They can be a vital input to "business process redesign," and, of course, improvements in client services.

Sources: US Digital Services 2014; IDEO 2015; Solomon 2017; Karippacheril 2018.

## Communication

Strategic and operational communication is critical for the effectiveness and efficiency of social protection policies, programs, and delivery systems. Strategic communication helps build awareness, understanding, support, and ownership among key stakeholders. Operational communication facilitates delivery processes and interactions among core actors. In doing so, it facilitates

transparency, trust, and accountability. The risks of weak communication are significant. For policies and programs, misinformation can result in a negative spiral of perceptions, lack of credibility, and failure or reversal of reforms. For delivery systems, misinformation can cause havoc and confusion among actors, impede implementation, waste resources, generate inefficiencies and errors, and reduce the effectiveness of the interventions.

Social protection systems must communicate with many stakeholders. A communication assessment can help identify and map core stakeholders for social protection programs and systems. Obvious stakeholders are the core actors involved in delivery systems, such as clients (intended populations, registrants, and beneficiaries) and core institutional actors. Additional stakeholders can include other partner agencies (including donors); policy makers; politicians and opinion-makers; the media; and the general public. A communication plan should clarify the strategic and operational elements of communications with each stakeholder. Strategic elements include the communication's objectives, the behavior desired of the recipient, messages and information (content), as well as communication activities, risks, and expected outcomes. Operational elements include specific communication tools, channels, timing, and resource needs, as well as designation of those responsible for communications. Communication activities, channels, and tools consider the target audiences (stakeholders). With clients, this can involve adapting to preferred language or offering communications in diverse languages, overcoming potential access barriers (such as disabilities), and taking account of literacy levels, media preferences, location, and other challenges.

Operationally, communication facilitates all processes and interactions along the delivery chain. It is the "grease on the wheels" that ensures all actors understand all processes. At each phase of the delivery chain, it is important to identify the key stakeholders, as well as strategic and operational elements.

Communication is intrinsic to outreach. The core audience for outreach is the intended population and vulnerable groups. A key element of good outreach is that it reaches people in locations that are close to their environment, in ways that they will comprehend. Chapter 3 elaborates on outreach approaches, including special adaptations for specific groups who may face access barriers, such as older adults, persons with disabilities, linguistic and cultural minorities, and other marginalized groups. It also discusses the specific challenges of implementing outreach in FCV zones. Key messages at this phase focus on informing people about social protection programs and delivery processes. Outreach explains the intervention (objectives, intended population, program rules, eligibility criteria,

scope, and content) as well as operational aspects such as processes, procedures, points of contact, timing and place of registration, and the rights and responsibilities of registrants and beneficiaries. The objective of such communication is to encourage the intended population to engage, apply, and provide their information as inputs into the intake and registration phase. The main risks of communication gaps at this phase is a target population that is missed, unaware of the programs, or that fails to understand the programs or how to register.

Communication tools also facilitate intake, registration, and the assessment of needs and conditions. Two-way communication is needed in client interface to (1) notify people about intake and registration procedures, locations, and points of contact; (2) support scheduling (of appointments, registration events, or community meetings); (3) conduct the interview (possibly with checklists, questionnaires, and technology-assisted tools); (4) gather accurate information and documentation; (5) respond to queries; and (6) facilitate corrections or updates as needed. The risks of miscommunication in these phases are many: that people will not know where to go, how and where to register, or what documents and information to provide. Such confusion contributes to process inefficiencies and inaccurate information. It can also create bureaucratic hurdles that deter the intended population from registering, with the result being low take-up rates among people who would likely be eligible for social protection programs (see chapter 4).

In the enrollment stage, communication is crucial for notification and onboarding. All registrants must be notified whether they are eligible or ineligible, and whether they are enrolled or wait-listed. Notifications should clearly explain the basis for such decisions as well as the enrollee or registrant's next steps. For enrolled beneficiaries, notifications and onboarding would clarify the benefit/service package, rights and responsibilities, expectations, points of contact, additional documentation needed, points of contact, the timing and location of subsequent activities, and so on. For those who have been wait-listed or deemed ineligible, notifications would include the basis for such decisions and clear instructions for grievances and appeals. The risks of miscommunication at this phase can include failure to deliver notifications (resulting in delays or eligible applicants not knowing whether they are enrolled),

misunderstandings regarding benefit/service packages (such as when benefit calculations are complex), delays and inefficiencies in onboarding, and excessive grievances and appeals that can overwhelm the system. This chapter's hypothetical example illustrates some of these challenges (see chapter 5).

For payments, communications involve the beneficiaries, payment agent, and managing institutions. Communications typically include payment notifications and alerts and payment schedules. Beneficiaries need to know the amount of their benefits, the timing and frequency of payments, when and where to collect payments, how to withdraw money (including any passcodes or PINs), what documents they need to bring to make withdrawals, whom to contact with questions or grievances, and other information. Payment agents and managing institutions also need to know if payments are delayed or do not arrive, and whether the amount is wrong, or payment is not disbursed—and people need to be able to communicate such events and concerns. The risks of miscommunication at this phase are significant: delays or missed payments, unclaimed payments, payments made to the wrong people, inefficiencies in the payment process such as long lines or multiple visits, and the resulting large numbers of grievances and complaints. (See chapter 6.)

Multiple stakeholders may be involved in the provision of services, including beneficiaries, caseworkers, and service providers. Beneficiaries need to know who the service providers are, when and where to participate, and so on. An IAP established during onboarding may be used to set parameters and guide communications during the provision of services. Quality standards are also critical to communicate (see chapter 7).

Communication is also essential for the many actors and activities involved in beneficiary operations management. With beneficiary data management, the key stakeholders are the beneficiaries themselves plus local and central institutional actors. Key messages for beneficiary data management include alerts regarding errors, gaps or inconsistencies in information, notifications regarding the need for beneficiaries to update their information or be reassessed, and notifications regarding time limits and exits. When monitoring compliance with conditionalities (such as requirements related to the beneficiary's education, health, or labor), beneficiaries first need to know what is expected of them, and they

should be alerted if the system detects noncompliance, issues warnings, or imposes sanctions. Communications play an instrumental role in grievance redress mechanisms. Grievances can involve beneficiaries—as well as people appealing their nonbeneficiary status. People need to know where and how to file grievances, appeals, and complaints. They need to be kept abreast of the status of their grievances and informed of resolution and subsequent steps (see chapter 8).

A wide range of technologies are used for communication in delivery systems. Communication between institutions and clients can occur via direct (in-person) interaction, word-of-mouth transmission, phone, email, SMS text, other mobile channels, and chatbots, among other avenues. Indirect communication tools include mass media, such as radio, TV, websites, social media, and printed media. As discussed in chapter 3, it is important to tailor communication tools to stakeholders. For example, younger people may be more inclined to use social media than the elderly, who may be better reached via print media, while isolated populations may be reached via mobile communications, radio programming, or TV. Communications may also need to be adapted for language differences, disability, or other access barriers.

Despite the risks of mis- or noncommunication, social protection programs typically do not pay enough attention to communication, which requires strategic planning, budgeting, and human resources. Instead, programs often delegate communication roles to nonspecialized staff, assume that frontline caseworkers are taking care of communicating with clients, or treat communication as a one-time activity carried out by consultants or nongovernmental organizations. Programs with successful communication strategies have regular communication diagnostics, plans, updates, and monitoring. They also rely on earmarked resources or budget lines that are dedicated for communications, and properly staffed teams. One example of a successful communication strategy is the 4Ps conditional cash transfer and social registry in the Department of Social Welfare and Development in the Philippines. Another example is the communications of Brazil's Bolsa Família Program and Cadastro Único. Both countries have dedicated communications staff and budgets as well as proactive outreach and communication strategies and activities.

## Information Systems and Technology

Information systems and technology function as a bridge between people and institutions all along the delivery chain. They help transform the operations and administration of social protection programs, enabling the flow of information as well as the automation of some processes. Social protection delivery systems may be designed to support one program (a specific intervention) or multiple programs. As discussed below, countries are increasingly relying on integrated delivery systems to serve multiple programs, rather than continuing to build separate, disconnected information systems for each program. These systems may be designed using a modular services architecture approach, supporting discrete functions. See the glossary for definitions of information systems terminology used in the Sourcebook.

Integrated social information systems include social registries and beneficiary operations management systems (BOMS) or the so-called MIS, among other modules. Social registries support the process of the intake and registration of information on people and enable information processing to assess their needs and conditions. BOMS automate information processing for eligibility and enrollment decisions, decisions on the benefits and service package, the provision of benefits and services, beneficiary operations management (including beneficiary data management, monitoring of compliance with conditionalities, grievance redress, and decisions on exit, as discussed in chapter 8). Data from social registries and BOMS may be integrated or made interoperable to form an integrated data platform.<sup>10</sup> Figure 2.5 provides an overview of these core elements, with color-coding to match the phases along the delivery chain, as well as the opportunities for integrated social information systems to link with and contribute to whole-of-government systems.

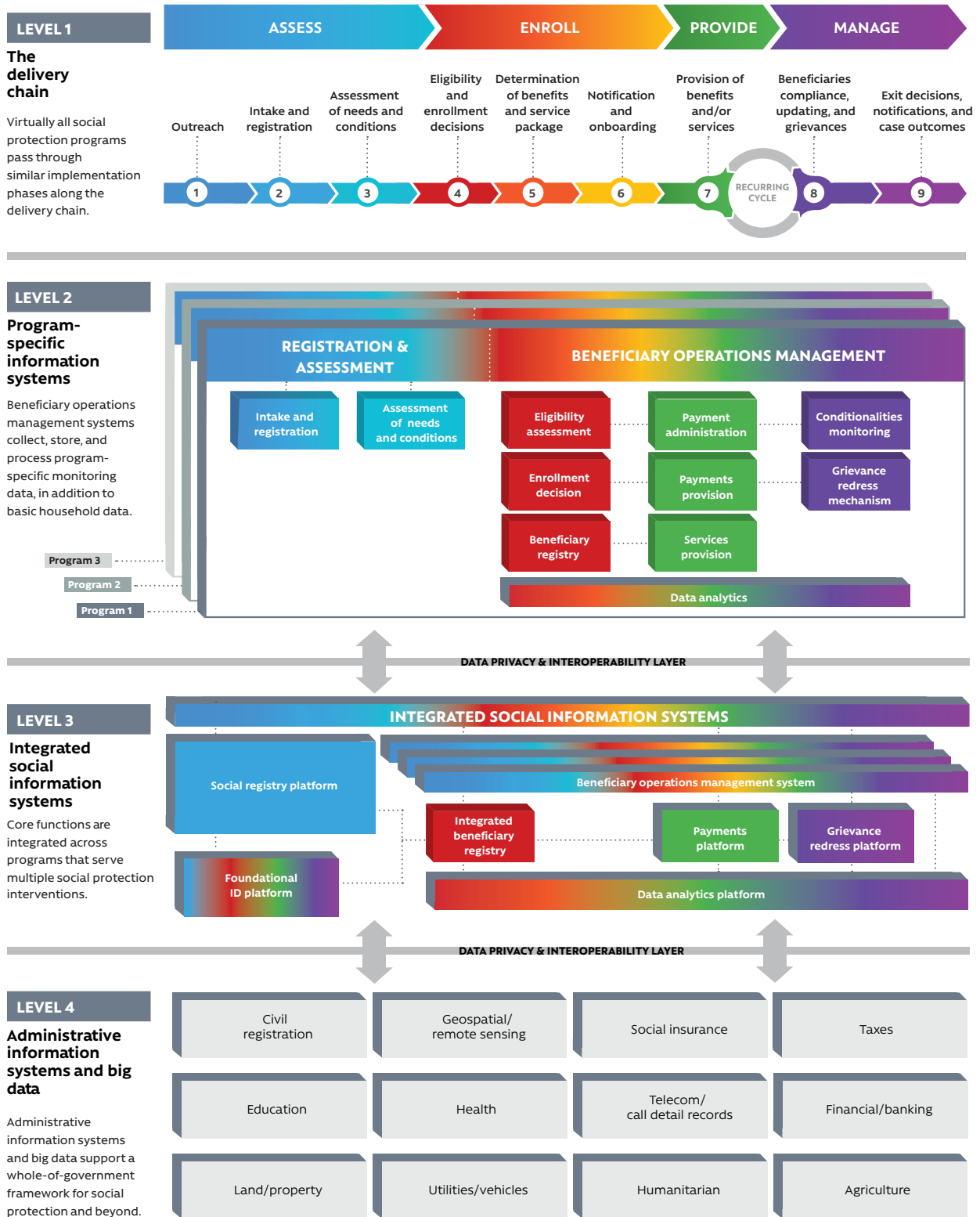
The approach to building integrated social information systems incorporates a business-process orientation and a systems architecture approach. **A systemic process-oriented approach is not always adopted.** In several countries, information systems for managing and administering social programs tend to be limited in scope or nonexistent. In these countries, interventions are limited to developing “mere” databases and managing data as lists (socioeconomic classification registries, beneficiary registries, payments registries, etc.), rather than building

full-fledged, automated information systems that will support the daily operations and administration of social programs. Associated software applications are limited to visual interfaces for applying to programs and providing basic reporting. Software applications that automate key functions and processes such as cross-checks, validation and verification, administration of benefits, administration of payments, beneficiary data management, or even grievance redress are semi-manual or manual. These software applications are not built as part of an information system or an overall integrated social information system. With limited capacity, building information systems from the traditional perspective of pulling together databases in the form of a spreadsheet or even a small-scale database management system may well be a worthy approach in the short term.<sup>11</sup> However, over the medium-to-long term, countries tend to develop a business process orientation when building information systems to ensure that the end-to-end processes of managing social programs are automated, as a by-product of which timely, accurate, complete, and high-quality transactions data are generated (Leite et al. 2017).

A business-process orientation is critical to building full-fledged information systems. This includes comprehensive process maps of the delivery chain, with clarity on roles and accountabilities of various institutions, who does what and when (box 2.2). The next important step is to conceptualize the overall integrated social protection systems architecture for the country, and how to sequence the implementation of those components, in tandem with legislative reforms, public administration reforms, and technology application within the local context. However, this is not to say that the building of information systems is incremental and that countries are entirely devoid of risk-taking. The policy agenda when building full-fledged information systems for social programs is not limited to that of cautious incrementalism, but that of learning from the experiences of other countries and leapfrogging, utilizing clever technology options where appropriate, especially where countries have the capacity and the ability to quickly develop “good-enough” business processes and systems designs. Governments develop integrated social information systems as part of their overall agenda to build trust with people through their day-to-day interactions and delivery of services and benefits to them.

Integrated social information systems are not developed in isolation separate from other systems.

**Figure 2.5** Integrated Social Information Systems to Support Delivery of Social Programs: Overview of Core Elements and Links to Whole-of-Government Systems



Sources: Tina George Karippacheril; Anita Mittal, consultant, Social Protection and Jobs, World Bank; Inés Rodríguez Caillava; and Kenichi Nishikawa Chávez; with inputs from Valentina Barca, consultant, GIZ and DFID.

