CODI
CORE DIAGNOSTIC INSTRUMENT
The following organizations contributed to the development of the CODI (Core Diagnostic Instrument) tool:

- European Commission (EC)
- Food and Agriculture Organization of the United Nations (FAO)
- Ministry for Foreign Affairs of Finland (FIN)
- Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH
- International Labour Organization (ILO)
- International Policy Center for Inclusive Growth (IPC)
- Overseas Development Institute (ODI)
- The United Nations Children’s Fund (UNICEF)
- The World Bank Group (WB)
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“WHAT MATTERS” GUIDANCE NOTE
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A multi-agency team prepared this draft of the Inter-Agency Social Protection Assessment (ISPA) Core Diagnostic Instrument (CODI). The core authors include Christina Behrendt (ILO), Catalina Gomez (UNICEF), Maddalena Honorati (WB), Elke Kasmann (GIZ), Mirey Ovadiya (WB), Maya Stern Plaza (ILO), and Veronika Wodsak (ILO). Continuous comments, guidance, and suggestions were provided by Francesca Bastagli (ODI), Cristina Cirillo (IPC), Anne Drouin (ILO), Ceren Gurkan (FAO), Matthew Hobson (WB), Johanna Knoess (GIZ), Luz Stella Rodriguez (WB), Nicholas Taylor (EC), Timo Voipio (FIN), Jennifer Yablonski (UNICEF), Ruslan Yemtsov (WB) and Ronald Wiman (FIN). We thank Dung Ngoc Tran for support on layout.

We gratefully acknowledge comments received from other working group members; in writing or through participation in multiple workshops, meetings, and calls throughout the drafting: Anush Bezhanyan (WB), Florence Bonnet (ILO), Giulia Calcagnini (FAO), Vito Cistulli (FAO), Marie-Christina Dankmeyer (FAO), Guillaume Delautre (France), Almudena Fernandez (UNDP), Franziska Gassmann (UNU-MERIT), Uwe Gehlen (GIZ), Krzysztof Hagemejer (ILO), Alessandra Heinemann (OECD), Mariana Hoffmann (IPC), Cristina Lloret (ILO), Anna McCord (ODI), Juan Jaramillo Mejia (FAO), Isabel Ortiz (ILO), Jean-Olivier Schmidt (GIZ), Emmanuelle St-Pierre Guilbault (ILO), Lou Tessier (ILO), Nyasha Tirivayi (UNU-MERIT), Mito Tsukamoto (ILO), Fabio Veras (IPC), Rob Vos (FAO), and Susanne Elisabeth Ziegler (GIZ).

We would also like to note contributions to earlier drafts from Aleksandra Posarac (WB), Robert Palacios (WB), David Robalino (WB), Laura Rawlings (WB) and Cecilia Costella (WB); as well as written comments received from WB colleagues including Anastassia Alexandrova, Kathy A. Lindert, Margaret Grosh, Rebekka Grun, Oleksiy Sluchynskyy, and Diego Urdinola. We are grateful to Lucy Bassett, Carine Clert, Gustavo Demarco, Suleiman Namara, Ramzi Afif Neman, Junko Onishi, Setareh Razmana, Veronica Silva Villalobos, Lucia Solbes, and Victoria Strokova for their thoughtful feedback.

We recognize the co-operation of the government of the Philippines, represented by Secretary Dinky Soliman of the Department of Social Welfare and Development (DSWD) and representatives of various government agencies and local non-governmental organizations, including Girliie Casimiro of the National Economic and Development Authority (NEDA), Christian Deloria of DSWD, and Ahmma Charisma Satumba of the Department of Labor and Employment (DOLE). Thanks to their support, a pilot of the CODI tool was successfully conducted in the Philippines in May 2014. The WB-led pilot team included Maddalena Honarati (WB), Ruslan Yemtsov (WB), Luz Stella Rodriguez (WB), Jim Smith (WB), Jorge Avalos (WB), Nga Nguye Nguyen (WB), Yuko Okamura (WB), Maria Loreto Padua (WB), Aleksandra Posarac (WB), Rinir Salwa Purnamasari (WB), and Rashiel Velarde (WB); Luis Frota (ILO), Carlos Galian (ILO), Christopher Mallman (GIZ), Valerie Schmitt (ILO), Maya Stern-Plaza (ILO), Diana Van Dalee (EC Manila).
Additionally, the Government of Vietnam and its officials, including Huong Nguyen and Tuan Luu of the Institute of Labor Science and Social Affairs (ILSSA) participated when the CODI was tested between April and December 2014. The GIZ-led pilot team included Elke Kasmann (GIZ), Nga Nguyet Nguyen (WB), Carlos Galian (ILO), Christopher Mallman (GIZ), Maya Stern-Plaza (ILO), Veronika Wodsak (ILO), and Hiroshi Yamabana (ILO).

We would also like to thank the Rapid Social Response Fund for its generous support to the development and field testing of this version of CODI.
The Inter Agency Social Protection Assessments (ISPA) tools are the result of a multi-agency initiative that aims to put forth a unified set of definitions, assessment tools, and outcome metrics to provide systematic information for a country to assess its Social Protection system, schemes, programs, and implementation arrangements. Assessments are done with the goal of improving performance and analyzing trends over time. The ISPA tools are part of a free and publicly available platform, building on existing work by the United Nations system, the World Bank, bilateral donors, and other development agencies.

Within the context of ISPA, social protection refers to the set of policies and programs aimed at preventing or protecting all people against poverty, vulnerability, and social exclusion throughout their lifecycles, with a particular emphasis towards vulnerable groups. Social protection can be provided in cash or in-kind, through non-contributory schemes, providing universal, categorical, or poverty-targeted benefits such as social assistance, contributory schemes with social insurance being the most common form, and by building human capital, productive assets, and access to jobs.

Application of the ISPA tools should be conducted at the request of the government and involve all essential national representatives of stakeholders, including the relevant government ministries and agencies, social partners, civil society organizations, national social protection practitioners, and academic experts. They will work together with partner international agencies and other external advisers. ISPA tools are meant to identify strengths and weaknesses of social protection systems and enable governments to identify a set of entry level reform options based on global best practices.
Countries can use CODI to systematically take stock of their social protection provisions, assess their social protection systems, and identify ways to improve system performance. In addition, CODI should also strengthen country capacities for system analysis, as well as facilitate coordination among international development partners.

Why is CODI important?

There is a strong demand among governments, national stakeholders, and international development partners for tools to analyze and assess the performance of overall social protection systems. CODI provides an agreed upon set of performance metrics to guide social protection systems assessment.

How is CODI conducted?

The CODI process is envisioned as a collaborative effort among country stakeholders and development partners. The Implementation Guidelines lay out the proposed processes to be followed before, during, and after the assessment, namely to ensure country ownership and to anchor the entire exercise on a consultative process and national institutions. The assessment can be conducted jointly by various country stakeholders and, if requested, by external partners. CODI can be conducted as often as needed. However, it would be advisable to allow for two-to-three year windows between each assessment to observe and measure results and performance change over time.

Can CODI be applied in any country?

CODI is envisioned as a core diagnostic tool that will assess the overall social protection system performance in a coherent manner through a consistent set of outcome metrics building on existing knowledge. The Guidance Note identifies key (“core”) social protection system design and implementation issues. As such, they are pertinent to any social protection system irrespective of the country context. With some adaptation to the national context and the specific objectives of the application, the tool can therefore by applied in any country. Based on country demand and needs, more in-depth assessment of specific programs or delivery aspects can be carried out by applying the relevant ISPA tool.

Who is CODI’s audience?

The audience for the assessment is the policy-makers and the larger community of social practitioners and stakeholders, including social partners at national and international levels.
What are CODI’s objectives?

CODI has been designed to:

Map the key elements of a social protection system in a given country, including national objectives, strategies, policies, programs, and schemes of the social protection system

Analyze social protection system performance against national social protection objectives and track progress against a standardized set of Performance Criteria over time

Serve as an evidentiary base for country dialogue on how to strengthen an social protection system and identify a set of entry level policy reform options

Promote exchange and coordination between national and international partners

CODI is not meant to do cross-country comparisons. CODI is one of the ISPA tools that take a SYSTEM approach to the analysis. It is complemented by more in-depth assessment tools operating at the PROGRAM / branch level of analysis or looking into specific DELIVERY / administration aspects.

SYSTEM
Assess the social protection system and policies in a country

PROGRAM
Deeper analysis on the different types of social protection programs and branches

DELIVERY
In-depth analysis of different implementation aspects
What is CODI?

The assessment follows the standard ISPA framework:

1. "What Matters" Guidance Note
   - Lays technical foundation for assessment
   - Provides good practices from international experience
   - Provides instructions to gather information
   - Describes how the assessment is organized

2. Data Collection Framework
   - Gathers qualitative and quantitative information

3. Overview of Findings
   - Assesses against the agreed criteria on a four point scale

   - Presents the findings
   - Highlights strengths and weaknesses in relation to good international practice
   - Summarizes complex landscape of policies and institutions
   - Provide policy options to be used as jumping off point for future dialogue between stakeholders

Based on analysis conducted and in-country consultations with key stakeholders, including through the established national dialogue process in place, the results of the assessment will be presented in a Country Report, which will provide an assessment of the strengths and weaknesses of the social protection system and enable the country to identify entry-level reform options (based on global best practice) for programs, policies, and implementation systems. Agency-specific recommendations may be formulated in separate and supplementary technical reports and policy notes.
How does the “What Matters” Guidance Note work?
This Guidance Note lays out the overall approach, and conceptual framework of CODI. It explains what data needs to be collected as well as providing instructions for the analysis and assessment. Three key aspects of the social protection system are investigated in the following Modules:

Module 1: Policy
This Module includes an overview of the basic features of the national social protection policy framework, including the legal framework and rights; the national social protection strategy and objectives; institutional arrangements; degree of benefits institutionalization; national capacity for policymaking, dialogue, implementation, and coordination; public spending and sources of financing; and monitoring and evaluation capacity. The assessment of the policy is centered on seven Key Areas: (1) legal framework, strategy, and national objectives; (2) alignment of policies with social protection needs of population; (3) social protection policymaking; (4) social protection policy implementation; (5) public spending and financing; (6) information dissemination and raising awareness; and (7) monitoring and evaluation systems.

Module 2: Program Design
This Module maps out the key design features of the major social protection programs in the country and assesses the gaps, looking for opportunities to improve, as well as, reinforce programs’ complementarities inside and outside the social protection system. There is a particular focus on education and health. The assessment is focused on a general program description and four Key Areas: (8) benefit eligibility criteria, (9) benefit design (including duration of benefits, exit rules and benefit conditions), (10) expenditures and financing, and (11) incentives.

Module 3: Program Implementation
Well functioning implementation mechanisms should be able to accurately identify all potentially eligible individuals or households and have a robust way of determining their eligibility; facilitate low cost ways to access and sign up for programs while still preserving the dignity of beneficiaries and their families; ensure that the goods, cash or in-kind care services are reaching in need households; and monitor and evaluate results in a timely manner that allows citizens, stakeholders, program administrators, and policy-makers to track and improve program performance in a way that preserves the sustainability and credibility of the social protection programs. The assessment focuses on the following areas: (12) identification of beneficiaries, (13) eligibility verification, (14) enrollment, (15) delivery of the benefit (the transfer of cash, food, training or other services), (16) monitoring and evaluation, (17) complaint and appeal mechanisms, and (18) information dissemination and raising awareness.
Module 4: System Assessment Guidelines

This Module proposes a methodology to assess the social protection system performance against the 10 Performance Criteria. The Performance Criteria are formulated on the basis of internationally agreed good practices, standards and principles, and expert practice. The section provides a system assessment table based on a 4 point scale to rate the system 18 Key Areas discussed in Modules 1-3. Overall, the framework assesses the 18 Key Areas on the basis of the data collected through the Data Collection Framework and other sources against the 10 Performance Criteria, or a suitable subset.

18 Key Areas in Social Protection Systems

<table>
<thead>
<tr>
<th>Policy</th>
<th>Program Design</th>
<th>Program Implementation</th>
</tr>
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</table>
What is the Data Collection Framework?
The Data Collection Framework is designed to collect quantitative and qualitative information on social protection system attributes and on some key social protection programs. Its structure and content correspond to the Guidance Note. More information on the Data Collection Framework can be found in Module 4.

What is the Overview of Findings?
The Overview of Findings helps to organize the findings from the Data Collection Framework. It uses a four point scale. The assessment approach helps to identify social protection areas that may benefit from strengthening or are in line with good practices, as well as ensuring that trade-offs between criteria are explicit to policy makers.

What is the Country Report?
The main deliverable is the Country Report. This document presents the findings, highlights strengths and weaknesses in relation to good practice, summarizes the complex landscape of policies and institutions, and serves as the common starting point for future dialogue between stakeholders.

The CODI tool also contains Implementation Guidelines to guide the application of the tool.
1. Inclusiveness
The social protection system should guarantee that everyone is protected along the life cycle, including persons in the informal economy. This entails ensuring nondiscrimination, gender equality, availability of and accessibility (e.g., distance, literacy, information awareness, transaction costs) to social protection programs and benefits, as well as designing schemes and programs to respond to the special needs of persons with different characteristics, circumstances, and vulnerabilities. The goal is to eliminate coverage gaps and secure the inclusion of the poorest and most vulnerable.

2. Adequacy
The programs and schemes that make up the system provide regular and predictable benefits and quality services that are adequate to meet the social protection needs of the population and achieve national/program objectives. At a minimum, benefits contribute to poverty reduction, equity, ensure income security (for contributory benefits: income replacement), access to health and other services along the life cycle, and promote productive economic activity. There are clearly defined standards for the delivery of benefits and services.

3. Appropriateness
At the system level, appropriateness means the system, as a whole, ensures optimal protection to fulfill the social protection needs of the population. At a policy level, it means the formulation of clear and realistic targets and timeframes to better address social protection needs over time, taking into account financing and institutional capacities. Policy decisions are guided by evidence.

4. Respect for Rights & Dignity
National law and regulations prescribe the entitlements to benefits, specifying the range, qualifying conditions, and levels of the benefits. The general public is well informed about measures. Programs and benefits design and their delivery are in line with human rights standards and principles to avoid humiliation of the persons covered. Enforcement mechanisms should be in place to ensure an exercise of public authority. Efficient and accessible complaint and appeal procedures are available. Furthermore, private individual information contained in administrative data systems needs to be secured and protected by law.

5. Governance & Institutional Capacity
Clear internal rules, regulations, reporting mechanisms, and operating procedures specify the relationships, roles, and responsibilities of bodies and actors involved in social protection. Structures and processes for stakeholder participation are institutionalized and well functioning. Social protection stakeholders are informed and able to participate in the design, implementation, and monitoring of social protection programs. Accurate, reliable, accountable, and transparent financial and delivery systems exist and minimize errors, fraud, and mismanagement (both internally and externally), building the confidence of people in the system and its administration. This requires sufficient institutional capacity (including appropriate equipment and an adequate number of staff with the right set of skills and training), a diversity of financing and delivery mechanisms, high quality public services, and effective enforcement mechanisms.
6. Financial & Fiscal Sustainability
The financial resources raised and allocated are aligned with actual and expected program outcomes, demographic patterns, and economic development. Contributions are designed based on beneficiaries’ contributory capacity. Budgets are executed as planned to allow for full implementation and monitoring of social protection schemes and programs. There is a clear plan for phasing out external financial support. Legal and institutional frameworks should articulate the long term financial requirements to ensure long term funding commitments.

7. Coherence & Integration
Social protection policies are balanced with related social, economic, and sectoral policies (external coherence). They are also aligned to ensure that the set of existing programs complement each other (internal coherence). Institutional arrangements promote coordination across institutions responsible for the design, administration, and delivery of social protection programs. Common/shared delivery systems minimize the administrative resources required to implement individual programs. As a result, fragmentation, overlaps, and duplication are minimized.

8. Responsiveness
The social protection system is flexible enough to evolve and adapt to the balance and scale of programs in light of changing social protection needs. Changes in social protection needs may arise from socioeconomic, sociodemographic, natural or political developments. These may require short term rapid responses and/or longer term adjustments. Responsiveness requires regular monitoring and periodic evaluation of these developments as well as of the social protection programs and schemes. Adjustment or changes in the system need to be effectively communicated and contingency funds created, to respond rapidly to emergencies or crises.

9. Cost-effectiveness
Delivery systems are in place to implement existing programs with the minimum resources required to achieve the desired impact and reduce the cost for beneficiaries to access social protection programs. Cost-effectiveness refers both to the efficiency of service delivery from the system and beneficiary perspective (how efficiently inputs are employed to produce outputs) & to the effectiveness (changes in system outcomes per unit of input).

10. Incentive Compatibility
Programs are designed in a way to create incentives for persons of working age to work, save, participate in risk-pooling arrangements; incentives for employers to register their workers in the social protection system and pay the required contributions, for tax authorities to collect the required contributions; for social protection service providers to enroll all eligible beneficiaries and provide good quality services and for eligible beneficiaries to become a member of a scheme and take up benefits. Overall, the balance of changes in household, individual, employers’, and providers’ behaviors should be positive and it should offset disincentives to work, save and contribute.
Module 1: Policy
Module 1: Policy

The objective of this Module is to help understand some basic features of social protection policy, including legal framework, strategy and objectives, institutional set up for policymaking, implementation, and coordination, capacity to design and carry out policies, public spending and sources of financing, information structures, and the state of monitoring and evaluation systems. The policy framework is a great place to start to gain a good understanding of the specific country context, and become familiar with social protection priorities and strategies, institutional capacity, fiscal space and challenges, and shortcomings vis-à-vis the country objectives.

Overview

For the purpose of CODI, social protection policy is equivalent to a common definition of public policy: a system of laws, rights, legislative, normative and regulatory measures, and courses of action adopted and pursued by a government, and corresponding funding priorities supporting the establishment, development and/or maintenance of a national social protection system. Although each national legal framework is different, one would expect to find key aspects of a social protection system in relevant laws, regulatory acts, and other legal and strategy documents that make up the different layers of the legal framework.

National legal frameworks generally consist of: (a) the Constitution; (b) laws adopted by the legislative branch (such as labor laws, social security framework laws, specific social security/protection legislation, laws making provisions for administration, financial management, delivery, enforcement, etc.); and (c) regulations and policy documents adopted by the executive branch (i.e., regulations governing implementation, ministerial decrees, circulars, ordinances, by-laws, government strategies, policies, action plans, standards of services, and operations manuals). In middle and low income countries poverty reduction and rural development strategies also often discuss social protection as an important pillar.

The assessment starts with a review of the relevant legislation, policies and other measures in place in a country. This creates a map of the various components of the system, determines the scope, content and level of protection they provide, and an understanding of how they operate and interact with each other.

The assessment will also evaluate to what degree the policy and legal framework are aligned with specific national needs as well as national strategies and objectives.

This Module further looks at the technical and operative aspects of social protection policies such as the process of policymaking, institutional set up, public spending and other financing mechanisms, information and awareness raising, monitoring and evaluation, and data systems. Completing information from the policy Module and combining that with the performance of the schemes/programs and benefits analyzed in Module 2, will lay the groundwork to identify, in the systems assessment of Module 3, any gaps between the legal provisions and actual implementation.
Any social protection system pursues the objective of enabling a life in dignity for all members of society by preventing or alleviating poverty, vulnerability and social exclusion, and by ensuring adequate income and health protection against the various contingencies, which an individual may face across the life cycle. How this objective is reached differs according to cultural, religious, political and other societal values underpinning the social protection system. In many countries, social protection programs have a long history. Current social protection policy and systems have been shaped over a long period of time by a complex interplay between decisions made by successive legislators, governments, and economic, social, and political developments. This evolution is hard to capture fully and compare objectively. This Module is therefore not designed to assess these underlying normative foundations or historical trajectories, but rather to assess national systems performance outcomes, in light of their objectives and internationally agreed principles and standards.

Key Area 1: Legal & Policy Framework

The policy framework will shed light on how the government manages public affairs and in particular those related to social protection. Policies serve to shape the plan of action set out by the government, and in so doing put the executive’s vision and strategy regarding social protection into practice. For the purposes of this document, polices are considered all executive instruments that do not have legal force of a law. However, policies are considered a component of the legal framework and often provide a blueprint for future laws.

The legal system provides a formal demonstration of the country’s intention. More specifically, a strong and coherent legal framework defines the overall and program specific objectives of social protection policy, the types of schemes and programs that form part of the social protection system and benefits they provide. When the law is clear it reduces the risk of rules being interpreted and applied in an arbitrary manner. The more detailed the law, the more predictable its application will also be, and the more likely the system will be able to fulfill its objectives and achieve desired outcomes.

While the implementation of the different schemes and programs typically includes a wide range of private and public entities, the overall responsibility for ensuring adequate social protection of the population rests with the country. This is particularly relevant in the context of the national legal and policy framework as countries are primarily responsible for defining national strategies and objectives, designing policies, carrying forward legislative processes, and ensuring the implementation of polices and laws. At the same time, legal constraints on the country’s supervisory powers should be in place to prevent abuse of power.
When assessing the policy framework, it is necessary to look at the governments’ objectives, vision, strategies, and plan of action, as well as the policies that result.\(^3\) This will allow an assessment of the policies and the extent to which they respond to national social protection objectives, and are coherent with other national policies such as education, labor market or taxation. It is therefore important to carefully look at (i) any available strategic documents and accompanying action plans (and how they are pursued and implemented) in light of national objectives, social protection needs, and other social economic and employment policies; (ii) the socioeconomic situation of the country and its projected development against financial requirements; (iii) the role of relevant stakeholders in policy development; (iv) the relevant obligations to which a country is bound under ratified international treaties and conventions; and (v) ensure that strategies establish realistic, actionable and achievable, goals and milestones within specified time frames.

Ideally, each social protection system would be based on a clearly formulated vision and strategy that has guided its development. The strategy and set of objectives should ideally be informed by empirical evidence and existing obligations under international treaties such as human rights treaties or international labor standards related to social protection. They should also be developed through a consultation process where members of society have had an opportunity to influence objectives and content. The social protection strategy should define the objective, goals and milestones and include an action plan that outlines how to achieve the goals. The action plan should lay out actions that have to be taken to address gaps in the policy design and carry out implementation. These include identifying responsible agencies and establishing a timeline and financial requirements as well as reporting and monitoring arrangements.

There is no single structure that applies to all countries: some countries do not mention social protection in their overall development strategy, or they do so only partially; some may have stand-alone strategies pertaining to social protection or only to one area of SP; some may have a full range of strategic documents relevant to SP. Some countries may have implemented only very little of what is set out in their strategies. Other countries may have introduced a range of schemes, benefits and programs without any overall strategy and vision.

The objectives of the social protection policy should be clearly defined in development strategies and reflected in the various laws that give effect to it. They should address the social protection needs of the population. The objectives also need to correspond to the socioeconomic situation and projected development in the country and integrate cost effectiveness and sustainability concerns.

To understand the legal framework, the first step is to establish whether and to what extent the various components of the social protection system are legislated.\(^4\) This is done by identifying and examining the relevant pieces of legislation. The aim is therefore to understand the extent, scope, and content of all pillars of the social protection legal framework (i.e., constitutions, laws and regulations and policies).
Legal framework will be analyzed to determine the parameters of the different branches of social security and related social protection benefits, i.e., population covered, entitlement conditions and/or eligibility criteria as well as the range, qualifying conditions, and levels of benefits (including mechanisms to ensure that benefits maintain their value over time (program specific information is assessed under Module 2). Laws and regulations will be assessed so as to identify the bodies (and composition) responsible for policy, program design, and oversight, as well as those responsible for the administration, financing and delivery of social security benefits, and specify the duties and responsibilities of actors involved.

Additionally, the legal framework will be analyzed to ensure it lays out measures that support nondiscrimination, equality, and access to information, meaningful participatory processes, accountability and access to justice (i.e., accessible and adequate complaint and appeals procedures), monitoring and reporting mechanisms, confidentiality of private information,5 and other measures related to the functioning of the social protection system.

Key Area 2: Alignment of Policies with Needs of Population

The social protection national legal and policy framework should be aligned with the social protection needs of the population. The objectives laid out in the national social protection strategy will be based on an analysis of the existing social protection needs, provisions, and identify priority areas of action on that basis. The principal objective of social protection systems is to provide basic income security and protection against ill-health to all members of society, thereby helping people and households to better cope with the consequences of certain risks or circumstances which they are likely to face across the life cycle. These include medical care, sickness, old age, unemployment, employment injury, family and child support, maternity, disability and protection for survivors. At a minimum, this protection should aim at preventing or alleviating poverty, vulnerability, and social exclusion.

Beyond basic income support and access to essential health care, in the case of contributory schemes, benefits provide income replacement in case of the occurrence of an emergency. Social protection systems should ensure that those who participate in contributory schemes receive adequate benefits equal to what they have contributed, and that these schemes fulfill the income replacement function (i.e., at a level that allows beneficiaries to enjoy standards of living and health comparable to those they had before the occurrence of the life risk or emergency).
Consequently, the CODI assessment conducts an analysis of the alignment of existing policies with the social protection needs and risks of the population. The analysis will use a life cycle based approach and rely on existing risks and vulnerability analysis, social protection needs and gaps assessments, poverty assessments, and other data to assess:

(i) social protection needs/risks faced by the different population groups; (ii) the current coverage of existing social protection programs/schemes (if possible this data will be disaggregated by age, sex, income level and other relevant socioeconomic parameters); and (iii) the population groups not currently covered, but in need of coverage.

Key Area 3: Policymaking Process

Policymaking is a process of setting and directing the course of action to be pursued by a government in an area of public interest. It is a complex process that involves many stakeholders. In most countries this process is institutionalized and legislated, albeit to a varying degree. Different government levels and branches are responsible for certain types of policy decisions; in some countries, it is a prerogative of the executive; in others, decision making in key areas is reserved to the legislative body; in certain jurisdictions, the judiciary is increasingly playing a significant role in policymaking.

The objective is to understand the social protection policymaking process and implementation, in other words, division of labor amongst institutions, definition of functions, roles and responsibilities assigned to each institution, and the reporting and accountability chain. This is done with a view towards assessing the system’s capacity to effectively and efficiently implement national strategies and achieve policy objectives. The aim is to gather sufficient information to be able to map the institutional set up and assess its coherence, identify gaps, bottlenecks, and potential measures that can hinder the effectiveness and efficiency of the social protection policymaking and implementation. This is particularly relevant to guide possible amendments to the existing legal framework.

