

REVIEW ON SOCIAL PROTECTION SCHEMES IN RURAL ETHIOPIA

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ABSTRACT

Widespread livelihood shocks and vulnerability in rural areas highlight the critical need to extend the provision of social protection interventions, as targeted to reduce vulnerabilities and poverty. Evaluating the real effects of social protection instruments on rural communities is an important concern for governments and policymakers. Hence, the objectives of this review were to examine the effects and challenges of social protection in rural Ethiopia. The review was conducted by synthesizing peer-reviewed journals, books, working papers, and organization reports, which were obtained through internet searches from Google Scholar, AgEcon, Science Direct, Taylor, and Francis. Interestingly, among the documents retrieved, 45 were included using eligibility criteria. Finally, the data were presented and narrated in texts. The review outcome indicated that Idir, Zakat in Afar, community-based health insurance and productive safety net program were important to reducing risk vulnerability, poverty, and food insecurity in the rural community. Moreover, a productive safety net program has both positive and negative effects on beneficiaries' social, economic, and environmental development. In a nutshell, social protection services play a vital role in addressing poverty, hazardous events, and vulnerabilities that affect livelihood. Therefore, concerned bodies should be focused on targeting rural communities to achieve food security and health services through social protection.

KEY WORDS

challenge, CBHI, effect, PSNP, social protection

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INTRODUCTION

In developing countries, particularly sub-Saharan Africa, social protection schemes tend to operate in silos (grain storage). However, due to the mutually reinforcing negative effects of the different types of risks, especially those confronting rural households in developing countries [1], so far, public actions have been taken in response to levels of vulnerability. This suggests that effective social protection may require multiple coordinated interventions.

Social protection is a set of policies and programs designed to reduce poverty, vulnerability risk, and deprivation that are deemed socially unacceptable within a given society by promoting efficient labor markets, diminishing people's exposure to risks, and enhancing their capacity to protect themselves against hazards and interruption or loss of income. It is also interchangeably used with social security, social safety net, social insurance, and social transfers [2]. It may be formal and informal mechanisms, for instance, product safety net programs, community-based health insurance, school feeding, India, and Zakat¹ in Afar, which are occurring in rural Ethiopia.

Due to a lack of well-developed insurance and credit markets, rural families are exposed to a range of idiosyncratic risks [3] though that Ethiopia has a challenge with food security. As outlined by Lemma and Cochrane [2], rural communities suffer from delayed PSNP payment transfers to client households. Furthermore, low-income unemployment, poor infrastructural facilities, and health care delivery system, high level of illiteracy, and lack of understanding about social protection in the rural community, among others point to the crisis of social insecurity in rural Ethiopia.

Anderson and Elisabeth [4] contended that the developing world have faced different challenges; they faced by food security. Hence, they need social protection program, which have a paramount role in rural communities. As outlined by Aurino and Giunti [5]. As outlined by Aurino and Giunti [5], social protection has positive impacts on local areas and economies to increase and diversify their food consumption, child and material welfare, as well as foster more investment in the education and health of children and reduces risk vulnerability. Even though the country launched the PSNP, different challenges hinder the proper implementation of the program to attain the intended impact on social, economic, and environmental communities [1]. Markedly, PSNP as social protection program is the most ambitious and comprehensive program to tackle food insecurity in the rural poor. However, several challenges were facing the program to achieve its objectives.

To the best of the reviewers' knowledge, studies have been done so far regarding formal and informal social protection in the Ethiopian context. However, studies related to social protection in a rural community are not thoroughly reviewed or it has not been summarized and reviewed clearly in terms of concept and effect. Hence, empirical as well as conceptual studies were retrieved through internet searches on Google and Google Scholar and then discussed and analyzed. The paper addresses the key questions: What are the main formal and informal social protections? What are the effects of PSNP and CBHI (Community-Based Health Insurance)? What are the constraints of PSNP in Ethiopia?

Knowing the different social protections and addressing their effects and constraints are critical for scholars, governments, and policymakers. Hence, academic and policy literature was reviewed and then described based on evaluating empirical findings and organizational reports. Looking forward, this paper is necessary to inform evidence-based social protection policy decisions. Notably, findings can benefit various stakeholders, including governments, and policymakers, by informing them how much social protection to reduce vulnerability and address food security constraints at the local level. Furthermore, the findings could also

contribute to the growing literature; to be sure, it might be used as a baseline for researchers whose studies correlate with it. The next section of the paper presents the methodology employed for this review. Following that, the results were presented and discussed before the article winds up with a conclusion.

The main intention of this article is to review social protection in rural Ethiopia. Particularly to:

- assess formal and informal social protection in rural Ethiopia;
- examine the effects of social protection on farmers vulnerability;
- identify challenges of PNSP, and CBHI.