Fragmentation of social protection programs often results in the proliferation of siloed information systems for each program. This creates inefficiencies and poses an administrative burden for end-users of these systems, including applicants, beneficiaries, administrators, and caseworkers, as well as the policy makers who work on finance and planning. It implies a duplication of functions and lack of interoperability across systems, as well as multiple parallel systems supporting similar functions. When each program conducts intake and registration separately, for users, this can imply providing the same type of information repeatedly to apply to more than one program. Likewise, when each program develops its own payment provision system, this can result in fragmented and uncoordinated methods of delivery to end-users or beneficiaries. Similarly, separate management of programs can impede intermediation and referrals for service provision as caseworkers lack information on available services and what other programs the beneficiary is receiving.

Integrating delivery functions across multiple programs reduces fragmentation, improves coordination, and promotes harmonization across protection programs and beyond. A seamless flow of information from the moment people express interest in a program until the moment they receive a benefit or service is realized through the interoperability of systems to support the various functions and processes along the delivery chain. This ensures that people can access programs, and that household needs are met in a timely manner.

Besides the integrated social information systems layer, foundational technology platforms support a whole-of-government framework for social assistance and beyond. Integrated social information systems draw on various foundational platforms for social protection and beyond. Figure 2.5 shows some of these interaction with whole-of-government platforms, and the use of interoperability and data protection frameworks. The social registry itself is a foundational platform that supports interventions in and beyond social protection. Other foundational platforms that can be used by social protection delivery systems include the following:

- **Civil registries** to maintain information on life events. Integration with civil registries keeps household data updated in the systems.
- **Geographic information systems (GIS) platforms** to link to geospatial information on households, service

providers, and so forth. When data from social information systems are overlaid with GIS platforms, they can facilitate shock-responsive and adaptive social protection systems.

- **Foundational ID platforms** support the process of assigning a unique identifier to an individual that establishes “you are who you say you are.” ID systems are important for social protection delivery systems in four ways: (1) to ensure uniqueness—ensuring one individual is registered and receives benefits from a program only once; (2) to meet KYC requirements, set by the financial services regulator and the payment service providers; (3) to authenticate the identity of a recipient during a payment transaction; and (4) to foster interoperability across different databases and thereby improve targeting accuracy and benefit and service delivery. In the absence of an ID system that establishes uniqueness, there could be repeated identity proofing; credential issuance for each functional system such as social assistance, social insurance, education, health, and so forth, leading to proliferation of functional ID credentials and biometric capture by each program. This could lead to an escalation of administrative costs due to identity proofing, credential issuance, and management.
- **Social protection G2P payment platforms** support payment administration and payments service provision, to make payments to beneficiaries. As discussed in chapter 6, countries are increasingly using multiprogram and multiprovider payment platforms rather than simple program arrangements.
- **Grievance redress mechanisms (GRMs)** support filing of eligibility appeals, complaint handling, feedback, and engagement of applicants, beneficiaries, and potential beneficiaries, of social programs. GRM systems are specific to a program, support many programs, or are part of a broader grievance handling system for the whole of government.
- **Data analytics platforms** allow the transformation, generation, aggregation, analysis, and visualization of data into meaningful and useful information for social policy analysis and strategic decision support for social programs. It includes techniques such as data visualization, data mining, reporting, time series analysis (including predictive techniques), online analytical processing (OLAP), statistical analysis, standardized reporting, ad hoc analysis, query and reporting, unstructured analytics, text analytics, and so on.



A whole-of-government architecture relies on data integration and interoperability frameworks to facilitate data exchange from other administrative information systems. Examples include linking social registries to administrative information systems such as civil registration databases, land or property cadasters, vehicle registration, the tax system, the social security contributions system, the pensions payments system, labor and unemployment, education and health, to create assessment profiles of individuals and households.

Interoperability frameworks are underpinned by a political, legal, organizational, semantic, and technical context. Politically, there must be a real need, endorsed by political decisions and having a legal basis. Participating organizations have a commonly held view and objective. Legally, they must comply with laws governing information such as personal data protection, digital signatures, information security, public information, and public procurement. Semantically, the framework must be based on different organizations understanding the meaning of information similarly. This entails building of common data dictionaries (with common definitions of variables, reference units, and time reference periods), metadata, thesaurus, taxonomies, ontologies, and service registers. Technically, the framework complies with service-oriented IT architecture standards. Interoperability also requires that some sort of unique identifier is included in information systems such that data on individuals can be matched up when appropriate and authorized.

Given the complexity of social protection programs involving large flows of data and transactions,

data privacy and protection are paramount. Delivery agencies devote specific attention and resources to ensure that their IT systems and data repositories are properly governed and secure, and that they support social protection programs in achieving their core mandates. The data gathered and used in social protection delivery systems can be highly sensitive including (1) personal identity information; (2) sensitive personal data; (3) socioeconomic information; (4) information on employment or unemployment; (5) information on disability status; and (6) highly confidential information on various social risks to the individual and family. While integrated social information systems require that certain information be shared across actors, protections must be in place to ensure that personal information is kept accurate and secure, and not made available to unauthorized persons. See the Data Protection, Privacy, and Security section in chapter 4.

Finally, a number of governments are moving toward a shared data center approach to manage the time and cost of procurement, investment, and operations and to achieve economies of scale for government as a whole.<sup>12</sup> Fragmentation of programs has resulted in duplicate investments in software applications, databases, and information and communication technologies (ICT) infrastructure across and within government agencies. Increasingly, governments are opting for a cloud-based (infrastructure-as-a-service) approach,<sup>13</sup> to minimize procurement, investment, and operations costs, and to take advantage of potentially unlimited computing power, considering that this approach also entails a loss of control as well as additional security concerns.

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## 2.2 ADAPTING OPERATING MODELS TO CONFRONT THE CHALLENGES OF COORDINATION AND INCLUSION

Coordination and inclusion are two common challenges facing social protection systems around the world. The challenge of coordination arises for many reasons, including the diversity of actors involved in social protection programs and systems, as well as the multiplicity of programs. The challenge of inclusion has many faces. The first is overall coverage: many countries are aiming to scale up programs and even to reach national coverage. The second is coverage of specific vulnerable

groups, including those with potential access barriers that make them harder to reach. The third is the principle of dynamic inclusion, which holds that anyone who needs social protection can access it at any time. This is also closely related to adaptive social protection, in which coverage can expand or be redirected in a flexible manner to respond to shocks. Finally, the challenge of inclusion is tightly linked to constraints on administrative capacity and available financing.



Countries have adapted their operating models for social protection delivery systems to confront these dual challenges in various ways. While it is beyond the scope of this book to identify and describe all possible variations in delivery systems around the world, we point out four variations that we commonly see. They are in two contrasting pairs of operating models that touch upon these dual challenges:

- **Separate versus integrated delivery systems.** The first contrasting pair is the operation of separate delivery systems for each program versus shared delivery systems (or common elements) for multiple programs. This distinction relates to the challenge of coordination. Delivery systems are sometimes designed to support a single program (or each program separately). Yet with many programs operating in parallel, this can result in fragmentation. As such, many countries are moving toward integrating various aspects of their delivery systems to serve multiple programs.
- **On-demand versus administrator-driven approaches.** The second contrasting pair of operating models is the distinction between systems that are accessed by clients on demand versus administrator-driven approaches that carry out en masse registration waves infrequently, typically only every three to five years. These distinct operating models have emerged in diverse contexts to confront the challenge of inclusion given differences in administrative capacity and funding constraints.

## **The Challenge of Coordination: Separate versus Integrated Delivery Systems**

Lack of coordination, or fragmentation, among social protection programs is a challenge facing programs and systems around the world. Given the number of actors involved in social protection, great effort is needed to effectively coordinate benefits and services among actors operating at different administrative levels (vertical coordination) or at the same administrative level (horizontal coordination).

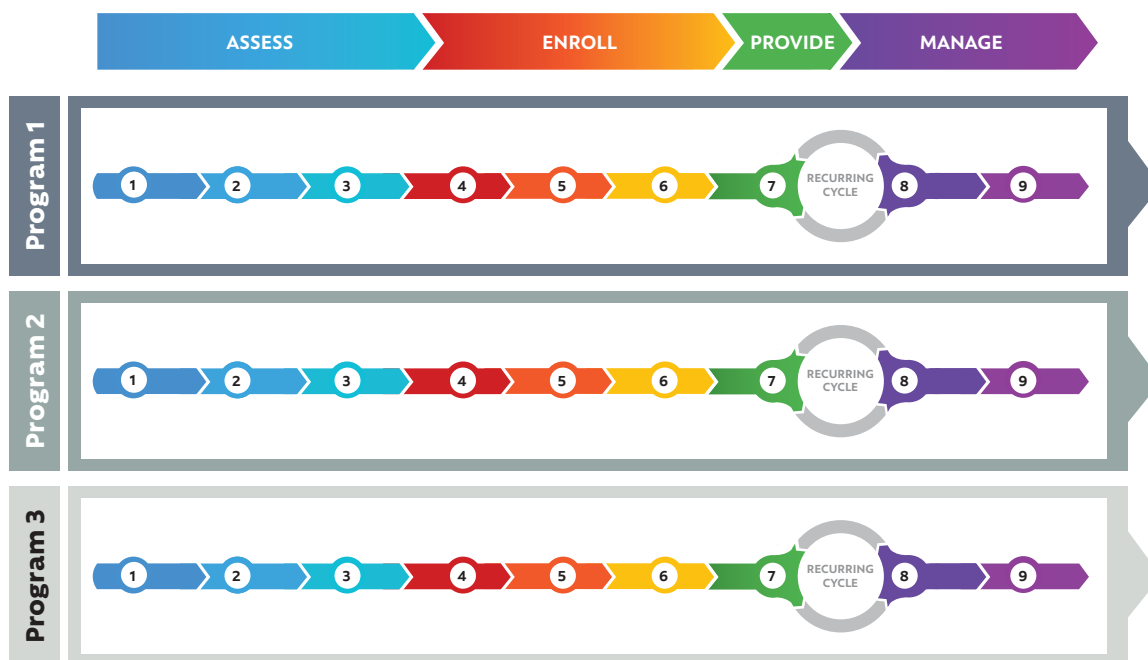
Effective coordination of programs is important for many reasons. First, coordination at the policy-making level helps prioritize objectives, programs, and various

population groups. Second, many individual programs are multidimensional or multisectoral in nature. For example, conditional cash transfers provide cash assistance to poor families, with incentives for their children to go to school and receive health care and incentives to ensure that they do so. Third, coordination enables benefits and services to be bundled. An example of the bundled approach is an activation package, in which the unemployed individual receives income support as well as various services to help them find a job, access active labor market programs (ALMPs) such as training, job readiness skills, or other services, or otherwise improve their employability. Many countries offer multiple benefits and services, and fragmentation is a greater risk when those programs are implemented through separate delivery systems. This section focuses on the challenges of this latter type of coordination.

Countries offer myriad benefits and services. While some countries offer fewer than a dozen programs, others offer many times that number. In many instances, separate delivery systems are developed for each of those programs (figure 2.6). Each system carries out the same or similar processes along the delivery chain, but for only one program. Those processes include outreach, intake, registration, and assessment of needs and conditions; enrollment; provision of benefits or services; and beneficiary operations management. Each delivery system has its own institutional arrangements (central, local, and service providers), makes its own communications, and operates its own information systems and technology platforms.

Although the various programs help meet the diverse needs of their populations, operating them through multiple delivery systems brings a greater risk of fragmentation. Separate systems are inefficient for people because they must go to multiple offices or service points for separate programs, incur travel costs and wait in long lines, provide the same documents over and over, and face the frustration of navigating a complicated bureaucracy. Moreover, people may miss opportunities to access some benefits and services because they are never informed that other programs exist. For program administrators, fragmentation means that processes are duplicated, the burden and cost of administration is greater, and information is lacking on what other benefits and services their client population may be receiving. Finally, for policy makers, fragmentation means that

**Figure 2.6** The Risks of Fragmentation: Separate Delivery Systems for Numerous Social Protection Programs



Source: Original figure for this publication.

they lack information on key policy questions, such as: Who benefits from which programs? Where does the money go? What are the gaps and duplications in coverage among programs? What are the opportunities for generating synergies from the provision of bundles of benefits and services?

Recognizing the benefits of coordination, a number of countries are moving toward integrated or coordinated systems for delivering multiple programs rather than operating separate systems for each program. Since most programs pass through similar implementation phases of the delivery chain (figures 2.1 and 2.6), these commonalities create opportunities to strengthen coordination, often through shared or coordinated processes. Some of the many ways that countries are integrating delivery systems across programs include the following:

- **Coordination and integration along the delivery chain.** Some processes are common (or can be made common) across multiple programs, such as outreach, intake and registration, assessment of needs and conditions, payments, and some aspects of beneficiary operations management. Delivery chain process mapping tools can help identify such opportunities for coordination as well as help the implementation

of coordinated processes, as shown in the hypothetical example that follows.

- **Shared client interface along the delivery chain.** Many countries are combining resources for the first mile of delivery. Frontline integration can be physical, in terms of shared local offices or one-stop shops/ service centers for numerous benefits and services. Such shared offices typically also entail shared human resources. In remote areas, mobile teams of facilitators reach out to dispersed communities about multiple programs rather than just one. Integrated digital self-service windows also support a coordinated approach in the virtual first mile of delivery.
- **Inter-institutional coordination.** Legal mandates, formal cooperation agreements, budget-sharing, or administrative-cost-sharing arrangements can also facilitate coordination for implementation.
- **Integration/interoperability of information systems.** Coordination across multiple programs typically involves information-sharing among agencies and actors, either through common information systems or through interoperability. While that sharing can facilitate efficiency and effectiveness, it also carries risks for personal data protection and privacy. The following are some examples of integrated social information systems:

- **Social registries.** Collecting information and documentation to support intake, registration, and assessment of needs and conditions is costly. Many countries are using shared tools (such as common application forms) and shared information systems that support those processes for multiple programs, rather than duplicating them for each program.
- **Data analytics platforms.** These are planning and coordination tools that link information on beneficiaries across programs, to help policy makers assess and coordinate who receives benefits from which programs.
- **Common payment platforms** facilitate payment of benefits for multiple programs, while offering convenience and choice in payment providers by channeling payments through the broader financial system.
- **Integrated service approaches,** sometimes called “integrated case management,” helps caseworkers support clients end to end along the delivery chain. These approaches involve multidimensional assessments to identify an individual’s complex needs, the provision of a bundle of services (and sometimes benefits as well), and intensive monitoring. The service bundle may include social work services (including information, awareness, referrals, counseling, and mediation), social care services (which may be home-based, community-based, or institutional), and specialized and preventive services.

Coordination and integration across multiple programs extends well beyond social protection. Social protection delivery systems are increasingly being used to support interventions in other sectors, linking clients to health insurance, scholarships, energy subsidies, housing benefits, and other programs.

## The Challenge of Inclusion: On-Demand Systems versus Administrator-Driven Models

Two distinct operating models have emerged in diverse contexts to confront the challenge of inclusion given differences in administrative capacity and funding constraints. This variation derives from intake and registration processes, and whether people apply when they choose or whether they are registered only en masse during certain periods. We refer to these distinct models

as on-demand and administrator-driven. The context and objectives of a program typically dictate the choice of models. Table 2.1 summarizes the models’ key features, uses, and requirements. As it turns out, these approaches affect not only intake and registration, but also have implications for the entire delivery chain, as discussed below.