If all relevant stakeholders affected by social protection provisions have an opportunity to take part in the decision making through a national dialogue process that creates ownership and commitment this increases the perceived legitimacy of the decision. In addition, such a participatory process can have a positive impact on the quality of the policy decision and the implementation process.
Since these processes vary from one country to another, it is crucial to understand which branch, level of government, and institution (ministry, department, agency, etc.) is responsible for what part (and at what level) of the policymaking process in a given country. The assessment should identify the roles of different public bodies that may be involved in the development of social protection policy proposals, the process of presenting policy proposals to the cabinet and subsequently to the legislature, the adoption of social protection legislation, the development and issuance of implementing regulations on subjects such as standards of social protection services, or licensing of social protection service providers. In the case of social protection policy, various ministries or departments typically play these roles. The assessment of the policy process also includes an assessment of any coordination mechanisms in place throughout the different phases of the social protection policymaking process both across relevant institutions (horizontal coordination) and different government levels (vertical coordination). This also includes an assessment of the coherence of social protection policies internally with the overall social protection system architecture and externally with related policy areas, national development strategies and plans, employment and labor market policies/strategies etc.

As highlighted above, it is important to assess whether consultations with citizens are part of a legislative process and in which ways they influence these. In order to assess the extent to which the policymaking process is based on national dialogue and whether it contains mechanisms to inform and consult with the relevant stakeholders, the assessment should make use of existing documentation tracing stakeholder consultations and any related analysis. This requires a stakeholder analysis that identifies possible lines of conflict, powerful interest groups, veto players, groups with potential for policy capture, as well as population groups not well represented in the policy process. The criteria used to identify stakeholders should be clearly communicated and transparent. Differences in the capacity and skill gaps should also be carefully considered to identify whether certain needs, such as separate time or meetings with certain stakeholders to develop their inputs, are taken into account in a satisfactory manner.

The formulation of a policy proposal is an iterative process. Ideally, the process would be informed by sound evidence regarding national social protection needs, existing provisions and effective coverage, and gaps to address these needs. Once desired interventions or reforms have been identified, the cost implications need to be estimated and the technical, administrative, and financial feasibility of the proposed measures needs to be evaluated (see public expenditure, financing, and monitoring and evaluation). Insufficient financing, limited administrative capacities or technical/infrastructure bottlenecks can all constitute obstacles to the adoption of a certain policy. These can lead to policy revisions to ensure feasibility or interim measures to plan for progressive implementation. CODI aims to assess to what extent existing provisions were informed by evidence and analysis of financial, administrative, and infrastructure capacities as well as to what extent the policy cycle includes elements to ensure evidence based decision making by inviting expert opinions and consulting with practitioners.
Key Area 4: Policy Implementation & Capacity

Performance of the social protection system is critically determined by successful policy implementation, e.g., by the performance of the delivery system. Relevant ministries of social development, welfare, and/or labor usually lead policy implementation, and for specialized tasks they might involve sector ministries and/or other agencies, and/or non-government organizations. Sometimes departments within respective ministries perform the implementation role and depending on the country context, responsibilities may involve centralized and/or decentralized bodies. In other cases, policy implementation may be delegated partially to private entities, but the overall responsibility to ensure adequate social protection for the population rests with the country. Implementation agencies are responsible for the planning of actions, sound management, and delivery of benefits and services to the population, as well as for monitoring and evaluating relevant provisions typically under the oversight of government agencies. Policy implementation requires adequate implementation capacities as well as accountability and transparency mechanisms in place to ensure adequate functioning of the social protection system.

A relevant consideration for successful policy implementation is the importance of coordination amongst the implementing agencies, so that they ensure proper planning and implementation of actions, and reduce/prevent fragmentation and duplication among different schemes and programs. In this context, fragmentation refers to the existence of multiple programs with the same or similar objectives, targeting population groups, often with a limited geographical scope, and regularly leading to high administrative and delivery costs. Coherence, on the contrary, refers to ensuring that different social protection schemes and programs complement each other so as to avoid duplication and inefficiencies.

In order to achieve proper policy implementation, it is recommended that the ministries that head up social protection and other relevant stakeholders take effective actions to ensure adequate coordination. Such efforts may vary by country, but they may include establishing coordinating structures that oversee more than one program, or adopting coordinating measures to periodically plan and implement joint actions among programs, as well as adopting common tools such as targeting, registration, financial management, benefit delivery and payment mechanisms, information and awareness raising, complaints and appeals mechanisms, monitoring and evaluation etc. Coordination among different social protection schemes and programs, does not only increase efficiency and reduce the cost of different social protection measures through economies of scale, but also eases the administrative process for beneficiaries to receive their entitlements and thus may make benefits more easily accessible.
Furthermore, the impact of certain programs in achieving core social protection objectives can be enhanced when other programs complement them. Social assistance programs, for instance, aiming at poverty reduction may be linked to active labor market policies and programs to improve earning opportunities and access to decent employment. Similarly, unemployment or disability schemes may include measures to support beneficiaries in taking up employment or encourage their participation in activation programs.

Another consideration for proper policy implementation is ensuring adequate human resource capacity (quantity, quality, and skill mix) to plan actions, manage and deliver benefits and services, and monitor results. Each country must ideally ensure an adequate mix of human resources in order to reflect its core functions and the programs it offers. Ideally, a country should make an effort to have in place solid planning and coordination functions at both national and subnational levels to deliver social protection programs and services. In many countries, capacity to serve remote areas poses a particular problem both in terms of availability of qualified staff and adequate infrastructure. As mentioned above, a sound assessment of the administrative and delivery capacity is a key factor to consider at the benefit design stage. This is particularly important where benefit provisions consist of the delivery of services that require highly qualified staff and sophisticated equipment and supplies, as is the case for health services.

It should also recognize the role of the social assistance workers/social welfare workforce, which in many countries have started to serve as the information providers linking poor and vulnerable families with various social protection programs. They also provide referrals for vulnerable populations, so they can receive specialized support and be linked with specific social services.

Given that in many contexts, social assistance/social welfare workers are not always properly recognized, it is important that a country make all efforts to ensure clarity on their roles and responsibilities, promote adequate supply of the social assistance/social welfare workforce in priority locations, and builds their capacity and skills to better provide intended services.

In addition to human resource capacity, it is also relevant that a country ensures adequacy of infrastructure, equipment (including premises, equipment, and access to transportation and communication), and financial resources.

The successful implementation of social protection policies also depends on enabling an environment of good public financial management (see section below) and other quality public services. The sound execution of the government budget, a functioning national civil registration system, the availability of public infrastructure for transport, electricity, water, and telecommunication amongst other factors will facilitate or hinder the efficient and effective implementation of the social protection provisions foreseen in the legal framework.
The aim of this section is to assess how well the multiple agencies involved in social protection policy implementation are equipped to perform their functions; i.e., the country of their physical assets, human resource capacity, and level of access to financial and other resources. This section will also assess synergies, complementarities, overlaps and duplications within and between social protection institutions, their functions, and the schemes they implement. Furthermore, the assessment will observe whether there are coordination mechanisms in place and which functions or programs these mechanisms cover. With regards to coherence across policies, the assessment will look at whether social and economic policies are complementary by observing the links between social protection policies specifically and other socioeconomic policies, such as labor market policies. The assessment will further examine the policy implementation of resources and infrastructure and whether their quantity and quality are sufficient.

Key Area 5: Public Expenditure & Financing

Policies have to be funded adequately to reach their goals. An exam of expenditures and overall budget will provide insight into whether resources are aligned with the social protection needs of the population or how this could be achieved. Proper financing is key to ensure the sustainability of the system in the short and long term. Generally, countries use a mix of financial sources relative to the different types of schemes, including general revenues, earmarked taxation, social insurance contributions, income from capital, and co-payments for services. The selection of the right mix of financing sources reduces inequality and enhances social cohesion.

Furthermore, social protection systems have to be managed transparently and accountably ensuring the financial, fiscal and economic sustainability of the system. This depends, amongst other things on the degree to which public spending processes and resource allocation are well established, institutionalized, and predictable.

To assess the financing system it is important to collect information on public spending for social protection, overall, for different contingencies, different programs, as well as derived assets and liabilities for all the covered contingencies’ schemes. The amount of resources spent and their trends over time reflect spending priorities and are indispensable to assess fiscal affordability and sustainability.
The assessment will also look at the composition of expenditures by social protection functions and programs as well as the overall government budget to assess social protection priorities and scope. It will also require disaggregated data on spending by resources transferred to beneficiaries and resources spent on delivering them to beneficiaries (the cost of policy implementation or the cost of the administration and delivery of a scheme, benefit or program to estimate efficiency). With regard to sound, transparent and accountable financial management, the assessment will consider whether schemes and programs are requested to and actually carry out periodic audits and actuarial valuations in line with international actuarial and accounting standards; whether information such as financial records, related reports, and analysis regarding budgets, expenditures, models, projections, and assumptions are regularly published; and mechanisms in place to minimize fraud and to hold accountable actors and bodies responsible for the administration of the system.

Information will be collected on the different sources of revenues and funding mechanisms, the government and different schemes use and their reliability and sustainability. The assessment will also observe the degree that the system is built on collective financing mechanisms. For tax-financed provisions, this means assessing whether the tax base is sufficiently progressive. Otherwise, the objectives of the social protection systems are undermined by the tax burden placed on the poor and vulnerable population groups. The assessment will further look at the national demographic and socioeconomic context and the maturity of the scheme to shed light on the most suitable approach to finance contributory and non-contributory schemes. The assessment will identify different sources of financing and assess whether (i) levels of financing are adequate and reliable; (ii) there is balance between the responsibilities and interests among those who finance and those who benefit from social protection schemes; (iii) financing takes into account contributory capacities of different population groups, demographic structure, and the national economic context; (iv) whether the level, administration, and use of reserves built for some type of schemes is to be prescribed by law; and (v) whether the budget allocations and expenditures reflect the political objectives and priorities.

With regards to budget planning, approval, and execution, information should be collected as to the reliability and predictability of the budget process as well as whether there are any earmarked funds for social protection, whether social protection provisions are financed from general tax revenues, whether budget planning assumes individual rights to a minimum level of benefits, and how shortfalls (i.e., where funds are insufficient to deliver benefits due) are accommodated.
Key Area 6: Information Dissemination & Raising Awareness

For social protection systems to be effective, the public needs to be well informed about the social protection system and existing schemes and programs. Access to information should be comprehensive, timely and up-to-date to foster both transparency and accountability. Information and raising awareness is also important at the system level to generate a better understanding and acceptance of the social protection mechanisms and to provide information about the complementarities between different schemes, programs, monitoring and accountability mechanisms available to the public, and the effectiveness of the overall architecture of the social protection system.

It is important for the government to inform the public about the importance of social protection provisions, the objectives of national social protection policies, the design of the social protection system, and how to file a complaint.

The assessment will observe whether information is provided regarding the specific benefit entitlements, eligibility criteria, and registration procedures, which are discussed under the respective section of Module 2. Furthermore, the assessment will be made up of information provided with respect to the available complaint and appeal mechanisms and accompanying processes, the complementarities between schemes, and results from monitoring mechanisms.

Key Area 7: Monitoring & Evaluation Systems

This section aims to ascertain whether there is an adequate national data collection and management system in place to track inputs, outputs, and allow for periodic outcome and process monitoring of the social protection system. Governments should collect, compile, analyze, and publish the range of data, statistics, and indicators that allow a performance assessment the social protection system and monitor progress towards the objectives, goals, and milestones laid down in the social protection strategy and other policy planning documents.

Monitoring and evaluation processes of the performance of individual schemes, benefits and programs as well as of the social protection system as a whole, should be organized through transparent, participatory and consultative mechanisms that include relevant and representative organizations of persons concerned. Key findings should be made publicly available and widely disseminated. Institutionalized mechanisms should be in place to ensure that findings of the M&E analysis feed into operations and improvement of schemes, programs and benefits. It is also crucial for social protection data systems to be subject to rules and regulations establishing appropriate safeguards to protect and secure private individual information (see section i regarding privacy of information).
Data has to be disaggregated, in particular by gender and age and, to the extent possible, also by geographic areas, income, and other important socioeconomic characteristics. Records from the delivery system (administrative data) provide mostly data on outputs including numbers of applicants and beneficiaries, their geographic, demographic and socioeconomic characteristics, dates of registry, enrollment, actual benefit delivery, amounts of transfers, quantity, and types of services delivered, etc. This information should enable monitoring of benefit delivery and its cost.

Monitoring and evaluation systems will benefit from taking into account different sources of data collection. In effect, complementing administrative data with data from household and population surveys enables the assessment of social protection system performance and delivering expected outcomes. These include poverty reduction/alleviation, consumption smoothing, and increased labor market opportunities, as well as the efficiency and effectiveness in delivering outcomes, for instance, targeting errors of inclusion and exclusion. Carrying out such analysis requires that the methodology and the definitions of certain parameters and concepts be harmonized across different data collection tools, schemes, and programs, to ensure compatibility between different data sources. Finally, impact evaluations allow assessment of the impact of particular social protection programs.

Assessment will therefore be made of:

(i) the existence of a broad monitoring and evaluation system and its adequacy (harmonized definitions and classifications across schemes, programs, and statistical surveys to ensure compatibility of information collected); (ii) its ability/role to inform the policymaking process; (iii) its ability to assess the cost of delivery and impacts of particular social protection programs; (iv) the transparency, inclusiveness, and code of operation of monitoring and evaluation processes; and (v) the provisions in place to protect and secure private information.
Module 2: Program Design
Module 2: Program Design

This Module seeks to understand the key design features of SP programs in place in a country and identify opportunities to extend their coverage, improve their effectiveness, improve the adequacy of their benefits, as well as to reinforce their complementarities and linkages with other sectors, particularly education, health and nutrition.

Overview

Social protection policies are implemented through social security schemes and programs that deliver benefits, goods or services. A well designed social protection system should aim to prevent poverty, vulnerability, social exclusion, and ill-health by building resilience (prevention), by maintaining/replacing income through cash or in-kind benefits (protection), and provide equal opportunity and access to more productive jobs (promotion)—through a set of integrated programs which are adapted to the country context and population needs. Ideally, social protection programs should complement each other to ensure inclusive social protection, guaranteeing at a minimum access to essential health care and basic income security for all over the life cycle. This should be achieved by maximizing the impact of available resources.

In determining what specific programs/schemes should be reviewed in this assessment all major social protection programs (“major” defined with respect to coverage and/or share of social protection spending or GDP) which fall within the domain of social protection should be considered. In this regard, the government should fill in and refer to the inventory of all social protection schemes and programs found in the Inventory Table in the Data Collection Framework. Schemes are selected so that the collection of assessments allow for conclusions to be drawn regarding the performance of the system as a whole.

Following internationally agreed upon methods for the classification of schemes, the assessment will categorize programs/schemes regarding their legal status (statutory or non-statutory), the nature of the agency implementing the scheme (private or public), whether a scheme is contributory, partially contributory or non-contributory, whether it is mandatory or voluntary, and which social protection area it covers: medical care, sickness, unemployment, old age, employment injury, responsibility for the maintenance of children, maternity, disability, survivors, or other protection against poverty and social exclusion. Moreover, information on whether social protection provisions are in cash (transfer of income) or in-kind (provision of goods and services) should be collected, as well as the frequency of the benefits, whether they are means-tested, and whether they are supplementary or exclusive (i.e., whether persons can benefit from several schemes).13

Many schemes described as contributory also have non-contributory elements e.g., to cover a deficit or to allow for a minimum level of benefit entitlements particularly for those with low incomes or short contribution periods. In these cases, benefits are partially financed out of the country’s revenues. Likewise, some non-contributory schemes that are financed mainly out of public revenues may be partially contributory, i.e., require participation in the cost of benefits; this is especially true of health care where access to health services may require a co-payment (although an exemption may exist for persons falling below a means threshold).
This section focuses on the general program attributes that help frame the program assessment in the context of the social protection system objectives, level of integration and internal coherence with schemes and programs in related policy areas. The description of the specific program objective, the population covered by the program and the type of risks/contingencies that the program is designed to address is critical to understand whether the program design is aligned with the country social protection policy objectives, and the socioeconomic situation of the country (as described in the policy Module). Information collected on individual programs will be aggregated and used to evaluate system results and implementation gaps including coverage, incidence, adequacy, targeting performance, and impact indicators (see Module 3).

Similarly, a description of the institutional set up, i.e., the agencies involved, including who is responsible for program design (setting entitlement conditions, eligibility criteria, exit and suspensions rules, benefit levels and duration, among other design features), for program management, for implementation and monitoring, and at which levels of government (national, country, local) help identify potential complementarities across programs and increase efficiency in administration and delivery. The section on the general program description will therefore collect the necessary information to:

(i) map existing social protection programs following the above classification;
(ii) determine the extent of coverage, i.e., the number of persons receiving benefits (refer to Table M2-C1 of Data Collection Framework) and the level of benefits of the selected major programs; and (iii) map the legal and institutional framework (i.e., administrative and financial governance structure, with a clear indication of roles and responsibilities, etc.) of the selected major programs.

This assessment will provide important background information for Module 1 and 3 on the social protection policy and on the overall social protection system. It will ultimately determine the alignment with national policy objectives, social protection needs, and the socioeconomic situation of population, and identify gaps in the social protection system in both design and implementation.

**Key Area 8: Eligibility Criteria**

A key aspect of the design of any social protection program is establishing the target group, i.e., the definition of the persons the program desires to cover. At a system level, population coverage is established as a function of the social protection needs of the population, the priorities and policy objectives defined at national level, and available financing; all of which should be clearly defined by law.
At a program level, schemes will typically aim to cover persons belonging to certain age groups, geographical areas, sectors or professions, income groups or specific vulnerable groups (e.g., children, women, disabled, refugees, internally displaced population, disaster victims, etc.). In all cases, provisions determining eligibility should be reasonable/feasible, objective and transparent, and have due regard to gender equality, responsiveness to special needs, social inclusion and respect for the rights and dignity of people covered.  

The assessment therefore needs to analyze, for the selected major schemes/programs: the definition of the persons the program aims to cover and the conditions which the participants in a program need to fulfill to become entitled to a benefit or service.

Eligibility criteria and qualifying conditions define specific characteristics or behavioral conditions that the target population needs to fulfill before benefits are awarded and are most helpful when spelled out clearly in the law. They are determined depending on the type of program, its objectives and desired outcomes, and the need to ensure sustainability. Examples of eligibility criteria include: age, income status, sociodemographic characteristics such as marital status, household size, socioeconomic characteristics such as education and employment status, geographic location, health status, ethnicity, etc.

Different schemes will require different qualifying conditions. For social insurance schemes, a minimum contributory period, varying in length with the type of benefit, will be required before a benefit is awarded. In schemes of a social assistance nature, eligibility for benefits will not depend on insurance records, but rather other criteria, such as nationality, regular residence period, or other behavioral conditions. For example, this is particularly the case with conditional cash schemes/programs.

The assessment will observe the following aspects:

(i) whether the target groups of the program are clearly defined;
(ii) the qualifying/entitlement conditions or criteria to become eligible for the benefits/services provided by the specific scheme/program;
(iii) whether these eligibility criteria are adequate to achieve scheme/program objectives;
(iv) whether eligibility conditions are aligned with socioeconomic characteristics; and
(v) whether population groups that qualify/are entitled to benefits and services have access to their entitlements in practice.
Key Area 9: Benefit Design

Social protection programs deliver transfers either in cash or in-kind (goods or services such as food, health services, other types of care and support, training, and job search assistance) or near cash or mixed benefits.

The goal is to assess whether:

(i) benefit levels and/or services provided, the frequency of benefit payments, and the duration and whether these are adequate to meet the objective of the program;
(ii) program suspension and exit rules are appropriate and clearly determined;
(iii) benefit levels and/or care and services provided, the frequency and duration of benefit payment and the exit/suspension rules are adequate in regards to the beneficiaries’ actual needs;
(iv) in the case of conditional cash transfers, that programs’ conditions help to improve beneficiaries’ standards of living (e.g., school attendance, compulsory medical checks); and
(v) in the case of active labor market programs, that benefits stimulate investments in human capital and promote (future) productive economic activity and/or employment.

**Benefit Level:** National legislation should clearly specify the level of benefits that covered persons are entitled to under each scheme or program. Levels should be determined through a consultative process with experts and relevant stakeholders, and should be evidence-based.

Benefits may, in certain circumstances, be tailored to the characteristics and needs of households. For example, benefit levels may vary depending on beneficiaries’ means, household size, age of household members, gender, etc. Contributory schemes often set benefits levels in the form of replacement rates based on former earnings or a standard reference wage with guaranteed minimum benefits and a ceiling on insurable earnings or benefits.

**Social Assistance Programs:** In the case of social assistance programs, and in particular cash transfers, benefit levels are set to effectively protect people against poverty. Benefit levels take into account the cost of subsistence and allow access to nutrition, education, care, and any other necessary goods and services. When benefit levels are set with reference to predefined thresholds, such as national poverty lines, income thresholds for social assistance, minimum wages, or other comparable thresholds, the adequacy of these thresholds needs to be assessed based on whether they correspond to the monetary value of a set of necessary goods and services. In the case of in-kind benefits, additional considerations based on the adequacy of the bundle of goods and service (e.g., food, health care, etc.) relative to the needs of the beneficiaries are helpful.
The assessment analyzes the adequacy and duration of benefits. This includes the minimum and maximum periods, as well as other limitations such as waiting periods or, where health care is concerned, restrictions on sick leave to a limited number of specified (time-bound) diseases.

Exit Rules and End of Benefit Entitlement: Where membership is not mandatory, program exit rules determine the conditions under which participation in the program is terminated. Not all programs have explicit exit strategies that are coded in law. Exit policies are generally related either to the fact that an individual or household no longer meets the eligibility criteria as established by the program (age, temporary condition as pregnancy, marital status, temporary disability, changes in household or individual income), are automatic (death), are related to a fixed program duration, like many public works programs that limit participation to a specified number of months/days, or are set to specific benchmarks associated with program goals, determining if beneficiaries no longer need program benefits.

However, the termination or suspension of a benefit automatically (because of a fixed benefit duration) or due to no longer meeting eligibility criteria does not always translate into program exit. A distinction should be made between the termination of one’s membership of a program, for example because someone no longer meets the characteristics of the intended target group (e.g., a child reaching the age threshold) and the end or suspension of a benefit entitlement because the contingency no longer exists, the qualifying conditions for that benefit are no longer met, or because their benefits have been temporarily suspended. The distinction is relevant because one program can award various benefits and often a suspension of one benefit does not necessarily translate into “exiting” the program. A benefit granted might be suspended (e.g., while someone is temporarily residing abroad or because the benefit was granted on the basis of a fraudulent claim) and yet the person will continue to be a member of and covered under the social insurance program.

Whether benefit termination means exiting a program, or whether the end or suspension of a benefit is independent to the end of program membership, all conditions and situations that lead to the end of a benefit and the end of program membership should be transparent, prescribed by law, and clearly communicated to persons covered. Moreover, these conditions should be reasonable and respect the rights and dignity of persons covered.
Key Area 10: Expenditures & Financing

The objective of this assessment is to determine whether a given program is financially sustainable and fiscally affordable, given the available internal and external financing. Even the best policy design and legal framework becomes meaningless if the country does not back it with sound structures for financing and implementation. Financing for social protection provisions is to be fully reflected in the budgeting process. To that end, clear rules and regulations must be established, including investment rules and provisions for building reserves or raising contingency resources. The financing of benefits is based on solidarity in financing and achieves an optimal balance between the responsibilities and interests among those who finance and those who benefit from the social protection program. As such, the costs of benefits and administration should be born collectively and consideration should be given to the contributory capacity of different population groups. Particularly, participation should not create hardship for people with low incomes.

Important indicators to assess the financial sustainability and cost effectiveness of the programs are current and potential expenditures on program benefits, staff, and other operating costs, expressed as a share of GDP and total government expenditures, the ratio of benefit expenditure to administrative expenditure, and the benefit expenditure and administrative expenditure per beneficiary. Potential expenditures are calculated under given assumptions regarding the “steady” country of the program. For instance, expenditures on unemployment benefits or ALMPs can be based on given eligibility criteria, health expenditures for a given demographic structure of the population, and estimated development of utilization rates and inflation for the cost of health services.

For long term benefits (such as pensions), actuarial indicators have to be used to assess short and long term sustainability. These indicators can include the general average contribution rate (for contributory schemes), the actuarial balance, the reserve ratio, the funding ratio, the year of the reserve exhaustion, the demographic development, and forecasts regarding the economic development and government budget, among others.

Another important set of indicators are the sources of financing for social protection programs, including the level of dedicated taxes and other government revenues or contributions that may be used to finance the program. Some of these taxes are already taken into account when calculating the tax wedge, but there are other consumption and income taxes that can contribute to financing social protection programs.
For contributory and partially contributory programs, contribution rates or co-payments should be set at a level that represents an optimal balance between the protection of the needs of the population, contributory capacities of the intended scheme members, incentives for labor market participation and saving, the fiscal and financial stability of the program, and resource requirements for benefits and administrative costs. The assessment should establish whether contribution rates, the level of co-payments, and government subsidies (as applicable) are actuarially determined to match required resources and whether the contributory capacity of persons covered are taken into consideration when setting contribution rates and levels of co-payments.

In addition to assessing the way contribution rates are determined, it is important to analyze the arrangements in place for the collection of contributions, both regarding their periodicity and the payment/collection mechanisms in place. This includes assessing whether the procedure for contribution collection is simple, transparent, and regulated by law, and whether the mechanism is flexible to accommodate the needs of persons covered, in terms of irregular flows of income and their capacity to pay contributions.

Where schemes or programs are financed through external sources, an assessment can also be made of the medium and long term strategy of the government to phase out external support and finance the schemes or programs from national resources.

Enforcement mechanisms should be in place (and written in law) to ensure compliance and prevent fraud, tax evasion, and non-payment of contributions, as well as to ensure that persons covered under the law can effectively access the benefits and services that they are entitled to.