REVIEW METHODOLOGY

A literature review offers the chance to evaluate and synthesize previous studies and thus provides a basis for the development of knowledge. Hence, through an extensive literature review, a conceptual framework is developed for highlighting rural social protection in light of reduction of poverty and their challenges. Preferred reporting items for systematic review and meta-analysis (PRISMA) guidelines have been followed to guide this review.

Here, the latest information (published and un-published documents from May 2023 to January 2024) has been included. Information was retrieved through extensive searches on some renowned databases (Table 1), which were searched using major keywords such as ‘effect’, ‘impact’, ‘role’, ‘constraint’, ‘challenge’, ‘social protection’, ‘rural’, ‘farmer’, ‘smallholder farmer’, ‘Ethiopia’, by combination and separately using “AND” or “OR”.

Table 1. Literature retrieved by database.

Database	Number of Records	Notes
Web of Science	22	All records were retrieved
Google Scholar	46	All records were retrieved
Science Direct	18	All records were retrieved
Wiley library	6	All records were retrieved
AgEcon	10	All records were retrieved
Taylor & Francis	7	All records were retrieved
Total	117	

The retrieved literature was exported into end note (reference manager software). After cleaning and removing duplicates, a total of 45 documents remained. This review approach consisted of reviewing the full text of the filtered documents based on the inclusion criteria and the ‘outcome’ search terms. This process was carefully and transparently documented and has been schematically summarized for simplification according to the diagram in Figure 1.

ELIGIBILITY CRITERIA

This study included rural based studies and reports of social protection in Ethiopia. Moreover, both published and unpublished observational studies in English were included.

According to established criteria, studies that weren’t conducted in East Africa and articles that didn’t have abstracts were excluded. Low-quality papers were also removed from the study review like not related to defined review objectives. Similarly, studies that were not fully accessed were omitted, because the quality of the articles in the absence of the full text could not be determined. Finally, among those retrieved, 45 documents were screened based on their importance to the topic, Table 2.