Worldwide, most social protection programs adopt the on-demand approach. This includes programs for demographic categories of individuals, many poverty-targeted programs, most labor-related benefits and services for the unemployed, disability programs, and social services for at-risk individuals.<sup>14</sup> The on-demand approach requires flexibility in design, implementation, and program budgets (to allow program outlays to expand or contract with changes in demand). The approach also requires an extensive permanent network for client interface (physical, mobile, or digital) supported by a continuous administrative budget. While many developing countries do operate on-demand systems for social protection programs, in other countries, this approach has not yet been feasible due to a lack of one or more of these key ingredients.

Given capacity and financing constraints, many developing countries use the administrator-driven approach, particularly for poverty-targeted programs. This approach is especially common when a country first sets up social protection programs. The administrator-driven approach makes sense as a practical solution to challenges associated with a high degree of asymmetric information (or lack of data), weak administrative capacity (or low confidence in government institutions), or remote populations with little access to institutions or government services. Financing also plays a role: we often see administrator-driven approaches in developing countries with a high reliance on donor financing, since the administrator-driven approach requires only occasional funding—often large sums—to cover en masse registration efforts in specific time periods.

The philosophy behind the two approaches is distinct. The on-demand approach envisions people approaching government for support. Clients initiate engagement and apply for benefits and services according to their own perceived needs and conditions, on their own timetable. The other approach sees government approaching the people. It initiates contact and registers groups of potential clients (usually households) on its own timeline.















Three key features distinguish between these approaches (table 2.1).

- **Initiative.** Who takes the initiative for engaging? The people or the government? With on-demand approaches, the impetus comes from the client who applies to be considered for potential eligibility in the

program (or programs). With administrator-driven approaches, the program (or even social registry) initiates the process to register clients to be considered for potential eligibility.

- **Individual or group registration.** With the on-demand approach, specific clients (individuals, families, households) are served according to their

**Table 2.1** Key Features, Uses, and Requirements of On-Demand Systems versus Administrator-Driven Approaches to Social Protection Programs

	On-demand approach					Administrator-driven approach		
Distinguishing features	Initiative: people approach the state People: specific individuals, families, or households Timetable: the specific client's own timing					Initiative: the state approaches the people People: groups of clients (usually households) Timetable: determined by administrative factors such as capacity and financing		
Intended populations and associated program types		Individuals in demographic categories (children, elderly) Categorical programs						
		Individuals, families, or households based on socioeconomic status Poverty-targeted programs				Families or households based on socioeconomic status: transient, chronic poverty, or low-income Poverty-targeted programs		
		Unemployed, job seekers, inactive Labor benefits and services				(Groups are typically more homogeneous in their situation)		
		Disabled persons Disability benefits and services						
		At-risk individuals Social services						
Responses to events or shocks 	Used with idiosyncratic shocks or changes in the specific client's situation Used with covariate shocks to allow clients affected by the shock to apply for support					Used with covariate shocks to register groups of households affected by shock in an en masse registration wave—common starting point Not useful for idiosyncratic shocks facing specific clients		
Delivery capacity and financing requirements								
	Requires permanent and extensive network for client interface (physical, mobile, or digital) Requires continuous administrative budget Requires flexibility in design and implementation					Temporarily requires large numbers of mobile teams, vehicles, and other inputs for en masse registration waves Requires large and lumpy administrative budget for registration waves		

Source: Original table for this publication.

own circumstances. With the administrator-driven approach, clients (usually families or households) are registered and assessed together as a cohort. This personalized versus cohort distinction carries through the entire delivery chain, as discussed below.

- **Timing.** A major difference between the two approaches relates to timing. With the on-demand approach, the specific client's own timetable dictates, particularly for intake and registration. This means that people can apply to be considered for benefits and services at any time. With the administrator-driven approach, the timetable is not determined by idiosyncratic needs and conditions. Usually the timetable relates to administrative factors, such as capacity or availability of financing for registration efforts or for the program(s).

The timing feature drives the extent to which an approach can facilitate the principle of dynamic inclusion. This principle is closely related to a core tenet of social protection, whereby anyone who needs social protection can access it at any time. In practice, this raises the issue as to whether delivery systems are static or dynamic, particularly at the intake and registration phase. With on-demand systems, a permanent and extensive network for client interface facilitates dynamic inclusion because people can apply or update their information at any time. The en masse registration waves associated with administrator-driven approaches are typically more static in that they carry out registration infrequently (typically every three to five years) or in response to a specific event (such as a natural disaster). This means that, in the interim periods, registration is typically closed—and the system is static.

In static systems, the risks of errors of exclusion and inclusion at registration rise with the passage of time. With the administrator-driven approach, newly formed households or those whose situations have changed may have to wait long periods of time for the next wave of en masse registration. Those risks of exclusion multiply when static systems serve multiple programs because nonregistered households or those whose situations have changed risk being shut out of multiple programs, not just one. That does not necessarily mean that households would have accessed all of the programs separately, but it does suggest that as systems

mature, they should explore the feasibility of moving to a dynamic on-demand system, or at least updating and opening registration more frequently.

Portability of benefits also relates to the principle of dynamic inclusion. If people move from one location to another, do their benefits move with them? At the very least, can they reapply in the new location when they get there? Such portability is typically more feasible with on-demand approaches rather than administrator-driven approaches (since registration is carried out only once every few years).

The ability of each type of operating model to respond to shocks also differs. Technically, both approaches can be (and are) used to respond to covariate shocks. In many countries, when a natural disaster or economic crisis hits, people can apply for benefits and services on demand at local offices (or online). Some programs even offer expedited benefit processing for such situations (such as expedited food stamps in the United States). En masse registration can be an effective way to respond to a shock, such as a natural disaster, that affects all or most households in a specific geographic area at the same point in time. However, if the registration sweep was conducted many years prior, the data may be quite outdated. One way around that challenge is to carry out high-frequency updates in shock-prone areas. With idiosyncratic events, however, only the on-demand approach is compatible with responding promptly. Such events could include the birth of a child, an individual reaching a certain age, loss of a job, the onset of disability, worsening of a family's socioeconomic situation, or the occurrence of vulnerabilities and social risks. With those events, people know their own situations and can apply on-demand for benefits and services when the need arises.

The differences in the two approaches extend beyond the intake and registration phase. Table 2.2 summarizes these differences at various points along the delivery chain, noting also where the two approaches diverge in relation to key design parameters, such as eligibility criteria or the definition of benefits and services to be provided.<sup>15</sup> Given the implications of these two models along the delivery chain, this Sourcebook delves deeper into these distinctions in chapters that follow.

The implications of the on-demand approach permeate many phases of the delivery chain. Outreach must be conducted for on-demand approaches because

**Table 2.2** Distinct Design Parameters and Operational Models: On-Demand versus Administrator-Driven Approaches to Social Protection

	On-demand approach	Administrator-driven approach
Assistance unit (AU)	Individuals, families, or households	Usually families or households
General approach	Each AU enters and moves along the delivery chain on its own timeline Tailored package of interventions and referrals Extensive network of permanent client interface	Groups (or cohorts) of AUs move together across the delivery chain, from mass registration to provision of a common package of interventions
Outreach	Outreach is crucial to ensure people know about the programs, how and where to apply, and so on	Outreach often part of the initial mass registration
Intake and registration	AUs can apply any time on demand Different AUs enter system and start process at different times and at different localities Application (registration) is fluid (dynamic inclusion)	En masse registration sweeps on location All AUs are registered at similar point in time (during the registration wave) Community-based targeting is sometimes used to prioritize who gets registered Registration waves are often carried out only every 3-5 years
Assessment of needs and conditions	Each AU is assessed using assessment tools (MT, PMT, HMT, etc.) Assessment creates a profile of their specific situation at the time of intake and registration Relative rankings do not make sense because people apply at different times	Each AU is assessed using assessment tools (MT, PMT, HMT, etc.) The cohort group of AUs is "ranked" from richest to poorest (relative rankings) Community-based targeting is sometimes used to validate the relative rankings
Eligibility decisions	AUs are determined to be eligible or not according to program rules Usually use absolute eligibility thresholds (if their income or PMT score is below the threshold, they qualify—an entitlement approach) Relative rankings and eligibility thresholds do not make sense because people apply at different times and in different localities	AUs are determined to be eligible based on their ranking in relation to the rest of the group The programs often use relative eligibility thresholds applied to the ranking of AUs such that the poorest XX% are eligible, as a way to manage demand given limited budget and capacity constraints (though some also use absolute thresholds)
Benefits and service decisions	Benefit levels: determined according to program rules Service packages: may be tailored to individual needs Referrals: AU may be referred to other services or programs based on their specific situation or characteristics Individualized action plans may also be used to establish rights and responsibilities If limited capacity, may have to manage waiting lists for specific services (training, care services, etc.)	The cohort of eligible beneficiaries is assigned benefit and service package In some programs, the cohort will receive a calibrated sequence of interventions or accompanying measures

*continued*

**Table 2.2** (continued)

	On-demand approach	Administrator-driven approach
Payments (benefits provision)	<p>Adding specific clients to the payroll when they become eligible</p> <p>Using individualized payments calendars (e.g., paying benefits when their claims are processed rather than waiting for a group payroll or payment event)</p>	<p>Common payments calendar</p> <p>Group payments events (with manual payments)</p>
Service provision	<p>Beneficiaries receive tailored package of services according to their needs, conditions, and timetable</p>	<p>With some programs, the cohort may advance together through common sequenced phasing or set of interventions, such as with accompanying measures, family development sessions, and productive inclusion approaches</p>
Beneficiary operations management	<p>Updating: information is updated for each AU when their situation changes (e.g., birth, death, change of address/locality, change of school, etc.)</p> <p>Reassessment: each AU is reassessed according to established due date given their starting point (e.g., less than two years from entry)</p> <p>Portability: if AU moves to another locale, may continue as beneficiaries or reapply in the new locality</p> <p>Exits: each AU exits when own time limit is up, or when no longer meeting program eligibility requirements, or upon completing individualized action plan, and so forth</p>	<p>Updating: program may seek to update demographic information on AUs periodically</p> <p>Reassessment: whole cohort would be reregistered and reassessed jointly (along with other AUs that had not been registered in initial sweep)</p> <p>Portability: if AU moves to another locale, unlikely that they would be able to continue as beneficiaries or reapply given that registration occurs only in mass waves every 3–5 years</p> <p>Exits: mostly the group enters and exits (or recertifies) together; individual AUs may exit if demographic updates result in status changes, or when the time limit is up</p>

Source: Original table for this publication.

Note: AU = assistance unit; HMT = hybrid means testing; MT = means testing; PMT = proxy means testing.

people need to be aware of a program and know where and how to apply for it. Without sufficient outreach, intended and vulnerable populations risk being excluded. For intake and registration, people can apply for benefits and services on demand at any time when their own situation suggests a need. The assessment of their needs and conditions must determine whether they meet absolute eligibility criteria. This means that their entitlement to benefits and services does not depend on their ranking relative to others. Eligible clients receive a specific benefit/service package that may or may not be tailored to their specific needs and conditions.<sup>16</sup> With services (or benefit/service packages), clients may be referred to a tailored set of programs depending on their circumstances—and this may be accompanied by an individualized action plan (IAP). Benefit claims may be paid on a timetable based on the specific date of clients' claims, or on a common timetable for everyone on the

payroll. Services may be provided to clients according to their own timetable and IAP. When it comes to beneficiary operations management, clients update their information when their circumstances change. Beneficiaries can be reassessed according to a schedule established in relation to their entry date or their own changing circumstances. They may exit on their own timeline—when they complete the program or IAP, exceed time limits, or fail to meet ongoing eligibility requirements.

The administrator-driven approach also influences various phases of the delivery chain. Outreach is typically associated with en masse registration waves, which involve mobile teams going to communities to register and assess groups of households. The approach also determines eligibility standards: households are ranked from richest to poorest and their eligibility is determined by their position in the ranking. For example, the poorest one-third of households in the ranking



might be eligible.<sup>17</sup> The benefit/service package is not individualized but common to all beneficiary households. Benefits are typically paid according to a common calendar, either through in-person group payment events or digitally. In some programs, the cohort of beneficiaries may proceed through different stages of sequenced interventions as a group. Such practices are common with certain measures (such as family development sessions that adopt a sequenced curriculum) or productive economic inclusion and graduation approaches. Households are all monitored, updated, and reassessed as a group on the same time frame.

Each approach also manages differently in the face of budget constraints. Regardless of the operating model, countries and programs around the world face the challenge of how to manage when the demand for social protection programs exceeds available resources, either due to financing or capacity constraints. At the human level, this dilemma can involve painful choices since so many people face so many needs, and resources cannot come close to meeting them.<sup>18</sup> At the policy and design stage, this can involve adjusting core program parameters to meet limited budgets, such as setting low benefit levels, establishing tighter eligibility criteria, or introducing and enforcing time limits. Although these design choices imply tough trade-offs, rules-based parameters have the advantage of being more transparent. When it comes to implementation, the distinct operating models employ various implicit and explicit strategies all along the delivery chain to contain budgetary outlays:

- **Managing demand with on-demand systems.** While on-demand approaches technically allow anyone to apply at any time, programs have a variety of ways to limit that demand from coming in—or from making it through to enrollment. Some are implicit, such as passive outreach: if fewer people know about a program, then fewer will apply. This can make sense from a practical efficiency standpoint: if a program is oversubscribed, why spend scarce administrative resources to promote it? Why keep raising expectations? On the other hand, passive outreach risks missing those most in need who may be less connected or aware of benefits and services. Inefficiencies and overly bureaucratized processes for intake and registration can deter people from applying. While these obstacles could result in lower errors of inclusion by

detering likely noneligible people from applying, they can also lower take-up rates for those who would likely be eligible—and are costly, inefficient, and non-transparent for administrators and clients alike. At the assessment and eligibility phases, caseworkers may “direct traffic” away from oversubscribed programs by applying rigid and discretionary assessments or enforcing tight eligibility criteria. This brings us to one of the main instruments for managing demand in on-demand systems: waitlists, which are discussed in more detail in chapter 5. Other cost-containment strategies further downstream on the delivery chain include sanctioning beneficiaries for noncompliance with program conditionalities and enforcing exit rules. The tension between the push for inclusion and the realities of limited capacity and financing makes for tough choices even in on-demand systems.

- **Controlling entry doors in administrator-driven systems.** With the administrator-driven approach, three tools are used to limit entry and manage expectations in the face of budget and capacity constraints. The first two relate to intake and registration, while the third relates to eligibility and enrollment for specific programs. First, with the administrator-driven approach, the doors for inclusion do not open often due to infrequent waves of en masse registration (usually every three to five years). Second, even when the doors are open, not everyone has the opportunity to register because many programs (or social registries) use registration quotas, as discussed in chapter 4. On the one hand this can make sense: why register large shares of households and raise expectations when programs can select only a small share to be enrolled in the program? On the other hand, the use of registration quotas can result in a perceived lack of transparency as to who is included or excluded from registering (particularly since there is usually limited recorded information on why households were or were not registered), as well as the potential to replicate existing local inequalities and exclude poorer households from registering. Moreover, errors of exclusion can multiply when limiting the people who can register in social registries that serve multiple programs. The third mechanism is the use of relative rankings and thresholds for assessment and determination of eligibility for social programs.