Key Area 11: Incentives

Incentives refer to the nature and type of positive and negative incentives programs can provide for (i) persons of working age to work, save, or participate to risk pooling arrangements, (ii) employers to register their workers in the social protection system and pay the required contributions, (iii) tax authorities to collect the required contributions, (iv) social protection service providers to enroll all eligible beneficiaries and provide good quality services, and for (v) eligible beneficiaries to become a member of a scheme and take up benefits.
Examples of positive and negative incentives in practice include:

Public transfers may reduce incentives to work and save under certain circumstances. This can be the case with social assistance transfers, as well as unemployment benefits and minimum pension guarantees. Important indicators that signal potential disincentives are the benefit ratios to a minimum wage and economy-wide average earnings. At the same time, transfers can also have the reverse effect of encouraging access to the labor market by allowing job seekers to cover the costs involved in looking for a job and to accept higher risks in engaging in potentially more productive activities. Indicators that signal positive effects on income generating activities are differences in the labor market participation of beneficiaries and non-beneficiaries with similar socioeconomic characteristics.

Targeting mechanisms based on whether individuals work or based on earnings may introduce implicit taxes on formal employment reducing incentives to contribute and save. Non-contributory pensions that are not universal but are targeted to informal sector workers only, for instance, can discourage low wage workers to contribute to social insurance and may promote informality. Similar effects may be created by pension top-ups targeted to individuals with pensions below a given minimum level. In both cases, the potential negative incentives need to be balanced with the program objectives of the alleviation of poverty and vulnerability. Key indicators to assess potential incentive effects in the case of social insurance programs are effective marginal tax rates that can be computed based on benefit formulas and eligibility conditions.

Social insurance programs that are financed, at least in part, by payroll taxes (paid by the employer) and social security contributions (paid by the employee) may result in evasion. This is especially true if expected benefits are not sufficiently linked to contributions paid and if there is a lack of understanding of the individual and societal benefits of social protection schemes, risk pooling, and solidarity financing. These taxes and contributions can create a wedge between the total costs of labor and take home pay, which workers will only be willing to accept if they understand the logic of social insurance mechanisms and see the benefit in contributing to the system. The tax-wedge calculated, taking into account all payroll taxes and contributions funding social insurance and ALMPs, is another indicator that can be used to assess the structure of incentives.

For employers, the registration of workers and paying contributions on their behalf increases the cost of labor and administrative costs. Employers thus have strong incentives to not register their workers and evade contributions unless there is a strong system of enforcements, e.g., through labor inspections and sanctions that lift the cost of evasion to a level that employers will comply.

For service providers, for example in the case of schemes working on the basis of reimbursing providers or in the case of subsidized schemes, reimbursements have to be paid within a reasonable amount of time and subsidies need to be sufficiently high to fully cover all direct and indirect costs, otherwise there will be incentives for the provider to not register persons entitled to benefits or to not provide services to beneficiaries.
Module 3: Program Implementation
This Module focuses on the implementation of the social protection schemes and programs, particularly delivery systems. The delivery of social protection benefits to persons fulfilling the eligibility criteria is a key indicator of the performance of a social protection program.

Overview

Many countries are introducing new or modernized delivery systems for social protection programs. Recent technological progress has brought new opportunities for identifying and reaching beneficiaries at a relatively low cost. This includes collecting contributions and delivering goods or services, even in remote areas, while simultaneously improving the ability of governments to ensure that these expenditures benefit the intended target population. Unbundling these processes helps to isolate where improvements can be made or where new technologies can help countries ‘leapfrog’ to new ways of delivering benefits.

The proper implementation of a social protection scheme or program requires (i) accurate identification of all persons targeted by a scheme or programs, (ii) a robust way of determining their eligibility, (iii) an efficient way of registering with the program, (iv) an effective, efficient, and appropriate mechanism to collect contributions or co-payments (if applicable), (v) a benefit transfer mechanism that ensures that the goods, cash, or services are actually reaching these households, (vi) a M&E methodology to track the results in a timely manner, (vii) an effective and efficient complaints and appeal mechanism, and (viii) a communications strategy that adequately informs the general public about benefit entitlements, eligibility criteria, registration processes, contributions or co-payments, and complaints and appeal mechanisms. Ideally, each of these processes would be linked to incentives for key actors involved in the implementation, including providers such as hospitals, government agencies, local officials, banks, or any entity that plays an important role in delivering benefits. Finally, a systematic impact evaluation of the program can be institutionalized and feed into policymaking.

Sound implementation requires that social protection be accessible: financially (direct or indirect costs involved to access benefits), geographically (distance to reach delivery points, transportation limitations), administratively (institutional capacity and resources, removing barriers to access such as costly, time-consuming, or complicated procedures for registration or collection of benefits), and physically (personal obstacles such as limited physical strength, mobility, literacy, and education). Delivery systems ideally take special measures to ensure accessibility for the population, but particularly vulnerable and disadvantaged groups. These measures include respect for the dignity of persons covered and the avoidance of stigmatization of beneficiaries.
Ideally, all programs have systems and processes in place that address the needs of all groups, ensuring coordination and coherence to minimize duplication, especially when the target population is the same (e.g., the poor, the elderly, children, pregnant women). The assessment analyzes coherence across all implementation processes, including information and awareness raising, membership management, financial management, the benefit delivery mechanism, monitoring and evaluation, including related data collection and record keeping, and complaint and appeal mechanisms.

**Key Area 12: Identification**

Identification refers to the process of verifying and establishing an ID for each individual to register in a social protection program. This can be accomplished through a program ID, a national ID, or a vital registration system. The goal is to assess the existence, nature, and robustness of the ID system. Where national registration systems are not fully implemented, the assessment should analyze the method used to identify individuals of the program’s target group. Depending on the target group, health record books, immunization cards, school registries, taxation and licensing records, community validation processes, or other sources are sometimes used to support the identification process. Programs should ensure that names, dates of birth, and addresses are recorded correctly.

**Key Area 13: Eligibility Verification**

Program eligibility verification of individuals/households typically requires more information than what is needed for pure identification purposes. Eligibility verification refers to the process of determining whether individuals/households fulfill the eligibility criteria to benefit from a certain program. Different methods are used to verify whether a particular household or individual meets the eligibility criteria. They vary from checking a birth date, employment status, or verifying the residence, to complex methods to establish the level of means, income, or consumption and compare it to a pre-established threshold. Frequently applied targeting methods include: self-selection, geographic location, categorical targeting, community based targeting, income/means/proxy-means targeting, etc.

Establishing entitlement to benefits is usually also subject to the completion of certain formalities by the persons covered (e.g., the production of certain documents or provision of information prove that qualifying conditions are met). The assessment should capture whether certain documents that provide evidence of the materialization of a certain contingency (e.g., medical certificates for maternity, disability, or sickness benefits) are needed to access benefits.
Key Area 14: Enrollment

Eligibility does not always automatically translate into registration or enrollment. Enrollment refers to the process of formally registering eligible beneficiaries for program benefits. In the case of non-contributory schemes, enrollment typically follows the process of benefit eligibility verification. For contributory schemes, persons covered become members once they start to pay contributions and their eligibility for benefits is determined when a contingency occurs.

The exact sequence of determining eligibility and enrolling individuals or households depends on the approach used. In some countries, people apply for a benefit and their eligibility is determined based on the program criteria. If they qualify, they are enrolled. In other, mostly poorer countries, a census-based proxy-means test may be used to determine and verify eligibility and compile a list of those qualified.

The aim is to assess the robustness of the database of beneficiaries and whether the enrollment process is able to generate verifiable data indicating that those who are eligible are recognized as beneficiaries and receive their entitlements. In the case of contributory schemes such as social insurance, potential contributors can be registered by their employers, or can be identified through other means. Under such schemes, enrollment is usually linked to the payment of premiums or contributions, except when certain categories of the population are exempt from paying contributions. It is necessary to assess that individual records of the contributions paid are brought to account and that they reflect the number of contributions or length of contribution periods and cash amount in provident funds. Records of contributions are essential to insurance schemes that provide benefits only after the completion of contributory qualifying periods and to provident funds, which record every contribution that will later be repaid with interest. The process for contributors to claim their benefits can be assessed in terms of the necessary paperwork to be completed and the availability of the necessary information and assistance for filing a claim.

Key Area 15: Benefit Delivery

Benefits, goods, or services should be delivered correctly, promptly, in adequate quality, and respecting the dignity of the persons receiving the benefits, in accordance with the law. The goal is to assess the nature and effectiveness of several design features of the delivery stage, including the time it takes from the identification of a potential beneficiary and validation of their eligibility until the person receives the benefit. Other design features include the benefit’s physical accessibility, the level of training of persons responsible for the delivery of benefits and services, the mode and flexibility of verification of identity at the point of delivery, the types and flexibility of delivery methods and approaches (e.g., local social security institution offices, mobile and part-time offices or service delivery points for smaller remote communities, delivery through banking or post office facilities, local shops, etc.), the time it takes benefit claims to be received and processed, and flow of information from the agency responsible for the delivery to the government (in the case of a private operator).
Key Area 16: Monitoring & Evaluation

The performance of social protection schemes and programs can be monitored and evaluated in order to improve program implementation and design. Monitoring and evaluation refers to a systematic process of collection and use of MIS data and surveys to understand program impact and what is driving success or failure.

In order for program monitoring to take place, an appropriate range of data, statistics, and indicators for each scheme or program should be regularly collected, compiled, analyzed, and published. Data on each step of the delivery process is captured in a management information system (MIS). It is important to assess whether the MIS reliably records needed information (from ID to the actual delivery of the benefit) and transmits it in a timely manner to the responsible government agency/ministry, and that such findings are made publicly available, including to the persons covered. These administrative records are a crucial source of information to identify strengths and weaknesses in the performance of individual programs and the social protection system as a whole. Data from household surveys can play a crucial role in complementing administrative data in this respect.

Key Area 17: Complaint & Appeals Mechanism

Accountability is a universally recognized key operational principle for the good governance of social protection systems. Processes that allow the public to raise concerns or file complaints about the operations of the bodies and actors responsible for the delivery of social protection are paramount. Accountability also includes enforcement and compliance mechanisms, which can help minimize evasion, increase compliance, and reduce administrative costs. These mechanisms include inspections to reduce evasion of contributory schemes, measures to enhance accuracy and prevent fraud in the management of social protection schemes, information campaigns, and positive and negative incentives, among others.

Access to information and transparency are requisites for accountability. By establishing clear reporting procedures and making information publicly available, particularly on the financial and administrative operations of social protection programs, people are able to understand how the program functions and who is responsible for its implementation. This often means having independent monitoring systems in place to collect data on the actions of the government and progress of programs, creating flexible and inclusive access to information mechanisms.
Complaint and appeal mechanisms enable persons covered by a program to lodge complaints regarding a decision of the program administration concerning the quantity or quality of a benefit, or refusal to grant the benefit. The decision that follows, revised or not, should be subject to appeal, entrusted to an authority which is different and independent from the authority that made the first decision, to ensure that the process is conducted in fairness and to avoid arbitrary recourse decisions. Specific concerns on program transparency and the effectiveness of program administration should also be subject to complaints. Rigorous assessment ensures that such processes are impartial, transparent, effective, simple, rapid, accessible, and free of charge for applicants.

Key Area 18: Information Dissemination & Raising Awareness

Another key determinant of program implementation is the extent that information about schemes, programs, benefits, entitlement conditions, and recourses are available to beneficiaries and is communicated effectively to the persons covered by such schemes, or are eligible for coverage, and to the general public. Explaining clearly the need for and objectives of certain interventions will encourage the legitimacy of the scheme, increase public support, and contribute to effective coverage and access to benefits. More importantly, the people that a scheme aims to cover will be able to understand the entitlement conditions or eligibility criteria needed to receive benefits, the type and amount of the benefits they are entitled to, and the administrative processes they need to carry out to receive them. Individuals also need to be informed about their right to complain about an administrative decision regarding the award of a benefit (in case of refusal of an award or regarding the quantity or quality of a benefit awarded) and how to appeal a revised decision before an impartial and neutral body. This includes clearly communicating how to exercise their rights, the procedural rules, and the reasons for corresponding delays. A healthy variety of communication channels will include consideration of different language needs, levels of literacy, limited accessibility of certain media for certain groups of the population, or in certain areas of the country, and other potential obstacles for people to access information.
Module 4: System Assessment Guidelines
Module 4: System Assessment Guidelines

This Module provides guidance on how to measure and assess national social protection system performance, how to analyze the underlying factors and drivers of that performance, and how to track trends in the system performance over time. The assessment of system performance will serve as an evidence base to inform policymaking and identify best practice options as entry points for future policy formulation.

CODI provides a comprehensive view of the existing national social protection system by mapping and collecting data on the policy and legal framework and on program design and delivery, assessing the overall system performance and trends of the system against national objectives and agreed Performance Criteria. This assessment allows countries working with bilateral and multilateral organizations to identify the strengths and weaknesses of their existing social protection system and provide evidence to develop a prioritized schedule of potential social protection policies and reforms to improve the system.

CODI can be implemented in various settings, ranging from a country self-assessment, with or without facilitation, to an assessment with strong support from international partners. The assessment should be done through a national consultative process that facilitates the participation of all relevant national and international stakeholders throughout the assessment process. It is necessary to raise awareness on the national level to identify relevant stakeholders to participate in the assessment processes. Please refer to the Implementation Guidelines for more information on carrying out the CODI assessment through a participatory process.

The CODI assessment methodology proposes a set of 10 Performance Criteria comprising a wide range of social, governance, fiscal, and technical dimensions to qualify the attributes of a good social protection system. The selection and definition of Performance Criteria is based on internationally agreed good practices, standards, and principles. While the 10 Performance Criteria are relevant across all social protection systems, the assessment of Criteria 9 and 10 are optional for the application of CODI, as it depends on the existence of country data, cost-effectiveness, and incentive compatibility beyond what can be collected through the Data Collection Framework.

The methodology assesses the 18 Key Areas described in Modules 1-3 against the 10 Performance Criteria, based on the data collected in the Data Collection Framework and other relevant sources. The Assessment Team determines the strength of the current social protection system in each of the 10 Performance Criteria, measured against a four point scale.

The scoring is based on the facts and information obtained either through the CODI Data Collection Framework or other primary and secondary sources (survey data and other sources, see question below on data). For ease of reference, each question of the Data Collection Framework is tagged with the relevant assessment performance criteria (first column) so that the information in the Data Collection Framework (organized by Key Area) can also be filtered by assessment performance criteria.
How to work with the Overview of Findings?

The scores (from 1-4) for each Performance Criteria of the assessment table should be awarded based on the facts and information collected through the Data Collection Framework and other survey and administrative data. The scenarios are often qualitative in nature and cannot be ‘measured’ easily. As a result, the assessment procedure – or literally the 4 point ratings scale – needs some quality control measures to ensure that results are evidence based and that there is sufficient objectivity. The ratings might for example be assigned by an expert team and then validated subsequently through participatory assessment workshops. Alternatively, the ratings could be discussed and awarded by stakeholders themselves during a set of assessment workshops. In any case, scores given need a thorough justification by referencing the data and facts, documented in the accompanying narrative report.

The findings of the participatory assessment processes should be discussed in detail in a narrative country assessment report. A proposed standard structure for this report is presented in the CODI country report outline accompanying this Guidance Note and the Data Collection Framework.

So far, there is limited experience in applying the CODI assessment methodology; it should therefore still be considered a work in progress. The methodology will be further developed, modified continuously, and improved with future country applications.
What type of data do we need?

An initial diagnostic and mapping of existing social protection programs (see “Program Inventory Table” of the Data Collection Framework) is essential in order to determine whether national objectives translate into outcomes and to identify social protection gaps at the national level. The CODI assessment will rely on input, output, process, outcome, and impact indicators from: (1) qualitative and quantitative data collected through the CODI Data Collection Framework, (2) key program performance indicators based on existing survey and administrative data, if not already collected through the CODI Data Collection Framework; and (3) key economic and social indicators.

Information & Data Used to Apply CODI Assessment:

The CODI Data Collection Framework for Modules 1-3 should provide detailed quantitative and qualitative data to apply to the Performance Criteria across the several dimensions of the policy, legal framework, program design, and delivery of social protection systems.

In addition to the CODI Data Collection Framework, key Program Performance Indicators based on existing survey and administrative data that are already available in international databases for a number of countries and national key economic and social indicators will also support the CODI assessment to the extent that these have not already been used to populate the Data Collection Framework.
## Program Performance Indicators:

<table>
<thead>
<tr>
<th>Type of Indicator</th>
<th>Data Source</th>
<th>Indicator Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scope of statutory social protection system</td>
<td>ILO</td>
<td>Number of social security branches covered by a statutory provision (social security functions mentioned in Convention no. 102).</td>
</tr>
<tr>
<td>Output: Targeting accuracy (benefit incidence)</td>
<td>WB -ASPIRE</td>
<td>Percentage of benefits going to each quintile relative to the total benefits going to the population. The indicator is estimated by quintiles of post-transfer and pre-transfer welfare distribution.</td>
</tr>
<tr>
<td>Output: Coverage</td>
<td>ASPIRE, ILO, ADB,</td>
<td>Percentage of population participating in social protection programs (includes direct and indirect beneficiaries), by program and quintile of welfare distribution; Different definitions: Coverage as % of the poor (defined as poorest 20%); Coverage as % of old (&gt;60, &gt;65) age population; Coverage as % of working age population; and Coverage as % of all population.</td>
</tr>
<tr>
<td>Output: Extent of legal coverage (by contingency, by mandatory versus voluntary, and contributory and non-contributory social protection schemes)</td>
<td>ILO</td>
<td>The legal coverage rate for a given branch of social security is a ratio of the estimated number of people legally covered and – as appropriate – the total number of employees (that is, wage and salary workers), the total number of employed persons (including employees and the self-employed), the total number of economically active persons (including or not including their dependents), or the total population. Special focus on old age, unemployment, and maternity.</td>
</tr>
<tr>
<td>Output: Extent of effective coverage of protected persons (by contingency, by mandatory and voluntary, and contributory social protection schemes)</td>
<td>ILO</td>
<td>Percentage of those protected (such as active contributors or affiliated) within a relevant reference group (such as employees, employed, or economically active population); an example is the percentage of employed persons contributing to a pension scheme. Special focus on old age, health, maternity.</td>
</tr>
<tr>
<td>Output: Extent of effective coverage of actual beneficiaries (by contingency, by mandatory and voluntary and contributory and non-contributory social protection schemes)</td>
<td>ILO</td>
<td>The indicators show the percentage of beneficiaries within a target group (for old-age pensions this would be the percentage of all persons older than a certain age, such as the official retirement age, or the percentage of unemployed receiving unemployment benefits) who actually receive benefit. Special focus on old age and unemployment.</td>
</tr>
<tr>
<td>Output: Coverage (active receipts)</td>
<td>WB-ASPIRE,</td>
<td>Active coverage of mandatory earning-related pension systems. Coverage as % of working age population. Coverage as % of labor force.</td>
</tr>
<tr>
<td>Output: Beneficiary incidence</td>
<td>WB-ASPIRE</td>
<td>Percentage of program beneficiaries in a quintile relative to the total number of beneficiaries in the population.</td>
</tr>
<tr>
<td>Type of Indicator</td>
<td>Data Source</td>
<td>Indicator Description</td>
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<tr>
<td>Output: Adequacy of transfer</td>
<td>WB-ASPIRE</td>
<td>Adequacy (or generosity) is the total transfer amount received by all beneficiaries in a quintile as a share of the total welfare of beneficiaries in that quintile (of both post or pre-transfer welfare distribution).</td>
</tr>
<tr>
<td>Outcome: Average amount of cash period benefit</td>
<td>ILO</td>
<td>Average amount of benefits as a percentage of: 1) average wage, 2) minimum wage, or 3) GDP per capita.</td>
</tr>
<tr>
<td>Output: Food supply</td>
<td>FAO</td>
<td>Total food supply expressed in calories, fat, or proteins.</td>
</tr>
<tr>
<td>Impact: Poverty reduction</td>
<td>WB-ASPIRE</td>
<td>Poverty gap (and headcount) reduction. Simulated change (%) on poverty gap (HC) of discontinuing social protection programs.</td>
</tr>
<tr>
<td>Impact: Inequality reduction</td>
<td>WB-ASPIRE</td>
<td>Gini inequality reduction. Simulated percentage change on Gini inequality coefficient of discontinuing social protection programs.</td>
</tr>
<tr>
<td>Outcome: Food security</td>
<td>WFP</td>
<td>Individual Requirements Met on Average (IRMA and IRMA@): Count the number of individuals that may be satisfied by the nutritious content of one ton of food aid or total food aid.</td>
</tr>
<tr>
<td>Total public social protection expenditure (in absolute values and as a percentage of GDP)</td>
<td>ILO</td>
<td>Public social protection expenditure in absolute value and as a percentage of the total GDP to reflect the social spending effort in a given country relative to the size of its economy.</td>
</tr>
<tr>
<td>Total public social protection expenditure on benefits for older persons (in absolute values and as a percentage of GDP)</td>
<td>ILO</td>
<td>Public social protection expenditure on benefits for older persons in absolute value and as a percentage of the total GDP to reflect the social spending effort in old age in a given country relative to the size of its economy.</td>
</tr>
<tr>
<td>Total public social protection expenditure on benefits for persons in active age (in absolute values and as a percentage of GDP)</td>
<td>ILO</td>
<td>Public social protection expenditure on benefits for persons of active age in absolute value and as a percentage of the total GDP to reflect the social spending effort of active age in a given country relative to the size of its economy.</td>
</tr>
<tr>
<td>Total public social protection expenditure on benefits for children (in absolute values and as a percentage of GDP) [includes CCTs]</td>
<td>ILO</td>
<td>Public social protection expenditure on benefits for children in absolute value and as a percentage of the total GDP to reflect the social spending effort in children in a given country relative to the size of its economy.</td>
</tr>
<tr>
<td>Total public social protection expenditure in health (in absolute values and as a percentage of GDP)</td>
<td>ILO</td>
<td>Public social protection expenditure in absolute value and as a percentage of the total GDP to reflect the social spending effort in health care in a given country relative to the size of its economy.</td>
</tr>
<tr>
<td>Health expenditure not financed by out of pocket by private households</td>
<td>ILO</td>
<td>This indicator is used as a proxy of affordable access to healthcare. Total health care expenditure - out of pocket payments as a percentage of total expenditure on healthcare.</td>
</tr>
</tbody>
</table>
## Module 4: System Assessment Guidelines