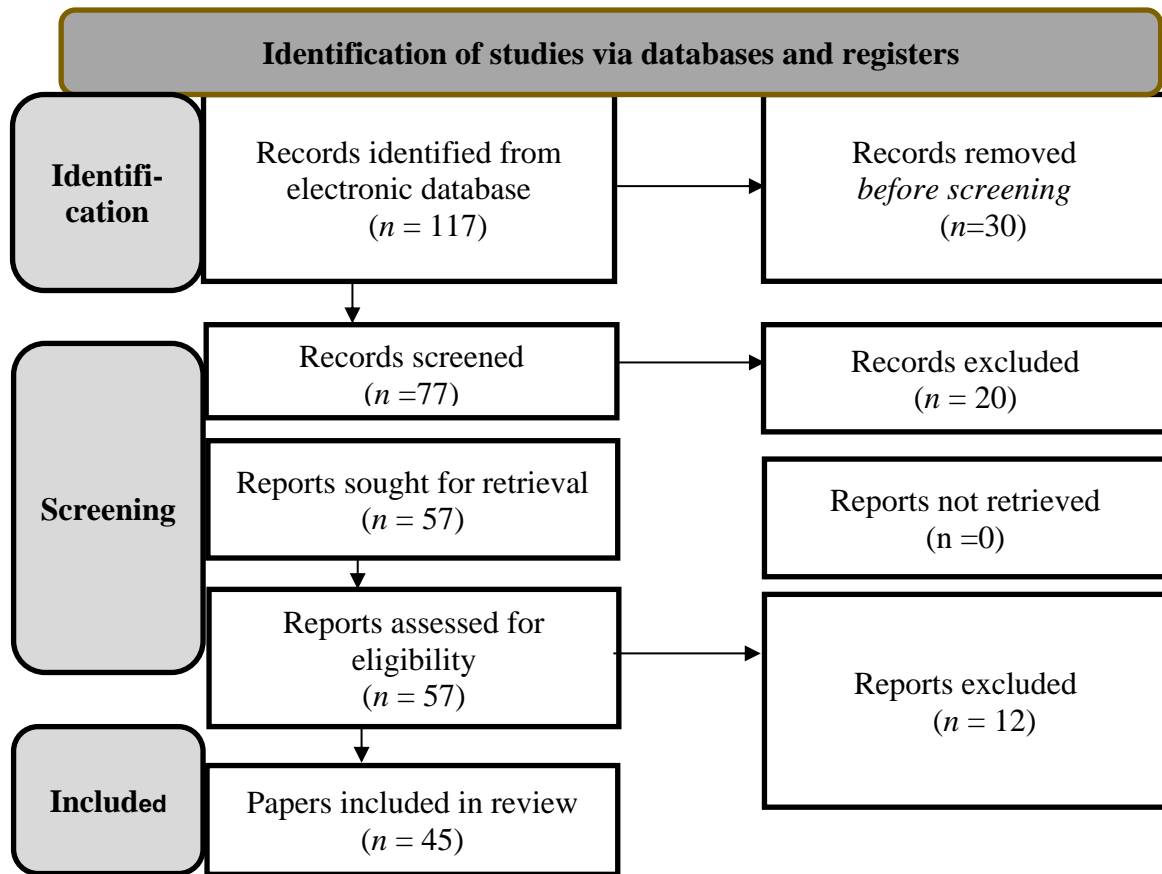


Figure 1. PRISMA flowchart for literature searching strategy.

Table 2. Criteria for literature selection for review

Criteria for document inclusion in the review	Criteria for document exclusion in the review
Publication Year 2013-January, 2024	Published before 2013
Emphasis on rural social protection	Emphases are not rural social protection
Language of documentation: English	Language of documentation without English
Having full-text publication/description	Literature having only abstract
Documents covers the pertinent detailed needed for the study	Literatures is not related to defined review objectives

RESULTS AND DISCUSSION

FORMAL AND INFORMAL SOCIAL PROTECTION IN ETHIOPIA

In Ethiopia, there has been growing policy momentum around social protection issues, motivated by a concern to move away from a cycle of dependency on emergency food aid [6]. In recognition of social protection as a set of formal and informal interventions that aim to reduce social and economic risks, vulnerabilities, and deprivations from all people and facilitate equitable growth [7], a few of them are discussed as follow:

Role Informal social protection

Informal social protection encompasses those arrangements and actions taken by an individual or by groups of individuals which are not guided by formal legal regulations, but which are not

necessarily breaking these laws and regulations. It is also guided mainly by religious and cultural principles, as well as family and societal values.

In the absence of formal insurance services, smallholder farmers are devoid of effective ways of managing the numerous risks, they encounter in their daily lives. One response mechanism common among rural households is reliance on network-based collective action arrangements by motives of reciprocity and altruism. The indigenous financial institution is striking example of risk-sharing and risk-pooling arrangements widely practiced by the bulk of rural communities [3].

In Ethiopia, Informal social protection is widespread in rural settings, which is the first line of response to shocks. Moreover, these mechanisms have a long history and their contribution remains significant, especially given the limited reach of formal social protection schemes. Some estimates indicate that up to 90 % of Ethiopians belong to at least one informal group or support system [8]. Informal social protection mechanisms have components: the extended family, burial societies, traditional savings and credit, asset transfers, and child support. For more, a few of the many are discussed below.

Iddirs²: It is an indigenous social security arrangement that has little similarity with the funeral found in other African countries. As an institution the collective action theory of its members, *iddir* operates sub-rules as enshrined in the bylaws. Bylaws are largely recognized with the collective action performance. , Hence, *Iddir* can be considered satisfactory in term equity, sustainability, and adaptability [9]. There are different types of *iddirs* ranging from community-based *Iddirs* (most often the largest and the one which focuses on funeral ceremonies) to small-scale *Iddirs* such as neighbors, friends, and family *Iddir*.

Food and drinks are often served on the occasion of the meeting of members of a family *Iddir*. It is established primarily for a death related shock is the most pervasive community institutions act as funeral director. A finding by Aredo [10] revealed that, *Iddir* can be conceived as a ubiquitous indigenous insurance institution that covers different risks such as funeral ceremony, death of major productive assets (such as draft oxen), medical expense shortages. Furthermore, it provides multi-sided insurance services other than life insurance coverage provided by community- *Iddir*. Aredo point out, 100 % provided a sort of life insurance while, in addition, 20 % provided coverage for fire; 10 % for illness; 7 % loss of essential livestock; 6 % for destruction of houses; 5 % weddings; 3 % harvest loss; and 6 % for other events.

As a point of entry for community-targeted development interventions, *Iddir* is increasingly being used by both state and non-state actors. It has been noted that *Iddir* is involved in the social protection of orphans and people living with HIV/AIDS. In this context, numerous studies indicate that *Iddir* is starting to take on formalized forms and frequently function in a semi-formal capacity as they expand into more diverse service offerings [8].

Since from 2004 through 2009, 270 *Iddir* burial society's fight against HIV and AIDS, which indicates that change from only supporting death and mourning ceremonies to also supporting the living via mutual aid. As outlined by [11], *Iddirs* are instrumental in influencing local attitudes to shift away from stigmatization and discrimination and toward direct assistance for orphans, other vulnerable children, and individuals living with or impacted by HIV infection and more than 126,000 children received services.