Since the number of households is known once en masse registration is complete, selecting a percentage for eligibility facilitates predictable budget planning. Although there is no official waitlist with this approach, latent demand remains, and biases can be introduced, as discussed in chapter 5.

The trade-offs between inclusion and limits on financing and capacity are tough. There are downsides to the various mechanisms used to manage demand in the face of constraints with both the on-demand and the administrator-driven approaches. However, as capacities improve, some countries are seeking to shift from administrator-driven to on-demand systems because of their dynamism—particularly with integrated approaches that serve multiple programs. This option

has implications all along the delivery chain, as discussed above and shown in table 2.2.

Even if the on-demand and administrator-driven approaches constitute two distinct models, they operate in a spectrum. In practice, there are variations along the spectrum between the two models. Several countries that operate in administrator-driven models are starting to implement a few features of on-demand approaches (see chapter 4 for examples), and this can be the basis for a transition to an on-demand approach.

While the on-demand approach and the principle of dynamic inclusion are aspirational, it is important to recognize that there is a tension with what is feasible in practice. The choice of one model over the other is usually highly dependent on each country's local administrative capacity and availability of budget.

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## 2.3 ILLUSTRATING THE DELIVERY SYSTEMS FRAMEWORK WITH A COMPOSITE EXAMPLE

This section illustrates the delivery systems framework with a hypothetical example of a program of unemployment assistance benefits combined with activation requirements. The example is a composite of actual practices in social protection benefits and services that we have observed in various countries. The example demonstrates (1) how the various elements of the delivery systems framework come together in implementing benefits and services with an end-to-end view of the delivery chain; (2) the value of using delivery chain process maps, journey maps, performance indicators, and other diagnostic tools to assess the effectiveness and efficiency of delivery systems from the perspectives of the administrators and clients; and (3) many of the overarching messages of this book.

### Setting the Stage: Social Protection in the Republic of Morlandia

**Setting:** Republic of Morlandia. The composite example takes place in Morlandia, a dynamic middle-income country with a population of 28 million. The economy has experienced strong growth in the past decade,

with a diversified economy based on seafood and agribusiness, sustainable tourism, textiles, electronics, renewable energy, financial services, and a small but growing tech and tech services industry that has attracted substantial domestic and foreign investment. The economy is a mix of private firms and state-owned enterprises. With a large coastline, Morlandia has also developed Exclusive Economic Zones to promote the marine economy. In addition to strong growth, Morlandia has been experiencing the adverse effects of climate change, especially in the coastal zones. It is also vulnerable to intense tropical storms and flooding.

**Government:** Morlandia's government is a unitary presidential constitutional democracy with 12 administrative regions. The Ministry of Local Government oversees local authorities, municipal councils, and townships. Relative to other countries in the region, Morlandia has invested a significant share of GDP in the social sectors: 4.3 percent on education, 3.9 percent on health, and 6 percent on social protection (mostly for pensions and social insurance, but also 1.3 percent for social assistance). However, social protection programs are spread across several agencies and require collaboration with even more parts of the government.

- **The Ministry of Social Affairs (MoSA)** is responsible for social programs aimed at empowering and protecting the poor and vulnerable. Key programs include (1) a small Universal Child Allowance (UCA) given to all children from birth until age 16, with a supplemental amount (UCA-PLUS) for orphans, children of poor or unemployed families, street children, and other vulnerable categories; (2) the Program for Needy Families, a cash transfer for the chronic poor; (3) means-tested Unemployment Assistance (UA) for working adults who have recently lost a job but do not have unemployment insurance; and (4) many other small benefits and social services tailored to specific vulnerable populations. MoSA operates deconcentrated **Social Service Offices (SSOs)** at the local level. MoSA also operates a social registry called UNISO, which supports registration and eligibility determination for various social programs, including UCA-PLUS, the Program for Needy Families, and UA.
- **The Department of Labor and Employment (DLE)** in the Ministry of Labor, Industry, and Economy oversees Morlandia's Unemployment Insurance Fund (UIF) for formal sector workers and provides employment services, such as information, registration, counseling, job placement, work permit inspections, and training services. DLE operates deconcentrated **Employment Service Offices (ESOs)** at the local level. DLE operates the National Employment and Insurance System (NEIS), which maintains information from both employers and employees on job contracts and monthly insurance contributions.
- **The Social Security Institute (SSI)** is a semi-autonomous agency under the general supervision of the Ministry of Labor, Industry, and Economy, which manages social security benefits for retiring formal sector workers, as well as a small social pension for the poor, elderly, and disabled. SSI operates its own deconcentrated offices (SSIOs) at the local level. SSI's benefits information system links to the tax authority (since mandatory social security contributions are collected with taxes).
- **The Central Civil Registration Office (CCRO)** manages the civil registry and the identification system. Morlandia is one of the few countries in the region with very high coverage of civil registration and identification. Morlandia previously had a paper ID card, but the card was phased out and replaced by the

new biometric Morlandia ID Card (MIC), which serves to prove an individual's unique identity and allows secure and reliable e-service transactions. The MIC contains name, photograph, ID number, "SC" logo for senior citizens, machine-readable barcode, date of birth, residential address, four fingerprint templates, and a digital certificate that ensures the data on the card can be read only through the MIC Certificate Authority.

- **Other agencies relevant to social protection** include the **Ministry of Innovation and Technology (MIT)**, which has been actively involved in promoting Morlandia's growing digital economy, and in spearheading a major e-Governance (e-GOV) Program to improve the provision of public services for greater convenience of the public. The e-GOV Program has been rolling out information systems projects across the line ministries, encouraging interoperability capabilities among ministries and supporting the development of UNISO in MoSA. The **Ministry of Health (MoH)** manages means-tested health insurance subsidies, while the **Ministry of Education (MoE)** manages the national school feeding program, scholarships (both need- and merit-based), and "JumpStart" vouchers for children from poor families to participate in early childhood programs.

**Two scenarios and the evolution of social protection delivery systems:** Our composite hypothetical example is split across two points in time: Scenario 1 takes place "a few years ago" and Scenario 2 takes place "a few years later." It would be tempting to tell a story of a bad bureaucracy and reforms that have led to improvements, but that is not typically the experience of delivery systems. Rather, the evolution of social protection delivery systems is continuous, but often nonlinear: mistakes, learning, midcourse corrections, adjustments, reversals, and so on, usually play a role in growth and improvement. Therefore, we present our two scenarios as points along a continuous evolutionary path, and each scenario is alive with previous reforms, improvements, and challenges that still need to be tackled.

- **Scenario 1, which takes place several years in the past:** **Digitalization and MIC pave the way for interoperability of information systems.** MIT's e-GOV Program has invested heavily in developing the biometric MIC

to ensure identification and authentication of all residents of Morlandia. This has been a major improvement for public and private services, and in helping link various administrative systems via interoperability through the unique MIC number across systems. To facilitate these efforts, the government of Morlandia adopted legislation governing the use and protection of data, along with standardized protocols for personal data sharing and additional investments in security. The interoperability project is being rolled out across agencies and over time. After some initial systems glitches due to duplicate or inconsistent records across agencies, as well as incomplete and poor-quality data in some of the systems, most records for formal sector workers are now linked between the Ministry of Labor, Industry, and Economy and SSI, as well as with the Tax Authority and various other ministries and departments. More recently, MIT has also been working with MoSA, including supporting the development and operation of UNISO, MoSA's social registry and beneficiary operations management system. UNISO was a big step in harmonizing means testing for all social benefits. While UNISO supports household-level information, it also has some interoperability with other systems for individual-level data. Unfortunately, most of these interoperability improvements have been purely administrative, and many of the functions for frontline officers in the local ESOs, SSOs, and SSIOs still do not connect with each other.

- **Scenario 2, which occurs a few years after Scenario 1: Systems continue to improve, including frontline systems.** Morlandia has made significant systems improvements. Government-wide, MIT has pushed to rapidly digitize all social protection (SP) G2P payments, extend its interoperability project to additional agencies, and develop an interactive online service window called "MyMorlandia.gov." MoSA has also made continued systems improvements, including various "quick-win" reforms, process simplification, and other improvements. As part of the government's "Morlandia Cares" social policy strategy, MoSA has also entered into agreements with several ministries to allow them to use UNISO to facilitate access to other means-tested benefits (such as MoH's health insurance subsidies, MoE's JumpStart program, and the social energy tariff). The rollout of these reforms

faced some glitches and challenges remain, but the effectiveness and efficiency of social protection programs has improved in many ways.

**The clients:** Anaïs and Naomi. Our scenarios involve two working mothers, Anaïs and Naomi. Their backgrounds are very different, but both have worked hard and manage to make it through each month on their earnings, plus the small child allowances for their children. Anaïs's disabled mother also lives with her and receives a small disability pension from SSI. For reasons beyond their control, both lose their jobs, which is a significant blow to their families' economic situations. Let us follow their journey as they navigate the process of seeking benefits and services to help them get by in the face of these setbacks, first Anaïs in Scenario 1 and then Naomi in Scenario 2.

## **Scenario 1: Anaïs's Journey, Several Years Ago**

In Scenario 1, which occurs several years before the present day, we meet Anaïs, a single mother who lives with her aging mother and two children who are both in elementary school. Their home is a small concrete house with outdoor plumbing. It was constructed in the 1970s and is owned by Anaïs's mother following the untimely death of her husband in an accident. Anaïs's mother was disabled in the accident and receives a small disability and widow's pension from SSI. Anaïs dropped out of school before completing high school because she needed to help support her family. Anaïs works at one of the artisanal fisheries in the Exclusive Economic Zone (EEZ). Her company is a small female-led entrepreneurship that supplies fresh seafood to the nearby ecotourism resort and promotes sustainable fishing that does not deplete the coral reefs around their coastal town. Last week, a severe tropical storm swept through their coastal township. Small fishing companies, including those in the EEZ, were badly affected, with damaged equipment and fishing boats. This included the small enterprise that Anaïs works for. The manager is apologetic and assures everyone that they will rebuild. In the meantime, Anaïs is now facing the loss of her job. She is not eligible for unemployment insurance because she worked at the company for only a few years, and in any case, as a small

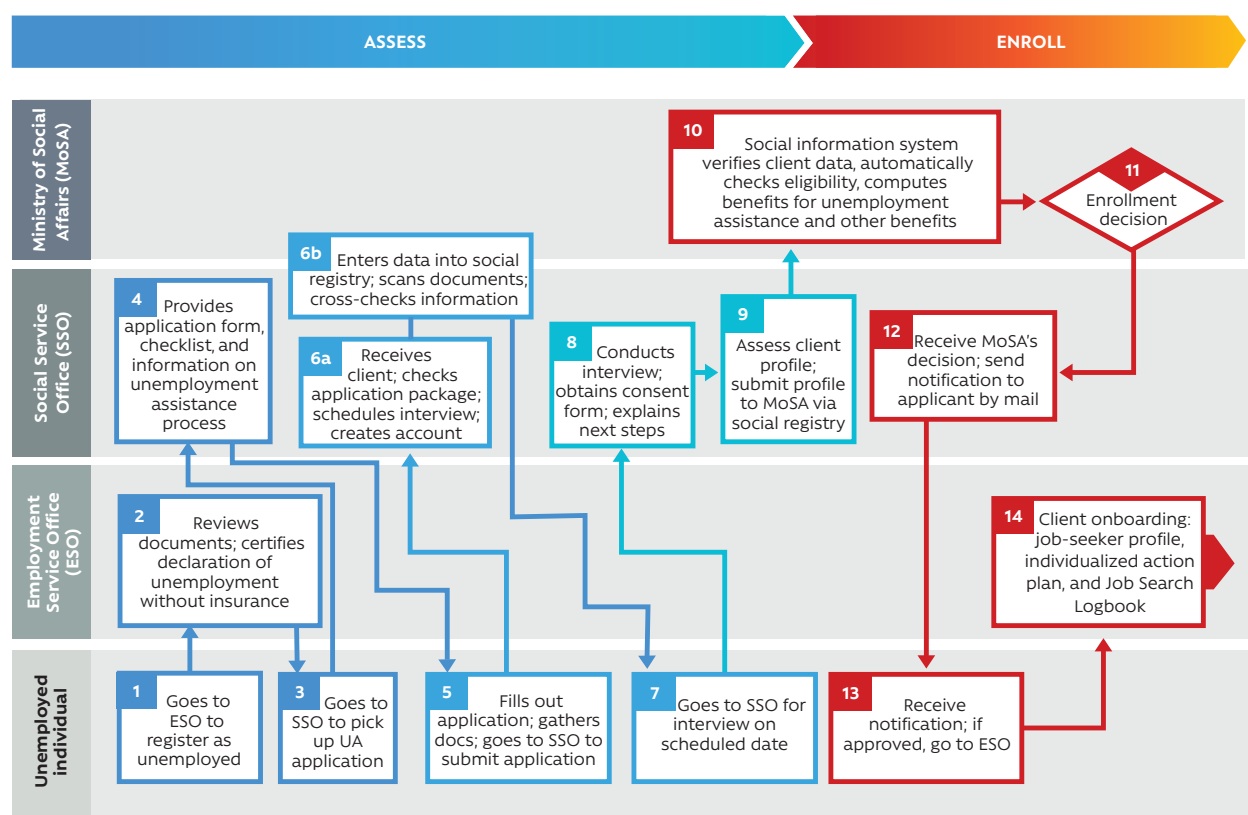
firm, the company was not obliged to participate in the scheme. Anaïs is devastated by the loss of her job, and worried about how her family will get by without her income, despite her mother's pension and the child allowances. She hears MoSA's announcements on the radio directing people to apply for unemployment benefits at their local SSO. Various friends recount horror stories about how hard it was for them to get benefits. Although it is better now, they say, she should not have high expectations for getting support. Anaïs wonders whether she will be able to get unemployment benefits and services.

### Delivery Chain Process Map with UNISO, Interoperability, and Manual Payment Systems

The "business" processes for all MoSA programs were mapped using delivery chain process maps to clarify

roles and facilitate coordination. (See box 2.2.) These diagrams for unemployment assistance benefits are presented for Scenario 1 in figure 2.7. Although unemployment assistance is managed by MoSA and implemented by the SSOs, the clients also interact with the Labor Ministry's ESOs for two purposes: (1) they must register as unemployed at the ESOs and obtain a certified declaration that they are unemployed without insurance (UWOI); and (2) UA benefits have job-search and service requirements, and those functions are carried out by the ESOs. Although MoSA and DLE have established interoperability capabilities on the back end, these reforms have not reached their front offices, where many functions remain manual, without automated connections. Therefore, the main actors plotted in figure 2.7 include: MoSA (top row), the SSOs (which report to MoSA, second row), the ESOs (which report to DLE, third row), and the clients (bottom row).