### Country at a Glance:

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Most recent year (Y)</th>
<th>Y-1</th>
<th>Y-2</th>
<th>Y-3</th>
<th>Y-4</th>
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<tbody>
<tr>
<td><strong>Economic indicators</strong></td>
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<tr>
<td>GDP per capita in current $</td>
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<td>GDP per capita in PPP$</td>
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<td>CPI index</td>
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<tr>
<td>National average wage</td>
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<tr>
<td>Average wage in the private sector in general or key economic sectors</td>
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<tr>
<td>Average wage in the public sector (estimate)</td>
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<td>Minimum wage (differentiate by sector if necessary)</td>
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<tr>
<td><strong>Demographic indicators</strong></td>
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<tr>
<td>Total male population</td>
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<td>Total female population</td>
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<td>Demographic distribution of the population (by age groups and sex, ex.</td>
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<td>0-14, 15-24, 25-64, 65+)</td>
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<tr>
<td>Dependency rate (old age, youth, combined)</td>
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<tr>
<td>Fertility rates</td>
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<tr>
<td>Life expectancy (at birth, remaining life expectancy at age 40, 60, and</td>
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<td>65, by sex)</td>
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<tr>
<td>Infant Mortality rate</td>
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<td>Maternal Mortality rate</td>
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<td>Net migration rate (net migration / total population)</td>
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<td><strong>Labor market indicators</strong></td>
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<tr>
<td>Share of 15-64, 65+, 15+ population by primary activity: (by sex, urban/rural, age group)</td>
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<td>Employed</td>
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<td>Unemployed</td>
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<td>Underemployed (if available)</td>
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<tr>
<td>Inactive</td>
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<tr>
<td>Indicators</td>
<td>Most recent year (Y)</td>
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<tr>
<td>Labor market indicators (continued)</td>
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<tr>
<td>Share of employment by status (by sex, urban, groups of age (15-24, 25-64 and 65+))</td>
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<td>Wage workers in formal employment</td>
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<td>Wage employees in informal employment</td>
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<td>Self-employed registered (formal)</td>
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<td>Self-employed non registered (informal)</td>
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<td>Self-employed without employees (own account workers)</td>
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<td>Unpaid family workers</td>
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<td>Domestic workers</td>
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<td>Workers in agriculture</td>
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<td>Workers in other specific sector</td>
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<td>Share of employment by sector(by sex, urban/rural, age group)</td>
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<tr>
<td>Manufacturing/Industry</td>
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<td>Service</td>
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<td>Labor productivity (annual variation, in %) if available</td>
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<tr>
<td>Social indicators</td>
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<tr>
<td>Poverty headcount according to national poverty line(s) and international definitions (by rural/urban, age group, sex and household type)</td>
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<tr>
<td>National poverty line(s) (by rural/urban if applicable)</td>
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<td>Poverty gap (by rural/urban, age group, sex and household type)</td>
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<td>Income inequality (Gini coefficient, P80/P20)</td>
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<td>Primary Enrollment rate (by sex)</td>
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<td>Primary school completion rates (by sex)</td>
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<td>Secondary school enrollment rate (by sex)</td>
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<td>Indicators</td>
<td>Most recent year (Y)</td>
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<tr>
<td><strong>Social indicators (continued)</strong></td>
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<td>Secondary school completion rates (by sex)</td>
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<tr>
<td>Food security/malnourishing (FAO TBC)</td>
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<tr>
<td>Human development index</td>
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<tr>
<td>Total public expenditure (% of GDP)</td>
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<tr>
<td>Education</td>
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<td>General Government expenditure on health</td>
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| 1. Policy Framework | • Universal Declaration of Human Rights, UDHR, Art. 22 and 25  
• International Covenant on Economic, Social and Cultural Rights, ICESCR, Art. 9  
• General Comment no. 19 of the Committee on Economic, Social and Cultural Rights (CESCR), para. 28; 46-51; 67²¹ | Social Security as a Right/Universality:  
• “Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international co-operation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality.”  
1. Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control. 2. Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.”  
• States have an obligation to fulfill the right to social security by facilitating, promoting and providing effective access to social protection for the population.  
• States should ensure that social security is adequate, affordable, and accessible;  
• States should provide for measures that complement social protection policies such as social services, policies for poverty reduction, livelihood promotion and social inclusion. |
|   | • Convention on the Rights of the Child, Art. 26 | • States shall take the necessary measures to achieve the full realization of the right of every child to benefit from social security. |
|   | • Convention on the Rights of Persons with Disability (CRPD), Art. 11 and 28 | • States Parties recognize the right of persons with disabilities to social protection and an adequate standard of living for themselves and their families, including adequate food, clothing, and housing, and to the continuous improvement of living conditions, and shall take appropriate steps to safeguard and promote the realization of this right without discrimination on the basis of disability. |
|   | • Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), Art. 11 | Non-discrimination:  
• Elimination of discrimination against women in the field of employment in order to ensure the same rights, including social security, protection of health and other benefits. |
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<tr>
<td>1. Policy Framework</td>
<td>• Social Security (Minimum Standards) Convention, 1952 (No. 102), Art. 72</td>
<td><strong>Overall Responsibility of the State:</strong> • States shall accept general responsibility for the proper administration of the institutions and services concerned with the provision of social security benefits.</td>
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<td>• Social Protection Floors Recommendation, 2012, para. 3(a)(d) (j)(l)(m), 13, and 14</td>
<td>• In building their social protection systems, states should apply a set of principles, including: • <strong>Universality</strong> of protection based on social solidarity, non-discrimination, gender equality and responsiveness to special needs; • <strong>Coherence</strong> with social, economic and employment policies, as well as coherence across institutions responsible for delivery of social protection; • <strong>Transparent</strong> , accountable, and sound financial management and administration; • <strong>Formulation of National Social Protection Strategies:</strong> States should develop national social protection strategies that lay down clear targets and timeframes for closing coverage gaps and building and maintaining comprehensive and adequate social security systems.</td>
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<td>• The Right to Food Guidelines, para. 2.4, 5.2 and 10.722</td>
<td><strong>Coordination &amp; Coherence:</strong> • States should consider adopting a holistic and comprehensive approach to hunger and poverty reduction. Such an approach entails the development of appropriate institutions, functioning markets, a conducive legal and regulatory framework, and access to employment, productive resources, and appropriate services. • States may wish to ensure the coordinated efforts of relevant government ministries, agencies, and offices. They could establish national intersectoral coordination mechanisms to ensure the concerted implementation, monitoring, and evaluation of policies, plans, and programs. • States are invited to take parallel action in the areas of health, education, and sanitary infrastructure and promote intersectoral collaboration, so that necessary services and goods become available to people.</td>
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| 2. Legal Framework | • International Covenant on Economic, Social and Cultural Rights (ICESCR), Art. 2  
• General Comment no. 19 of the Committee on Economic, Social and Cultural Rights, (CESCR), para. 67 | **Anchoring Social Protection Entitlements in Law:**  
• States commit to achieving progressively the full realization of the right to social security by all appropriate means, including particularly, the adoption of legislative measures.  
• States are obliged to adopt measures such as legislation to ensure the implementation of the right to social security. Existing legislation should be reviewed to ensure they are compatible with the obligations arising from the rights to social security. |
|  | • All ILO Conventions | • States that have ratified ILO conventions have a legal obligation to “take such action as may be necessary to make effective the provisions of such Convention” (ILO Constitution, Art. 19(d)). This includes in particular adopting and enforcing the necessary legislation and administrative regulations. This is reflected in the report forms for conventions that states have to submit periodically. These forms always request states as the first item to provide full information concerning the laws and regulations by which effect is given to the provisions of the Convention. |
|  | • Social Protection Floors Recommendation, 2012, para. 3(b) and 7 | • Entitlement to benefits should be prescribed by national law. Laws should specify the range, qualifying conditions, and levels of the benefits. |
| 3. Confidentiality of Private Information | • Universal Declaration on Human Rights (Art. 12)  
• International Covenant on Civil and Political Rights (ICCPR, Art. 17) | **Respect for Privacy:**  
• Everyone has the right to the protection of the law against arbitrary interference with his privacy, family, home, or correspondence. |
|  | • International Convention on the Protection of All Migrant Workers and Members of Their Families (Art. 14) | • Each migrant worker and his or her family have the right to the protection of the law against interference with his or her privacy, family, home, correspondence, or other communications. |
|  | • Convention on the Rights of the Child (Art. 16) | • Each child has the right to the protection of the law against interference with his or her privacy, family, home, correspondence, or other communications. |
|  | • Social Protection Floors Recommendation, 2012, para. 23 and 3(f) | **Legal Framework to Protect the Right to Privacy:**  
• Governments should establish a legal framework to secure and protect private individual information contained in their social security data systems. States should ensure respect for the rights and dignity of people covered by the social security guarantees. |
|  | • OECD Guidelines on the Protection of Privacy and Transborder Flows of Personal Data (1980) | • Lays down minimum standards for the protection of privacy and how to implement these such as the collection limitation principle, use limitation principle, security safeguards principle, participation principle, accountability principle, data security breach notifications, etc. States should have privacy management systems in place that gives effect to the guidelines. |
**Annex 1: Overview of Relevant Int’l Instruments & Related Principles & Provisions**

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| 4. Participation | Universal Declaration of Human Rights (UDHR), Art. 21(1)  
International Covenant on Economic, Social and Cultural Rights, ICESCR  
Committee on Economic, Social and Cultural Rights, CESCR, General Comment no. 19, para. 26 and 69 | **Right to Participation:**  
• Everyone has the right to take part in the government of his country.  
• Beneficiaries of social security schemes must be able to participate in the administration of the social security system.  
• The right of individuals and groups to participate in decision-making processes that may affect their exercise of the right to social security should be an integral part of any policy, program, or strategy concerning social security. |
| | United Nations Convention against Corruption, 2003, Art. 13 | **Promotion of participation:**  
• States shall take appropriate measures to promote the active participation of individuals and groups outside the public sector, such as civil society, non-governmental organizations, and community-based organizations. |
| | Social Security (Minimum Standards) Convention, 1952 (No. 102), Art. 72 | **Participation in social protection schemes:**  
• Where the administration of benefits is not entrusted to an institution regulated by the public authorities or to a government department responsible to a legislature, representatives of the persons protected shall participate in the management, or be associated therewith in a consultative capacity, under prescribed conditions. National laws or regulations may likewise decide as to the participation of representatives of employers and of the public authorities. |
| | Social Protection Floors Recommendation, 2012, para. 3(r), 8(d), and 19 | **Participation in social protection policy and implementation:**  
• States should ensure tripartite participation as well as consultation with other relevant and representative organizations of persons concerned, including for the establishment and review of benefit levels and monitoring of the social security system. |
| | The Right to Food Guidelines, para. 3.7, 3.9, and 5.4 | **Promotion of Participation:**  
• In developing national agricultural and food production strategies, states are encouraged to consult with civil society organizations and other key stakeholders at national and regional levels, with the aim of promoting their active participation.  
• These strategies should be transparent, inclusive, and comprehensive, take into account the special needs of girls and women, and be prepared and implemented in a participatory and accountable manner.  
• States should ensure that relevant institutions provide for full and transparent participation of the private sector and of civil society. |

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<td>5. Policy Implementation</td>
<td>• Social Security (Minimum Standards) Convention, 1952 (No. 102), Art. 71(3)</td>
<td><strong>Overall Responsibility of the State:</strong>&lt;br&gt;• States shall accept general responsibility for the due provision of benefits and shall take all measures required for this purpose.</td>
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<td>• International Covenant on Economic, Social and Cultural Rights, ICESCR, Art. 9&lt;br&gt;• Committee on Economic, Social and Cultural Rights, CESCRI, General Comment no. 19, para. 28 and 46-51</td>
<td>• States Parties to the Covenant recognize the right of everyone to social security, including social insurance.&lt;br&gt;&lt;br&gt;<strong>State obligation to respect, protect and fulfill the right to social security:</strong>&lt;br&gt;• The right to social security, imposes three types of obligations on States parties: i) the obligation to respect, i.e. refraining from engaging in any practice or activity that, for example, denies or limits equal access to adequate social security; arbitrarily or unreasonably interferes with self-help or customary or traditional arrangements for social security; arbitrarily or unreasonably interferes with institutions that have been established by individuals or corporate bodies to provide social security.&lt;br&gt;ii) the obligation to protect, i.e. restraining third parties from engaging in any practice or activity as mentioned above to ensure private actors do not compromise equal, adequate, affordable, and accessible social security.&lt;br&gt;iii) the obligation to fulfill, i.e. taking positive measures to assist individuals and communities to enjoy the right to social security, including through sufficient recognition of this right within the national political and legal systems, preferably by way of legislative implementation; adopting a national social security strategy and plan of action; the coverage of disadvantaged and marginalized groups, even where there is limited capacity to finance social security, either from tax revenues and/or contributions from beneficiaries and adopting policies and a legislative framework for the progressive inclusion of those in the informal economy or who are otherwise excluded from access to social security.&lt;br&gt;The right to social security plays an important role in supporting the realization of many of the rights in the Covenant, but other measures are necessary to complement the right to social security.</td>
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<td>Social Protection Floors Recommendation, 2012, para. 3 (j) (l)(n)</td>
<td><strong>Set of Principles for the Implementation of Social Protection Policies:</strong>&lt;br&gt;• States should ensure transparent, accountable, and sound financial management and administration; coherence with social, economic, and employment policies; and high-quality public services that enhance the delivery of social security systems.</td>
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| 6. SP Financing | • Social Security (Minimum Standards) Convention, 1952 (No. 102), Art. 71(3) | Sound Financial and Fiscal Policies, Including Periodic Actuarial Reviews:  
- The state shall ensure, where appropriate, that the necessary actuarial studies and calculations concerning financial equilibrium are made periodically and, in any event, prior to any change in benefits, the rate of insurance contributions, or the taxes allocated to covering the contingencies in question.  
Ensuring Solidarity in the Financing of Social Protection Systems:  
- The cost of benefits provided and the cost of the administration of such benefits shall be borne collectively by way of insurance contributions or taxation or both in a manner which avoids hardship to persons of small means and takes into account the economic situation of the state and of the classes of persons protected. |
| | • Convention on the Rights of the Child, CRC, Art. 4  
• Convention on the Rights of Persons with Disability CRDP, Art. 4(2) | Obligation to Dedicate the Maximum Amount of Available Resources:  
- With regard to economic, social, and cultural rights, parties shall undertake such measures to the maximum extent of their available resources and, where needed, within the framework of international co-operation. |
| | • International Covenant on Economic, Social and Cultural Rights, ICESCR, Art. 9  
• Committee on Economic, Social and Cultural Rights, CESCR, General Comment 19 paras. 4; 33-34; 41, 50,51 | • States Parties to the Covenant recognize the right of everyone to social security, including social insurance.  
• States should allocate adequate fiscal and other resources at the national level. Steps must be taken by States to the maximum of their available resources to realize the right to social security, including covering workers inadequately protected by social security, including part-time workers, casual workers, the self-employed, homeworkers and workers in the informal economy.  
Ensuring Solidarity in the Financing of Social Protection Systems:  
- States need to establish non-contributory schemes or other social assistance measures to provide support to those individuals and groups who are unable to make sufficient contributions for their own protection. It is important that social security schemes cover disadvantaged and marginalized groups, even where there is limited capacity to finance social security, either from tax revenues and/or contributions from beneficiaries. Low-cost and alternative schemes could be developed to cover immediately those without access to social security, although the aim should be to integrate them into regular social security schemes. |

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| 6. SP Financing | • Social Protection Floors Recommendation, 2012, para. 3(j) (k) and 11 | • States should ensure solidarity in financing while seeking to achieve an optimal balance between the responsibilities and interests among those who finance and benefit from social security schemes.  
**Consideration of a Diversity of Financing Mechanisms to Ensure the Sustainability of the System:**  
• States should consider using a variety of different methods to mobilize the necessary resources to ensure financial, fiscal and economic sustainability including, individually or in combination, methods such as effective enforcement of tax and contribution obligations, reprioritizing expenditure, or a broader and sufficiently progressive revenue base.  
**Sound Financial Management and Sustainability:**  
• States should ensure transparent, accountable and sound financial management;  
• States should ensure financial, fiscal and economic sustainability with due regard to social justice and equity;  
• States should consider the need to implement measures to prevent fraud, tax evasion and non-payment of contributions. |
|  |  | The Right to Food Guidelines, para. 12.2 |
| 7. Access to Information | • Universal Declaration of Human Rights, UDHR, Art. 19 and 21 (2)  
• International Covenant on Civil and Political Rights, ICCPR, Art. 19(2)  
• American Convention on Human Rights, Art. 13(1) | **Right to Access Information and Public Service:**  
• Everyone has the right to seek, receive, and impart information and ideas through any media and regardless of frontiers.  
• Everyone has the right to equal access to public service in his country.  
• States Parties to the Covenant recognize the right of everyone to social security, including social insurance.  
• States should ensure the right of individuals and organizations to seek, receive, and impart information on all social security entitlements in a clear and transparent manner. |
|  | • International Covenant on Economic, Social and Cultural Rights, ICESCR, Art. 9  
• Committee on Economic, Social and Cultural Rights, CESC, General Comment no. 19, para. 26, 49, and 78 | States should ensure that there is appropriate education and public awareness concerning access to social security schemes, particularly in rural and deprived urban areas, or amongst linguistic and other minorities.  
Before any measures are undertaken that interfere with the rights of an individual to social security, timely and full disclosure of information on the proposed measures must be ensured. |

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  • States should take appropriate measures to promote participation, such as ensuring that the public has an effective access to information and respecting, promoting, and protecting the freedom to seek, receive, publish, and disseminate information concerning corruption. |
|                              | • Social Protection Floors Recommendation, 2012, para. 3(j), 14(f), and 21                | **Transparency & Accountability:**  
  • Governments should ensure transparent, accountable, and sound financial management and administration.  
  States should raise awareness and undertake information programs on their social security systems, including through social dialogue.  
  **Production and Publication of Social Security Data and Statistics:**  
  • States should regularly collect, compile, analyze, and publish an appropriate range of social security data, statistics and indicators, disaggregated, in particular, by gender. |
|                              | • The Right to Food Guidelines, para 7.3 and 11.8                                       | **States that have established a right to adequate food under their legal system should inform the general public of all available rights and remedies to which they are entitled.**  
  • Countries are encouraged to promote awareness of the importance of human rights. |

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| 8. Monitoring & Evaluation | • Social Protection Floors Recommendation, 2012, para. 3(p) and 19-24 | **Appropriate Monitoring Arrangements:**  
  • States should ensure regular monitoring of implementation, and periodic evaluation of social security systems.  
  • Monitoring should be carried out through appropriate nationally defined mechanisms, including tripartite participation with representative organizations of employers and workers, as well as consultation with other relevant and representative organizations of persons concerned.  
  • Monitoring arrangements should collect, compile, analyze, and publish an appropriate range of social security data, statistics and indicators, disaggregated, in particular, by gender on the basis of relevant guidance provided by the International Labor Organization, in particular, as appropriate, the resolution concerning the development of social security statistics adopted by the Ninth International Conference of Labor Statisticians.  

  • International Covenant on Economic, Social and Cultural Rights, ICESCR, Art. 9  
  • Committee on Economic, Social and Cultural Rights CESCR, General Comment no. 19, para. 46, 63, 67, and 74-76 | • States Parties to the Covenant recognize the right of everyone to social security, including social insurance.  
  • To prevent abuses an effective regulatory system must be established which includes framework legislation, independent monitoring, genuine public participation, and imposition of penalties for non-compliance.  
  • Social security systems should be subject to an adequate framework of monitoring and accountability that defines appropriate indicators and benchmarks to measure progress regarding adequacy, coverage of social risks and contingencies, affordability, and accessibility. Indicators should be disaggregated on the prohibited grounds of discrimination and cover all persons residing in the country. |

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| 9. Eligibility Criteria | • UN Charter, preamble and Art. 1(3)  
• Universal Declaration of Human Rights, UDHR, Art. 2  
• International Covenant on Economic, Social and Cultural Rights, ICESCR, Art. 2 and 3  
• International Covenant on Civil and Political Rights, ICCPR, Art. 2(1) and 26  
• African Charter on Human and People’s Rights, ACHPR, Art. 2  
• European Convention on Human Rights, ECHR, Art. 14  
• ILO Conventions related to Social Security (C.102, C.121, C.130, C.168, and C.183) | Gender Equality, Responsiveness to Special Needs, Social Inclusion, and Respect for the Rights and Dignity of People Covered:  
• Everyone is entitled to their rights without distinction of any kind, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth, or other status.  
• States have to guarantee that the right to social security will be exercised without discrimination of any kind as to race, color, sex, language, religion, political or other opinion, national or social origin, property, birth, or other status.  
• States have to ensure equal right of men and women to enjoyment of the right to social security.  
• States Parties to the Covenant recognize the right of everyone to social security, including social insurance.  
• States must ensure full respect for the principle of nondiscrimination, whether in law or in fact, whether direct or indirect, on the grounds of race, color, sex, age, language, religion, political or other opinion, national or social origin, property, birth, physical or mental disability, health status (including HIV/AIDS), sexual orientation, and civil, political, social or other status.  
• States parties should give special attention to those individuals and groups who traditionally face difficulties in exercising the right to social security, in particular women, the unemployed, workers inadequately protected by social security, persons working in the informal economy, sick or injured workers, people with disabilities, older persons, children and adult dependents, domestic workers, home workers, minority groups, refugees, asylum-seekers, internally displaced persons, returnees, non-nationals, prisoners, and detainees.  
• Support for persons with disability should be provided in a dignified manner and reflect the special needs for assistance and other expenses associated with disability. It should cover family members and other informal caregivers.  
• The term "racial discrimination" shall mean any distinction, exclusion, restriction or preference based on race, color, descent, or national or ethnic origin which has the purpose or effect of nullifying or impairing the recognition, enjoyment or exercise, on an equal footing, of human rights and fundamental freedoms in the political, economic, social, cultural, or any other field of public life.  
• States should guarantee the right of everyone, without distinction as to race, color, or national or ethnic origin, to equality before the law, notably in the enjoyment of the right to public health, medical care, social security, and social services. |
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<td>9. Eligibility Criteria</td>
<td>• Convention on the Elimination of All Forms of Discrimination against Women, CEDAW, Art. 1 and 11</td>
<td>• The term &quot;discrimination against women&quot; shall mean any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil, or any other field. • States shall take measures to eliminate discrimination in the field of employment in order to ensure the same rights including the right to social security, particularly in cases of retirement, unemployment, sickness, invalidity, and old age and other incapacity to work, as well as the right to paid leave.</td>
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<td>• Social Protection Floors Recommendation, 2012, para. 3(a),(d),(e),(f) and 16</td>
<td>• In the design and implementation of social security systems, countries should ensure nondiscrimination, gender equality, and responsiveness to special needs. • As well as social inclusion, including of persons in the informal economy, respect for the rights and dignity of people covered by the social security guarantees, and universality of protection, based on social solidarity. • Social security extension strategies should ensure support for disadvantaged groups and people with special needs.</td>
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<td>• The Right to Food Guidelines, para. 3.5</td>
<td>• States should consider integrating into their poverty reduction strategy a human rights perspective based on the principle of nondiscrimination. In raising the standard of living of those below the poverty line, due regard should be given to the need to ensure equality in practice to those who are traditionally disadvantaged and between women and men. • States should pay particular attention to the specific access problems of women and of vulnerable, marginalized and traditionally disadvantaged groups, including all persons affected by HIV/AIDS.</td>
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| 10. Benefit Levels & Their Indexation | • International Covenant on Economic, Social and Cultural Rights, ICESCR, Art. 11 and 12  
• Committee on Economic, Social and Cultural Rights, CESC, General Comment no. 19, para. 22 | **Adequacy & Predictability of Benefits:**  
• States should recognize the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing, and housing, and to the continuous improvement of living conditions, as well as the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and that the full realization of this right requires the creation of conditions which would assure to all medical service and medical attention in the event of sickness and the prevention, treatment and control of epidemic, endemic, occupational, and other diseases.  
• Benefits, whether in cash or in-kind, must be adequate in amount and duration in order that everyone may realize his or her rights to family protection and assistance, an adequate standard of living and adequate access to healthcare.  
• Methods applied should ensure the adequacy of benefits. The adequacy criteria should be monitored regularly to ensure that beneficiaries are able to afford the goods and services they require to realize their rights. When a person makes contributions to a social security scheme that provides benefits to cover lack of income, there should be a reasonable relationship between earnings, paid contributions, and the amount of relevant benefit.  

• Social Security (Minimum Standards) Convention, 1952 (No. 102), Art. 65 and 66 | • Benefits should allow a life in health and dignity for the family of the beneficiary.  
The rate of the benefit shall be determined according to a prescribed scale or a scale fixed by the competent public authority in conformity with prescribed rules.  

**Review of Benefit Levels:**  
• The rates of cash benefits shall be reviewed following substantial changes in the general level of earnings or substantial changes in the cost of living.  

**Minimum Levels:**  
• The total benefits shall be not less than the corresponding benefit calculated in accordance with the requirements of the Convention. Articles 65 and 66 contain detailed provisions regarding minimum benefit levels for nine contingencies for different beneficiaries, e.g.  
For unemployment: sickness: 45% of the reference wage  
For old age and survivors: 40% of reference wage  
Incapacity due to work accident: 50% of reference wage and needed medical care  
In case of ill health: general practitioner care, specialist care at hospitals, essential medical supplies, hospitalization if necessary as well as prenatal, childbirth and post-natal care. |

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<tr>
<td>10. Benefit Levels &amp; Their Indexation</td>
<td>• Employment Injury Benefits Convention, 1964 (No. 121)</td>
<td>• At least 60% of reference wage in case of incapacity to work and access to medical care, 50% of reference wage in case of death.</td>
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<td>• Medical Care and Sickness Benefits Convention, 1969 (No. 130)</td>
<td>• Provision of the medical care required by the person’s condition with a view to maintaining, restoring or improving health and ability to work and attend to personal needs, including at least: general practitioner care, specialist care at hospitals, allied care and benefits, essential medical supplies, hospitalization if necessary, dental care and medical rehabilitation.</td>
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<td>• Invalidity, Old-Age and Survivors’ Benefits Convention, 1967 (No. 128)</td>
<td>• The standard beneficiary would get a fixed percentage of total previous earning not less than 50% in the case of invalidity, 45% in the case of old age or death of breadwinner. • The rates of cash benefits shall be reviewed following substantial changes in the general level of earnings or substantial changes in the cost of living. • 60% of reference wage and funeral expenses in case of death.</td>
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<td>• Employment Promotion and Protection against Unemployment Convention, 1988 (No. 168)</td>
<td>• At least 50% of reference wage or total benefit must guarantee the beneficiary healthy and reasonable living conditions.</td>
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<td>• Maternity Protection Convention, 2000 (No. 183)</td>
<td>• Cash benefits shall be at a level which ensures that the woman can maintain herself and her child in proper conditions of health and with a suitable standard of living and no less than 2/3 of previous earnings.</td>
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<td>• Maintenance of Social Security Rights Convention, 1982 (No. 157), Art. 9(1)</td>
<td>• States shall guarantee the provision of invalidity, old-age and survivors’ cash benefits, pensions in respect of employment injuries and death grants, to which a right is acquired under its legislation, to beneficiaries who are nationals or refugees or stateless persons, irrespective of their place of residence.</td>
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<td>• Social Protection Floors Recommendation, 2012, para. 3(b) (c), 5, 7, and 8(b)(c)(d)</td>
<td>• States should prescribe entitlement to benefits by national law; ensure adequacy and predictability of benefits including at a minimum access to essential health care and basic income security for children, active age and older persons; persons in need of health care should not face hardship and an increased risk of poverty due to the financial consequences of accessing essential health care. Free prenatal and postnatal medical care for the most vulnerable should also be considered basic income security should allow life in dignity. Nationally defined minimum levels of income may correspond to the monetary value of a set of necessary goods and services, national poverty lines, income thresholds for social assistance, or other comparable thresholds established by national law or practice, and may take into account regional differences; the levels of basic social security guarantees should be regularly reviewed through a transparent procedure that is established by national laws, regulations or practice, as appropriate.</td>
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| 11. Duration of Benefits | • Social Security (Minimum Standards) Convention, 1952 (No. 102) | • States should ensure adequacy and predictability of benefits. Benefits should allow a life in dignity. The convention contains minimum duration of benefits for nine contingencies e.g.  
**In case of ill health:** as long as the illness persists. Maybe limited to 26 weeks in each case of sickness unless the beneficiary is treated for a disease requiring prolonged care.  
**In the case of unemployment:** at least 13 weeks of benefits within a period of 12 months, for means-tested (non-contributory) schemes: at least 26 weeks within a period of 12 months.  
**Old age:** From the prescribed age to the death of the beneficiary. |
<p>|                   | • Employment Injury Benefits Convention, 1964 (No. 121)                                   | • As long as the person is in need of health care or remains incapacitated.                                                                                                                                                     |
|                   | • Medical Care and Sickness Benefits Convention, 1969 (No. 130)                          | • Medical care should be provided throughout the contingency, may be limited to 26 weeks where a beneficiary ceases to belong to the categories of persons protected, unless the beneficiary is treated for a diseases requiring prolonged care. In case of incapacity to work resulting from ill health, periodic payments may be limited to 52 weeks in each case of sickness. |
|                   | • Invalidity, Old-Age and Survivors’ Benefits Convention, 1967 (No. 128)               | • From the prescribed age to the death of the beneficiary.                                                                                                                                                                     |
|                   | • Employment Promotion and Protection against Unemployment Convention, 1988 (No. 168)  | • Throughout the unemployment period: possibility to limit the initial duration to 26 weeks in case of unemployment or 39 weeks over any period of 24 months.                                                                           |
|                   | • Maternity Protection Convention, 2000 (No. 183)                                       | • Minimum of 14 weeks paid maternity leave.                                                                                                                                                                                     |
|                   | • Maintenance of Social Security Rights Convention, 1982 (No. 157); Art. 9(1)           | • States shall guarantee the provision of invalidity, old-age and survivors’ cash benefits, pensions in respect of employment injuries and death grants, to which a right is acquired under its legislation, to beneficiaries who are nationals or refugees or stateless persons, irrespective of their place of residence. |
|                   | • Social Protection Floors Recommendation, 2012, para. 3(c); 4                           | • Adequacy and predictability of benefits throughout the life cycle.                                                                                                                                                           |</p>
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| 12. Flexibility & Crisis Response Mechanisms | • International Covenant on Economic, Social and Cultural Rights, ICESCR, Art. 9  
• Committee on Economic, Social and Cultural Rights, CESCR, General Comment no. 19, para. 50 | • States Parties to the Covenant recognize the right of everyone to social security, including social insurance.  
• Special attention should be given to ensuring that the social security system can respond in times of emergency, for example during and after natural disasters, armed conflict, and crop failure. |
| 13. Complaints & Appeal Mechanisms | • Universal Declaration of Human Rights, UDHR, Art. 8  
• International Covenant on Civil and Political Rights, ICCPR, Art. 3 | **Right to Remedy in Case of Violation of Rights:**  
• Everyone has the right to an effective remedy by the competent national tribunals for acts violating the fundamental rights granted him by the constitution or by law.  
• States Parties to the Covenant recognize the right of everyone to social security, including social insurance.  
• Appropriate means of redress, or remedies, must be available to any aggrieved individual or group, and appropriate means of ensuring governmental accountability must be put in place. |
|  | • International Covenant on Economic, Social and Cultural Rights, ICESCR, Art. 9  
• Committee on Economic, Social and Cultural Rights, CESCR, General comment no. 9: The domestic application of the Covenant, para. 2 and 3 | **Right of Appeal:**  
• Every claimant shall have a right of appeal in case of refusal of the benefit or complaint as to its quality or quantity.  
• In the design and implementation of social security systems, states should ensure that efficient impartial, transparent, effective, simple, rapid, accessible, and inexpensive complaint and appeal procedures are provided. Access to complaint and appeal procedures should be free of charge to the applicant.  
• Systems should be in place that enhance compliance with national legal frameworks. |
|  | • Social Security (Minimum Standards) Convention, 1952 (No. 102) Art. 70  
• Other ILO social security conventions |  |
|  | • Social Protection Floors Recommendation, 2012, para. 3(o) and 7 |  |
1. ICESCR, Art 2, CESCR, General Comment no. 19, para. 67.
2. This is related to the State’s obligation to respect, protect and fulfill the right to social security/social protection as provide in the ICESCR, Art 9, CEDAW, Art 11, CRC, Art. 26, CRPD, Arts. 11 and 28, and CESC, General Comment no. 19, para. 46-51 it is also stated in the Social Security (Minimum Standards) Convention, 1952 (No. 102), Art 72, Social Protection Floors Recommendation, 2012, para. 3.
3. For information regarding international principles and standards providing guidance regarding the policy framework for social protection systems, see Annex 1, Row 1.
4. For information regarding international principles and standards providing guidance regarding the legal framework for social protection systems, see Annex 1, Row 2.
5. For information on international principles and standards regarding the privacy of information, see Annex 1, Row 3.
6. Depending on the country context, the coverage data should be used to benchmark against different indicators, e.g. share of total population in the target group covered, share of specific groups covered such as women, indigenous persons, agricultural workers or rural populations etc.
7. For information on international principles and standards regarding participation in social protection policy making, see Annex 1, Row 4.
8. For an overview of relevant international principles and standards regarding SP policy implementation, see Annex 1, Row 5.
9. Regarding the need for sound financial and fiscal policies, including periodic actuarial reviews, to ensure the sustainability of the system in the long term, see Social Security (Minimum Standards) Convention, 1952 (No. 102), Art. 71 Social Protection Floors Recommendation, 2012, para. 3(j)(k), also refer to ISSA, ISSA Good Governance Guidelines for Social Security Institutions. 2011, Geneva.
10. For an overview of relevant international principles and standards regarding public expenditure and financing, see Annex 1, Row 6.
11. For an overview of relevant international principles and standards regarding access to information, see Annex 1, Row 7.
12. For an overview of relevant international principles and standards regarding monitoring and evaluation systems, see Annex 1, Row 8.
14. For an overview of relevant international principles and standards regarding gender equality, responsiveness to special needs, social inclusion and respect for the rights and dignity of people covered, see Annex 1, Row 9.
15. In the case of old age pensions, for example, it is necessary to assess whether statutory retirement or pensionable ages adequately reflect social protection needs in terms of working capacity and life expectancy as well as taking the financial sustainability of the scheme into account.
16. For an overview of relevant international principles and standards providing guidance on social protection benefit levels, see Annex 1, Row 10.

