



# **Permanent Direct Support Operations Manual**

Ministry of Agriculture  
Addis Ababa

Draft -28 February 2023

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## Acronyms

AIDS	Acquired Immunodeficiency Syndrome
CCC	Community Care Coalition
CFSTF	Community Food Security Task Force
EWRD/P	Early Warning and Response Desk/Process
FSD/P	Food Security Desk
HEP	Health Extension Programme
IT	Information Technology
KFSTF	Kebele Food Security Task Force
MIS	Management Information System
MOLSA	Ministry of Labour and Social Affairs
NGO	Non-governmental Organization
OA	Operational Annex
PASS	Payroll and Attendance Sheet System
PDS	Permanent Direct Support
PSNP	Productive Safety Net Programme
PW	Public Work
SNNP	Southern Nations, Nationalities and Peoples (Region)
WFSD/P	Woreda Food Security Desk
WOFED	Woreda Office of Finance and Economic Development
WOLSA	Woreda Office of Labour and Social Affairs

## **SECTION 1. ABOUT THIS MANUAL**

### **1.1 Overview of the PSNP Operations Manuals**

The PSNP 5 operational procedures are described in a series of Operations Manuals and Operational Annexes. Operations Manuals and Operational Annexes constitute a set of policies, rules and procedures that implementers must follow. Audits and spot-checks are conducted with the goal to ensure that these rules and procedures are properly complied with by implementers.

The complete list of manuals and annexes is as follows:

#### **Operations Manuals**

##### **Vol 1: General PSNP Manual**

This is an Introduction section introducing the PSNP's background, context, goal and outcomes. The introduction section also presents the PSNP's outputs and how they relate to the various components, along with a discussion of programme principles, scale and scope, safeguards and an overview of what's new in this phase of the PSNP

##### **Vol 2: PW Operations Manual**

The Public Works (PW) Operations Manual describes the policies and processes that rule the programme for the public works component, in order to efficiently and effectively implement the programme. The volume starts with a description and the document sub-divided into three Sections:

- Programme Policies and Parameters
- Programme Entry and Exit
- Public Work Implementation and Attendance

##### **Vol 3: TDS Operations Manual**

The Temporary Direct Support (TDS) Operations Manual describes the policies and processes that rule the programme for the TDS component, in order to efficiently and effectively implement the programme. The volume starts with a description and the document is sub-divided into three Sections:

- TDS Programme Policies and Parameters
- TDS Enrolment and Exit
- Verification of Co-responsibilities and Payment of TDS

##### **Vol 4: PDS Operations Manual**

The Permanent Direct Support (PDS) Operations Manual describes the policies and processes that rule the programme for the Permanent Direct Support component, in order to efficiently and effectively implement the programme. The volume starts with a description and the document is sub-divided into three Sections:

- PDS Programme Policies and Parameters
- PDS Entry and Exit

- Case Management of PDS Clients

### **Vol 5: Livelihoods Operations Manual**

The Livelihoods (LH) Operations Manual describes the policies and processes that rule the programme for the livelihoods component, the volume is sub-divided into:

- Livelihoods Programme Polices and Parameters
- Livelihoods Programme Implementation
- Livelihoods Related Analysis

### **Vol 6: Shock Responsiveness Operations Manual**

The Shock Responsiveness Operations Manual describes PSNP's response to shock and the impacts of disasters through the establishment of a comprehensive and integrated shock responsiveness system.

## **Operational Annexes**

### **OA 1: Targeting, registry and enrolment**

The Targeting, registry and enrolment Operational Annex describes processes that the targeting of households to become PSNP beneficiaries. It complements the two following operations Manuals: The Public Works operations Manual, and the Permanent Direct Support operations manual.

### **OA 2: Payment**

The payments Operational Annex describe the payment processes for permanent direct support and for public works beneficiaries.

### **OA 3: Annual Planning**

The Annual Planning Operational Annex describes the various planning activities that needs to take place prior to commencing programme implementation.