**Figure 2.7** Delivery Chain Process Map for Unemployment Assistance Benefits and Services in Morlandia: Scenario 1

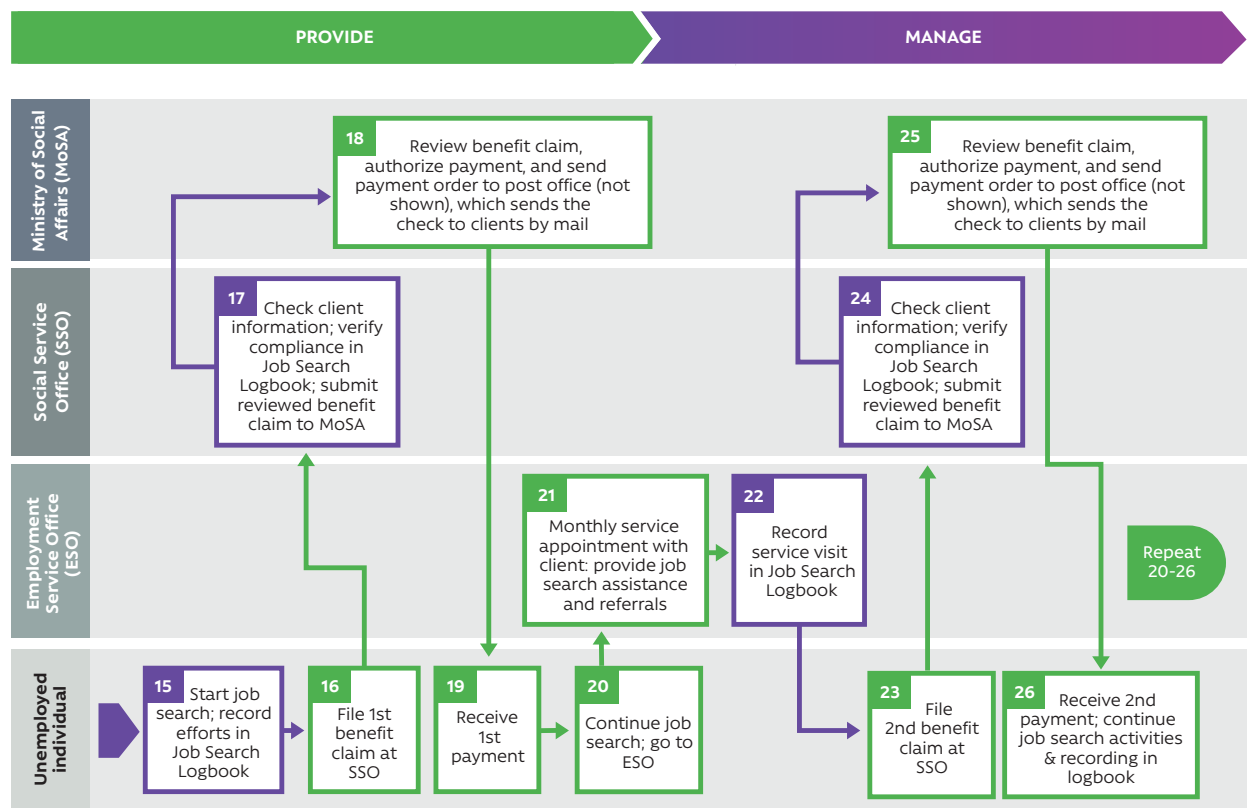


continued

Figure 2.7 plots basic steps for Scenario 1 for the processes of intake, registration, and assessment of needs and conditions in blue and the processes for enrollment in red. Those basic steps are as follows:

- ESO registration.** When someone becomes unemployed and wants to apply for UA benefits, they must first go to the ESO to register as unemployed and certify their declaration of "unemployed without insurance," as shown in step 1 on figure 2.7. The unemployed person must show their MIC and provide proof that they were previously employed and a dismissal letter. The ESO intake officer reviews the client's documents and checks their employment and contributions history in the NEIS. If they do not qualify for unemployment insurance, the ESO then issues the UWOI declaration (step 2 on figure 2.7).
- Initial contact with the SSO.** The unemployed individual then goes to the SSO to pick up the application form (step 3 on figure 2.7). The SSO provides the application form, a checklist of required documentation, and information about the process for applying, such as next steps, overview of process, rights, and responsibilities, including job search requirements (step 4 in figure 2.7).
- Application package.** The unemployed individual fills out the application, gathers the required documentation, and returns to the SSO to submit the application package (step 5 in figure 2.7). Although the assistance unit for unemployment benefits is the individual, because unemployment assistance is means-tested, household-level information is required as well. The information and documentation requirements are listed in table 2.3. (Interoperability capabilities have reduced the number of forms and documents required, but only somewhat.)

**Figure 2.7** (continued)



Source: Original figure for this publication, based on composite of observed cases.

Note: ESO = Employment Service Office; MoSA = Ministry of Social Affairs; SSO = Social Service Office; UA = unemployment assistance.



**Table 2.3** Information and Documentation Requirements for Means-Tested Benefits in Morlandia: Scenarios 1 and 2

	Scenario 1: A few years ago: Anaïs	Scenario 2: A few years later: Naomi
Application form, with information consent	✓ Signed by applicant and all working-age adults	✓ E-signatures by applicant and all working-age adults
Morlandia ID Card (MIC) for identity, residence, and so on	✓ All adults	✓ All adults
Birth certificates for children under 18—from the CCRO	✓	✓
Educational attainment levels (for adults) and education status (for children)	✓ Self-declared	✓ Self-declared
Disability status (if applicable)	DX with SSI (disability registry), with consent	DX with SSI (disability registry), with consent
Certified Declaration of Unemployed Without Insurance (UWOI, issued by the ESO)	✓	No longer needed
Proof of previous employment, dismissal, and reason for dismissal	✓	✓
Employment and income information for all working-age family members, such as <ul style="list-style-type: none"> <li>• earning statements for past three months</li> <li>• tax returns for past year from tax authority</li> <li>• income from any social benefits</li> </ul>	✓ ✓ DX with UNISO, DLE, and SSI, with consent	✓ DX with tax authority, with consent DX with UNISO, DLE, and SSI, with consent
House deed or lease from national land and property agency	✓	DX with national land and property agency, with consent
Rental income if any (obtain certified documentation from municipal office)	✓	✓
Expenses for utilities (energy, water, and sanitation)	Applicant presents utility bills	DX with utility companies, with consent
Ownership of vehicles (DX possible, but low-quality data in Department of Transport)	✓ (if applicable)	✓ (if applicable)
Bank account statements for past three months plus a certification of current financial balances	✓	✓
Other information on recent changes in household socioeconomic status	✓ (if any)	✓ (if any)
Number of documents required (if applicable)	12 (down from 17 before DX)	9

Source: Original table for this publication, based on composite of observed cases.

Note: CCRO = Central Civil Registration Office; DLE = Department of Labor and Employment; DX = data exchange with other administrative systems; ESO = Employment Service Office; SSI = Social Security Institute. "UNISO" is the name of Morlandia's social registry.

● **Registration of the application package and data entry.** The intake officer at the SSO then receives the application package, reviews it for completeness, creates a client account, records receipt of the application in the system, and schedules an interview (step

6a in figure 2.7). This step triggers MoSA's performance tracking because the interview must be scheduled within 10 business days of receiving the application package. The data entry officer then enters information into UNISO, scans documents into the client's

electronic folder, and runs internal and external cross-checks with other systems (step 6b).

- **Interview.** The intake officer meets with the client to discuss the client's recent hardship and review the client's situation based on the application package (steps 7 and 8). They also identify data gaps, errors, or inconsistencies. The intake officer explains that the interview and application do not guarantee eligibility for any benefits or services and reviews the client's rights and responsibilities including job search requirements. The intake officer also obtains the client's consent for use and sharing of their information and explains the next steps and likely timeline.
- **Assessment of client's needs and conditions.** The intake officer assesses the client's needs and conditions using means-testing tools in UNISO to aggregate income and asset information for the household. A needs profile is created and submitted for the applicant and household (step 9).
- **Automated determination of eligibility and computation of benefits.** UNISO automatically verifies the client's profile, checks for eligibility, and computes UA and other social assistance benefits (step 10). If the applicant meets the eligibility criteria, MoSA then authorizes enrollment and notifies the SSO of the decision. MoSA centralizes eligibility and enrollment decisions to ensure equitable and objective treatment of candidates across the country, promoting redistribution and reducing the potential for pressures and discretionary decisions by local officials.
- **Notification of applicants.** Subsequently, the SSOs notify all applicants of the decisions on their applications (step 12). Formal notifications are sent through the postal service. For approved beneficiaries, the notification letter also includes information on their benefit amounts, steps, and forms for filing benefit payment claims, and instructions for them to go to the ESO to register their job-seeker profiles and initiate job search activities, which are conditions for receiving UA benefits. The notification letter for nonapproved applicants includes instructions for filing grievances and appeals.
- **Onboarding at the ESO.** Enrolled beneficiaries go to the ESO (step 13), where caseworkers carry out onboarding (step 14), which includes creating their job-seeker profiles and picking up their Job Search Logbooks, since they must record job search activities as a condition for filing UA benefit claims. After enrollment,

the beneficiary enters the recurring implementation cycles of "benefit and service provision" and beneficiary operations management. These steps are illustrated in green (provision) and purple (management) in figure 2.7 as follows:

- **Filing first claim.** There is an official seven-day waiting period before beneficiaries can file their first claim, and during that time they must initiate their job search activities and record them in their Job Search Logbooks (step 15). Such policies are common in countries to ensure a "work first" approach. Payment claims are filed at the local SSOs (step 16).
- **Monitoring of compliance with conditionalities.** When beneficiaries file their claims, the SSOs verify their identity with their MICs. They also review the Job Search Logbooks to verify compliance with the job search conditionalities. They enter the benefit claim and compliance information into the computer and print a claim receipt for the clients so that they can track their payments (step 17).
- **Payments.** MoSA's payments department reviews the information, adds the new beneficiary to the payroll, and authorizes payments with a payments order that is sent to the post office (step 18). The post office then prints and sends a check to the beneficiary by mail. According to MoSA quality standards, the payment order must be issued within five business days of receiving the claim, and the post office must send and postmark the check within five business days of receiving the payment order (for a total of 10 business days from receipt of the claim to disbursement of the payment).
- **Service provision and monitoring of compliance with conditionalities.** Beneficiaries must attend monthly service appointments at the ESO. Employment officers review the client's logbook, discuss job search strategies, and provide job search assistance and referrals.

The process continues with subsequent claims, monitoring, payments, service provision, and so forth. Beneficiaries can receive UA benefits for up to 12 months as long as they continue to meet the conditions of the program. To support incentives to work, if beneficiaries find a job during those 12 months, they can continue to receive gradually declining benefits for an additional three months during the transition (100 percent in first month on the job, 50 percent in the second month, and 30 percent in the third month). If they do not find

a job, they can apply for a six-month extension, for up to 18 months, total UA benefits. (Clients who receive an extension revert to step 5 in figure 2.7.)

## Journey Mapping: Anaïs's Experience Navigating Unemployment Benefits after the Loss of Her Job

Although systems investments have improved information flows in the back office, public criticism has been mounting due to long processing and wait times. Focus-group discussions with frontline staff, applicants, and beneficiaries confirm many of the challenges reported in the press. MoSA has commissioned a team to undertake a series of in-depth journey mapping exercises to track the actual experience of applicants and beneficiaries (see box 2.3 earlier in this chapter).

One of those journey maps traces Anaïs's experience (figure 2.8). The team's report tracks her experience every step of the way, with details on each activity, the number of visits she had to make, the time each step took, and any out-of-pocket costs. The team kept track of MoSA's quality standards, including turnaround times for key stages. It also calculated the total number of days end to end from the day she lost her job until the day she received her first payment; although this was not a performance indicator for MoSA, it reflects the applicant's journey and is ultimately what matters most to the client. Finally, the report details her feelings at each step in the process, including pain points as well as positive experiences.

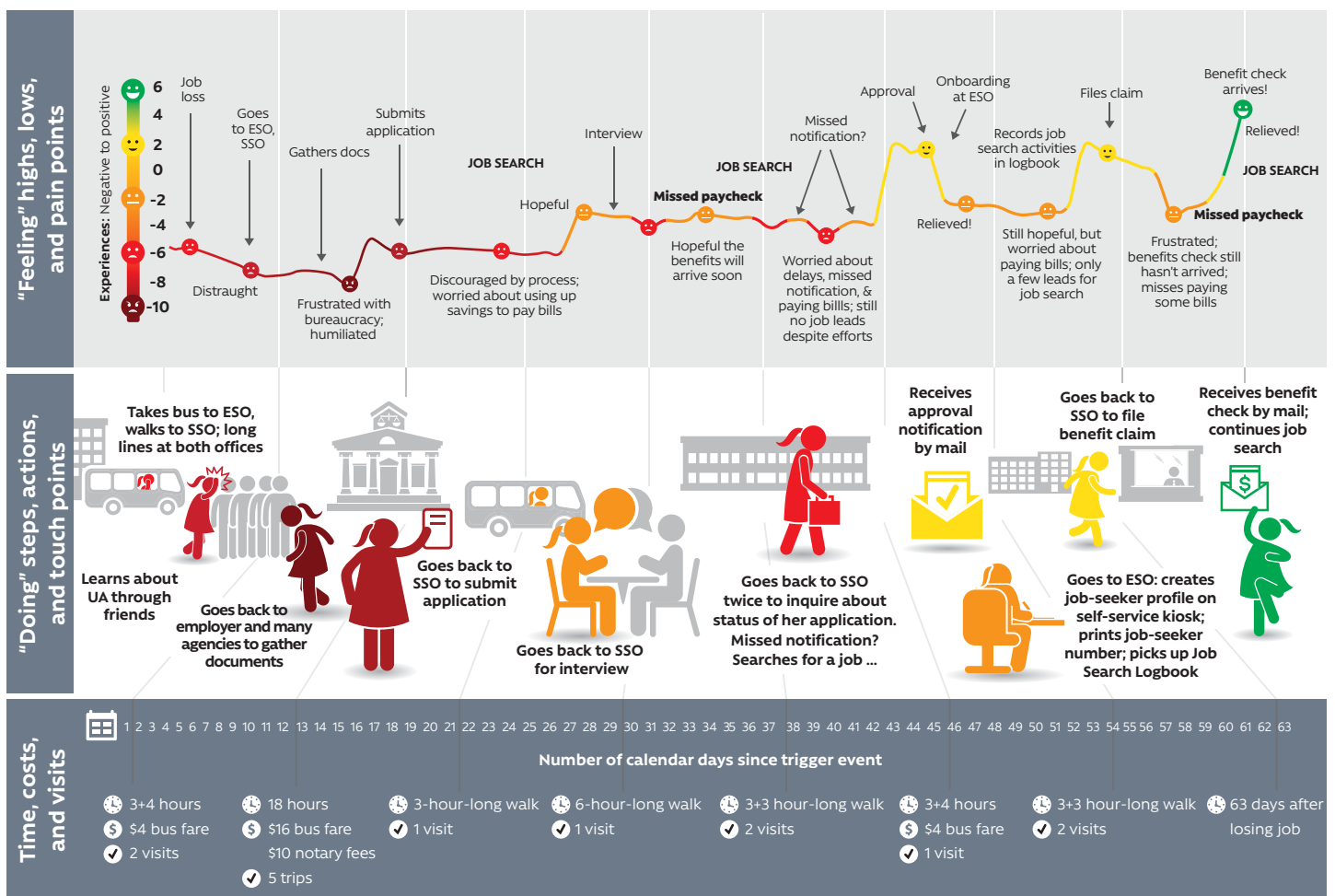
The journey mapping exercise uncovered many bottlenecks and inefficiencies. Some of the main points in the summary report included the following:

- **Excessive time, costs, and visits (TCV).**<sup>19</sup> Anaïs had to make nine visits to the SSO or ESO from the start of the process to the first benefit payment. There was no ESO in her township. Although the SSO had a satellite office in her town, she still walked long distances each time she went, going through a neighborhood that made her feel unsafe. Anaïs also had to make numerous trips to other agencies to gather documents (see below). These trips plus notary fees cost her a total M\$34. Additionally, Anaïs spent a total of 53 hours navigating the process.
- **Burdensome documentation.** Anaïs spent several days and many visits gathering the required documents. In addition to the initial trip to the ESO to obtain the certified UWOL declaration, Anaïs had to visit her former employer (twice) to obtain the dismissal letter indicating the reason for her job loss (to prove it was not her own fault, which would have disqualified her for benefits), as well as her payroll statements for the past three months. She had to go to the Tax Authority to get her official tax statements. Since her mother owned their house, she and her disabled mother had to travel to the National Land and Property Agency (NLPA), which also meant arranging for a neighbor to watch her children. She also had to go to her bank (twice) to obtain her bank account statements for the past three months, as well as the certification of her financial balances as of the date she submitted her application. Finally, she had to go to a notary public to have all of the documents, plus the application form, notarized.
- **Interview delay.** Two weeks elapsed from the day Anaïs lost her job until the day she could finally submit the application package. Her interview was scheduled a further two weeks after that submission. While this was within MoSA's 10-business-day target, the additional weekend days added to Anaïs's wait time. Moreover, even though Anaïs arrived early for her interview, she waited a long time before the caseworker could see her, which meant that she had to walk back home in the dark through a potentially dangerous neighborhood.
- **Missed notification.** For some reason, even though MoSA sent the notification of her enrollment on time (within the seven business days after the interview), it did not arrive in the mail. Anaïs had to make two additional trips back to the SSO to inquire, and they finally asked MoSA to send another notification. A total of 18 calendar days elapsed from the date of the interview until the date Anaïs finally received the enrollment notification.
- **Seven-day waiting period.** Per MoSA's policy, Anaïs then faced the required seven-day waiting period, during which she had to visit the ESO for the second time, wait for a clerk to help her register her job-seeker profile in DLE's job bank, and wait in another line for the Job Search Logbook.

- **Filing the claim and receiving payment.** By the time Anaïs filed the benefits claim, 53 calendar days had elapsed since the day she lost her job. She had to go in person to the SSO's "cashier" to file the claim. In practice, the cashier does not make payments, but that is what the desk is called because at one time payments were made there. Now payments are sent by mail, and with processing times and a national holiday, another nine days elapsed before Anaïs finally received the benefit.
- **Pain points and positives.** The journey map traces Anaïs's feelings throughout the process. She felt distraught after the loss of her job, frustrated with bureaucracy, humiliated, discouraged, worried, hopeful, and eventually relieved. In addition to

the obvious pain points of having to go to multiple offices, the daunting process of gathering documents, the TCV burden, the missed notifications and delays, Anaïs faced other hassles. Each time she visited the SSO or ESO, she waited in long lines, often with nowhere to sit. In two instances, she was misdirected to the wrong line, and then humiliated by the person at the desk. In another instance, a man pushed in front of her even though it was her turn, and the caseworker shrugged it off and made her wait. When she submitted her application form, she was loudly informed that she would face criminal penalties for false declarations. She also worried about her family's finances and her safety when walking to get to the SSO. As for positives, Anaïs

**Figure 2.8** Journey Map for Unemployment Assistance Benefits and Services, Scenario 1: Anaïs's Experience



Source: Original figure for this publication, based on composite of observed cases.

Note: ESO = Employment Service Office; SSO = Social Service Office; UA = unemployment assistance.

appreciated the friendly and encouraging caseworker who conducted her interview and felt a huge sense of relief when the benefits arrived.

- **Elapsed time and economic hardship.** Sixty-three calendar days elapsed from the day Anaïs lost her job to the day she received her first payment. In the meantime, she missed two paychecks, and she and her family used up their savings during the two months without sufficient income. Meanwhile her children fell ill, possibly because of contaminated water after the tropical storm, and Anaïs faced medical bills. She applied for health insurance subsidies, but that was another process (with many of the same documents as those required by MoSA) and the response did not come in time to help her cover the medical bills for her children. Moreover, the extra time she spent caring for them and bringing them to the clinic meant less time she could devote to looking for a job. To make ends meet, Anaïs and her family also had to cut back on nutritious foods, “adding more water to the soup,” and buying protein only every few days. Anaïs made most of the sacrifices herself to ensure that her children had enough to eat. Finally, the family was unable to make the needed repairs on their small house after it was damaged by the storm.

Interestingly, although Anaïs faced many challenges in navigating the process, MoSA achieved its performance indicators for each critical phase. First, the quality standard for the time lapse from submission of the application package to the scheduled interview was met (10 business days). Second, the notification of enrollment was postmarked less than 10 business days after the interview (service standard met), even though it did not reach Anaïs for nearly three weeks. Third, the benefit check was sent by the post office less than 10 business days after Anaïs filed the claim (service standard met). Other qualitative procedural aspects commonly considered good practice were also implemented: the application form requested consent for use of the applicant’s information, and the SSO intake officer clearly explained that there would be no guarantee of benefits at the time Anaïs submitted her application (which is important for managing expectations). An important difference

between MoSA’s and the client’s experience is that MoSA’s quality standards were measured in business days and anchored in processes, but Anaïs, like other people in need, was racing against time to make ends meet, so for her, what mattered was the lapse in actual calendar days; the emotional and economic starting point for the client is the day of the actual job loss. As such, despite MoSA’s positive performance measurement, the total number of calendar days from the time Anaïs lost her job to the time she received a benefit was 63 days (over two months), with a lapse of 50 calendar days from the date she submitted her application package.

Still, MoSA’s systems in Scenario 1 had some good features. One huge structural advantage is that Anaïs was able to apply for UA benefits on demand. The fact that Morlandia even has a network for client interface that permits people to apply for benefits and services on demand is a major achievement—one not seen in many countries. Moreover, the interoperability investments by MIT and MoSA reduced the number of documents required for applications (see table 2.3), even though there is room for improvement. For example, Anaïs did not have to provide documentation of her mother’s disability benefits because those were already picked up by UNISO via interoperability with SSI. She also did not have to provide documentation of expenses for utilities (such as their electricity bill) because data exchange allows UNISO to pull that information on a quarterly basis from the Morlandia Electric Company. Furthermore, Anaïs was able to qualify for the supplemental child allowance (UCA-PLUS) without having to apply separately for that benefit because of MoSA’s previous efforts to harmonize its benefits system. Moreover, although UA and UCA-PLUS benefits do not fully replace the income Anaïs had earned on her job, when they are combined with the base UCA and disability pension for her mother, the family is able to make ends meet while Anaïs looks for a new job. Finally, while the lapse of 50 calendar days from the time of application to the time of first benefit payment is long for the client, it is not an outlier among actual programs around the world. In many countries, receiving benefits can take much longer. Still, there is significant room for improvement.

## Scenario 2: Naomi's Journey, a Few Years Later

A few years after the events of Scenario 1, we meet Naomi, a tech worker and mother of two young children. Naomi is the first in her family to complete high school and receive a college degree. She and her two children rent a small concrete house on the outskirts of the city. When she can, Naomi sends money to her family, who live in another part of the country. Naomi has worked for the past several years as a data entry operator and occasionally as a customer service personnel worker, answering clients' questions at several of the offshore multinational businesses. Her jobs have been piecemeal, coming through a private tech firm that receives a cut of her pay. Recently, with advances in robotic process automation, low-tech jobs involving repetitive tasks such as data entry are being replaced. Similarly, with the onset of natural language processing, companies are starting to use virtual assistants that can answer client queries around the clock for less than half the cost of hiring human customer-service personnel. Naomi's contractor has been affected by the rapid automation in low-tech jobs and has informed her that Naomi must find employment elsewhere. Naomi worked hard to put herself through school and had been proud of her ability to sustain herself and her family. Moreover, Naomi's job had allowed her the flexibility to look after her children after school. After working so hard, she is devastated by the loss of her job and worried about how to pay the bills, especially the rent, because her landlord is strict about late payments. She sets out on her journey to apply for unemployment benefits—through her mobile phone. Let us see how that journey plays out.

In the previous few years, Morlandia continued to invest in improving its delivery system platforms. That has greatly improved the effectiveness and efficiency of social protection programs, and other programs as well. Some of the major changes include the following:

- **Adopting quick reforms.** After the journey mapping exercises, MoSA carried out a full business process and information systems review, an institutional and functional review, and an assessment of human resource workloads and capacity in the SSOs. These diagnostics identified a road map for reforms, including some "quick wins" such as (1) dropping the seven-day waiting

period between enrollment and benefit claims, which had been the subject of fierce criticism by the press and opposition parties; and (2) simplifying some processes and eliminating "non-value-added" steps. One example was eliminating the requirement for unemployed applicants to register at the ESOs and obtain UWOI declaration. The diagnostic assessments found that the operations manual had not been updated to reflect interoperability and the SSOs required the UWOI declaration from the ESOs only because that was the way they had always done it. MoSA promptly issued an official bulletin to all SSOs, ending the unnecessary hurdle. MoSA also tightened its processing turnaround times and started monitoring calendar days rather than business days in its processes.

- **Shifting from manual to digital payments.** Payments are now managed and processed by National Trust Bank (NTB), the semi-public bank, which also handles other G2P payments for insurance, civil servant salaries, and so forth. Payments are now directly deposited in beneficiaries' bank accounts. MIT, MoSA, and other ministries are still looking at the option of working directly through the financial system via integrated payments to give people more convenience, choice, and options to use mobile money accounts. That reform, however, is at least a year or two away.
- **Continuing systems improvements by MIT and MoSA.** First, MIT continued to roll out its interoperability project to bring in additional agencies, such as the Tax Authority, the National Land and Property Agency, the Judicial Branch, and the Ministries of Health, Education, and Transportation (though data quality problems in the Ministry of Transportation continue to hamper use of information on vehicle ownership). Second, MoSA continued its efforts to improve its internal systems, including entering into data-exchange agreements with various ministries to reduce the number of required documents for UNISO, simplifying and automating various processes, and launching a new user-friendly web services platform for frontline offices with support from MIT.
- **Expanding the use of UNISO as an integrated platform for social policy.** Under the "Morlandia Cares" social policy strategy, many agencies have signed data-sharing agreements with MoSA. People can apply for all sorts of means-tested benefits and services through a common application linked to UNISO, both from MoSA and other agencies. For example, MoH can pull data directly from

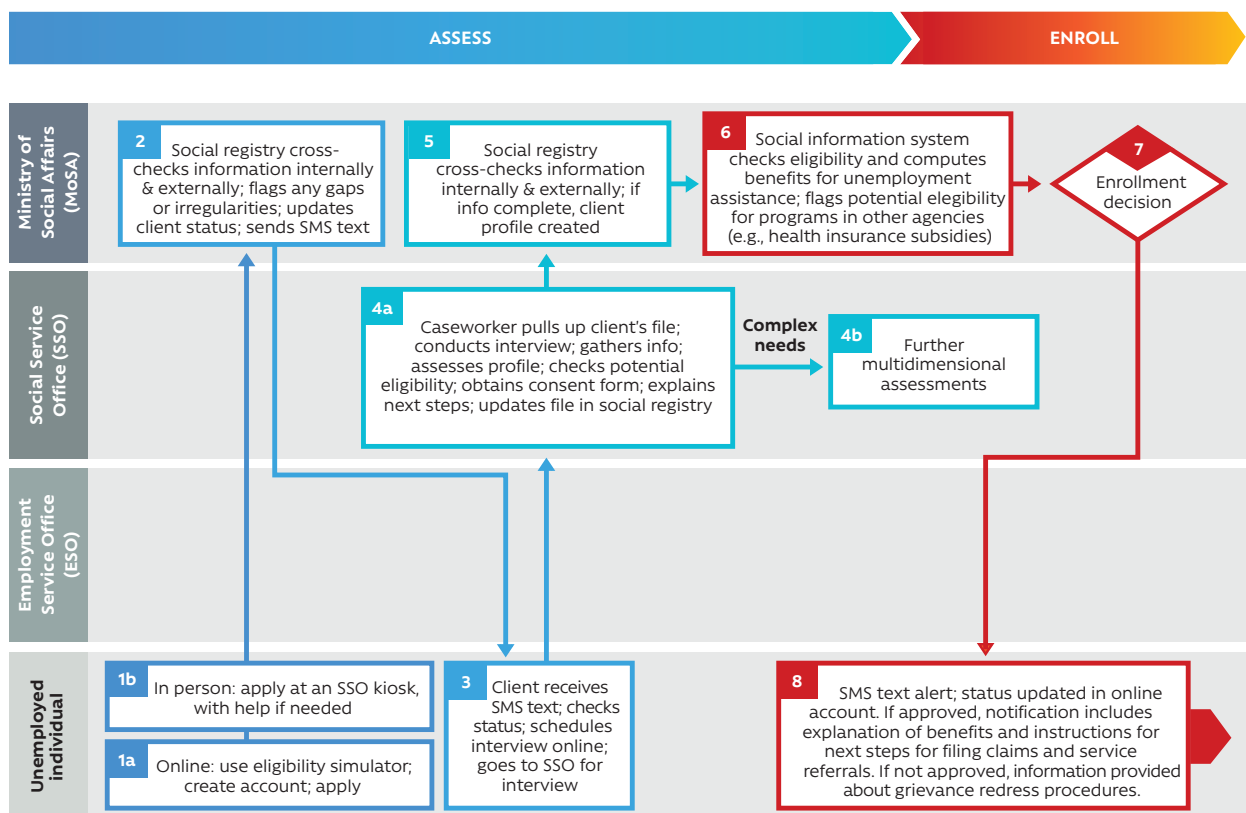


UNISO to determine eligibility and calculate subsidy levels for health insurance rather than collecting applications and documentation separately. MoE uses data from UNISO to determine eligibility for its JumpStart program. Morlandia Electric Company uses data from UNISO to calculate social energy tariffs. UNISO can also send basic client profiles to the Judicial Branch to allow people to qualify for pro bono legal services and court fee waivers. This use of UNISO for whole-of-government social policy improves efficiency for people and administrators at these many agencies.