17. Under insurance schemes, benefits can be set at a flat rate, calculated according to a predefined formula without consideration to reserves (defined-benefit schemes) or otherwise subject to the accrued contributions and interest earned at the occurrence of the contingency (defined-contribution schemes). Provident funds are another type of contributory scheme which pay lump-sums or annuities to beneficiaries when particular contingencies occur. This type of scheme, however, does not usually guarantee of adequate benefit levels.

18. For an overview of relevant international principles and standards regarding the duration of different benefits, see Annex 1, Row 11.

19. For an overview of relevant international principles and standards regarding financing and expenditures of social protection, see Annex 1, Row 6.

20. These provisions translate into legal obligations for states that have formally accepted to be bound by them through ratification.

21. The CESCR is the independent expert monitoring body in charge of interpreting ratifying States’ obligations under the ICESCR and of examining States’ compliance with their obligations under this instrument. The General Comments of the CESCR provides guidance to states regarding the implementation of the convention.

CODI
CORE DIAGNOSTIC INSTRUMENT

DATA COLLECTION FRAMEWORK
This section is a simplified version of the full CODI Data Collection Framework, available at ISPATools.org. The full Data Collection Framework is available for download in Excel format and includes all fields necessary to complete the assessment.

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Module 1: Policy

The objective of this module is to help understand basic features of SP policy, including regulatory and legislative framework, strategy and objectives, institutional setup for policy making, implementation and coordination, capacity to design and carry out policies, public spending and sources of financing and the state of data monitoring and evaluation systems. The assessment is centered on six main areas: (i) legislative framework, strategy and objectives, ii) alignment of policies with population SP needs, (iii) SP policy making process, (iv) policy implementation and capacity, (v) public spending and financing; and (vi) implementation monitoring and evaluation and data systems.

Key Area 1: Legal & Policy Framework - National Legal and Policy Frameworks

1. What are the key laws and other acts regulating SP policies and their financing and implementation? (Please list and provide text or link)
2. General provisions - i.e. laws setting out the overall objectives and the types and schemes and programs that form part of the SP system (Constitutional Law, Social Security Law, Labor Codes, etc.)
3. Specific laws by function (i.e. laws containing benefit parameters - range, qualifying conditions, benefit levels, etc...)
   * Poverty and social exclusion
   * Medical care
   * Children/ family
   * Maternity
   * Sickness
   * Unemployment
   * Employment injury
   * Disability
   * Survivors
   * Old-age
   * Housing
   * ALMPs
4. Laws related to the implementation, administration, financing and delivery (including accountability mechanisms and relevant bodies/actors)
5. Laws related to monitoring and reporting mechanisms
6. Laws related to complaint and appeal procedures
7. Laws related to enforcement and compliance mechanisms
8. Laws related to the protection and security of private individual information
9. Are the rights to social protection/social security protected by the Constitution?
10. To what extent is there a sound overall regulatory framework that minimizes inefficiencies, mismanagement, fraud and misuse and holds persons responsible for financial management responsible for their acts and decisions? - Elaborate
11. Is the right to equality and non-discrimination stipulated in respect to social protection?
12. Are there any provisions in the law that restrict the right to social protection?
13. Are their policies, including budgetary policies that favor specific groups? If so which and why?

14. What measures are foreseen in SP policies/legislation to ensure
   *Non-discrimination?*
   *Gender-equality?*
   *Responsiveness to special needs?*

15. To what degree are people aware that access to social protection is a human right?

16. Do persons know what their social protection legal entitlements are?

17. Does the relevant law prescribe that the Government has the ultimate responsibility to ensure the due provision of benefits? Please provide provision

**Key Area 1: Legal & Policy Framework - SP Strategy Objectives**

18. What are the SP objectives of the country? Are they stated in a NSPS? (Please provide document or link and indicate the year it was adopted)

19. Do the objectives address the social protection needs of the population?

20. Do the objectives aim for ensuring a life in health and dignity for all members of society?

21. Do the objectives aim at preventing or alleviating poverty, vulnerability and social exclusion?

22. Do the objectives take into account the socio-economic situation in the country?

23. Does a national SP strategy exist?
   If so, has it been approved?

24. Does the overall country development strategy/plan include a section on SP? (provide section)

25. Does the strategy establish realistic, actionable, and achievable goals and milestones with specified timeframes? (List goals, milestones, indicators and timeframes)

26. Does the strategy establish realistic, actionable, and achievable goals and milestones with financial requirements? (List goals, milestones, indicators and related financial requirements)

27. What population groups are explicitly identified in the SP strategy as needing SP?
   *Target population by main age range (Children, Youth, Active age, Older persons)*
   *Target population by poverty status (Poor, Extreme poor, Rural poor, Urban poor)*
   *Labor market status (Wage workers, Self employed, Informal economy workers, Unpaid family workers, Unemployed, Workers in agriculture)*
   *Other target groups (Women, Pregnant Women, Migrants, Persons with disability, Indigenous groups, People with HIV/AIDS, Vulnerable families, IDPs, Ex-combatants)*
   *Other, specify*

28. What types of SP programs/schemes does the strategy cover? Contributory and non-contributory schemes?
   *Non contributory SP Schemes/Programs*
   *Contributory SP schemes, in particular Social Insurance*
29. What types of SP functions does the strategy cover? (Poverty and social exclusion (general social assistance), Old age, Survivors, Health, Sickness, Disability, Employment Injury, Maternity, Children / families with children, Active labor market policies, Unemployment, Other, specify (housing, nutrition, basic education including subsidies))

30. Does the national Social Protection strategy aim for a progressive realization of the extension of social protection coverage (effective coverage of all life cycle stages and levels of benefits) to ensure all members of society enjoy a minimum level of protection?

31. Is the SP strategy
   * Self-standing?
   * Part of an overall national or sector development strategy?

32. Was the SP strategy informed by any of the following empirical evidence?
   * Poverty analysis
   * Demographic statistics
   * Risk and vulnerability analysis
   * Impact evaluation
   * Financial assessment
   * Actuarial valuation for contributory systems
   * Program reports and documents
   * Other (describe)

33. Is the strategy informed by international obligations stemming from ratified international instruments, If yes list which and ratification dates?

34. To what extent are the rules and regulations outlined in A1 in line with the strategy?

35. Has the strategy been developed through a transparent, participatory process that included relevant stakeholders? If yes, list which ones.

36. Does the SP strategy have a long term vision (more than 10 yrs)?

37. Does an action plan exist for the implementation of the SP strategy? (Please provide the document or link)

38. If yes, does it include a timeline for...
   * Policy making
   * Translating policies into law
   * Implementation
   * Evaluation

39. Does the action plan have a cost estimate?

40. Does the action plan have an allocated budget?

41. Does the action plan identify the responsible agencies for carrying out programs?

42. Does the action plan have monitoring arrangements?
Key Area 2: Alignment of Policies with Needs of Population - Understanding SP Needs

43. Does the country have a social protection needs /gaps assessment? (please provide the document / link)
   What year is the assessment from? (Provide the document)
   What are the priority groups and functions identified by the assessment?
   What data sources were used for the needs and gaps assessment?

44. What information is available on SP needs of the population if there is no SP needs assessment?
   * Poverty analysis
   * Demographic statistics
   * Risk and vulnerability analysis
   * Impact evaluation
   * Financial assessment
   * Actuarial valuation for contributory systems
   * Program reports and documents
   * Other (describe)

45. To what extent are priority groups defined by SP strategy and legislative framework consistent with those identified by the SP needs assessment?
   * consistent with the poverty profile of the country?

Which groups or functions are being left behind in the SP strategy and legal framework when considering the poverty profile of the country?
   * Population by main age range (Children, Youth, Active age, Older persons)
   * Population by poverty status (Poor, Extreme poor, Rural poor, Urban poor)
   * Population by labor market status (Wage workers, Self employed, Unpaid family workers, Unemployed, Workers in agriculture)
   * Vulnerable population groups not falling into any of the above (Women, Pregnant women, Survivors, People with disability, Migrants, Indigenous groups, People with HIV/AIDS, Vulnerable families, IDPs, Ex-combatants
   * Functions (Housing, Employment injury, Sickness, Medical care)
   * Other
   * None

46. What risk management measures are in place to avert political, economic, regulatory, geographic, operational and demographic risks?

47. To what extent does the government see social and economic policies as mutually reinforcing or as competing?

48. Does the SP needs assessment include information regarding contributory capacity of persons targeted? (provide an overview of the results)
Key Area 3: Policymaking Process

50. Which government bodies/agencies are responsible for SP policy-making (incl. development)? Please list by areas of responsibility (to be adapted to the national context) (e.g. ministries, departments, agencies, etc...) roles and functions, if policy making is decentralized amongst levels of government, list levels responsible for policy making.

51. Please provide a brief description/diagram of the political process and timelines of developing a policy proposal and the adoption of related legislation (where applicable including citizens and population consultations).

52. What aspects of SP are regulated by each level of government? (i.e. National, Regional, Local) (please adapt according to country context).

53. Please briefly describe the process for the formulation of a decree/key piece of regulation and the steps it needs to go through.

54. Does the country have any forms of popular decision-making on issues related to SP such as popular initiatives and referendums conducted at different levels of government (i.e., local/municipal, regional/state, national/federal). Describe and quote examples (only if they are actually used in practice).

55. Does the policy making process require participation of relevant stakeholders or consultations outside the central/federal/national government (adapt according to country context)?

56. If it does, who is consulted/invited to participate?
   * Other government agencies (specify)
   * Social partners (employers and workers organizations)
   * Civil society (specify)
   * Communities
   * Private sector (specify)
   * Academia
   * Congress
   * Subnational levels of government
   * Others, specify

57. Are processes for stakeholder participation ad hoc or institutionalized, e.g. through Social and Economic Councils? Describe the structures/mechanisms in place (list related legislation, regulation or agreement if available).

58. What type of stakeholder participation is foreseen in the policy making process? (Specify which stakeholders participate in which modes of engagement)
   * Information sharing
   * Consultations
   * Joint assessments
   * Shared decision-making
   * Collaboration
   * Other (specify)
59. If the participation is codified, are provisions included regarding
* Guarantees and protection for stakeholders to participate freely?
* The forms of cooperation/interaction between stakeholders?
* The principles, procedures and functions of national dialogue bodies?
* Conflict resolution mechanisms?
* Institutions that produce statistics and other needed information

60. Is participation foreseen in the different steps in the policy making process:
* Agenda setting and strategic decisions on the overall SP system?
* Policy and benefit design?
* Translating policies into law?
* Governance (financial, administrative)?
* Monitoring and Evaluation?
* Others?

61. In what way is the government obliged to take into consideration or respond to the opinion expressed by stakeholders / to the results of the consultations?
* Is there an obligation for the government to respond to the options expressed?
* Is there an obligation to provide information to the legislative body on the views expressed during the consultations on the policy measures?
* Is there an obligation to justify decisions taken contrary to the recommendations of the consultations?

62. What is the funding / budget allocated to finance participatory processes?
63. Does the policy making process use a stakeholder analysis to identify relevant stakeholders?
64. What criteria are used to identify relevant stakeholders to participate in the SP policy making process?

What are relevant stakeholders at national level in the social protection system (at all stages: design, implementation, monitoring, receiving benefits)? List all relevant actors for each of the following and briefly describe the role/responsibilities/relevance/interests of that actor in the SP system:
* Government stakeholders (Ministries, Agencies or commissions / Parliamentary committees, Regional / Subregional levels, Public social protection administrations,
* Public service providers, Social protection coordination bodies)
* Non-governmental stakeholders (Social partners (Workers/Employers Organizations, Civil society organizations representing persons concerned (e.g. children, older persons, persons with disability, health associations, rural population, indigenous people, informal economy workers, people with HIV/AIDS, veterans etc.), Academia/Research institutes)
* Private sector (Private service providers, Private entities involved in the administration or delivery of benefits)
* International actors (Multilateral organizations, Bilateral organizations, International non-governmental organizations)
* Other relevant actors

65. What is the role of the Ministry of Finance in the design of SP policies? (please describe)
67. Are policy-making agencies also responsible for the policy implementation oversight? If yes, describe the arrangement (i.e. special department?)

68. Which institutions perform the policy implementation oversight? (Please list)

69. Does the policy making process involve approval by the legislative body?

70. To what extent is the policy making process informed by sound evidence regarding
   * SP needs and gaps?
   * Financial capacities?
   * Administrative capacities?
   * Infrastructure capacities?

71. What structures/arrangements are in place to institutionalize that policy making draws on latest available evidence?

72. Is relevant information about the policy making and implementation process made publicly available?

**Key Area 4: Policy Implementation & Capacity**

73. List main agencies responsible for policy implementation by program function (to be adapted to the national context and the way the social protection system is organized)

74. Please briefly describe human resources capacity (as regards quantity, quality and skill mix) of implementing agencies by type of programs or main functions as per list included in the Inventory Table (to be adapted to the national context and the way the social protection system is organized)

75. Are the level of physical assets (infrastructure, equipment, utilities, IT, etc. sufficient to implement policies? Elaborate.

76. Is the level of financial resources sufficient to implement policies? Explain

77. Is policy implementation decentralized among levels of government? (to be adapted to the national context and the way the social protection system is organized)

78. If policy implementation is decentralized, which government level is responsible for what? (adjust according to country context)
   Please detail which levels of government (national, subnational) are responsible for funding, identification and registration of scheme members, delivery of benefits, oversight, M&E (by function). (insert organogram) only list responsibilities that are not carried out by a particular scheme or program administration

79. Is the policy implementation guided by written instructions?

80. Are the manuals and instructions guiding policy implementation available to the public?

81. Is there a well coordinated and institutionalized process among ministries and agencies for policy design, implementation and oversight?
   * Across relevant institutions?
   * Across different government levels?

82. What are the mechanisms for cross-sectoral and inter-ministerial collaboration such as inter-ministerial working groups?
   * Across other relevant government institutions?
   * Across different government levels?
83. Is there a coordination body for SP activities/programs/policies? And for social development policies? Please describe where the coordination body is located, its structure, membership, role and responsibilities.

84. If there is no institutionalized body, is there an ad hoc coordination mechanism amongst agencies?

85. What is the composition of the coordination mechanisms? Do they involve workers’ and employers’ representatives as well as other relevant and representative organizations of persons concerned?

86. To what extent is the Social Protection System characterized by fragmentation and overlap between schemes and programs regarding
   * Target groups?
   * SP functions?
   * Other aspects?

87. Is the implementation of any of the following activities integrated/coordinated across SP schemes/programs?
   * Information and awareness raising
   * Membership management: targeting and registration of beneficiaries
   * Financial management
   * Delivery of benefits
   * Monitoring and evaluation
   * Complaints and appeals
   * Other

88. Is there an institutionalized system of referrals
   * Among different SP schemes or programs
   * Between other services or programs and the SP system - Elaborate

89. Briefly describe the capacity of the coordination body regarding human resources, physical infrastructure, access to funds, MIS and M&E (by function).

90. To what extent do social protection measures facilitate and cushion adverse social consequences of structural economic transformation?

91. Are SP policies coherent with the other key national strategies, policies and development plans? If yes, with which?

92. Do SP policies complement employment/LM policies?

93. To what extent do social protection policies facilitate the mobility between different jobs?

94. To what extent are social protection benefits linked with activation policies and employment services for the unemployed? (Youth employment policies, re-employment allowances, vocational skills development allowances, wide-area jobseeking and moving allowances, vocational training, vocation guidance or placement)

95. Are there one or more national-level IDs in the country (e.g., voter ID, citizen ID)? Describe

96. Is there a national civil registration system? If yes, what information does it contain? Does it have an ID attached to it?

97. Is the number issued considered to be unique?

98. Does it include biometric information? Please describe which measures.

99. Is the biometric information used to rule out duplicates?
100. Are the major SP programs using a common ID?
101. Do they allow for cross-program mapping through common ID?

**Key Area 5: Public Expenditure & Financing**

102. Is there a legal obligation to ensure the adequate financing of Social Protection schemes/programs?
103. Is a certain level of public spending on the SP system guaranteed by law? If yes in which law?
104. What is the level of government spending as a percentage of GDP?
105. What is the total SP expenditure? (in LCU) as a percentage of GDP and total government expenditure
106. What share of the total SP expenditure is financed by external sources?
107. What is the per capita annual public health spending (USD or US$ PPP)?
108. What is the per capita total annual health spending (except out of pocket in USD)?
109. What is the proportion of out-of-pocket payments to total health expenditure?
   - How are general government revenues allocated to SP programs?
     - Government allocates a fixed share of the public budget (% of budget)
     - Government covers a fixed share of total benefits (% of expenditures)
     - Government covers a fixed share of minimum benefits guarantees (%)
     - Government matches contributions (% matching)
     - Government covers operational deficits (current % of expenditures)
     - Government pays a fixed share of covered wages (%)
     - Other, specify
110. Does the Ministry of Finance have a budget tool to reallocate resources across functions/ ministries/ programs/ in response to changing needs or SPL objectives? Describe
111. Does the government regularly set up and publish a comprehensive review of social protection expenditure and financing, including contributory and non-contributory schemes and programs?
112. Are long-term actuarial valuations conducted?
   - Periodically and in particular?
   - When planning reforms?
113. What enforcement mechanisms are there in place to ensure compliance, prevent fraud, tax evasion or non-payment of contributions?

**Key Area 5: Public Expenditure & Financing - Sources of Revenues & Funding**

114. What are the key sources of financing? (i.e. earmarked funds, general taxes, etc...)
115. Are there other expenditures that national and other available data do not record? (state, local level?)
116. Does the design of the financing mechanisms generally take into account the contributory capacity of different population groups and demographic structure?
117. Are the level and use of reserves prescribed by law?
118. Are taxes overall progressive to reduce tax burden of persons and households with low incomes? / To what extent does taxation policy ensure horizontal (actors with similar tax paying ability pay the same taxes) and vertical equity (higher tax rates apply to actors with greater ability to pay taxes)?
120. *Have sound investment rules been established? Do they ensure
  *That those investing respect basic prudential principles such as profitability, safety, liquidity, and diversification)?
  *The maintenance of the real value of the investments?
  *That the yield rate on investments is at least equal to the rate of interest assumed for the actuarial estimates?
  *The liquidity of the investment is directly related to the cash flow projections of the income and expenditure of the scheme?
  *Investments be made with the objective of improving the overall quality of life in the country?
  *The need to monitor, evaluate and review investment performance of the funds?

Key Area 5: Public Expenditure & Financing - Budget Planning, Approval & Execution
121. To what extent are there clear procedures and timelines for budget planning, execution, monitoring and reporting and to what extent are these followed? - Elaborate
122. Is there an annual national budget law?
123. Is the national budget law discussed by respective legislative bodies?
124. Is there a medium-term expenditure framework?
125. Is budgeting based on a minimum level of benefits?
126. Is the budgeting done using empirical data?
127. How are spending priorities determined? (Historically, Coverage, Fiscal space, Other (describe))
128. How are SP resources allocated for the government budget? (performance, inertial (previous year + inflation), residual, other (describe))
129. To what extent is detailed budget information fully accessible at all stages of the budgeting process (formulation, legislative, implementation and audit phases)
What are the levels of financing budgeted for SP by function (over the last five years)? (distinguish between contributory and non-contributory)

* Amount budget for Health care: total amount (in LCU), as percentage of GDP and total government budget.
* Amount budget for Old age: Total amount (in LCU) as percentage of GDP and total government budget.
* Amount budget for Disability: Total amount (in LCU) as percentage of GDP and total government budget.
* Amount budget for Survivors: Total amount (in LCU) as percentage of GDP and total government budget.
* Amount budget for Maternity: Total amount (in LCU) as percentage of GDP and total government budget.
* Amount budget for sickness: Total amount (in LCU) as percentage of GDP and total government budget.
* Amount budget for Child/Family benefit: total amount (in LCU) as percentage of GDP and total government budget.
* Amount budget for Employment injury: total amount (in LCU) as percentage of GDP and total government budget.
* Amount budget for Unemployment: total amount (in LCU) as percentage of GDP and total government budget.
* Amount budget for Housing: total amount (in LCU) as percentage of GDP and total government budget.
* Amount budget for ALPM: total amount (in LCU) as percentage of GDP and total government budget.
* Amount budget for Poverty and social exclusion (general social assistance): total (in LCU), as percentage of GDP and total government budget.

130. To what extent do budgetary policies reflect the priorities articulated in national development strategies or other policy planning documents?

131. How are shortfalls in SP funding accommodated?

132. Have contingency reserves or stabilization funds been set up to ensure a reliable provision of benefits during economic fluctuations or unexpected shocks? If yes, pls describe

133. Which among SP functions and mechanisms has been given priority in budgeting (non-contributory social assistance, contributory social insurance, labor market programs)?

134. Are there any legal provisions to ensure the availability of funds for statutory defined benefit schemes?
Key Area 6: Information Dissemination & Raising Awareness

136. Are there information structures in place that inform the public periodically about SP (systems) and in particular regarding:
- Functioning of SP system (importance of SP, national objectives, SP design)?
- SP financing and expenditures of both contributory and non-contributory schemes?
- SP needs?
- The overall architecture of SP system (programs/schemes and benefits)?
- Complementarity of different schemes/programs/benefits?
- Eligibility criteria and conditions?
- Registration procedures?
- Benefit entitlements & associated obligations?
- Benefit design (type, level, duration, other parameters)?
- Complaint and appeal mechanisms and procedures?
- Suspension and exit rules?
- Monitoring mechanisms?
- Accountability mechanisms?

137. What actors and agencies, and at what level (National, Regional, Local) are responsible for the dissemination of information on SP?

138. What channels are used to inform the general public? (pamphlets, newspapers, tv, radio, website, school curricula, etc.)?
- Remote areas?
- Other potential obstacles (describe)?

139. How is relevant background information transmitted to stakeholders who participate in the policy making process? What measures are in place to ensure that the information is sent timely and is adequate, accessible, up-to-date and comprehensive?