### **OA 4: Resource Management**

The Resource Management Operational Annex describes management of PSNP resources and is divided into the following five chapters:

- Financial management
- Food management
- Procurement
- Physical resource management

### **OA 5: Grievance Redress Management (GRM)**

The Grievance Redress Mechanism annex describes the means by which programme clients and community members can raise grievances with different aspects of programme implementation and get these grievances resolved.

#### **OA 6: Monitoring, Evaluation and Learning (MEL)**

The Monitoring and Evaluation Operational Annex describes the monitoring and reporting processes for the programme along with a number of monitoring and evaluation tools.

#### **OA 7: Capacity Development**

The CD OA provides the systematic approach to annual programming of CD support for PSNP. It covers the critical procedures and standards which must be applicable for the whole programme and across all implementing agencies. In addition, certain technical aspects of the annual CD programming for PSNP will be covered by the CD Guideline, and this OA must be used in conjunction with this guideline.

#### **OA 8: Environmental and Social Management Framework (ESMF)**

The ESMF OA describes the potential environmental and social issues arising from PW and the livelihoods component and identifies mitigation actions on how to address these issues. In addition, certain technical aspects may be covered by guidelines. Guidelines are documents aiming at providing guidance on certain technical aspects of programme implementation and are not binding in the same way as are OMs and OAs. Guidelines must not contradict procedures described in manuals and annexes.

### **1.2. Organization and Main Users of the PDS Operations Manual**

The PDS Operations Manual describes the policies and processes that rule the programme. It is complemented by the following operations manuals, operational annexes and guidelines: Targeting, registry and enrolment Operations Annex, Payment procedures Operations Annex, MIS User's Manual, among others.

The main users of the PDS Operations Manual are:

- Federal Food Security Coordination Directorate (FSCD)
- Ministry of Labour and Social Affairs(MoLSA)
- Ministry of Health (MoH)
- Regional and Zonal experts
- Woreda Health Office and Health Extension Workers
- Kebele Food Security Task Force (KFSTF)
- Community Food Security Task Force (CFSTF)
- Frontline implementers such as social workers, DAs and Health Extension Workers at Woreda and Kebele.
- NGO's

## SECTION 2. PDS PROGRAMME POLICIES AND PARAMETERS

### 2.1. Eligibility Criteria for Permanent Direct Support

The selection of households as PSNP beneficiaries is constrained by established quotas per Woreda and Kebele, and not all households that meet the eligibility criteria are selected. The selection is done through the Community-based Targeting process, whereby households are compared to each other and ranked. The socio-economic status of eligible households, as well as some categorical criteria (e.g. specific vulnerabilities such as people with disabilities, female-headed households, households with members suffering from chronic illness, elderly headed households caring for orphans etc.) will be used to establish their rank (including status of household assets - land holding, quality of land, livestock holding, food stock, labour availability etc. Only the poorest will be selected, within the limit imposed by the established quota. Detailed procedures for targeting PSNP beneficiary households are included in the Targeting, Registry and enrolment Operations Annex.

Once selected, PSNP beneficiary households must be enrolled in the PDS programme depending on additional criteria as summarized in the table below.

**Table 1: Eligibility criteria for PDS households**

Component	Selection Criteria
<b>Permanent Direct Support</b>	<ul style="list-style-type: none"> <li>• Community Member (resident in the community for the last 3 years)</li> <li>• Extreme poor</li> <li>• Have become suddenly extreme poor as a result of severe loss of assets (financial, livestock, means of production, assets) especially if linked to the onset of chronic illness such as AIDS</li> <li>• No adequate family support</li> <li>• At the time of targeting not enrolled in other programmes that provides the beneficiaries with transfers (cash or food). This does not include social protection scheme like CBHI or school feeding</li> </ul> <p><b>And</b></p> <ul style="list-style-type: none"> <li>• No adult able bodied labour</li> </ul> <p><b>Or</b></p> <ul style="list-style-type: none"> <li>• High dependency ration (four or more dependents- a dependent is any other household member who is unable to work)</li> </ul>

PDS beneficiary households get their benefits without participating in PW and without other requirements.