Zakat in Afar: Afar people have known for their strong social bonds and sharing resources among the clan members, but due to the concurrent drought almost all the families are in a position of only sustaining themselves and not helping others. Markedly, the traditional social protection uses mosque and clan system for transferring safety net/security net support. As outlined by Social Protection for Inclusive Development Report (2017) Zakat is discussed as follows.

Zakat is a duty to contribute part of your asset or income to those who are less capable of helping themselves during *Ashura (mewlid)*. Notably, Islamic followers give in-kind or in cash to the religious/mosque leader ‘Qadi’ where he channels the contributions collected to those who are poor or in need have support. These people could be blind, elderly, children left without father and/or mother, physically weak, etc. In addition to it, they also give Zakat for people who came from far places. For doing this, the people give one goat if they have five camels and/or they give one goat if they have 40 goats. Likewise, they give one goat as Zakat if they have 30 cattle.

The community members were able to provide cases where informal safety net supports are needed, which are outlined as follow:

- The clan members support people who are less able to work and engage in pastoral or farming livelihoods. If someone is chronically sick, then the clan members provide support to the day day-to-day, buying medication and/or covering the cost of health-related expenses.
- If a member of a clan dies, then the funeral and other related expenses are covered by clan members including by contributing goats during the mourning for the deceased.
- If a member of a clan has killed someone, then the clan members contribute livestock in settling the issue through their customary laws. However, the contribution of livestock differs from village to village. For instance, in *Andrkelo* village, in the case of killing, members of the community decide on the details of the settlement. That is, if the person kills close kin, he/she settles the issue by giving 50 cattle while if the person who is killed is from another clan, then he/she needs to give 100 cattle. For this purpose, as a single family cannot afford the requested number of cattle, hence, there is responsibility of the entire clan to contribute and share their resources in settling issue.
- If a person has lost his/her livestock during the drought or migratory season (such crisis can leave the family from having 50 cattle to none). In this case, the members of the clan contribute goats in rebuilding the asset of the family. Such support is vital as it supports the person emotionally and psychologically.
- Covering the engagement and marriage ceremony expenses either in kind or cash while also extending their help to the newly married couple in starting their own pendent living.

Formal Social Protection

Historically, under military regime implementing food-for-work schemes were aggressively undertaken. As noted by Rahmato, Pankhurst [12] aside from food-for-work schemes, the regime implemented resettlement and villagization in its disaster response strategy in the 1987 constitution. In fact, this can be considered as important milestone in social protection system in Ethiopia.

In Ethiopia, Social Welfare Policy was induced in 1996, which can be considered as first formal social protection policy that involved preventive, rehabilitative, and developmental programs [2]. The social protection policy that came into effect in November 2014 signaled the government’s interest which needs to be realized in the lives of people [13]. In the early 2000s, formal social protection has encouraging, especially since the establishment of the PSNP.

Productive safety net program (PSNP): historically, severe drought in 2002 have followed food crisis in 2003, which affected 13 to 14 million people, became an immediate trigger for developing a proactive social protection intervention. This led to the establishment of the New Coalition for food security, which initiated discussions between the government and donors to replace the existing emergency response of using food aid to fill consumption gaps, which later led to the launch of the PSNP in 2005 [2].

As outlined by Berhane, Hoddinott [14], initially, the PSNP was complemented by a series of food security activities called the other food security program (OFSP). Notably, OFSP aimed to increase incomes through the provision of credit for activities that would improve crop and livestock production. Problems with its implementation led to a re-design and replacement by Household Asset Building Program (HABP), which has a greater emphasis on technical assistance. As noted by Knippenberg and Hoddinott [15], both the OFSP and HABP were intended to assist a subset of PSNP beneficiaries. Programs akin to PSNP were implemented in parallel to help build and promote household assets deemed crucial for sustained income generation and graduation from the PSNP program.

Markedly, these were the OFSP until 2009 and the HABP until 2014. These two-program provided livelihood development packages to PSNP households who were interested and able to engage in income-generating activities selected from three strategic livelihood pathways (on-farm, off-farm, and none farm [7]). The packages include granting access to finance through credit or grant provisions, the provision of training, managerial support to develop business plans, and in some cases, facilitating support to access input and output markets [16].

