



Shock Responsive Social Protection in Nepal

All social protection programs (SPP) are in some sense shock responsive as they deal with shocks that negatively affect families and/or individuals. However, most SPPs are designed to support households experiencing shocks because of life cycle events such as birth, old age, illness etc. 'Shock-responsive social protection' instead focuses on disasters and crises. It encompasses the adaptation of regular programs and systems to cope with changes in needs and demands following a disaster. This can be before the shock by building shock-responsive systems, plans and partnerships in advance of a shock to better prepare for emergency response; or after the shock, to support households once the shock has occurred. In this way, social protection can complement and support humanitarian planning and assistance.

As an auxiliary to the Government of Nepal, the Nepal Red Cross Society (NRCS) has been supporting in overall disaster management (DM), now particularly to integrate Anticipatory Action (AA) into the DM cycle. NRCS has been exploring different ways of linking SPP and AA with the assumption that:

- This can improve time and cost efficiency as existing systems are utilized to take early actions;
- And ensure sustainability of AA as SPPs are already institutionalized.

In 2021, multi-purpose cash (MPC) assistance was provided to vulnerable groups (Sr. Citizens, Persons with disabilities, Single and widowed women, Dalit children under five) affected by flood in Tikapur and Janaki of Kailali district through leveraging Nepal's Social Security Allowance program's financial, IM, grievance, and

communication infrastructure, to meet basic needs and support early recovery of individuals. This proved that the government's social protection system can be used to provide cash assistance at scale before or after a disaster in a cost- and time efficient way. It also opened the path for the Nepalese government and humanitarian actors to use pre-existing government mechanisms to meet humanitarian needs.

Additionally, there are other vulnerable groups besides the ones covered by the SSA program who also have special needs who require support in early actions. NRCS has been exploring ways to include such groups for AA by utilizing existing SPP registries besides SSA. First, a database mapping of existing SPPs (Tikapur, Janaki in Kailali and Laaljhadi and Punarbas in Kanchanpur) was done to identify various data sources that could be relevant for early action and response. Then a workshop was conducted with representatives from different sectoral departments of these municipalities.

Objective:

1. To identify strengths, challenges, and solutions of using existing SPPs to deliver cash and in-kind support in anticipation, and response of floods.
2. To identify how these SPPs are disrupted during and after a disaster and identify solutions to overcome the disruption in anticipation of floods.

Expected outcomes:

1. Findings from the workshop will help to develop a proof-of-concept that will be tested during 2024 simulation and monsoon.
2. Findings from the workshop will be used to develop a report on SP System assessment for shock responsiveness at the Municipal level.



Major Findings

1. SPPs are designed at either federal, provincial, or local level. While larger programs such as SSA, PMEP, Aama Program etc. are designed and financed by the federal level, programs such as Bank account for daughters - lifelong security and the Disaster Risk Insurance are Provincial government programs. Leveraging federal SPPs with humanitarian assistance can provide a way to reach a large-scale disaster that affects across districts and regions, however, there is a potential to tap into the provincial and local level programs to aid with disasters with local impacts.
2. A database mapping exercise was conducted which reveals the rich and diverse database maintained by municipalities encompassing multi-sector – vital civil registration, livelihood, health, education, disaster etc. (Annex 1). These databases can be leveraged for pre-identification of beneficiaries (based on vulnerability and exposure to disasters) which is critical for targeted early actions. Designing and planning early actions based on government's existing database will not also be resource efficient but will also ensure institutionalization and sustainability of AA.



3. Health insurance service provided to the ultra-poor, medical subsidies program for chronic illness, Provident Fund for minimum wage earners from informal sectors etc. are other SPPs that need to be further explored for pre-identification of vulnerable groups.
4. A core service provided by the LGUs that is disrupted by disasters is the health sector such as the pre-natal and ante-natal services to pregnant and lactating mothers, immunization to newborns etc. As this is an essential service that should be functioning ex-ante and ex-post disasters, there is a critical need to design early actions to ensure continuity of these services based on weather forecast information. LGUs have strong established health service delivery mechanisms including regularly updated database, trained health service providers who can deliver services in crisis, financing mechanism etc. that serves as strong foundation.
5. With increased potential of leveraging existing SPP databases with disaster will also require increase in Data Protection measures with stringent measures necessary for data sharing between different intra-government departments and ministries and humanitarian agencies.
6. Notably, significant investment is currently underway in Nepal on the development of a comprehensive national ID system, with ambitions of linkages with relevant social protection programs. The National Planning Commission is also working on developing an integrated SPP registries. Moving ahead, the Red Cross movement can inform policies and guidelines for these plans based on our exercise with the municipalities of leveraging these databases for early actions and response.

Annex 1. Database mapping of Tikapur Municipality

Program name	Mention the type of vulnerability that the database includes.	Responsible department	Includes name of the household head	Includes citizenship ID (or any other govt ID)	Includes mobile number	Geographical location (Ward name, Village name, Tole name)	Includes a family members' Bank A/C number	Includes information of individual/household	Online or manual database	Name of the software	Federal or local software	Person responsible to maintain the database	When was the database last updated?	How often is the database updated?
Animal service data	Cattle data	Animal service depart	Yes	NA	Yes	Yes	NA	Individual	Manual	NA	NA	Animal service depart head	2023-11-16	Monthly
Disaster Exposure Data	Hazard exposure data	DM branch office	Yes	1	1	Yes	NA	Both	Manual	NA	NA	Drr focal/IT officer/ward office	2022-07-01	Quarterly
People with disability	People with disability (a,b,c,d)	Women, children and social welfare subbranch	Yes	Yes	Yes	Yes	NA	Individual	Online	Apangata Parichaya Patra	Local software	Women, children and social welfare department head	2023-11-30	Annually
School level IEMIS	Student scholarship data	Education, youth and sports depart	Yes	Yes	NA	Yes	NA	Individual	Online	School MIS	Federal software	Education, youth and sports department head	2023-11-30	Dynamic
Prime Minister Employment program	Poverty/Income level/ Unemployment data	Employment service center	Yes	Yes	Yes	Yes	NA	Individual	Online	EMIS (Employment management information system)	Federal software	employment coordinator	2023-11-30	Annually
Social securities & personal incident registered plan (SSSPCR)	SSA DATA	Department of NID and Civil registration	Yes	Yes	Yes	Yes	Yes	Individual	Online	MIS	Federal software	Ward secretary, mis operator and SSA Depart Head	2023-12-23	Dynamic
Municipal profile	All types information include	IT officer/ ward office	Yes	Yes	Yes	Yes	NA	Both	Online	Tikapur municipal system	Local software	IT officer	2018-12-24	More than five years
Vaccination program	Vaccination	Health depart	Yes	Yes	Yes	Yes	NA	Individual	Manual	NA	NA	Health post incharge	2023-12-16	Monthly
non-communicable disease	Health post and health clinic	Healthpost / health clinic	Yes	Yes	Yes	Yes	NA	Individual	Manual	NA	NA	Health post	2023-12-16	Monthly
Pregnancy, Postpartum Family Planning Services	Pregnancy, Postpartum Family Planning Services	Health depart	Yes	Yes	Yes	Yes	NA	Individual	Manual	NA	NA	Health post, Health clinic	2023-12-16	Monthly
Our dear daughter program	Girls below the age of 20 years	Women, children and social welfare subbranch	Yes	Yes	Yes	Yes	Yes	Individual	Online	Google sheet	Local software			Monthly