### 2.2. Calculation of benefits

The benefits attributed to each PDS household is calculated by determining the number of clients per household in the following manner:

- The number of clients in the household is determined by the total number of household members; however, the KFSTF has the discretion to allocate the number of clients within a household depending on the level of poverty estimated by the KFSTF.

- Each client receives the equivalent of 5 days at the existing daily wage rate used in the programme
- Therefore, the total household benefit is obtained by multiplying the number of clients by 5 days.

The level of benefits (i.e. the number of clients) cannot be decreased and is guaranteed until the PDS beneficiary household exits the programme. If a PDS client from a given household leaves the programme for any reason, the household's profile will be reassessed and benefits will be readjusted and eligible members of the same household remain in the programme and the client who exits the programme will be replaced. If the client is the only beneficiary in the household, s/he will be replaced. During the annual update it is verified if clients are still alive (proof of life).

### **2.3. Frequency and Basis for Payment**

PDS beneficiary households receive their benefits on a monthly basis during the whole year (12 payments per year). PDS beneficiaries do not have to fulfil any condition to receive their payments.

If a Permanent direct support client is unable to collect his or her payment, for instance if he or she is elderly or disabled, someone else may collect the payment on his or her behalf. This should be agreed with the Community Food Security Taskforce in advance of the payment day. The CFSTF then informs the KFSTF, which informs the cashier/distribution expert that this arrangement has been made through written confirmation. On-the-spot delegation approvals (on payment days) should be avoided.

Social workers should facilitate the delegation process as well as support and monitor payments to PDS beneficiaries.

Further description on payment is provided on the payment OA.



## **SECTION 3. PROGRAMME ENTRY AND EXIT**

### **3.1. Main Entry process into the PDS programme**

This section of the manual provides an overview of the processes for identifying households eligible for the PDS programme. It describes the processes and criteria entry into and exit from the programme.

The main entry process for the PDS programme is the initial targeting (when a new woreda is included in the programme) and the full targeting that must happen every four years, as well as the annual update. The targeting processes is common for both the PW and PDS programmes: the extreme poor households are selected, and then depending on whether they fulfil PDS or PW eligibility criteria, they are enrolled into the PDS or the PW programmes.

The targeting, registry and enrolment process is described in details in the Targeting, registry and enrolment Operations Annex.

### **3.2. Overview of PDS Programme Entry and Exit**

PSNP Households without eligible able-bodied members, and who comply with the eligibility criteria of PDS are enrolled in the PDS programme during full targeting or annual update exercises.

Reassessment of PDS beneficiaries is done every year during the annual update, to determine whether beneficiaries are still alive and residing in the community. If beneficiaries drop out of the programme due to death, migration or if the household's condition has changed, they will be replaced by other households through a community-based ranking exercise.