140. Is the general public / are stakeholders aware of the procedures for participation in SP policy making?

Key Area 7: Monitoring & Evaluation Systems - Overall Monitoring and Reporting System

141. How is the implementation of social protection policies monitored and enforced? Please describe inter-agency reporting and accountability arrangements

142. Is there an implementation monitoring framework for SP?

143. If yes, which agency monitors the implementation progress?

144. What implementation targets and performance indicators are used?

145. Are monitoring reports produced regularly and available publicly?

146. Is there a national data management system in place which tracks inputs and outputs and allows for periodic outcome monitoring?

147. Where is the national SP data management system housed?

148. Is there a well-established practice of administrative record keeping?
- Regularly updated?
- With a reporting method (paper, excel, web, etc.)?
- Rules and responsibilities well defined?
- Other (describe)?

149. Does the M&E framework specify a single, harmonized standard for the administrative records of all SP schemes and programs?
150. Is there a single database for the poor that is used by multiple programs, even if they apply their own supplementary criteria?
151. Are the databases of the different SP programs operating on compatible platforms?
152. Do the MIS of different SP programs allow for easy exchange of information on beneficiaries?
153. Is the MIS of different SP programs used to cross-check eligibility for other programs? (e.g., social insurance database to check against reported income for a targeted program).

**Key Area 7: Monitoring & Evaluation Systems - Survey(s) Data**

154. What type of household surveys are conducted in the country? (List)
   - Household Budget Survey
   - Labor force survey
   - DHS
   - MCIS
   - Expenditure and consumption surveys
   - Census
   - Other

155. How frequently are surveys conducted? (by survey, intended and actual periodicity)
156. Which of the surveys have a separate module or questions on SP Programs?
157. What information to analyze SP programs performance is included in the surveys?
   - Program participation?
   - Value of transfer?
   - Frequency?
   - Other?

158. What program level records / statistical information is made available to policy makers and program managers?
   - Regular progress reporting?
   - Access to individual data?
   - Budgeting?
   - Payment of contracts?
   - Other?
   - None?

**Key Area 7: Monitoring & Evaluation Systems - Impact Evaluation**

159. Have there been impact evaluation studies of SP programs / the SP system as a whole?
160. Please list evaluations done in the past 10 years
161. For which programs have evaluations been carried out? (Please list)
162. How were the findings from the evaluations used?
Module 2: Program Design

Before applying Module 2 of the Data Collection Framework, an inventory of existing schemes/programs and related benefits in the country should be filled trying to capture the complete universe of schemes/programs in the country (refer to Table 1). SP schemes / programs includes both non-contributory (social assistance; universal, categorical programs) and contributory programs (the most common being social insurance). Such programs may provide one or several benefits either in cash or in-kind addressing different functions or contingencies (old-age, survivors, disability, unemployment, maternity, health, sickness, family/child, unemployment; labor market active, poverty and social exclusion as part of general social assistance not classified under other functions). If unemployment benefit (either contributory — social insurance — or non contributory through specific social assistance) does not exist, other major labor market program should be chosen but indicating the absence of unemployment benefit.

The aim of Module 2 is to collect in-depth program-level information (qualitative and quantitative) on the design and implementation features of major social protection schemes or programs. Module 2 is divided in 3 sections: section A focusing on program design, section B focusing on program implementation, and section C focusing on statistical data on program expenditures, costs and number of beneficiaries.

Module 2 should be administered to the main programs in the country. For the pilot stage, the minimum required by CODI is to collect information on AT LEAST 3 PROGRAMS, one per SP area: social assistance, social insurance, and labor market. It is, however, the judgment of the CODI assessment team to decide on how many programs apply module 2, based on program relevance, data availability and ease of data access. The objective of the revision of major programs is to identify the opportunities to improve them and to reinforce complementarities and linkages between programs within the SP system and with other sectors, particularly education and health and nutrition.

NOTE: Many questions are similar across programs. To avoid repetition, this sample questionnaire is presented in a consolidated way and questions pertaining only to a single program.
General Program Description - Design

1. Name of the SP scheme / program
2. Name of the SP scheme / program in local language
3. Is there a law establishing the scheme (please specify)?
4. Please, provide with the Document (e.g. convention or collective agreement)/Law/Act (or link to) that establishes and regulates the program.
5. Program/Focus (rural, urban)
6. Date of the start of the program (actual implementation/launch of the program)
7. Which is the scheme/program main objective(s)?
   * Poverty alleviation?
   * Income support (child poverty, old age, disability)?
   * Child protection?
   * Maternal protection?
   * Increase food Security?
   * Improve nutrition?
   * Promote school attendance/enrollment?
   * Job Matching?
   * Enhanced Skills/Employability (youth)?
   * Short-term Employment?
   * Self-Employment?
   * Community Development?
   * Increased access to medical care?
   * Extension of medical care (as regards quality and variety of goods and services covered)?
   * Disaster response?
   * Other (specify)?
8. Are the scheme/program objectives and target groups aligned with the national SP policy objectives (refer to Module 1 A.2) / with SP needs of the population?
9. To what extent does the program aim to integrate the active age into the labor market and increase employment rates?
10. What risk management measures are in place to avert political, economic, regulatory, geographic, operational and demographic risks?
11. Does the program have any crisis/shock response mechanisms in place?
12. If the program has any crisis/shock response mechanisms, what do they consist of?
   * Guidelines specified in operational manuals?
   * Legislation governing the operations of the program?
   * Delivery system arrangements?
   * Additional budget?
   * Additional payed staff?
   * Other?
13. If yes, are those crisis response mechanisms coordinated with other programs? - List which program(s)
14. Did the crisis response mechanisms exist before the last crisis?
15. If not, has a crisis response mechanism been put in place, or are there plans to put one in place since?
General Program Description - Implementation

16. Are there clearly defined institutional responsibilities for the management of the program implementation/delivery?

17. Does the institution in charge of managing the program implementation/delivery have a dedicated team and the necessary human and other resources to manage the program?

18. Are managers and staff involved in the operations of the program evaluated and their compensation partly depends on the performance of the program?

19. Is the program management guided by an operations manual? Please provide a copy.

20. What measures are foreseen in operational manuals to ensure
   * Non-discrimination?
   * Gender-equality?
   * Responsiveness to special needs?

Key Area 8: Eligibility Criteria - Qualifying Conditions

21. Does the law specify
   * The persons covered by the program/scheme?
   * The conditions that persons covered need to meet to receive benefits from the program?

22. What are the program’s eligibility criteria? (List separately for each benefit, if qualifying conditions are different)
   * Poverty/income status?
   * Demographic characteristics (gender, marital status, age)?
   * Education attainment?
   * Employment status?
   * Sector of activity?
   * Duration / number years of contributions?
   * Geographic location?
   * Health status?
   * Belonging to a particular group (disabled, refugees, IDPs, disaster victims, conflict victims, ethnicity etc.)?
   * Other, specify?

23. What measures (rules/regulations/operational manual) are in place to ensure that the eligibility criteria take into consideration?
   * Gender equality?
   * Forms of discrimination?
   * Special needs of the population?
   * Socioeconomic characteristics of persons covered (e.g. does the pension age reflect working capacity and life expectancy)?
   * Rights and dignity of the persons covered?

24. Are there automatic disqualifiers to register with a program and/or receive benefits?
   e.g. if you have a laptop you are automatically out.
   * If yes, please specify?
25. For contributory health systems: are family members automatically covered for free / at a reduced rate?
26. Is eligibility determined subsequent to an application process?
27. Are potential beneficiaries aware of the program, how to apply or register for it and what the qualifying conditions are?
28. Is the process of application for the program considered easy by beneficiaries?
29. What is the per beneficiary cost of eligibility determination?
30. Is there a mandatory waiting period prior to receiving a benefit? What is the duration of the waiting period?
31. Are exclusion errors considered significant? - Explain
32. Are inclusion errors considered significant? - Explain
33. Is there a system in place for individuals to contest the eligibility determination?
34. Explain the system. Are NGOs involved?
35. How often is the eligibility/targeting exercise conducted?
   * On a rolling basis according to demand?
   * Annually?
   * Every 2-4 years?
   * More than four years between rounds?
36. Are human and financial resources dedicated to the eligibility determination process adequate?
37. Are multiple forms of eligibility determination used by different SP programs?

Key Area 9: Benefit Design
38. To what extent does the overall program design reflect a consideration for incentives resulting from the program regarding
   * Uptake of the benefit?
   * Labor market participation?
   * Compliance by employers to register workers?
   * Compliance by scheme administrations to identify and register scheme members - elaborate?

Key Area 9: Benefit Design - Benefit Level
39. Does the law specify what benefits and what benefit levels are provided under the program?
40. Are benefit levels determined in consultation with experts and relevant stakeholders? Describe which ones?
41. How are benefit levels determined? Please describe (e.g. national SP objective, needs of population, value of necessary goods and services, program sustainability, financing, etc)
Key Area 9: Benefit Design - Benefit Level - For Social Assistance Programs

42. How is the SA benefit determined?
   * Poverty line
   * Minimum wage
   * GDP per capita
   * Economy wide average earnings
   * Other, specify

43. What is the average value (LCU) of benefit regardless of the modality? (indicate time frame: month, year or one-off benefit) and covered in USD and LCU?

44. Value of benefit (if different benefit between men and women)

45. What is the ratio of the transfer amount/value to the following reference values? (distinguish between men and women if different)
   Relative to:
   * Minimum wage:
   * GDP/capita
   * Economy wide average earnings
   * Minimum pension
   * National poverty line
   * Other, specify

46. Are there other sources of income that are not counted towards determining this benefit (for instance, pensions, other transfers)? If yes, describe.

Key Area 9: Benefit Design - Benefit Level - For Contributory Programs

47. What is the benefit formula?
   * Earnings related
   * Related to contributions
   * Flat benefit
   * Combination
   * Other, specify

48. Are there specific measures to take into account periods of non-payment of contributions in the calculations of social insurance entitlements, including:
   * Maternity leave
   * Parental leave
   * Periods of unemployment
   * Prolonged periods of sickness
   * Other

If the benefit is related to contributions, then specify:
   * Level of the employer/employee contribution rate?
   * Rate of return on contributions?
   * Minimum benefit?
      * None
      * Defined in absolute value (specify value)
      * Defined as a share of average earnings (specify %)
      * Defined in proportion to other variables (specify)
What is the benefit ratio for full-career worker (30 years) or worker with full vesting period?

* Minimum benefits
  * None
  * Defined in absolute value (specify value)
  * Defined as a share of average earnings (specify %)
  * Defined as a share of minimum wage
  * Defined in proportion to other variables (specify)

* Maximum benefit
  * None
  * Defined in absolute value (specify value)
  * Defined as a share of average earnings (specify %)
  * Defined in proportion to other variables (specify)

**Key Area 9: Benefit Design - Benefit Level - For Health Programs**

42. Does the scheme / system provide for:
   * Essential health care. Are the services available also in remote areas?
   * Maternity care. Are the services available also in remote areas?
   * Preventive care. Are the services available also in remote areas?

43. Do levels of contributions, user fees, co-payments take into account contributory capacities of different population groups and are they based on principles of affordability and solidarity financing?

**Key Area 9: Benefit Design - Benefit Level - For ALMP**

44. Is there a base benefit in the formula? - Describe
45. Are there specific rules for determination of the base of the benefit calculation?
   If yes, describe.
46. What is the level of the benefit?
47. For flat benefits in cash, is the level set in absolute value?
48. Is the level defined as a function of variables? Describe
49. Is the bundle of services/cash benefits adequate to improve beneficiaries labor market opportunities?

**Key Area 9: Benefit Design - Benefit Level - Indexation**

50. For all cash benefits, what are the arrangements to adjust benefit levels?
   * None
   * Discretionary (specify rules)
   * Automatic (specify indexation reference value)
   * According to inflation?
   * According to wages? (public sector, private sector, minimum wage, to be specified)
   * According to the availability of resources?
   * Are the floor and ceiling benefit levels also indexed?

51. What is the frequency of indexation? When was the last increase and by how much (%; describe)?
61. Are the indexation arrangements specified in national laws and regulations?
62. Are benefit levels reviewed through a consultation process with relevant stakeholders?

Key Area 9: Benefit Design - Benefit Level - Frequency of Payment
63. For all cash benefits: what is the frequency of the benefit payment?
   * Lump sum
   * Weekly
   * Monthly
   * Bimonthly
   * Semester
   * Other (# of payments per year)
   * For services – as needed.
64. Is the frequency of payments in line with the consumption needs of beneficiaries?
65. Is the frequency of payments in line with the customary frequency of the payment of earnings?
66. Is the frequency of payments in line with the timeframes for the payment of essential goods and services? (e.g. housing, utilities, etc...)
67. Is the frequency of payments in line with the administrative and delivery capacity of the scheme?

Key Area 9: Benefit Design - Benefit Level - Duration of Benefits
68. How is benefit duration determined?
69. For how long is a beneficiary entitled to receive a benefit from the program for any one given case?
70. Is the benefit duration prescribed by law?
71. If there are maximum and minimum duration periods, please describe these (specify for each benefit under a program if applicable)
72. Does the duration of the program take into account the existence of other income generation opportunities/programs? - Describe

Key Area 9: Benefit Design - Benefit Level - Conditionalities
73. Does the program have conditions attached to the benefit? For example, benefit is delivered upon fulfillment of certain behavioral conditions such as school attendance or regular medical checks - describe
74. Was the process for establishing conditionalities evidence-based? - Elaborate
75. Are the conditions enforced in practice? - Elaborate
76. What kind of infrastructure and services (i.e. building, human resources, equipment, etc.) are in place to monitor compliance with the conditions?
77. Is there a requirement to sign a co-responsibility agreement between service/benefit provider and beneficiary? - Describe
78. Is the institutional capacity sufficient (i.e. building, human resources, equipment, etc.) to meet the increase in demand for goods and services resulting from the conditions (i.e. if the condition relates to school attendance are there enough schools, teachers, classrooms, chairs, same as regards health services etc.) - Elaborate
79. Are monitoring and evaluation arrangements in place to assess the impact of conditions, their implementation and results an integral part of such programs? If yes, please share this information.

80. If not, is any data available that could help to assess the extent to which the program conditions achieved intended results? - Specify

81. Are cases leading to a suspension of benefits prescribed by law?

82. What situations lead to a suspension of a benefit?
   * Conditions leading to the provision of a benefit no longer exist?
   * Absence from the territory of the State?
   * Person covered is maintained at public expense, or at the expense of a social security institution or service?
   * Receipt of another social security cash benefit?
   * Fraudulent claim has been made?
   * Where the reasons for receiving a benefit have been caused by a criminal offence committed by the person concerned?
   * Where the reasons for receiving a benefit have been caused by the willful misconduct of the person concerned?
   * Neglecting to make use of the medical or rehabilitation services placed at his disposal or fails to comply with rules prescribed for verifying the occurrence or continuance of the reasons leading to the benefit?
   * Failure to make use of the employment services made available?
   * Change in marriage status?
   * Age?
   * Other, describe?

83. Are the exit rules for ending program benefit clearly described? - Specify?

84. When does the program benefit end for non-contributory programs?
   * Individual/Household no longer meets eligibility criteria
   * Automatic (e.g. Death or reaching a certain age)
   * Fixed program duration
   * Achievement of specific benchmarks associated with program goals
   * Reception of other SA benefits
   * Failure to reapply/show up
   * Other
   * When does membership end in the case of contributory programs?
   * Automatic (i.e. Death)
   * Annuity
   * End of employment
   * Other

85. When does membership/benefits of contributory/ non-contributory labor market program end? (Automatic Expiration, Change in Employment Status, Other)

86. Does the graduation from this program imply the loss of benefits from other programs or schemes?
Key Area 10: Expenditures & Financing

87. How is the budget for the program determined:
   * Historically?
   * Coverage?
   * Fiscal space?
   * Other (describe)?

88. If the program is funded by pay-roll taxes and workers contributions, how much is
    the employer contribution rate (% of covered salary)?

89. If the program is funded by pay-roll taxes and workers contributions, how much is
    the employee contribution rate (% of covered salary)?

90. Do social insurance schemes periodically conduct actuarial valuations to determine
    such rates? If yes, which is the frequency? Please indicate the year of the last
    valuation for each scheme.

91. When setting contribution rates is the contributory capacity of covered persons
    taken into account? For non-contributory schemes was the contributory capacity
    taken into consideration when opting for a non-contributory scheme design?

92. Are there any government subsidies or other measures to lower contributions
    for individuals with weak contributory capacity? If yes, how is the level of these
    subsidies determined?

93. For contributory schemes: Is the procedure to collect contributions:
   * Prescribed by law?
   * Simple?
   * Transparent?
   * Accommodate the needs of persons covered (i.e. as regards irregular flows of
     income and capacity to pay contributions?)

Is there a ceiling on the covered salary?
   * No ceiling
   * Ceiling defined in absolute value
   * Ceiling defined as a share of a given variable (average earnings, minimum wage,
     GDP per capita, ... specify proportion)

Is there a floor on the covered salary?
   * No floor
   * Floor defined in absolute value
   * Floor defined as a share of a given variable (average earnings, minimum wage,
     GDP per capita, ... specify proportion)

94. Is the program financed through co-payments? If yes, list which ones and level of
    co-payments

95. How are levels of co-payments determined? Is this level considered affordable?

96. Is the program financed through external sources? If yes, is there a medium-term or
    long-term strategy to phase out external support?
99. Question on financial sustainability:
   * Demographic dependency ratio of the scheme?
   For contributory schemes:
   * Contributor’s ratio?
   * Is the financing mechanism pay-as-you-go or fully funded?
   * Actuarial Balance?
   * Reserve ratio?
   * Funding ratio?
   * Catchment ratio?
   * Year of reserve exhaustion?

100. Is the level and use of reserves protected and prescribed by law?

101. What enforcement mechanisms are in place to ensure compliance, prevent fraud, tax evasion or non-payment of contributions?

102. Are schemes and programs required to periodically carry out independent financial audits?

103. Is there a contingency financing mechanism in place for shocks response?

104. If there is a contingency financing mechanism in place, what does it consist of?
   * There are legal provisions to mobilize emergency financing
   * There are segregated funds to be mobilized for financing extraordinary expenditures
   * Other (describe)

**Key Area 11: Incentives**

105. When the beneficiary is able to work, is there any evidence that the transfer is reducing or increasing incentives to participate in the labor market and/or work? Explain

106. Is there any evidence that program benefits influence behavior of the contributors regarding
   * Age at which persons covered retire from the labor market?
   * Instances when people apply for disability benefits (disability eligibility and disability assessment)?
   * Length of unemployment period?
   * Willingness to contribute to social security schemes?
   * Other (explain)?

107. Is there any evidence that the transfer has an impact on incentives for employers
   * To create jobs?
   * To register workers with social security programs?
   * To collect and pay required contributions?
   * Other (explain)?

108. Is there any evidence that the transfer has an impact on incentives for scheme administrators or service providers
   * To register persons with the social protection schemes or programs?
   * To deliver benefits or provide services?
   * Other (explain)?
Module 3: Program Implementation

Before applying Module 3 of the Data Collection Framework, an inventory of existing schemes/programs and related benefits in the country should be filled trying to capture the complete universe of schemes/programs in the country (refer to Table 1). SP schemes / programs includes both non-contributory (social assistance; universal, categorical programs) and contributory programs (the most common being social insurance). Such programs may provide one or several benefits either in cash or in-kind addressing different functions or contingencies (old-age, survivors, disability, unemployment, maternity, health, sickness, family/child, unemployment; labor market active, poverty and social exclusion as part of general social assistance not classified under other functions). If unemployment benefit (either contributory — social insurance — or non contributory through specific social assistance) does not exist, other major labor market program should be chosen but indicating the absence of unemployment benefit.

The aim of Module 3 is to collect in-depth program-level information (qualitative and quantitative) on the design and implementation features of major social protection schemes or programs. Module 3 is divided in 3 sections: section A focusing on program design, section B focusing on program implementation, and section C focusing on statistical data on program expenditures, costs and number of beneficiaries.

Module 3 should be administered to the main programs in the country. For the pilot stage, the minimum required by CODI is to collect information on AT LEAST 3 PROGRAMS, one per SP area: social assistance, social insurance, and labor market. It is, however, the judgment of the CODI assessment team to decide on how many programs apply module 2, based on program relevance, data availability and ease of data access. The objective of the revision of major programs is to identify the opportunities to improve them and to reinforce complementarities and linkages between programs within the SP system and with other sectors, particularly education and health and nutrition.

NOTE: Many questions are similar across programs. To avoid repetition, this sample questionnaire is presented in a consolidated way and questions pertaining only to a single program.
Key Area 12: Identification

109. What is the responsible agency for identification of beneficiaries?
110. Does the program use a form of ID? - Specify
111. Does the program use a national ID as the main identifier?
112. If not, does the program include the national ID in its database?
113. Are other forms of identification (e.g. health records, immunization cards, school registries, etc.) used to support the identification process. If so, please describe.
114. Is the identification process flexible enough to allow for alternative ID verification approaches? (e.g. if an ID card was forgotten, misplaced, stolen, etc.)
115. Is the program ID used elsewhere?
116. How is the card issued and delivered to persons covered?
117. Is the program ID card difficult to counterfeit?
118. What information is collected for the purposes of issuing this ID?
   * Biometric?
   * Demographic?
   * Photo?
   * Other?
119. If the ID must be presented at the time of receiving a benefit, are there ways to verify that the beneficiary matches the ID? Please describe
120. If there is biometric verification, is it on-line?
121. Is the ID easy and inexpensive to get, especially for the poor? - Elaborate
122. Is the biometric information used to rule out duplicates?
123. Is false identification a problem for the program? - Elaborate
124. Is the operation of the ID verification system a problem for the program? - Elaborate
125. In pension schemes, is it possible for an individual worker to have contribution history or individual accounts under different IDs? - Elaborate
126. Are ID tools (cards, etc) the same for all beneficiaries? Is the design of the identification sensitive to issues of stigmatization? - Explain

Key Area 13: Eligibility Verification

127. How is eligibility verified (e.g. need to produce medical certificates, proof of status of employment etc.)?
128. What documents need to be provided when applying or registering with a program (e.g. birth certificate, etc...) and what are the costs for procuring these?
129. Are there any special outreach measures to ensure the program enrolls individuals that are difficult to cover?
130. Are there any other costs involved in applying/ registering? - Explain
131. Are application, identification and registration processes clearly defined and communicated?
132. Where the program eligibility is pre-determined, how is the individual enrolled in the program and how costly is this process?
133. Are changes expected in this regard in particular regarding the use of modern technologies (e.g. cellphones....)
134. Is stigmatization considered a problem for the program?
135. What information on the beneficiary is captured before (e.g., registration/application) or during enrollment?
136. Is information on the beneficiary entered directly into the MIS or paper first?
137. Is information on beneficiaries digitized?
138. Is the quality of the data considered reliable? (explain)

Key Area 14: Enrollment

139. What is the process for enrolling persons to the program? Is this process specified by law?
140. Are all beneficiaries registered or only the household head?
141. If the program carries out the enrollment of beneficiaries, how is an applicant or registered potential participant informed that he or she has been registered in the program?
142. What actors/bodies are responsible for the registration process? Specify at what level (National, Regional, Local) and roles and responsibilities?
143. Do administrative processes exclude certain groups from accessing benefits in practice despite what is written in the law? / Are there any constraints for persons targeted to access potential benefits due to difficulties to enroll into the program? - Explain
144. Are identification and registration processes geographically accessible? Are the opening hours suitable and balanced between actors involved in identifying and registering members and persons covered?
145. Is the infrastructure and human resources in place for identification and registration processes adequate to respond to the volume of requests?
146. Are administrative procedures for identification and registration considered light and straightforward? Or are they considered excessive (i.e. as regards number of forms to fill, complexity, formalistic language, etc...)?
147. Are administrative procedures for identification and registration easy to understand and complete? Are they adapted to all levels of literacy and education?
148. Are identification and registration processes time-efficient?
149. To what extent is fraud regarding the enrollment of beneficiaries considered a problem within the program?
150. How often is enrollment conducted?
   * On a rolling basis according to demand?
   * Annually?
   * Every 2-4 years?
   * More than four years between rounds?
151. If there is an application process in place, what is the process to apply for benefits (if not following automatically from enrollment)?
152. Is the benefit application process geographically accessible? Are the opening hours suitable and balanced between actors involved in identifying and registering members and persons covered?
153. Do costs involved in applying for benefits cause hardship, in particular to persons of small means? Are they such to act as a deterrent or barrier to registration?
154. Is the infrastructure and human resources in place for benefit application adequate to respond to the volume of requests?
155. Are administrative procedures for the application of benefits considered light and straightforward?
156. Are administrative procedures for the application of benefits easy to understand and complete? Are they adapted to all levels of literacy and education?
157. Are benefit application processes time-efficient?
158. How quickly are benefits determined once eligibility has been determined?
   * Less than a month?
   * Within three months?
   * Three to six months?
   * Longer than six months?
159. For social insurance programs, is enforcement of mandatory participation effective?
160. Are the human resources required to audit employers sufficient to assess eligibility for all potential beneficiaries in a timely fashion?
161. Are costs to employers of complying and reporting considered accessible and reasonable?
162. Is it possible for beneficiaries to register or enroll for multiple SP programs at one office?
163. Are there constraints to potential beneficiaries registration/enrollment into multiple programs?

**Key Area 15: Benefit Delivery**

164. For cash benefits: What is the delivery mechanism for paying the benefit? Is the delivery mechanism prescribed by law? Describe responsible agencies and payment modalities:
   * In cash?
   * Into bank accounts?
   * Electronically through other means (smart cards, mobile phones)?
   For in kind benefits: What is the delivery mechanism for delivering the benefit? Describe the responsible agencies
165. In the case of in-kind benefits (e.g., food) or services (e.g., medical services), is the delivery of these benefits verified electronically?
166. What is the method of verification (PIN, biometric, other)?
167. How quickly is this information generated and available to the program administration?
168. Is this information used to compensate providers/distributors?
169. Is there a “payment day” for all bnf or are they spread across the month/period of reference? particularly important for small scale cities/villages with rigid supply of goods/svs
170. Are there clear fall-back solutions in case the verification process is not available (e.g., on-line system is temporarily down or biometric reader fails)?
171. How much is paid for the delivery of cash transfers to banks or other agents (per transaction or as share of total transfers)?
172. Is this fee charged on a transaction basis, as a percentage of the value of the transfer that is disbursed or some other mechanism?
173. Is the number of payment points, their infrastructure and the number of delivery agents (e.g., banking correspondents) considered sufficient to deliver the transfer reliably and to be easily accessible? Keeping in mind also the special needs for easy geographical and physical access of the target groups (e.g. older persons, pregnant women, persons with disability, ethnic minorities etc.) Explain why and describe any measures in place to ensure accessibility.