- **Launching an interactive online service window for clients.** MoSA's diagnostic assessments revealed that people made an excessive number of visits to the SSOs and ESOs. These visits were burdensome for clients and overwhelmed frontline staff, who had to carry out repetitive bureaucratic

processing tasks rather than providing higher-end services to clients with complex needs. The Ministry of Labor and Social Protection (MLSP) had started developing an online service window, but when MIT launched a government-wide service platform called "MyMorlandia.org," MoSA shifted to working with that platform, which now connects to UNISO. Initially, MIT's online service window faced a lot of glitches, including system-maintenance time-outs, confusing drop-down menus, scheduling errors, and unclear navigation. The call centers were inundated with clients, who still had to come in to deliver printed applications and documents because of incompatibility with the software. Many clients skipped the online service window altogether and continued to apply in person, waiting in line just as they always had. The press and opposition jumped

**Figure 2.9** Delivery Chain Process Map for Unemployment Assistance Benefits and Services in Morlandia: Scenario 2



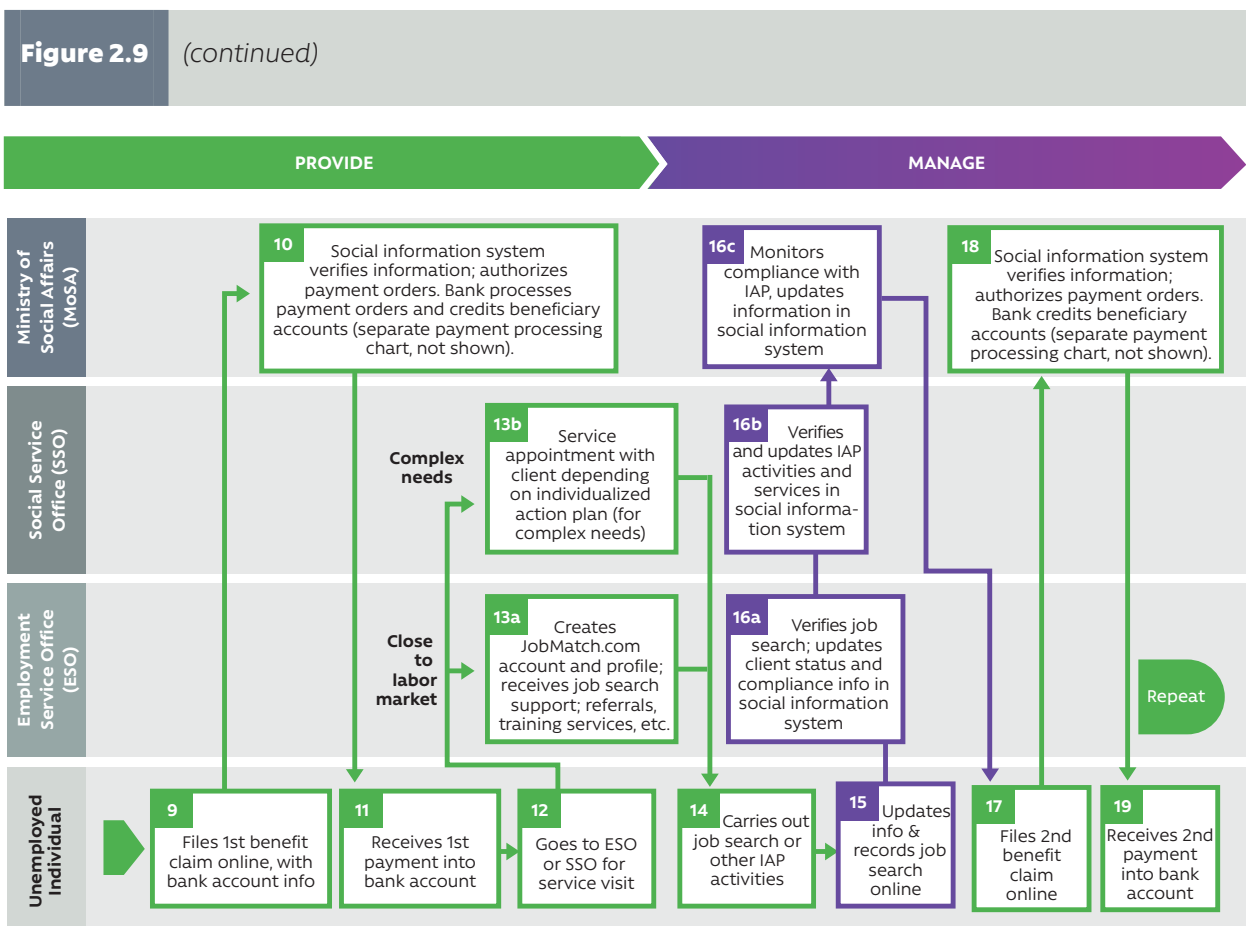
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on these malfunctions, which made news headlines multiple times. MIT then procured a new contractor for MyMorlandia.org, this time with the requirement that the developers involve at least 100 users in prototype design, development, and testing; that they employ human-centered design tools and techniques, and that the website should be able to operate on multiple devices, including with a mobile app. The costs of the new app were much less than the first time, since the contract stipulated that the app developers use open-source software and open standards for many aspects of the design. With the relaunch of the new app, an increasing share of clients is successfully switching to MyMorlandia.org.<sup>20</sup>

- **Launching JobMatch.com.** DLE also contracted a specialized private firm to partner with a nationwide job-matching platform called "JobMatch.com," which actively courts employers to advertise vacancies and workers to keep their profiles updated for job opportunities. JobMatch.com has been successful for many professions, including for firms and workers in Morlandia's booming tech and tourism industries. JobMatch.com is accessible through MyMorlandia.org.

## Delivery Chain Process Map with Continued Systems Improvements, Digital Payments, and Service Windows

These reforms have streamlined the processing steps for MoSA's programs. Figure 2.9 shows the delivery chain process maps for unemployment assistance benefits and services under this scenario.



Source: Original figure for this publication, based on composite of observed cases.

Note: ESO = Employment Service Office; IAP = individualized action plan; NTB = National Trust Bank; SSO = Social Service Office; UA = unemployment insurance.

- **Outreach, intake, registration, and assessment of needs and conditions.** People can obtain information and apply either online or in person at kiosks in the SSOs. Information is also promoted in communities and public service areas such as hospitals, schools, and community centers. Prospective clients create a MyMorlandia account and enter their MIC and basic identifying information (steps 1a/1b in figure 2.9). UNISO pulls their information from various administrative systems (step 2). MoSA has established clear protocols for updating information and rectifying any errors, and the system then generates a list of required documentation and information to fill any gaps. The number of documents required has been reduced to a maximum of nine (see table 2.3), and clients can upload their documents electronically to their account. The system is programmed to automatically send status updates both to the clients' accounts and their mobile devices via SMS text (step 3). It also allows them to schedule their intake interview using the online calendar system. Caseworkers conduct interviews within seven calendar days of receiving the client's application (step 4). A questionnaire helps caseworkers guide the interview, so they get a more complete understanding of their clients' needs and conditions. Clients are profiled to assess their closeness to the labor market and whether they face complex needs. Their responses may automatically trigger additional multidimensional assessments (step 4b) and possibly individualized service supports. In the back office, UNISO automatically verifies the client's information with internal and external cross-checks (step 5). If information is complete, the client's full profile is generated, including aggregate welfare measures (for means testing) and the caseworker's assessment (step 5).
- **Determination of eligibility, benefits and services, enrollment and onboarding.** UNISO automatically checks for eligibility and computes benefit levels for UA and other benefits (step 6). With the reforms, UNISO now automatically flags potential eligibility for benefits and services from other agencies, such as subsidized health insurance from MoH, JumpStart preschool vouchers from MoE, social energy tariffs, and so forth.<sup>21</sup> MLSP then authorizes enrollment decisions for MoSA's benefits (step 7), and applicants receive a notification by SMS text to check their

online client accounts in MyMorlandia (step 8). If the application was approved, the online notification includes an explanation of benefits and instructions for next steps, as well as service referrals. If the application was not approved, the notification includes procedures for filing appeals and grievances. Quality standards hold that enrollment decisions and notifications must be issued within seven calendar days of the individual applicant's interview, and within 15 days of the application's receipt.

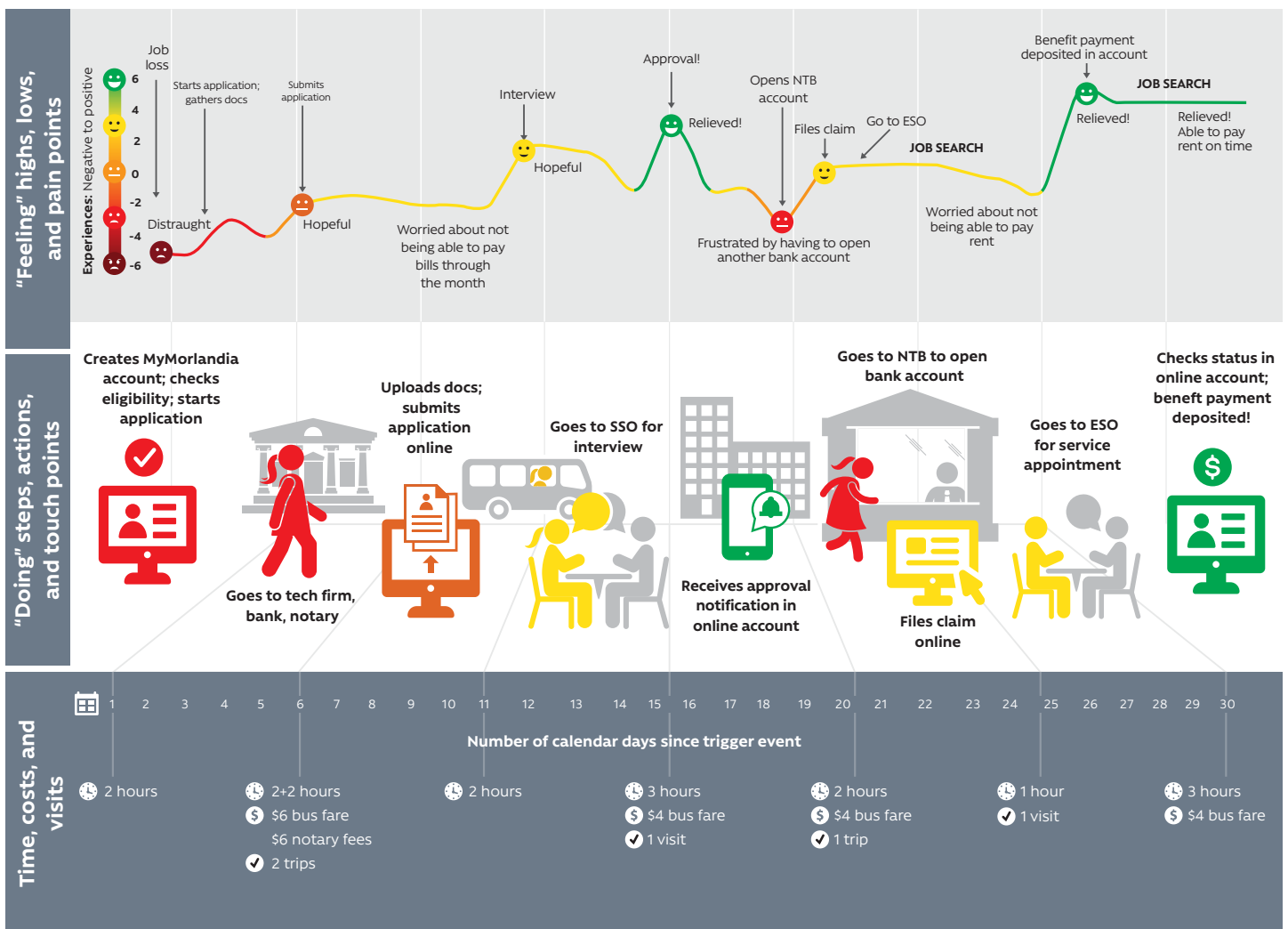
- **Benefits provision.** With the elimination of the seven-day waiting period, beneficiaries can immediately file claims online with NTB (step 9 in figure 2.9). MoSA then verifies the information and authorizes and processes payment orders (step 10). NTB then processes the payment orders and credits the beneficiaries' bank accounts (see step 11). MoSA has tightened its quality standards for turnaround time (see table 2.4), as reflected in the performance contract with NTB.
- **Service provision.** Beneficiaries who are profiled as "closer to the labor market" are referred to go to the ESO (step 12) for their service visits (step 13a). They can create their profiles on JobMatch.com, or the ESO employment coaches can help them with it. Beneficiaries must report their job search activities at each visit and participate in a series of "Strategies for Success" training video sessions at the ESOs. The coaches also provide job search assistance and other service referrals, as well as vouchers for specialized training programs depending on their profiles. Beneficiaries who are profiled as having complex needs instead go to the SSO (or other specialized service agencies) for additional risk assessments (step 13b) and an individualized action plan (IAP) with tailored services and required actions for their specific situations.
- **Data updates and monitoring of compliance with conditionalities.** Clients must keep their information up to date in their online account (step 15), and there are protocols for updating and correcting information. They also log their job search activities (step 14) via their MyMorlandia account, which also links to their JobMatch.com profiles. ESO employment coaches and SSO caseworkers also verify compliance with job search requirements and/or IAPs and maintain notes in UNISO (steps 16a-c).

The process continues with subsequent claims, monitoring, payments, service provision, and so on. Beneficiaries can receive UA benefits for up to 12 months as long as they continue to meet the conditions of the program. To support incentives to work, if beneficiaries find a job during the 12 months, they can continue to receive gradually declining benefits for an additional three months during the transition (100 percent in first month on the job, 50 percent in the second month, and 30 percent in the third month). If they do not find a job, they can apply for a six-month extension, for up to 18 months total UA benefits (clients who receive an extension revert to step 3 in figure 2.9), but then they also move to a “complex needs” classification and must work with SSO caseworkers for an IAP.

## Journey Mapping: Naomi's Experience Navigating Unemployment Benefits after Losing Her Job in the Changing World of Work

The reforms have transformed MoSA's business processes, but how has this played out for clients? MoSA continues to gather feedback, tracking the experience of clients through focus groups and journey maps, including the case of Naomi, who lost her data-entry and call-center jobs (see Naomi's journey map in figure 2.10). The summary report for Naomi's experience included the following points:

**Figure 2.10** Journey Map for Unemployment Assistance Benefits and Services, Scenario 2: Naomi's Experience



Source: Original figure for this publication, based on composite of observed cases.