## SECTION 4. CASE MANAGEMENT OF PDS CLIENTS

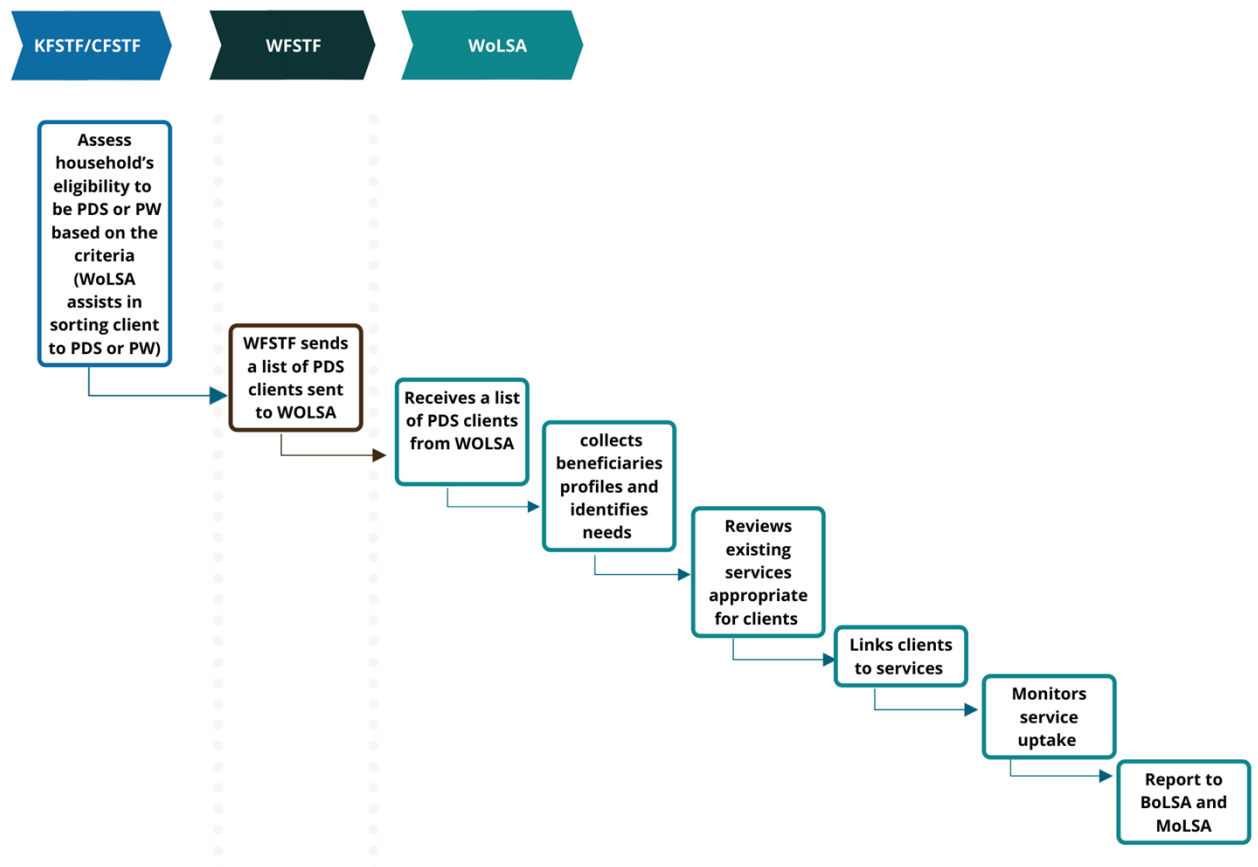
### 4.1. About this Section

PSNP5 facilitates a referral mechanism to link PDS clients to a specific set of available social services, which are considered critical to reducing clients' vulnerabilities. This is consistent with the notion that poor people invariably experience multiple overlapping deprivations and the wider the range of services available to them, the better their chances are to be resilient.

The case management of PSNP clients will follow the rules described in the *“National Case Management Guidelines for PSNP Clients and Other Vulnerable Groups” (December 2019)* of MOLSA.

The following flowchart highlights the key steps in case management in areas of WOLSA involvement:

Figure 1 Flowchart for Case Management of Permanent Direct Support Clients



### 4.2. Review of available services for PDS clients

Once WFSTF provides WoLSA with the list of PDS clients in the woreda, WoLSA staff or the social worker should collect beneficiaries profile and identify the needs of PDS clients. WoLSA staff will review any services available in the woreda and their appropriateness for permanent direct support clients. In woredas supported by NGOs, NGO staff will work with WoLSA to support the identification and review processes of available services.