Following this Ethiopia formulated the comprehensive NSPP in 2014, which has four interrelated priority focus areas for its strategic directions including promotion of productive safety nets, promotion of employment opportunities and livelihoods, promotion of social insurance and enhancement of equitable access to and use of basic services and provision of legal protection and support services for those vulnerable to violence and abuse [2]. Markedly, the primary goal of the PSNP was to reduce the food gap by helping food-insecure societies. It has two components, namely Public Works and Direct Support. Public works is part of the PSNP program where the beneficiaries are constructed in community roads; social infrastructures like school, health posts and, toilet building; major soil and water conservation; water supplies, terracing, and so on. On the other hand, the PSNP has a direct support part for incapacitated households including disabled people, elderly, pregnant and, kids, they are directly supported in-kind (Social Protection for Inclusive Development Report, 2017). This is in line with the findings of a study by Hoddinott and Mekasha [17] revealed that households with little labor (the aged, disabled, chronically ill) are exempted from public works and receive direct transfers either in the form of food or cash.

As outlined by Desalegn and Ali [18], PSNP is at the center of the social protection system in Ethiopia, which is financed by the government and a consortium of donors. Markedly, PNSP addresses the needs of food-insecure household through ‘multi-year predictable resource transfers’ rather than emergency humanitarian aid. It aims to provide transfers to the food-insecure population in chronically food-insecure districts in a way that prevents asset depletion at the household level and creates assets at the community level [19].

It became part of the government’s food security strategy. The PSNP gradually expanded from an initial 5,5 million beneficiaries to an estimated 8 million participants, becoming the second-largest social protection scheme in sub-Saharan Africa. This accounts for roughly 10 % of Ethiopia’s population and covers 290 chronically food-insecure districts in the country. As outlined by Berhane [7] public work component of the program accounted almost 86 % of the total beneficiaries in 2017/2018. Tadesse and Gebremedhin Zeleke [19] also reported that the rural PNSP program has grown from 4,8 million beneficiaries in 2005 to around 7,6 million beneficiaries in 2012, and reached 7,9 million by 2017/18 [7]. On average, 9 % of the rural population of the country is covered by the program. Shigute, and Mebratie [3] noted that the aggregate PSNP enrolment figures do not exhibit much variation over time due to some individuals graduate from the scheme while others join the scheme.

Beginning in early 2008, the public works program paid members of selected households 10 Birr per day or food equivalent to that amount, or about 1 USD, for a maximum of six months per a year [20]. On the other side, Weldegebriel and Kebede [21] reported that

beneficiaries are paid in cash equivalent to 15 kg of cereals and 4 kg of pulses per month . Similarly, in Afar the transfer size is equivalent to 3 kg of grains per day per person for five days a month, for six months per year. The transfer is also provided to households every month for the consecutive months from January to June of the year.

Community-Based Health Insurance (CBHI): it is a voluntary buying insurance coverage for the entire household for one year and the premium paid by paying members. As outlined by Endale, Pick [22] CBHI is government-driven but with community engagement, aiming to achieve the provision of universal and equitable access to healthcare services for the rural population and informal employees in urban areas through prepayment and risk pooling arrangements. Hence, there is increasing attention in low and middle-income countries as a pathway toward universal health coverage.

CBHI was started in 2012 that has been successful in its coverage. For instance, Mussa and Otchere [23] reported the number of beneficiaries of CBHI reached 5.4 million in 2017/18 and 8 million in 2019. Within regards to year of its launch, its enrolment reached 43 % and, in 2013 rose to 51 % [3]. Ethiopia's government has demonstrated its commitment to linking PSNP - participation households to CBHI. These efforts aim to improve the health of these households in recognition of the multidimensional aspects of poverty. Markedly, participating in the PSNP increases the probability of CBHI uptake by 24 % points [3]. This result is consistent with that of Mussa and Otchere [23], who found that efforts to link these programs have been successful, as 64 % of PSNP households are enrolled in CBHI. Particularly, CBHI enrolment is higher among public work households (70,1 %) than PDS clients (50,3 %). This is consistent with Mebratie and Sparrow [24], who reported that household size is positively associated with CBHI enrolment.

School Feeding Program: Ethiopia started school feeding in 1994. The program served a single hot meal consisting of a blend of corn and soya, vegetable oil, and salt, and it was aimed at areas where there was food insecurity. The intervention later added a take-home ration for girls in the pastoralist area. Until the introduction of the Home-Grown School Feeding in 2012, Ethiopia has been implementing the school feeding program using the traditional method of providing porridge, mostly secured from kin-donation (HGSP) [25].

School feeding was initiated following the severe drought to increase school attendance, improve performance and reducing the school dropout rate by supplying food and school supplies [26]. This idea is a line with Zenebe, Gebremedhin [27] school feeding program has kept children in school and reduced dropout rate. During the 2015/2016 drought in Ethiopia, the Government adopted the model and spent over USD 50 million to provide emergency school meals for 2,8 million children in primary schools by procuring from smallholder farmers.