174. In the case of in-kind benefits, are there providers contracted for delivering the goods or services? If so, how much are they paid?

175. Does the program use a single delivery mechanism or, depending on the location, use different methods for the delivery of the transfers?

176. Are distributors mobile or fixed in one location or a mix of both? (local social security institution offices, mobile and part-time offices, mobile clinics, payments through post offices or bank facilities, etc....)

177. What is the lag from the time the application for a benefit is filed/a person is enrolled until the benefit begins to be paid?
   * Less than a week?
   * Less than a month?
   * Within three months?
   * Three to six months?
   * Longer than six months?

178. In the case of reimbursement claims: what is the average time it takes until a claim is treated?

179. Is there data on leakage of program benefits?

180. How much detail/what info is captured at the point of delivery?
   * Name?
   * Benefit?
   * Date?
   * Other: describe?

181. Is information on the benefit delivery of the program recorded electronically or on paper?

182. How frequently is detailed information on the benefit delivery submitted electronically?

183. Is the information on the benefit delivery accurate? - Explain

184. Are benefits portable across the country? Outside the country?

185. “In the case of public works programs, is information on work performed captured? If so, how is this information verified?”

186. In the case of health program, is the quality of health services regarded as a problem? - Explain

187. Is the availability/accessibility of health services regarded as a problem? - Explain
Key Area 16: Monitoring & Evaluation

188. What actors and agencies are responsible for monitoring and evaluation (please specify by level, i.e. National, Regional, Local) Is there a unit within the program responsible for M&E?

189. Do monitoring and evaluation mechanisms include the participation and consultation with relevant stakeholders? Is yes, which ones?

190. What statistics are being compiled on the basis of monitoring and evaluation activities and how often? - Provide copies of reports
   * Number of applicants?
   * Number of scheme members?
   * Number of beneficiaries?
   * Geographic characteristics of beneficiaries?
   * Socio-economic characteristics of beneficiaries?
   * Demographic characteristics of beneficiaries?
   * Dates of registry?
   * Enrollment?
   * Benefit delivery?
   * Breakdown of expenditure categories and revenue sources?
   * Administrative costs?
   * Amount of transfers?
   * Quantity and types of services?
   * Inclusion and exclusion errors?
   * Information on eligibility?

191. Is data compiled disaggregated? If yes, according to what characteristics? (e.g. gender, age, geographic areas, income, etc.)

192. Are these systems being used and regular reports presented to program management?

193. Are there standards for response times?

194. Are there institutional arrangements and plans to conduct evaluations of program impact on outcomes of interest? Are these periodic or ad hoc? - Specify
   * No
   * Yes, these are included in the operational manual
   * Yes, these are part of the Law that regulates the operations of the program

195. What type of evaluation?
   * Process evaluation
   * Beneficiary assessment
   * Facility surveys
196. Has the program been subject to an impact evaluation or is there a plan to design a rigorous impact evaluation? (Provide information on evaluations carried out over the past 10 years)
   * No, no plan to carry out an impact evaluation
   * No, but there is the plan to design and implement a rigorous impact evaluation
   * Yes, but results are not available yet
   * Yes, the results indicated that the program is achieving its goals
   * Yes, the results suggested the need for adjustments and management has taken action
   * Yes, the results suggested the need for adjustment but no action has been taken

197. Is there a unit within the program responsible for conducting impact evaluation?
198. Is there a unit outside of the program responsible for process and/or impact evaluation?
199. Are evaluations conducted by independent third parties? If yes, describe who?
200. What are the key indicators used by the program M&E results framework?
201. Does the scheme monitor unintended consequences, especially impacts on labor market participation?
202. For health: Does the Evaluation address availability, accessibility, acceptability and quality of health services?
203. For income security: does the evaluation address whether persons receiving the benefit are able to purchase necessary goods and services?

**Key Area 16: Monitoring & Evaluation - MIS**

204. What data of the data collected and stored is digitized and how? How does the program uphold the respect and protection of private individual information?
205. Is there documentation/manuals related to each of areas below applicable to multiple programs?
   * Identification?
   * Registration/eligibility?
   * Benefit delivery?
206. How is data managed?
   * Manual/Paper-based?
   * Electronic?
   * Other?
207. Are data entry protocols clearly specified and appropriate? Are definitions and methodologies for record keeping harmonized across different SP schemes and programs and the national statistical services?
208. Does a central database contain individual level information that can be tracked to individual beneficiaries and providers?
209. Are these records adequate for the purpose of making long term financial projections? Explain
210. Can individuals check their records easily or receive a copy (e.g., on-line)?
211. What is the lag to access individual level data available electronically?
   * It is available in real time
   * Less than a week
   * Less than a month
   * Within six months
   * More than six months

212. Are there independent audit processes in place for checking the accuracy of data submitted?

213. What reports are regularly produced using the information in the system?

214. Are human resources/staff skills adequate to operate the MIS?

215. For pensions/Sl, are individual records complete and accurate enough to allow for rapid calculation of benefits at the time of retirement or other benefit award?

**Key Area 17: Complaints & Appeals Mechanisms**

216. Is the right to complain and appeal decisions prescribed by law?

217. Does the law specify what the grounds for complaint and appeals are?

218. Does the law specify how to exercise this right?

219. Does the law specify the remedies and sanctions that can be awarded and imposed as a result of a complaint and appeal?

220. Are the formalities for filing a complaint easy to follow and adapted to different levels of literacy and education? - Elaborate

221. To what extent are there flexible channels to submit complaints? (e.g. mail, drop boxes, email, telephone, fax, in person, internet...)

222. Are complaint and appeal mechanisms free of charge to the applicant? If not, are the costs considered so high that they prevent beneficiaries from filling complaints?

223. Do persons have easy access to the rules and formalities that need to be followed during complaint and appeal procedures? Is legal assistance available and effective?

224. Are persons informed and aware about complaint and appeal mechanisms and about how to submit such a claim?

225. Are decisions rendered within a reasonable timeframe so that persons and their families are not left without access to income security and health?

226. Are decisions simple, specify facts and arguments, and easy to understand even for different levels of literacy and education?

227. Are appeals heard by an authority that is independent of the person that reviewed the initial complaint?

228. To what extent are complaints and appeals carried out in accordance with all the established procedural rules and principles in a way that protects the rights of all the people involved?

229. To what extent are complaint and appeal mechanisms considered to provide appropriate and effective remedies?

230. What is the proportion of received complaints on the right to social protection investigated and adjudicated?

231. What is the proportion of adjudicated complaints decided in favor of persons covered?

232. How many requests for social protection made are denied, and on which legal/illegal grounds?
Key Area 18: Information Dissemination & Raising Awareness

188. Is lack of awareness of the process to receive benefits considered a problem for the implementation of the program?

189. Are monitoring and evaluation results and other information regarding the scheme / program made public? Describe and dissemination efforts

190. Is information provided in an accessible, timely and comprehensive manner (e.g.? accessible in remote areas, adequate for different levels of literacy, etc...)

191. Are beneficiaries informed and aware of
   * Their benefit entitlements?
   * Duration of benefit?
   * Suspension or exit rules?
   * Their responsibilities / conditionalities for accessing a benefit?
   * Frequency of delivery?
CODI
CORE DIAGNOSTIC INSTRUMENT

OVERVIEW OF FINDINGS
### Overview of Findings

#### 1. Inclusiveness

Refers to the system’s capacity to protect all members of society along the life cycle with special consideration for the most vulnerable

<table>
<thead>
<tr>
<th>Areas</th>
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<tbody>
<tr>
<td>Gender equality, non-discrimination, and special needs</td>
<td>Gender equality, non-discrimination, and special needs of vulnerable persons are not taken into consideration in social protection laws, policies, strategies, and programs' design, nor in practice in the implementation.</td>
<td>Only for few programs, gender equality, non-discrimination, and special needs of vulnerable persons are taken into consideration in social protection laws, policies, strategies, programs' design, and in practice.</td>
<td>Gender equality, non-discrimination, and special needs of vulnerable persons are taken into consideration in some programs' design and implementation and related legal provisions exist for a majority of programs.</td>
<td>Gender equality, non-discrimination, and special needs of vulnerable persons are taken into consideration in the majority programs' design and implementation and related legal provisions exist for all programs.</td>
</tr>
<tr>
<td>Coverage: non-contributory</td>
<td>Coverage of overall target population (as defined nationally) across the life cycle through non-contributory programs is very low.</td>
<td>Coverage of the target population (as defined nationally) across the life cycle through non-contributory programs is low.</td>
<td>Coverage of the target population (as defined nationally) across the life cycle through non-contributory programs cover a majority of the target population.</td>
<td>Coverage of the target population (as defined by the nationally) across the life cycle through non-contributory programs is high.</td>
</tr>
<tr>
<td>Coverage: contributory</td>
<td>Small share of economically active population (including informal sector workers) are covered by contributory social security (insurance) programs/mechanisms and labor market.</td>
<td>The majority of the economically active population in the formal economy are covered by contributory social security (insurance) programs/mechanisms and labor market services and programs, but coverage of informal economy workers is low.</td>
<td>The majority of the economically active population (including informal sector workers) is covered by contributory social security (insurance) programs/mechanisms and labor market services and programs, but some groups are excluded (e.g., migrants).</td>
<td>All (or almost all) of the economically active population (including informal sector workers and migrants) is covered by contributory social security (insurance) programs/mechanisms and labor market services and programs.</td>
</tr>
<tr>
<td>Effective coverage</td>
<td>Most of target and potentially eligible population is excluded in practice from receiving benefits when a contingency occurs.</td>
<td>Less than half of all eligible population receives benefits in practice.</td>
<td>A majority of potential eligible population receives benefits in practice.</td>
<td>Practically all eligible population receive benefits in practice.</td>
</tr>
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</table>
1. Inclusiveness

Refers to the system’s capacity to protect all members of society along the life cycle with special consideration for the most vulnerable

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<tr>
<td>Accessibility</td>
<td>Important impasses in accessing social protection programs exist due to high transaction costs. For example: the inability to enroll, long periods between enrollment rounds, and/or lack of awareness among potential beneficiaries.</td>
<td>Access to social protection programs is a challenge due to moderate transaction costs. For example: the modest information campaign or irregular rounds of enrollment with no or limited access to individually request for enrollment.</td>
<td>Almost universal awareness of social protection programs. For example due to effective communication, good access to enrollment process, proactive efforts to minimize enrollment cost to beneficiary, and short periods between enrollment rounds with possibility for enrollment at individual requests.</td>
<td>Proactive measures minimize costs to beneficiary. For example, to facilitate enrollment processes, rolling updates or automatic enrollment (i.e. through employment contracts), effective, tailored, and timely communication lead to universal awareness.</td>
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Overview of Findings
### 2. Adequacy

Refers to the sufficiency of the system’s benefit levels

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<tbody>
<tr>
<td>Benefit levels compared to social protection needs</td>
<td>Benefits or services across social protection programs are neither regular, nor predictable, and are not adequate to meet social protection needs of the population.</td>
<td>Benefits and services of a minority of programs are regular and predictable and adequate to meet social protection needs of the population.</td>
<td>Benefits and services are regular and predictable and adequate to meet social protection needs of the population.</td>
<td></td>
</tr>
<tr>
<td>Benefit level compared to national benchmarks</td>
<td>Benefit level across programs is not adequate with respect to national benchmarks (poverty line, minimum wage, market wage, etc.).</td>
<td>Benefit level of a majority of programs appear too low with respect to national benchmarks (poverty line, minimum wage, market wage, etc.).</td>
<td>Benefit levels are adequate with respect to national benchmarks (poverty line, minimum wage, market wage, etc.) for all programs.</td>
<td></td>
</tr>
<tr>
<td>Impact of benefits on economic activity</td>
<td>There are neither benefits nor services to promote productive economic activity for those in working age.</td>
<td>The combination of benefit and services is not adequate to promote productive economic activity for those in working age.</td>
<td>The combination of benefit and services is overall adequate to promote productive economic activity for those in working age, but does not sufficiently take into account local market conditions and employers’ needs.</td>
<td></td>
</tr>
<tr>
<td>Benefits compared to national / program objectives</td>
<td>The overall combination of program benefits is entirely inadequate to achieve national / program objectives.</td>
<td>Benefits across programs are contributing very little to achieving national social protection objectives.</td>
<td>Benefits are contributing to achieving most of the national social protection objectives.</td>
<td></td>
</tr>
<tr>
<td>Redistributory or poverty reduction effects</td>
<td>The system does not aim for and does not achieve a distribution of resources in favor of the poor, nor does it provide equal protection against risks and vulnerability, or reduce poverty.</td>
<td>The design of the system aims for, but does not achieve, significant results regarding the distribution of resources in favor of the poor, equal protection against risks and vulnerability, or reduction of poverty.</td>
<td>The design of the system ensures the distribution of resources in favor of the poor, equal protection against risks and vulnerability, and reduces poverty.</td>
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</table>
### 2. Adequacy
Refers to the sufficiency of the system’s benefit levels

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<tbody>
<tr>
<td>Benefit provision and services delivery standards</td>
<td>There are no benefit provision and service delivery standards.</td>
<td>Some programs have defined benefit provision and service delivery standards, but they are not consistently enforced.</td>
<td>Most programs have defined benefit provision and service delivery standards, but these are consistently enforced for only a few programs.</td>
<td>There are clearly defined service benefit provision and delivery standards and they are fully enforced across programs.</td>
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### Overview of Findings

#### 3. Appropriateness

Refers to the system’s overall arrangements to respond to national context and needs.

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<tbody>
<tr>
<td>Formulation of objectives, targets, and timeframes</td>
<td>Social protection main policies / objectives are not well formulated, and lack clear targets and timeframes. A national strategy is not formulated.</td>
<td>Social protection main policies / objectives are formulated, however with unrealistic targets and timeframes. A draft strategy on social protection exists with no clear action plan for the strategy implementation.</td>
<td>Social protection main policies / objectives are partially formulated and those formulated have realistic targets and timeframes. A national strategy on social protection has been approved with no clear action plan for the strategy implementation.</td>
<td>Social protection main policies / objectives are well formulated and set realistic targets and timeframes in an approved national social protection strategy. A clear action plan exists.</td>
</tr>
<tr>
<td>Alignment of social protection policies / programs / strategy</td>
<td>Social protection main policies / strategy / program design are not aligned with national social protection needs.</td>
<td>Social protection main policies / strategy / program design are somewhat aligned with national social protection needs.</td>
<td>Social protection main policies / strategy / program design are largely aligned with national social protection needs.</td>
<td>Social protection main policies / strategy / program design are aligned with national social protection needs.</td>
</tr>
<tr>
<td>Combination of schemes and programs</td>
<td>Mix of social protection programs is arbitrary, the majority of functions are not covered at all.</td>
<td>Mix of social protection programs does not reflect population needs and socioeconomic realities. The majority of functions are partially addressed.</td>
<td>Mix of social protection programs is fairly balanced and in line with social protection needs and socioeconomic realities. The majority of functions are addressed.</td>
<td>Mix of all social protection programs complement each other and fully reflect social protection needs and socioeconomic realities. All functions of social protection are addressed.</td>
</tr>
<tr>
<td>Composition of expenditure</td>
<td>Composition of expenditures does not reflect the population needs and is allocated in a hoc manner across functions of social protection.</td>
<td>Composition of expenditures is reflective of certain population needs - they are concentrated only in one function of social protection.</td>
<td>Composition of expenditures is reflective of most population needs - they are concentrated in a limited number of social protection functions.</td>
<td>Composition of expenditures fully reflects population needs across all social protection functions.</td>
</tr>
</tbody>
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### 3. Appropriateness

Refers to the system’s overall arrangements to respond to national context and needs

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<tr>
<td>Evidence-based policy and program design</td>
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<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Policies and programs (including their budgeting) are not designed on the basis of evidence (risks and vulnerability analysis, social protection needs, and gaps assessments, etc.).</td>
<td>Few policies and programs (including their budgeting) are designed on the basis of evidence (risks and vulnerability analysis, social protection needs, and gaps assessments, etc.).</td>
<td>Policies and programs (including their budgeting) are designed on the basis of evidence (risks and vulnerability analysis, social protection needs, and gaps assessments, etc.).</td>
<td>Most policies and programs (including their budgeting) are designed on the basis of updated, comprehensive (all functions), and disaggregated (including local levels) evidence (risks and vulnerability analysis, social protection needs, and gaps assessments, etc.).</td>
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## 4. Respect for Rights & Dignity

**Refers to social protection entitlements and implementation arrangements being anchored in law**

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<tbody>
<tr>
<td>Entitlements anchored in law</td>
<td>Entitlements are not prescribed by law.</td>
<td>Entitlements regarding the range, duration, qualifying conditions, and levels of benefits are specified in the legal framework for some schemes.</td>
<td>Entitlements regarding the range, duration, qualifying conditions, and benefit levels are specified in the legal framework for the majority of schemes and programs.</td>
<td>Entitlements regarding the range, duration, qualifying conditions, and levels of benefits for all schemes and programs are prescribed by law.</td>
</tr>
<tr>
<td>Enforcement mechanisms:</td>
<td>Enforcement mechanisms are not existent: no public authority, no complaint and appeal mechanisms in place, and the public is not informed about existing programs.</td>
<td>Inefficient enforcement mechanisms: weak public authority, inefficient and inaccessible complaint and appeal mechanism, and the general public is not sufficiently informed about their entitlements.</td>
<td>Enforcement mechanisms are responsive: efficient public authority for some programs, efficient and accessible complaint and appeal mechanisms are partially in place, and a majority of the population is informed about their entitlements.</td>
<td>Efficient and responsive enforcement mechanisms are in place: strong public authority, efficient and accessible complaint and appeal mechanisms, and the population are well-informed regarding their benefit entitlements.</td>
</tr>
<tr>
<td>Respect for dignity and human rights</td>
<td>Benefit design and delivery mechanisms (application, registration, delivery) do not respect human rights standards and principles.</td>
<td>Benefit design and delivery mechanisms (application, registration, delivery) of a few programs respect human rights standards and principles.</td>
<td>Benefit design and delivery mechanisms (application, registration, delivery) of some programs respect human rights standards and principles.</td>
<td>Benefit design and delivery mechanisms (application, registration, delivery) of all programs respect human rights standards and principles.</td>
</tr>
<tr>
<td>Confidentiality of private information</td>
<td>There are no mechanisms in place to protect private individual information.</td>
<td>Mechanisms do not sufficiently protect private individual information.</td>
<td>There are mechanisms in place for most programs that sufficiently protect private individual information.</td>
<td>Private individual information is effectively protected.</td>
</tr>
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</table>
### 5. Governance & Institutional Capacity

Assesses the system’s rules, regulations, roles, responsibilities, and related implementation capacities

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<td>4</td>
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<tr>
<td><strong>Reporting mechanisms, roles, and responsibilities anchored in law</strong></td>
<td>Legal framework does not prescribe the reporting mechanisms, roles, and responsibilities of different agencies / entities across the different programs and schemes of the social protection system.</td>
<td>Legal framework mentions but does not specify the functioning of reporting mechanisms, nor the roles and responsibilities of different agencies / entities across the different programs and schemes of the social protection system.</td>
<td>Legal framework clearly states the functioning of the reporting mechanisms and roles and responsibilities of different agencies / entities across the different programs and schemes of the social protection system.</td>
<td>Legal framework mentions and provides some specifications for the functioning of reporting mechanisms and roles and responsibilities of different agencies / entities across the different programs and schemes of the social protection system.</td>
</tr>
<tr>
<td><strong>Program implementation guidelines / operational manuals state reporting mechanisms, roles, and responsibilities</strong></td>
<td>Most programs do not have implementation guidelines / operational manuals defining reporting mechanisms, roles, and responsibilities of agencies for the administration, delivery, and monitoring of programs.</td>
<td>Only some programs have implementation guidelines / operational manuals which define the reporting mechanisms, roles, and responsibilities of agencies for administration, delivery, and monitoring of programs.</td>
<td>Implementation guidelines / operational manuals which define the reporting mechanisms, roles, and responsibilities of agencies for administration, delivery, and monitoring of programs exist for most programs.</td>
<td>Implementation guidelines / operational manuals which define the reporting mechanisms, roles, and responsibilities of agencies for administration, delivery, and monitoring of programs exist for all programs.</td>
</tr>
<tr>
<td><strong>Enforcement mechanisms</strong></td>
<td>There are no mechanisms in place to enforce compliance with program rules and minimize error and fraud for the majority of programs.</td>
<td>Mechanisms in place to enforce compliance with program rules and minimize error and fraud are generally weak and do not exist for all programs.</td>
<td>Mechanisms in place to enforce compliance with program rules and minimize error and fraud are responsive for a majority of programs.</td>
<td>There are strong and efficient mechanisms in place to enforce compliance with program rules and minimize error and fraud for the majority or all programs.</td>
</tr>
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</table>
### 5. Governance & Institutional Capacity
Assesses the system’s rules, regulations, roles, responsibilities, and related implementation capacities

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<tr>
<td>Institutional supervisory capacity</td>
<td>None or minimal institutional capacity (staff, equipment, financial capital) to carry out or supervise tasks related to policy and program design, implementation, and monitoring.</td>
<td>Limited institutional capacity (staff, equipment, financial capital) to carry out or supervise tasks related to policy and program design, implementation, and monitoring.</td>
<td>Sufficient institutional capacity (staff, equipment, financial capital) to carry out or supervise nearly all tasks related to policy and program design, implementation, and monitoring.</td>
</tr>
<tr>
<td>Staff implementation capacity</td>
<td>Program staff are not adequate in numbers and not sufficiently trained to carry out respective tasks.</td>
<td>Staff is either not adequate in number and/or not adequately trained to carry out respective tasks.</td>
<td>There is an adequate number of program staff and staff are adequately trained carry out respective tasks, but not consistently across all programs.</td>
</tr>
<tr>
<td>Stakeholder participation</td>
<td>There are no structures and processes in place to ensure relevant stakeholders are well informed, consulted, and able, where necessary, to participate in the design, implementation, and monitoring of most programs.</td>
<td>Across social protection programs, structures and processes are in place to ensure that some, however not all, relevant stakeholders are well informed, consulted, and able to participate where necessary in the design, implementation, and monitoring.</td>
<td>Structures and processes are institutionalized and well-functioning to ensure that all relevant stakeholders are well informed, consulted, and able to participate in the design, implementation, and monitoring, however not for all programs.</td>
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### 6. Financial & Fiscal Sustainability

Refers to the system’s financial and fiscal sustainability.

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<tr>
<td>Domestically or externally</td>
<td>Most of the social protection financing is based on external funding.</td>
<td>External funding plays a significant role (less than 50 percent of social protection expenditures are financed from domestic resources).</td>
<td>Social protection expenditures are fully financed from domestic sources.</td>
</tr>
<tr>
<td>Contributory capacity</td>
<td>Generally social protection budget is not aligned with financing / contributory capacity.</td>
<td>Social protection budget is aligned with financing / contributory capacity only for few programs.</td>
<td>Social protection budget is aligned with financing / contributory capacity for the cost of all programs.</td>
</tr>
<tr>
<td>taken into account in financing arrangements</td>
<td>Social protection budget allocation is not aligned with priority programs.</td>
<td>Social protection budget allocation is aligned with a minority of priority programs.</td>
<td>Social protection budget allocation is fully aligned with priority programs.</td>
</tr>
<tr>
<td>Alignment of budget allocation with policy priorities</td>
<td>Budget planning processes do not take projected economic and demographic developments into account for planned social protection allocation of future years.</td>
<td>Budget planning processes take projected economic and demographic developments into account for planned social protection allocation of future years for some of the programs.</td>
<td>The projection of individual program costs under different demographic and socioeconomic scenarios is available and often used to plan and budget programs’ financing. Some of the system’s programs are cost-effective. Budget planning processes take projected economic and demographic developments into account for planned social protection allocation of future years for most of the programs.</td>
</tr>
<tr>
<td>Long term budget planning in line with demographic developments</td>
<td>Budget planning processes take projected economic and demographic developments into account for planned social protection allocation of future years.</td>
<td>The projection of individual program costs under different demographic and socioeconomic scenarios is available and often used to plan and budget programs’ financing. Some of the system’s programs are cost-effective. Budget planning processes take projected economic and demographic developments into account for planned social protection allocation of future years for all programs.</td>
<td>The projection of individual program costs under different demographic and socioeconomic scenarios is available and often used to plan and budget programs’ financing. Budget planning processes take projected economic and demographic developments into account for planned social protection allocation of future years for all programs.</td>
</tr>
</tbody>
</table>
### 6. Financial & Fiscal Sustainability

Refers to the system’s financial and fiscal sustainability

<table>
<thead>
<tr>
<th>Areas</th>
<th>Latent</th>
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<th>Advanced</th>
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</thead>
<tbody>
<tr>
<td>Long term financial commitments considered in legal framework and social protection strategy</td>
<td>Long term vision of social protection and related financial commitments are not addressed in the legal framework and / or the social protection strategy.</td>
<td>Long term vision of social protection and related financial commitments are generally overlooked in the legal framework and / or the social protection strategy.</td>
<td>Long term vision of social protection and related financial commitments are partially addressed in the legal framework and / or the social protection strategy.</td>
<td>Long term vision of social protection and related financial commitments are clearly addressed in the legal framework and / or the social protection strategy.</td>
</tr>
<tr>
<td>Reliability and progressivity of social protection financing</td>
<td>Social protection financing is unstable, unreliable, and regressive.</td>
<td>There are frequent delays and irregularities in the provision of social protection financing, large part of the taxes are regressive.</td>
<td>There are occasional delays and irregularities in the provision of social protection financing and some of the taxes are regressive.</td>
<td>Social protection financing is stable, reliable, and progressive.</td>
</tr>
</tbody>
</table>
### 7. Coherence & Integration

Refers to the alignment and coherence of the system across its policies, programs, and administrative structures, as well as coherence with related policy areas.