Potential services include:

- Services provided by Community Care Coalitions (CCC)
- Self-help groups organised for the elderly or disabled
- NGO programmes supporting specific target groups (elderly, disabled, chronically ill)
- Appropriate elements of the Health Extension Programme
- Availability of fee waivers/CBHI to support medical expenses of poor households
- Engagement with schools/BoE to support enrolment etc.
- Legal services for various issues including any child protection violations, GBV

#### **4.3. Linking clients to services**

Once the WOLSA staff have identified what services are available and which may be appropriate to permanent direct support clients, they make use of the capacity they have to link permanent direct support clients to these services. Household profiling is undertaken to identify PDS clients' needs for specific social services. PDS clients are then matched with the available service that meets their needs. This is conducted by kebele-level (or woreda) social workers, where available. In woredas supported by NGOs, NGO staff work with WOLSA staff to support these linkage processes, including through coordination amongst different actors, awareness raising, and communication and information sharing on available services.

These linkages may be made throughout the year (and do not need to be confined to the public works period). This includes ensuring that Woreda Health Office Staff and Health Extension Workers are aware of the existence of PDS clients and any specific needs they have, and making use of Community Care Coalitions where they exist. When operational, the PSNP household registry database will be used to facilitate the implementation of linkages to social services.

Where a PDS household includes a member who is pregnant or has a child under the age of two, this member is expected to take advantage of key health and nutrition services.

#### **4.4. Monitoring Linkages to Social Services**

Linkages facilitated between clients and appropriate social services will be documented by WoLSA and followed up to assess clients' uptake of and satisfaction with the services.

Major monitoring indicators of social services will be identified and linked with that of PSNP MIS and the health sector reporting system. However, until the MIS is fully operational paper based documentation, monitoring and reporting should be done for the linkage to social services by WoLSA.

Once clients have been linked to available services close follow up is required by WoLSA staff (Social workers) to monitor the effectiveness of the referral (link to the services).

##### **4.4.1. Monitoring Payments**

WoLSA monitors the transfer process to ensure it goes to the targeted PDS households on time and at the most convenient payment sites. Social Workers supported by Community Care Coalitions call a meeting every 2-months with a sample of kebeles/PDS clients at community level, and visit a selection of PDS households that have limited mobility to check if they have received their transfers. In case there are delays, WoLSA inform the Woreda Finance and Economic Development Office.

Where there are provisions for delegates (in case of chronically ill, child headed, elders or persons with disability) to collect transfers, every two month social workers supported by community care Coalitions

conduct a check of a sample of kebele/PDS clients at household level. In case there is delay or miss-use discuss with the Woreda Finance and Economic Development Office.

*The sample will be defined based on the capacity of each woreda.*

## SECTION 5. KEY ROLES AND RESPONSIBILITIES IN PDS IMPLEMENTATION

This section details the specific roles and responsibilities under the PDS programme implementation (Implementers roles and responsibilities are detailed in their respective operational manuals and annexes).

MoA and MoLSA have a joint primary responsibility for coordinating and delivering roles respectively, with close engagement from MoH and strong participation of MoWC and MoE.

FSCD (MoA) has overall responsibility for ensuring the transfers for all (PW and PDS) clients. At regional and woreda levels, Food Security, in collaboration with BoLSA/WoLSA, triggers, monitors and supervises PDS clients' payments.

- **Trigger Payment:** BoLSA submits the quarterly payment request for PDS clients to BoF detailing the resource need for each woreda. It copies/informs BoA when it sends this letter
- **Monitor the timeliness of transfers and whether PDS households have received payments:** WoLSA monitors the transfer process to ensure it goes to the targeted PDS households on time and at the most convenient payment sites. Social Workers supported by Community Care Coalitions call a meeting every 2-months with a sample of kebeles/PDS clients at community level, and visit sample PDS households that have limited mobility to check if they have received their transfers. In case there are delays, WoLSA inform the Woreda Finance and Economic Development Office.
- **Monitor receipt of transfers by PDS clients when they are channelled through delegates** (in case of chronically ill, child headed, elders or persons with disability): Where there are provisions for delegates to collect transfers, every two months conduct a check of a sample of kebele/PDS clients at household level. In case there is delay or miss-use discuss with the Woreda Finance and Economic Development Office
- The BoF and RICs remain responsible for compiling information on payment status

MoLSA and its sub structures should ensure that payment for PDS clients should not be delayed under any circumstances since the payment of PDS doesn't need an attendance.