In rural Ethiopia, supplementing on-site school meals with take-home rations can be beneficial for concentration, reading, writing and arithmetic skills [28]. It is likely to improve children's nutritional status and school attendance. This suggests that school meals should be served in the morning to alleviate hunger and thus improve children's concentration. It is also agreed with [29]. According to the Ministry of Education (2020), school feeding programs across the country are benefiting 1 million students. This is in line with Weldegebriel and Kebede [21], who reported that a million children are benefitting in 2018/19; particularly since 2019, in Addis Ababa City Administration has launched a school feeding program that benefits about 300 000 students aiming to boost enrollment and reduce absenteeism among school children [30].

EFFECT OF PNSP AND CBHI ON POVERTY AND VULNERABILITY

From various Ethiopian government food security strategies, the PSNP is one of the strategies to improve households' consumption. As outlined by Hailu and Amare [31], beneficiaries

households were more food secure than non-beneficiary households by 68 % and 54 % respectively. This implies that this program has significantly increased households' calorie intake. This suggests that households would have had a higher probability of a poorly diversified diet if they had not participated in PSNP. The fact that PSNP with cash transfers to the households may ease liquidity then this may increase households' ability to invest in livelihoods that their increase income, with cash transfers, households might use the additional income to purchase and consume more diverse foods [32]. Moreover, PSNP contributes to Ethiopian economy by increasing: national agricultural production by 1.33%; household income by nearly 6 %. Moreover, agricultural productivity increases and income spillovers add the equivalent of 0,99 % to Ethiopia's GDP [33].

According to Wouterse and Taffesse [33], PSNP and humanitarian food relief contributed significantly to reductions in the poverty headcount by 38,7 % . This result is consistent with that of Devereux [34], who found that poverty rate was lowest among program participants (30,33 %) than the non- participants (31,1 %). Similarly, findings by Gebresilassie [35] participants had lowest poverty line. Jones and Tafere [6] also describe PSNP reaches over 7 million chronically food insecure individuals in rural areas and has a strong focus on addressing the poverty of female headed households. This implies that PSNP program has positive and significant effect on poverty reduction and in protecting productive assets. The fact that households participate in PSNP may have greater annual income.

As outlined by Abuye and Dar [36], PSNP is enabling decreasing the beneficiaries' vulnerability to seasonal shocks. This implies that the program helped beneficiaries to decrease the effect of shocks. On the other hands, social safety nets help build household resilience to economic shocks through increased savings and investments in productive assets, especially livestock holdings [37]. Markedly, here is arising of economic benefits of the public works from soil and water conservation activities. By that time, environmental rehabilitation and community asset building were over there [21]. This finding agreed with Lemma and Cochrane [13] who reported that PSNP program is add value to the community in terms of assets like roads, ponds, and other relevant facilities. In this case, vulnerability of community might be reduced Despite, this finding being inconsistence [38], PSNP client households were not able to accumulate assets in a way that had a meaningful impact on their lives.

PNSP has longer-term impacts on drought and household food security. According to Knippenberg and Hoddinott [15], reported that PSNP payments reduced the initial impact of drought shocks by 57% and eliminates their adverse impact on food security. In this way, the PSNP strengthens the resilience of PSNP beneficiaries against adverse shocks. This is in line with Teklewold, Gebrehiwot [32] who reported that PSNP participation reduces the vulnerability concerning dietary diversity compared to nonparticipation. The result is consistent with Azeem, Mugeru [39], who found that social protection helps households in Punjab become more resilient to shocks. This suggests that households are less vulnerable concerning a diversified diet if they participate in PSNP. Therefore, social protection interventions are a mechanism for mitigating the adverse effects of climatic shocks.

Moreover, PSNP could a reduction in out-migration or an increase in in-migration. For reasoning: the PSNP increases household income resulting girls do not out-migrate to attend school [40]. Berhane and Hoddinott [14] give some insight into these possible processes, household participation in the PSNP increased girls' grade attainment by 6 to14 %. Adolescent females' enrollment rate increased because participation in the PSNP reduces outmigration. As described in Hoddinott and Mekasha [40], PSNP delay married out adolescent females possibly because they are required to assist with household tasks. All in all PSNP has registered significant achievements including consumption smoothening, poverty reduction, asset protection, rural infrastructure development, vulnerability reduction, and environmental conservation.

CBHI program enjoyed strong political support and early pilots provided valuable insights into the process of scaling up. CBHI has contributed to the mobilization of resources and community involvement, enhanced use and access to health services, provided financial security, and empowered women [41]. Markedly, the importance of the CBHI scheme as a policy tool to eliminate financial barriers to access and utilize health services is being increasingly emphasized. The CBHI scheme has had a positive effect on utilization of outpatient health-care services and the scheme members visited public health-care providers' more than private providers to seek health care for illness of their individual members [42].