<table>
<thead>
<tr>
<th>Areas</th>
<th>Latent</th>
<th>Advanced</th>
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</thead>
<tbody>
<tr>
<td>Complementarity of social protection policies / degree of duplication and overlap</td>
<td>Social protection policies and programs do not complement each other within and across social protection functions, giving rise to duplications and inefficiencies.</td>
<td>Social protection policies and programs are reasonably coherent and complement each other within agencies but not across social protection such that some duplications are avoided but some inefficiencies exist.</td>
</tr>
<tr>
<td>Institutional framework to ensure coordination</td>
<td>Neither legal provisions, institutional arrangements, nor other frameworks ensure coordination, integration, and complementarity across social protection programs.</td>
<td>Clear and detailed legal provisions, institutional arrangements, and other frameworks ensure coordination, integration, and complementarity of the social protection system across all social protection programs.</td>
</tr>
<tr>
<td>Integration of program implementation</td>
<td>Each program has separate non-interoperable implementation and information processes.</td>
<td>Programs share common delivery systems.</td>
</tr>
<tr>
<td>Possibility of integrated analysis of social protection financing</td>
<td>The classification of budget expenditure and revenues does not allow for an integrated analysis of social protection expenditures and financing.</td>
<td>The classification of budget expenditures allow for an integrated analysis of social protection expenditures and financing across a majority of social protection functions.</td>
</tr>
<tr>
<td>Possibility of integrated analysis of social protection financing</td>
<td>The classification of budget expenditure allows for an integrated analysis of social protection expenditures and financing for some social protection functions.</td>
<td>The classification of budget expenditure allows for an integrated analysis of all social protection expenditures and financing.</td>
</tr>
</tbody>
</table>
### 7. Coherence & Integration

Refers to the alignment and coherence of the system across its policies, programs, and administrative structures, as well as coherence with related policy areas.

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<th>Latent</th>
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<th>Advanced</th>
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</thead>
<tbody>
<tr>
<td>Coherence with other</td>
<td>There are neither mechanisms nor procedures to ensure coherence</td>
<td>Some consideration is given in the policy set-up</td>
<td>There are mechanisms and procedures to ensure</td>
<td>There are mechanisms and procedures that are applied in practice to</td>
</tr>
<tr>
<td>policy areas</td>
<td>between social protection and other sectors.</td>
<td>to ensure coherence between social protection</td>
<td>ensure coherence between social protection and</td>
<td>ensure coherence between social protection and all other relevant sectors.</td>
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<td></td>
<td></td>
<td>and other sectors, but this is generally not</td>
<td>and some other sectors and these are applied in</td>
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<td></td>
<td>applied in practice.</td>
<td>some circumstances.</td>
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## 8. Responsiveness

Refers to the system’s M&E framework and flexibility to adjust / adapt in response to socio-economic crises

<table>
<thead>
<tr>
<th>Areas</th>
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</tr>
<tr>
<td>Responsiveness of budget and implementation mechanisms</td>
<td>There are no budget or implementation mechanisms in place to effectively respond to shocks, crisis, socio-economic changes, or demographic developments for the majority of programs.</td>
<td>There are inefficient budget and implementation mechanisms in place to respond to shocks, crisis, socioeconomic changes, or socio-demographic developments. These mechanisms are not contemplated in the legal framework.</td>
<td>There are budget and implementation mechanisms in place to effectively respond to shocks, crisis, socio-economic, or socio-demographic developments changes for the majority of programs. Legal provisions may exist for some programs.</td>
<td>There are budget and implementation mechanisms in place to effectively respond to shocks, crisis, socio-economic, or socio-demographic developments changes for the majority of programs. Detailed legal provision are in place.</td>
</tr>
<tr>
<td>Availability, quality, and timeliness of data on trends and social protection programs</td>
<td>Data, statistics, and monitoring reports are produced ad hoc, not accessible to main agencies, and are not used to inform policy actions to adapt the system to evolving needs and socio-economic trends. There are no program evaluation available.</td>
<td>Data, statistics, and monitoring reports are accessible to main agencies, but are not produced periodically and in a timely manner, and are insufficient to revise and adapt the system to evolving needs and socio-economic trends.</td>
<td>Data, statistics, and monitoring reports are accessible to main agencies, produced in a timely manner, but not always used to revise and adapt the system to evolving needs and socio-economic trends. Evaluations are done only ad hoc.</td>
<td>Data, statistics, monitoring reports, and regular program evaluation are accessible to main agencies, produced periodically and in a timely manner, and routinely used to revise and adapt the system to evolving needs and socio-economic trends.</td>
</tr>
<tr>
<td>Information dissemination mechanisms</td>
<td>There are no information dissemination mechanisms in place to publicize changes in program implementation.</td>
<td>Partial capacity for information dissemination, outreach, and awareness raising including as regards short term / emergency changes, but not always adapted such that it reaches all relevant parties.</td>
<td>Most programs have adequate capacity for information dissemination, outreach, and awareness raising including for short term / emergency changes that is adapted to reach most relevant parties.</td>
<td>All programs have full capacity and mechanisms in place for information dissemination and awareness raising including for short term / emergency changes that is adapted to reach all relevant parties.</td>
</tr>
<tr>
<td>Mechanisms for parametric adjustments</td>
<td>Programs do not have a mechanism to carry out parametric adjustments.</td>
<td>Programs have a mechanism in place to carry out parametric reforms but this is not applied in practice.</td>
<td>Most programs have a mechanism in place for parametric adjustment and this is usually applied in practice.</td>
<td>All programs have a well-functioning mechanism in place for parametric reforms that is applied consistently.</td>
</tr>
</tbody>
</table>
### Overview of Findings

8. **Responsiveness**

Refers to the system’s M&E framework and flexibility to adjust/adapt in response to socio-economic crises

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<th>Latent</th>
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<th>...</th>
<th>Advanced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage of emergency response operations in practice</td>
<td>Only a small share of the population is included in relief programs in case of disasters or shocks and with significant delays.</td>
<td>A significant share of the population is included in relief programs if affected by disasters and shocks is, but with significant delays.</td>
<td>The majority of the population is included in emergency relief / disaster responses but not all on a timely basis.</td>
<td>All (or almost all) of the population affected by disasters and shocks are included in case of shocks or emergency responses in a timely manner.</td>
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</tbody>
</table>
9. Cost-effectiveness

Refrs to cost effectiveness both for those financing and for those benefiting from a program
(apply only if evidence exists)

<table>
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</thead>
<tbody>
<tr>
<td>Cost of program delivery</td>
<td>The individual programs delivery cost is high rendering low benefit / cost ratios and making the system costly and ineffective.</td>
<td>The delivery cost varies by program but the majority of programs have a relatively low benefit / cost ratio making the system overall costly and ineffective.</td>
<td>The delivery cost is moderate across programs and the benefit / cost ratio is moderate, making the system moderately cost-effective.</td>
<td>Individual program delivery cost is low, resulting in high benefit / cost ratios across the majority of programs.</td>
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</table>
10. Incentive Compatibility

Refers to ensuring that the system’s programs don’t generate distortionary effects
(apply only if evidence exists)

<table>
<thead>
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<th>Areas</th>
<th>Latent</th>
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<tbody>
<tr>
<td>Consideration of</td>
<td>Incentive compatibility is not at all considered in the design and</td>
<td>There is little attention in program design regarding behavioral</td>
<td>The design of social protection programs succeeds in creating positive behavioral incentives for</td>
</tr>
<tr>
<td>incentives in program</td>
<td>implementation of the social protection system.</td>
<td>incentives for workers, employers, or social protection administrators.</td>
<td>workers, employers, or social protection administrators.</td>
</tr>
<tr>
<td>design</td>
<td></td>
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<tr>
<td>Incentives for persons</td>
<td>Programs often create disincentives for beneficiaries to work, save,</td>
<td>There are mixed incentives for beneficiaries to work, save, or</td>
<td>Overall, the system provides positive incentives for beneficiaries to work, save, or participate</td>
</tr>
<tr>
<td>covered</td>
<td>or participate in risk-pooling arrangements.</td>
<td>participate in risk-pooling arrangements.</td>
<td>in risk-pooling arrangements.</td>
</tr>
<tr>
<td>Incentives for employers</td>
<td>Generally, employers have little incentives to register workers with</td>
<td>The majority of employers have little incentives to register workers</td>
<td>Generally, employers have strong incentives to register their employees with social security</td>
</tr>
<tr>
<td></td>
<td>social security programs.</td>
<td>with social security programs.</td>
<td>programs.</td>
</tr>
<tr>
<td>Incentives for scheme</td>
<td>There are no incentives for scheme administrators to enroll eligible</td>
<td>There insufficient incentives for scheme administrators to enroll</td>
<td>There are strong incentives for scheme administrators to enroll eligible beneficiaries and increase</td>
</tr>
<tr>
<td>administrators</td>
<td>beneficiaries and increase program take-up.</td>
<td>eligible beneficiaries and increase program take-up.</td>
<td>program take-up.</td>
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Overview of Findings
Preface
Description of the assessment implementation and process, who was involved, and respective roles and responsibilities (national stakeholders, development partners, etc...), including timeframe.

1. Introduction
• Background / rationale for carrying out the assessment
• Definition of social protection in the country – what is meant according to national strategy papers, laws etc.
• Description of key features of the social protection system and programs for CODI assessment
• Description of key sources of information (provide list in Annex)

2. Country Context
• Snapshot of the institutional arrangements and main social protection actors (ministries, agencies) – add chart or organogram if possible
• Geopolitical context / state of development of social protection in the country over years
• Summarize, and as needed, discuss selected social, political, and economic developments and human development indicators at national and local level (to be adapted by country, based on data availability and local focus)
• Snapshot of social protection needs, poverty profile, risks, and vulnerability country population is facing at national and local level (to be adapted by country, based on data availability and local focus)
Table 1: Country at a Glance (this table will be broken up by sections based on indicators availability)

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Most recent year (Y)</th>
<th>Y-1</th>
<th>Y-2</th>
<th>Y-3</th>
<th>Y-4</th>
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</thead>
<tbody>
<tr>
<td><strong>Economic indicators</strong></td>
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<tr>
<td>GDP per capita in current $</td>
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<td>GDP per capita in PPP$</td>
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<td>CPI index</td>
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<tr>
<td>National average wage</td>
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<tr>
<td>Average wage in the private sector in general or key economic sectors (estimate)</td>
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<tr>
<td>Average wage in the public sector (estimate)</td>
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<td>Minimum wage (differentiate by sector if necessary)</td>
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<tr>
<td><strong>Demographic indicators</strong></td>
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<tr>
<td>Total male population</td>
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<tr>
<td>Total female population</td>
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<tr>
<td>Demographic distribution of the population (by age groups and sex, ex. 0-14, 15-24, 25-64, 65+)</td>
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<tr>
<td>Dependency rate (old age, youth, combined)</td>
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<td>Fertility rates</td>
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<tr>
<td>Life expectancy (at birth, remaining life expectancy at age 40, 60, and 65, by sex)</td>
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<tr>
<td>Infant Mortality rate</td>
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<td>Maternal Mortality rate</td>
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<td>Net migration rate (net migration / total population)</td>
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<td><strong>Labor market indicators</strong></td>
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<tr>
<td>Share of 15-64, 65+, 15+ population by primary activity: (by sex, urban/rural, age group)</td>
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<tr>
<td>Employed</td>
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<tr>
<td>Unemployed</td>
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<tr>
<td>Underemployed (if available)</td>
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<tr>
<td>Inactive</td>
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<tr>
<td>Indicators</td>
<td>Most recent year (Y)</td>
<td>Y-1</td>
<td>Y-2</td>
<td>Y-3</td>
<td>Y-4</td>
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<tr>
<td><strong>Labor market indicators (continued)</strong></td>
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<tr>
<td>Share of employment by status (by sex, urban, groups of age (15-24, 25-64 and 65+))</td>
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<tr>
<td>Wage workers in formal employment</td>
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<td>Wage employees in informal employment</td>
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<tr>
<td>Self-employed registered (formal)</td>
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<td>Self-employed non registered (informal)</td>
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<td>Self-employed without employees (own account workers)</td>
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<td>Unpaid family workers</td>
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<tr>
<td>Domestic workers</td>
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<tr>
<td>Workers in agriculture</td>
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<td>Workers in other specific sector</td>
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<tr>
<td>Share of employment by sector(by sex, urban/rural, age group)</td>
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<tr>
<td>Manufacturing/Industry</td>
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<td>Service</td>
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<tr>
<td>Labor productivity (annual variation, in %) if available</td>
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<td><strong>Social indicators</strong></td>
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<tr>
<td>Poverty headcount according to national poverty line(s) and international definitions (by rural/urban, age group, sex and household type)</td>
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<td>National poverty line(s) (by rural/urban if applicable)</td>
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<tr>
<td>Poverty gap (by rural/urban, age group, sex and household type)</td>
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<tr>
<td>Income inequality (Gini coefficient, P80/P20)</td>
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<tr>
<td>Primary Enrollment rate (by sex)</td>
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<td>Primary school completion rates (by sex)</td>
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<td>Secondary school enrollment rate (by sex)</td>
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<tr>
<td>Indicators</td>
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<td><strong>Social indicators (continued)</strong></td>
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<tr>
<td>Secondary school completion rates (by sex)</td>
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<td>Food security/malnourishing (FAO TBC)</td>
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<tr>
<td>Human development index</td>
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<tr>
<td>Total public expenditure (% of GDP)</td>
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<tr>
<td>Education</td>
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<td>Health</td>
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<td>Social protection</td>
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<tr>
<td>Total government revenue</td>
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<tr>
<td>Government revenue from domestic sources</td>
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<tr>
<td>Government revenue from external sources</td>
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<tr>
<td>Total health expenditure</td>
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<tr>
<td>Number of health staff (physicians and nurses) per 10,000 population</td>
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<tr>
<td>Number of health staff (disaggregated by region/province and rural/urban)</td>
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<tr>
<td>General Government expenditure on health</td>
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<tr>
<td>Private expenditure on health</td>
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<tr>
<td>Private health expenditure paid out of pocket (OOP)</td>
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</tbody>
</table>
3. State of the Social Protection Sector

This section will map the social protection system and summarize, describe, and discuss information collected through CODI Data Collection Framework. The discussion should follow the aspects of the social protection system as they are identified and outlined in the What Matters Guidance Note. To the extent applicable and relevant, reference to the system results and specific indicators should be made.

A. Policy

- Discussion of the policy and legal frameworks and its key aspects and country social protection strategy as outlined in Key Area 1 of the Guidance Note.

- Discussion of social protection sector objectives and the extent to which they are aligned with the social protection needs of the population, as outlined in Key Areas 1 and 2 of the Guidance Note.

- Discussion of institutional and policy making framework, roles and responsibilities of key actors as outlined in Key Area 3 of the Guidance Note.

- Discussion of the institutional set up for policymaking, oversight, implementation, and coordination. A diagram / schematic / organogram should be developed to illustrate the institutional relationships for policymaking, implementation, coordination, and monitoring. This should also include an analysis of stakeholder participation in the policy making process and program design issues (refer to Key Area 3 of the Guidance Note).

- Discussion of the institutional capacity to design and implement social protection policy and programs, as outlined in Key Area 4 of the Guidance Note.

- Discussion of processes and practice related to social protection financing and expenditure along the framework outlined in Key Area 5 of the Guidance Note, including budget planning, approval, and execution. Insert related tables (section B.1 below, Tables 3 and 4).

- Discussion of mechanisms on information and awareness raising along the framework outlined in Key Area 6 of the Guidance Note.

- Discussion of data monitoring and evaluation systems at the social protection system level and linkages with program level M&E as outlined in Key Area 7 of the Guidance Note.
B. Program Performance, Design, and Operations

**Programs Mapping:** Describe all major existing social protection programs with program description (see Module 2 of the Guidance Note) of all programs by type, function, target population, benefits, etc. Insert the **Programs Inventory Table** (Table 2 below) from the CODI Data Collection Framework.

For “key programs” in CODI assessment, describe how key programs were selected.

**Program Design:** For programs selected and for which the Questionnaire was applied, describe and discuss program, including key elements of the programs design (see Module 2 of Guidance Note):

- Eligibility criteria (see Key Area 8 of Guidance Note.)
- Benefit design (level, frequency, duration, indexation, exit rules, conditionality, and mutual responsibility) (see Key Area 9 of Guidance Note.)
- Expenditure and financing, harmonization and integration. Insert relevant table from the CODI Data Collection Framework on Benefit Description. Identify strengths and weaknesses and areas for improvement (see Key Area 10 of Guidance Note.)
- Incentives for workers, employers, tax authorities, service providers, and potential beneficiaries (see Key Area 11 of Guidance Note.)
  *Identify strengths and weaknesses and areas for improvement.*

**Program Implementation:** For programs selected and for which the Data Collection Framework was applied, describe and discuss key elements of their delivery (see Module 3 of Guidance Note):

- Identification (see Key Area 12 of Guidance Note.)
- Eligibility verification (see Key Area 13 of Guidance Note.)
- Enrollment (see Key Area 14 of Guidance Note.) Insert Table 5 from section B.2 below.
- Benefit delivery (see Key Area 15 of Guidance Note.)
- MIS, M&E (see Key Area 16 of Guidance Note.)
- Complaint and appeal mechanisms (see Key Area 17 of Guidance Note.)
- Information and awareness raising (see Key Area 18 of Guidance Note.)
  *Identify strengths and weaknesses and areas for improvement.*
Table 2: Social Protection Programs at a Glance
Refer to Inventory table in CODI Data Collection Framework (Information should be provided for ALL SP programs operating in country)

<table>
<thead>
<tr>
<th>Program / Benefit Category</th>
<th>Program A</th>
<th>Program B</th>
<th>Program C</th>
<th>...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Covered / Function</td>
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<tr>
<td>Targeted Population Group</td>
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<tr>
<td>Objective</td>
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<tr>
<td>Qualifying Conditions</td>
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<tr>
<td>Benefit Level &amp; Indexation</td>
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<tr>
<td>Responsible Implementing Agency</td>
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<tr>
<td>Geographical Areas Covered</td>
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<tr>
<td>Number of Beneficiaries (value / latest year)</td>
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<tr>
<td>Total Expenditure (LCU) (value / latest year)</td>
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</tbody>
</table>

B.1 Financing & Expenditures

Discussion of budget allocation expenditures, revenues, and financing for the SP system overall and by key programs over last five year period or more based on data availability along the framework outlined in Key Area 10.
Table 3: Annual Expenditure by Key Programs
(refer to chart C2 in CODI Data Collection Framework)

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Most recent year (Y)</th>
<th>Y-1</th>
<th>Y-2</th>
<th>Y-3</th>
<th>Y-4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total annual public spending on SP (LCU current prices)</td>
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<tr>
<td>% of GDP</td>
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<tr>
<td>% of total public spending</td>
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<tr>
<td>Total annual public spending on SPL (LCU constant prices)</td>
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<tr>
<td>Total spending on non-contributory benefits</td>
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<tr>
<td>Benefit cost</td>
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<tr>
<td>Operating costs</td>
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<tr>
<td>Total spending on contributory social insurance</td>
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<tr>
<td>Benefit cost</td>
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<tr>
<td>Operating costs</td>
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<tr>
<td>NOTE: For training and social care services operating cost may overlap with the total program cost. Clarify in a note to the table.</td>
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<tr>
<td>Total annual public spending on SP by key program (as % of GDP):</td>
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<tr>
<td>Program A (Benefit cost, Operating cost)</td>
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<tr>
<td>Program B</td>
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<td>Program C</td>
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<tr>
<td>Total annual public spending on SP by program (as % of GDP):</td>
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<tr>
<td>Program A</td>
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<td>Program B</td>
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<td>Program C</td>
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<tr>
<td>Level of public expenditure per beneficiary (LCU, in % of GDP per capita, in % of national poverty line)</td>
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<tr>
<td>Program A</td>
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<td>Program B</td>
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<td>Program C</td>
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</table>
### Indicators

<table>
<thead>
<tr>
<th></th>
<th>Most recent year (Y)</th>
<th>Y-1</th>
<th>Y-2</th>
<th>Y-3</th>
<th>Y-4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ratio of operating costs to total costs by program:</td>
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<tr>
<td>Program A</td>
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<tr>
<td>Program B</td>
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<td>Program C</td>
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</table>

### Table 4: Source of Financing by Key Programs, most recent year (refer to chart C3 in CODI Data Collection Framework)

<table>
<thead>
<tr>
<th>Sources of Financing</th>
<th>Contributory Social Insurance</th>
<th>Non-Contributory Benefits</th>
<th>Labor Market Programs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Tax Revenues</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Employees &amp; Employer’s Contributions</td>
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<tr>
<td>Dedicated Earmarked Taxes</td>
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<tr>
<td>Transfers From Other Schemes</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

By Key Programs

<table>
<thead>
<tr>
<th>Program</th>
<th>Program A</th>
<th>Program B</th>
<th>Program C</th>
<th>Program D</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Tax Revenues</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Employees &amp; Employer’s Contributions</td>
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<tr>
<td>Dedicated Earmarked Taxes</td>
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<tr>
<td>Transfers From Other Schemes</td>
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<tr>
<td>Other</td>
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</tbody>
</table>
B.2 Coverage of Beneficiaries (protected persons, including persons legally covered, persons effectively covered (registered), and benefit recipients)

Table 5: Coverage by Key Programs (refer to chart C1 in CODI Data Collection Framework)

4. System Assessment & Benchmarking

Social Protection System Assessment and Benchmarking: Discuss the performance of the social protection system along the 10 Performance Criteria and identify strengths, weaknesses, and issues. Summarize the findings in the overview table below.

Table 6: Coverage by Key Programs

<table>
<thead>
<tr>
<th>System Performance Criteria</th>
<th>Latent</th>
<th>...</th>
<th>...</th>
<th>Advanced</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inclusiveness</strong></td>
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<tr>
<td>Gender equality, non-discrimination, and special needs</td>
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<tr>
<td>Coverage: non-contributory</td>
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<tr>
<td>Coverage: contributory</td>
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<tr>
<td>Effective coverage</td>
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<tr>
<td>Accessibility</td>
<td></td>
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<tr>
<td><strong>Adequacy</strong></td>
<td></td>
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<tr>
<td>Benefit levels compared to social protection needs</td>
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<tr>
<td>Benefit level compared to national benchmarks</td>
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<tr>
<td>Impact of benefits on economic activity</td>
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<tr>
<td>Benefits compared to national / program objectives</td>
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<tr>
<td>Redistributory or poverty reduction effects</td>
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<tr>
<td>Benefit provision and services delivery standards</td>
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<tr>
<td>** Appropriateness**</td>
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<tr>
<td>Formulation of objectives, targets, and timeframes</td>
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<tr>
<td>Alignment of SP policies / programs / strategy</td>
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<tr>
<td>Combination of schemes and programs</td>
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<tr>
<td>Composition of expenditure</td>
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<tr>
<td>Evidence-based policy and program design</td>
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<tr>
<td>Country Report Outline</td>
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<tr>
<td><strong>System Performance Criteria</strong></td>
<td>Latent</td>
<td>...</td>
<td>...</td>
<td>Advanced</td>
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<tr>
<td><strong>Respect for Rights &amp; Dignity</strong></td>
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<tr>
<td>Entitlements anchored in law</td>
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<tr>
<td>Enforcement mechanisms: public authority, complaint and appeal mechanisms, and public awareness</td>
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<tr>
<td>Respect for dignity and human rights</td>
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<tr>
<td>Confidentiality of private information</td>
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<tr>
<td><strong>Governance &amp; Institutional Capacity</strong></td>
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<tr>
<td>Reporting mechanisms, roles, and responsibilities anchored in law</td>
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<tr>
<td>Program implementation guidelines / operational manuals state reporting mechanisms, roles, and responsibilities</td>
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<tr>
<td>Enforcement mechanisms</td>
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<tr>
<td>Institutional supervisory capacity</td>
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<tr>
<td>Staff implementation capacity</td>
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<tr>
<td>Stakeholder participation</td>
<td></td>
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<tr>
<td><strong>Financial &amp; Fiscal Sustainability</strong></td>
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<tr>
<td>Domestic or external financing</td>
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<tr>
<td>Contributory capacity taken into account in financing arrangements</td>
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<tr>
<td>Alignment of budget allocation with policy priorities</td>
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<tr>
<td>Long term budget planning in line with demographic developments</td>
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<tr>
<td>Long term financial commitments considered in legal framework and social protection strategy</td>
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<tr>
<td>Reliability and progressivity of social protection financing</td>
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<tr>
<td>System Performance Criteria</td>
<td>Latent</td>
<td>…</td>
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<td>Advanced</td>
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<tr>
<td><strong>Coherence &amp; Integration</strong></td>
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<tr>
<td>Complementarity of social protection policies / degree of duplication and overlap</td>
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<tr>
<td>Institutional framework to ensure coordination</td>
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<tr>
<td>Integration of program implementation</td>
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<tr>
<td>Possibility of integrated analysis of social protection financing</td>
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<tr>
<td>Coherence with other policy areas</td>
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<tr>
<td><strong>Responsiveness</strong></td>
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<tr>
<td>Responsiveness of budget and implementation mechanisms</td>
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<tr>
<td>Availability, quality, and timeliness of data on trends and social protection programs</td>
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<tr>
<td>Information dissemination mechanisms</td>
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<tr>
<td>Mechanisms for parametric adjustments</td>
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<tr>
<td>Coverage of emergency response operations in practice</td>
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<tr>
<td><strong>Cost-effectiveness</strong></td>
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<tr>
<td>Cost of program delivery</td>
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<tr>
<td><strong>Incentive Compatibility</strong></td>
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<tr>
<td>Consideration of incentives in program design</td>
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<tr>
<td>Incentives for persons covered</td>
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<td>Incentives for employers</td>
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<td>Incentives for scheme administrators</td>
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</tbody>
</table>
5. Conclusions

- Summary of key strengths and weaknesses of the performance of the SP system
- Discuss areas for future research / attention
- Caveats on the information quality and availability

Annexes

- References
- Filled out Data Collection Framework
  - Policy Module
  - Program Module – Program A
  - Program Module – Program B
  - Program Module – Program C
  - Program Module – Program D
  - Program Inventory Table
  - Table C1: Coverage of Beneficiaries
  - Table C2: Spending Level
  - Table C3: Source of Financing
- System Assessment Table