- **The transition to digital processes.** This was mostly successful. Although Naomi had been receiving universal child allowances, she had not previously migrated them to a digital account. She had to learn about the process and create a new account on MyMorlandia.org. The online process was easy, but her UCA benefits did not appear immediately in her account, so she had to call the helpline. She was on hold for about 30 minutes, but eventually got her problem resolved. The next time she logged in, the UCA benefits appeared with her information. Naomi also noticed that some of the personal information pulled up in the system was incorrect, so she had to follow various protocols to make the corrections. Again, it was easy, but took time for the system to reflect the changes, which prompted Naomi to call the helpline again. Naomi made use of the “Check My Eligibility” button,<sup>22</sup> which allowed her to simulate her potential eligibility for various benefits and services with just minimal information. Within just a few minutes, she learned she was potentially eligible not only for unemployment assistance benefits, but also for the UCA-PLUS supplement, as well as subsidized health insurance and electricity subsidies. What a relief! Naomi was then prompted to start an application but had to save it in a draft while she gathered the required documents. Once she had uploaded all the documents, submitting the application package was easy. Naomi immediately received an SMS text message alert confirming her submission, and her MyMorlandia.org account is regularly updated to keep her abreast of her status and the process.
- **Document collection.** Despite MoSA and MIT’s push for interoperability, there were still some documents to gather, including (1) the official dismissal letter from the tech firm explaining her previous contracting status and the reason for her dismissal; (2) the past three months of pay statements from her former employer; and (3) her bank statements and current balances (for privacy reasons, that information is not available via data exchange). After gathering those documents, Naomi had to take them to the notary public to get them notarized.
- **TCV burden.** In total, from the point of initiating the process to the date of first payment, Naomi spent M\$24 out of pocket (on transport and notary fees) and 17 hours on the process. This included one visit to the SSO for the interview, trips to gather documents, and a service appointment at the ESO. Because she did not previously have an account with NTB, she also had to make the trip to the bank to open an account and put in a minimum deposit of M\$50, as discussed below.
- **Eligibility for UA, UCA-PLUS, and various other benefits.** Naomi was thrilled to learn that, once she qualified for UA and UCA-PLUS with just a few extra actions on MyMorlandia.org, she also qualified for subsidized health insurance and social energy tariffs on her electric bill.
- **Claims and payments.** One source of frustration and inconvenience for Naomi was the requirement that she open a bank account with NTB, which did not have any branches or ATMs near her house. Naomi already had an account in a commercial bank and had been receiving her UCA payments by mail. However, she now had to add a new bank to receive a combined payment for her unemployment benefits plus the UCA and UCA-PLUS supplement, requiring that Naomi take several buses and put down a minimum deposit of M\$50. This also meant a delay in filing her benefit claim so that she could get the account information.
- **Pain points and positives.** Like Anaïs, Naomi experienced many feelings during the process. At various points, she felt distraught, frustrated, worried, hopeful, and relieved. Her main pain points included (1) clarifying some initial glitches in information on her MyMorlandia.org account; (2) gathering the required documents from her commercial bank and employer (though the document burden was not as demanding as in the past); and especially (3) having to open another account at NTB. In addition, an intangible pain point was expectations, which are always higher with digital services, so delays are often met with frustration. There were many positives, however, including that (1) she carried out much of the process on her mobile device; (2) the caseworkers were friendly; (3) she qualified for multiple benefits both from MoSA and from other agencies; and (4) on the service side, she got some leads from JobMatch.com, learned some tips from the career coach, and was able to enroll in some training courses with the help of the training vouchers from the ESO.
- **Elapsed time.** In total, it took 26 calendar days from the date Naomi lost her job to the date of her first payment, including 20 calendar days from the date she submitted her application. This meant that Naomi was able to receive her benefit before the following month’s rent was due, thus avoiding significant

hardship for her family. She still had to cut back on expenses but was able to make it through the month with benefits while looking for a job.

The reforms clearly improved the process for administrators and clients. Comparing the experiences of Anaïs

and Naomi, we find significant improvements in TCV, elapsed time, and performance indicators between the two cases (table 2.4). In fact, both scenarios performed better than many systems we have seen around the world, and the turnaround time for Naomi's case was exceptionally fast (even for mature systems).

**Table 2.4** Comparison of Anaïs's and Naomi's Experiences

Performance from client perspective		
	Anaïs (several years ago)	Naomi (a few years later)
Main pain points	<ul style="list-style-type: none"> <li>Having to go to multiple agencies many times</li> <li>Gathering documents</li> <li>Missed notifications in mail</li> <li>Must apply for health insurance subsidies separately and does not know about other benefits and services she may qualify for</li> </ul>	<ul style="list-style-type: none"> <li>Expectations higher with digital services so any delays (even due to holidays) can be met with frustration</li> <li>Gathering documents</li> <li>Had to open another bank account at NTB with a \$50 minimum, which also delayed filing claim</li> <li>Some initial glitches with her MyMorlandia.org account</li> </ul>
Positives	<ul style="list-style-type: none"> <li>Benefits were calculated accurately</li> <li>Caseworker at SSO was friendly</li> <li>Waiting periods shorter than in past</li> <li>Fewer documents required than in the past due to MoSA internal interoperability</li> <li>Qualified for UA benefit and UCA-PLUS supplement all with one application</li> </ul>	<ul style="list-style-type: none"> <li>Able to carry out much of the process from home on her mobile device</li> <li>Caseworkers friendly</li> <li>Waiting periods shorter than for Anaïs</li> <li>Far fewer documents required than for Anaïs</li> <li>Qualified for UA benefit, UCA-PLUS supplement, health insurance subsidies, and social energy tariff plus received vouchers and referrals to training courses</li> </ul>
Elapsed time	<ul style="list-style-type: none"> <li>63 calendar days from job loss to benefit payment</li> <li>53 calendar days from application to benefit payment</li> </ul>	<ul style="list-style-type: none"> <li>26 calendar days from job loss to benefit payment</li> <li>20 calendar days from application to benefit payment</li> </ul>
Time, costs, and visits	<ul style="list-style-type: none"> <li>53 hours spent on the process</li> <li>\$34 in out-of-pocket costs</li> <li>9 visits to SSO/ESO + 5 trips to other agencies for documents</li> </ul>	<ul style="list-style-type: none"> <li>17 hours spent on the process</li> <li>\$24 in out-of-pocket costs + had to make minimum deposit of \$50 for NTB account</li> <li>1 visit to SSO, and then 1 service visit to ESO + 2 trips to gather documents + 1 trip to open bank account</li> </ul>
Official performance quality standards (modified with reforms)		
Application to interview	≤10 business days (met)	≤7 calendar days (met)
Interview to notification	≤10 business days (met)	≤7 calendar days (met)
Benefit claim to payment	≤10 business days (met)	≤8 calendar days (met)
Application to payment	(Not a service standard, but it took 53 calendar days)	≤30 calendar days (met)

Source: Original table for this publication.

Note: ESO = Employment Service Office; NTB = National Trust Bank; SSO = Social Service Office; UA = unemployment assistance; UCA-PLUS = Universal Child Allowance (plus supplement for vulnerable children).



The systems agenda is never complete, and challenges remain. People have grown used to near-instantaneous responses in the digital world, which translates into higher expectations—including for public services. Even with relatively fast turnaround, delays can cause frustrations. However, the automated SMS text communications and account-status updates helped manage expectations by keeping clients posted. They are good practice and can be replicated elsewhere. For the future, MoSA could make one simple reform: offer free notary services in the SSOs. Alternatively, the MyMorlandia system could avoid

notary requirements altogether by moving entirely to electronic signatures and certification. Finally, the main pain point for Naomi was the fact that she had to open another bank account (at NTB) and put in a minimum deposit just to file a claim and receive benefits. MIT is developing plans to improve digital payments further by enabling clients to select payment modalities with an integrated payments gateway for all G2P transactions and mobile money accounts—but that reform is still at least a year or two off. MIT also needs to continue investing in data protection, and in protecting the confidentiality of users' information.

## 2.4 SOME CONCLUDING POINTS: FUNDAMENTAL PRINCIPLES

The hypothetical composite example above and the examples presented elsewhere in this Sourcebook illustrate some fundamental principles to keep in mind for social protection delivery systems. These seven principles are not prescriptive; rather, they are reflections that can help build a delivery systems mindset.

1. Delivery systems evolve over time, and their starting points matter. That evolution is nonlinear: systems may go in one direction, face challenges, and then make new investments or corrections to continue evolving. Sometimes those investments and corrections are marginal improvements on the existing system. Sometimes corrections require a quantum leap or a systems overhaul. Or they need to rebuild capacity where it was lost (for example, in FCV situations or after disasters). Even when system implementation is smooth, policies and programs change, context and circumstances change, or technology changes. There will always be room for improvements. Delivery systems must always evolve to keep up.
2. When it comes to designing delivery systems and the programs they support, a key principle should be to "keep it simple." Efforts should be made to "do simple well" before adding complex features to programs or systems. This is especially true when designing or reforming programs: get the basic functions working well before adding complex features that could complicate implementation and compromise the overall effort. For example, a cash transfer program

should be able to register and enroll people and pay out benefits properly before too many additional features are added on. Similarly, implementation processes should be kept as simple as possible with deliberate efforts to reduce or prevent "non-value-added steps," excessive paperwork, or confusing navigation. Delivery chain process maps can be used to plot implementation steps across actors, to clarify sequencing and handoffs, and to ensure uniqueness of roles.

3. Quality of implementation matters and weaknesses in any of the core elements will affect the entire system. There are downsides to low quality of implementation, as this can lead to a lower overall impact, errors of inclusion and exclusion, wasted resources, and a higher number of grievances. Delivery systems are only as good as their weakest link. That is because they involve the simultaneous interaction of many moving parts.
4. The first mile for client interface matters—but it is often the weakest link in the delivery chain. Ideally, people can apply for social protection benefits and services whenever they need them. However, such dynamic inclusion requires an extensive, permanent network for client interface, which is often lacking in developing countries. Even with permanent client interface, bureaucratic hurdles can make navigating the system challenging. In some instances, systems improvements on the back end can make it harder for clients to navigate the system on the front end. Or, while such improvements result in

greater efficiency for the mainstream client, they fail to consider challenges for specific subgroups (such as people in remote areas). When client interface is weak, people will suffer, inefficiencies will permeate the system, and even the best technically designed program will fail to meet its objectives. Moreover, such weaknesses or failures on the frontlines are highly visible and can be attacked by the press and political parties.

5. Social protection delivery systems do not operate in a vacuum and should not be developed in silos. Rather, they are part of a much broader government system and should be designed as such. This wider view can be particularly helpful in creating efficient information systems with interoperability links to other systems, personal data privacy and protection standards, as well as payment systems that take advantage of G2P payment systems and a country's financial system. It can also encourage efficient institutional arrangements that build on existing capacities at the central and local levels rather than setting up parallel systems.
6. Social protection delivery systems can potentially contribute more broadly to a government's ability to deliver. Social registries, for example, can help people access benefits or services outside social protection (such as health insurance subsidies, scholarships, social energy tariffs, and legal services). Similarly, caseworker referral systems can link people to a wide range of benefits and services. Since social protection benefits are often a mark of a government's first transfer of funds to the poor, they can also spawn the development of broader G2P payment gateways and financial inclusion of the poor.
7. There is no single blueprint for delivery systems, but there are commonalities. Although the contexts, programs, people, institutions, and operating models of delivery systems are diverse, they share many features in common. Those commonalities are the core elements of the delivery systems framework, particularly the common implementation phases in the delivery chain. The framework described in this Sourcebook does not aim to be prescriptive, but to provide a useful and practical way of organizing our understanding of how social protection programs are implemented.

8. The dual challenges of inclusion and coordination are pervasive and perennial, and also contribute to the objectives of effectiveness and efficiency. Effective delivery systems are by their essence inclusive, as they not only reach the intended population, but also include vulnerable populations, and clients who have specific access barriers. Efficient delivery systems necessarily operate in contexts of high coordination, as they exploit synergies within and across programs to minimize costs for administrators and promote integration across programs to minimize costs for clients.

## Notes

1. We differentiate between various levels of implementation: (1) "Stage" refers to the higher levels of "assess," "enroll," "provide," and "manage"; (2) within the stages, there are various implementation phases (outreach; intake and registration; assessment of needs and conditions; determination of eligibility; decisions on enrollment; decisions on the benefit-service package; notification and on-boarding; provision of benefits; provision of services; beneficiaries' compliance with conditionalities, data updates, and grievances; exit decisions; notifications; and case outcomes); (3) within each implementation phase, there can be more detailed levels, such as processes, steps, and so forth.
2. Institutional arrangements include formal organizational structures (actors), rules, and informal norms.
3. Discussing here only noncontributory programs/services. See Matsuda (2017) for some illustrations of these variations.
4. There are exceptions, of course, with various examples of states or subnational governments financing (or cofinancing) social protection programs, particularly in large and/or federal countries such as Canada, India, the Russian Federation, and the United States.
5. In all of the above-mentioned situations, understanding the policy-making body's formal (de jure) responsibilities is not enough. Its actual (de facto) capacity, level of technical capability, and financial/political clout is what makes the difference in practice.
6. In highly decentralized states, subnational governments often take on some residual responsibilities in social protection. However, it is rare for social protection to be a primary responsibility of subnational governments.

7. That is, formal organizational structures, rules, and informal norms.
8. In an effort to more closely align incentives and increase accountability, some countries have attempted to transfer to the local level the responsibility for program implementation as well as program financing. However, results on the latter have been mixed at best, particularly in ECA. See Bassett, Giannozzi, Pop, and Ringold (2012) and Grosh et al. (2008).
9. For a full discussion of this point in the context of Pakistan, see Matsuda (2017).
10. See glossary on the distinction between Integration and Interoperability, which are often conflated.
11. Some so-called social registries are developed as "mere databases," but these do not fulfill the functions of social registries as inclusion and information systems.
12. The Republic of Korea built a whole-of-government integrated data center in 2005 with more than 20,000 pieces of hardware and a 30 percent reduction in data center costs.
13. Parts of the U.S. government use cloud-based Amazon Web Services.
14. Public works programs are an exception: they tend to adopt administrator-driven cohort approaches but are targeted to unemployed or underemployed individuals.
15. Design parameters can differ between the on-demand approach and the administrator-driven approach. Certain types of design parameters are consistent with the cohort approach, but not with the on-demand approach. The most obvious example is the use of relative rankings and eligibility thresholds. Under the on-demand approach, clients apply and enter at different times, so the relative rankings approach cannot be used. Another design difference between the two approaches is the calibration of sequencing of accompanying measures or productive economic inclusion interventions for a group of beneficiaries, which assumes that a cohort of beneficiaries would move through the stages of the intervention together and on a common timetable. Thus, if program administrators want to transition from mass registration to an on-demand approach to promote dynamic inclusion, design parameters may also need to change, such as eligibility criteria and the sequencing of interventions.
16. Guaranteed minimum income schemes epitomize the tailored approach because they calculate the difference between the specific client's incomes and an established minimum level.
17. Not all programs adopting an administrator-driven cohort approach use relative rankings and thresholds to determine eligibility. Some use absolute thresholds applied to welfare measures for each household within the cohort.
18. While this discussion focuses on benefits, such limits can be equally heart-wrenching for services, for example when a program for developmentally disabled children does not have enough slots to meet demand due to limited capacity and financing.
19. See box 2.3 for a discussion of the TCV indicator.
20. Clients without digital access or knowledge can still apply in person at the SSOs, where clerks help them carry out the process on digital self-service kiosks in the lobby. So far just under 60 percent of MoSA's clients have switched to digital applications from their own devices, and that percentage continues to grow.
21. While UNISO can prequalify people for potential eligibility for these other programs, the institutional mandate and jurisdiction for actual eligibility, enrollment, and benefit decisions lies with the other agencies (such as MoH for health insurance subsidies). When someone prequalifies through MoSA's common application, UNISO sends a flag to MoH, which then notifies the clients of eligibility status via their MyMorlandia.org accounts.
22. These kinds of "check my eligibility" simulators are quite useful and can be used in online service windows even if the program/country does not yet have full online applications. They help avoid clogging on-demand systems with ineligible applicants, unnecessary creation of accounts, and/or unneeded interview appointments in the offices. This can save on TCV for people who would be unlikely to qualify for benefits and services and for frontline staff. When used, the simulators clearly need to state that they do not guarantee eligibility but are just an indication of potential eligibility.

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