According to Mebratie, Sparrow [24]. CBHI programs have positive outcomes. For instance, it has contributed to improvements in the quality of health care services through with the likelihood of CBHI members visiting a health facility being much higher than for non-members. This result is consistent with Shigute, Strupat [43], who found that taking part in the CBHI raises the likelihood of utilizing outpatient medical care by 2.3%. Demissie and Gutema Negeri [42] also find that households with community-based health insurance were roughly three times more likely to use outpatient care compared to those without insurance. In contrast, PSNP membership on its own does not have a statistically significant effect on healthcare use. However, participation in both programs results in an additional 4.6% increase in health care use. This indicates that joint membership has a positive effect on the frequency of using modern health care. Moreover, CBHI facilitates timely access to healthcare for individuals and may lower health-related absenteeism from PSNP public work.

Government officials use the PSNP as a forum to promote increased CBHI adoption in order to lessen the impact of health-related issues, enhance labor contributions, and increase the availability of off-farm labor. As outlined by Shigute, Strupat [43] there is a 13 % increase in the likelihood of providing off-farm work for those who participate in the PSNP. On the other hand, CBHI membership alone has no effect on the labor supply. For instance, a person who only participates in the PSNP puts in six more hours of work per month than a person who does not participate in any program, while a person who participates in both programs puts in eleven more hours per month for non-farm activities. PSNP beneficiaries enrolled in the CBHI, while 38 % of non-beneficiaries did the same. This implies that PSNP beneficiaries are more likely to participate in the CBHI scheme. At baseline, their utilization of health care is also lower as compared to those who do not belong to both programs. This suggests that there is a higher likelihood of PSNP beneficiaries taking part in the CBHI program. In addition, they use healthcare services at a lower baseline than people who are not enrolled in both programs. This shows that participants in both programs are far more likely to work off-farm and have significantly fewer livestock holdings.

According to Yilma, Mebratie [44] despite joint effects of social protection schemes are limited; participation in both programs was associated with increase in livestock and decline in debt. Similarly, findings outlined by Shigute, Strupat [43], CBHI program encourage greater borrowing, while membership of both programs works towards reducing the debt burden of households. This suggests that the PSNP and the CBHI could be used in complementary to improve access to healthcare, increase the availability of off-farm labor, safeguard household assets, and lower debt levels.

CHALLENGES OF PNSP AND CBHI

According to Weldegebriel and Kebede [21], major challenges for the expansion of social protection in Ethiopia are political and financial. Markedly, Government uses of social protection as an instrument to promote political stability made. However, social protection should be seen as a right that citizens claim rather than as an instrument for achieving political and economic objectives. According to Hoddinott and Mekasha [40], state that the institutional

capacity issue, which limits the PSNP's potential impact, is preventing social protection from being provided locally. As outlined by Cochrane and Tamiru [38] PSNP had flaws and had trouble consistently focusing on client households. This is consistent with research by [2], which found that PSNP beneficiaries had problems with aid transfers that were delayed. Examples of them include: Other factors that were cited as impeding the provision of effective services were a lack of coordination among participants and the officers' and facilitators' insufficient skills. These issues manifest themselves in delayed service delivery i.e. delayed transfers. It is line with [38]. This is the fact that the recipients could not have received assistance in a timely manner. In brief, PNSP are facing an increasing number of issues and challenges, such as low staff quality and turnover, inadequate budgetary constraints, nepotism, dependency syndrome among beneficiaries, inadequate awareness among stakeholders and the community, and rising food prices.

As outlined by Lemma and Cochrane [2], despite coordination and synergy among actors are crucial for effective social protection service delivery, lack of coherence between policies, resulting failure of concerted synergy among actors of social protection. Additionally, logistic arrangements were observed as institutional challenges at the *woreda*³ level [40]. This is agreed that Lemma and Cochrane [13], who revealed that, there were frequent incidents in some regions of delayed payments due to the lengthy communication process between regional, Woreda, and *kebele*⁴ hierarchies. There was also a lack of access to vehicles in some areas of remote communities. This suggests that a number of issues, such as political unpredictability, aid agency delays, and a lack of commitment at the Woreda level, may be impeding the provision of effective services. Furthermore, early warning system is insufficient, which resulted in a delay in responses and the arrival of assistance after community members had adopted unhealthy coping mechanisms. As outlined by Lemma and Cochrane [2] delayed in payment was a major problem, with client households reporting an average delay of three months. This suggests that because of the structure of distributional channels, pastoral areas are difficult to transplant.

Despite CBHI's contribution to health service utilization and protection from financial catastrophe, a series of challenges have hindered its progress and scale up: which is outlined by Result for Development [45]:

- Limited, dispersed risk pools: in Ethiopia, CBHI is organized as individual schemes at the district level and exclusively offer financial security to their members. But as a result of this dispersion, there are disparities in contribution rates and coverage.
- Every scheme is vulnerable to failure because there is a finite amount of resources available to its members. Additionally, there is no cross-subsidization between districts, meaning that a successful scheme cannot save an insolvent one. This is in line with, Mulat, Mao [41], who identified the most difficult obstacle to the continued growth of CBHI in Ethiopia as being limited financial sustainability.

By definition, CBHI is administered at the Woreda level, and participants voluntarily sign up for the course. Due to a fragmented financing mechanism and voluntary enrollment, there is less financial sustainability and less risk pooling.

- Limited financial viability: the financial capacity of most CBHI schemes is low. Some are unable to pay the money they owe health service providers because they are already bankrupt. This is brought on by low enrollment rates among eligible populations (61%) inadequate financial management, excessively low premiums, and a lack of government funding for programs. The fact that there are more bankrupt schemes now than there used to be presents a greater challenge. The government's subsidies and the money received from CBHI members are insufficient to cover the programs' operating expenses. Other challenges also reported by Mulat and Mao [41], poor implementation capacity including human and

institutional capacity of the regional health and finance bureaus and Woredas was a barrier to scaling up CBHI.

- Low health facility readiness and quality of care: according to Mussa and Otchere [23], communities characterized non-enrolment within reasons: fees/ premium is expensive, travel time/cost is too high, long waiting time at the enrolment site. Furthermore, enrollment in CBHI schemes is widely challenged by the low perceived quality of care in public health facilities mainly due to shortages of medicines, medical supplies, reagents, and laboratory and diagnostic services, as well as poor referral systems. These challenges, coupled with low readiness of health facilities (inadequate and unreliable infrastructure, power, water, functional equipment, funds, and trained staff), have put CBHI implementation in perpetual jeopardy. This is in agreement with Mulat and Mao [41], who noted that weak health service delivery system is not ready to provide proper care for CBHI beneficiaries, which is also described in [23]. This suggests that there may have low quality services and poor readiness to deliver quality care.
- Absence of political commitment at the sub-national level; according to Mulat and Mao [41], leadership commitments at all levels including the regional level, have been a challenge. There is a good commitment at federal level, but when you go to the Woreda level, there is a difference significantly. Some of the Woredas are able to achieve 100 %, but there are Woredas who only gained 20 % coverage because of leadership commitment.

CONCLUSION

Both formal and informal social protections are implementing practices in reducing vulnerability, sharing risks, and promoting resilient livelihoods. Particularly, it has been a vital component of the poverty reduction strategy and development strategy over the past 15 years in Ethiopia. Ethiopia currently implements contributory social protection schemes like community-based health insurance schemes and Iddirs which emerged in earlier, and have rapidly spread to rural areas, and non-contributory schemes like PSNP and school feeding programs. All in all, social protection has reduced hazardous risks, increased asset creation, increased utilization of education and health services, and improved agricultural productivity.

Due to service charge problems, still, now, all rural communities are not a member of community-based insurance. Additionally, they depend on PNP aid, which plays an important role in ensuring food security; it also creates a sense of dependency. So, local government should change the mental set up of beneficiaries to add more value, rise livelihood status and then escape from dependency by giving more training and awareness. Furthermore, stakeholders should have to support informal social protection for more participation in health, development, and social activities.

This review provides valuable insights into the diverse social protection adopted by rural Ethiopia, such as Iddir, Zakat, PSNP, and CBHI. Hence, this document serves as a valuable resource for scholars, researchers, policymakers, and stakeholders interested in highlighting constraints and role of social protection in reducing vulnerability and poverty. Furthermore, the document is important to inform evidence-based social protection development policy decisions and to contribute to the growing literature on this topic.

In conclusion, this review has its own limitations due to depending only on the previous study rather than examine the effects of the program using baseline data (panel data) analyze. A limitation that could pose a challenge to this paper is that the review only includes studies that are published in English and can be accessed through certain databases; consequently, it might miss relevant studies that have been published in other languages. Furthermore, it failed to analyze using meta-analysis methods. Therefore, to assess publication biases even further, researchers should look at a review titled “role of social protection on food security through meta-analysis”.

REMARKS

- ¹Zakat is an Islamic finance term referring to the obligation that an individual has to donate a certain proportion of wealth each year to charitable causes.
- ²Iddir is a voluntary association which represents a broad field of social and cultural services, specifically funeral help.
- ³Woreda is the lowest level administrative structure of the Ethiopian government.
- ⁴Kebele implies a grass-root level administrative unit equivalent to a parish or local community.

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