**Table 2: key Roles and Responsibilities**

<p><b>Food Security Desk/Process (FSD/P)</b></p>	<ul style="list-style-type: none"> <li>• In woredas where payments are made in cash, provide the Woreda Office of Finance with the list of permanent direct support clients and liaise with them each month to ensure payroll is prepared.</li> <li>• In woredas where payments are made in food, prepare the payroll and submit to Early Warning and Response Desk</li> <li>• Communicate payment dates to Kebele Chair and KFSTF for onward communication to clients</li> </ul>
<p><b>Linkages to available Social Services (LASS) TC at</b></p>	<ul style="list-style-type: none"> <li>• support the implementation of this component and the implementation of the gender, nutrition and social</li> </ul>

<p><b>Federal Level (FSCD and MoLSA)</b></p>	<p>development activities of the programme. If the TC finds it necessary, working groups may be established for nutrition, for example. The chair and co-chair of LASS TC will be a member of all other TCs.</p>
<p><b>MoLSA</b></p>	<ul style="list-style-type: none"> <li>• The Social Welfare Development Directorate of MoLSA and corresponding Woreda Offices of Labour and Social Affairs (WoLSA) will be responsible for monitoring and supervising PDS transfers.</li> <li>• MoLSA and its substructures would be responsible for planning, implementation and reporting of case management work.</li> </ul>
<p><b>Social Welfare Development Directorate</b></p>	<p>Co-responsible for linkages to social services and support for PDS clients</p> <p>Co-Lead with MoA and MoH the implementation of the linkage to available social services component of the programme (PDS and TDS case management)</p> <ul style="list-style-type: none"> <li>• Develop CD programmes for PDS and TDS case management and for linkages to available social services for MoLSA staff at regional and woreda levels</li> <li>• Develop Occupational Health &amp; Safety and Labour standards in consultation with NRMD</li> <li>• Supervise the implementation of Occupational Health &amp; Safety standards in collaboration with concerned sectors (NRM, MoH, WCYA)</li> <li>• Create awareness to the implementers, stakeholders and clients on Labour standards, occupational health and safety, and linkage to social services</li> <li>• Participate in PSNP's governance structures</li> </ul>

<p><b>Bureau of Labor and Social Affairs</b></p>	<ul style="list-style-type: none"> <li>• Implement linkage to social services jointly with Food security and health bureau.</li> <li>• Jointly with the NRM/PWFU, develop Occupational Health and Safety standards and supervise its implementations in collaboration with NRMD</li> <li>• Initiate the PDS transfer /payment for food security coordination office</li> </ul>
<p><b>Bureau of Health</b></p>	<ul style="list-style-type: none"> <li>• Implement nutrition interventions and supports linkages to health services</li> </ul>
<p><b>Woreda Office of Labour and Social Affairs (WOLSA)</b></p>	<ul style="list-style-type: none"> <li>• Engage on targeting of PDS clients</li> <li>• Identify available social services and connect PDS clients with these services.</li> <li>• Initiate the PDS transfer /payment for food security desk</li> </ul>
<p><b>Woreda Office of Finance (WOFED)</b></p>	<p>In woredas where payments are made in cash:</p> <ul style="list-style-type: none"> <li>• Confirm adequate resources in bank account</li> <li>• Prepare the payroll</li> <li>• Withdraw money from bank and ensure safe passage to payment points</li> <li>• Provide cashiers to execute cash payments</li> </ul>
<p><b>Early Warning and Response Desk/Process (EWRD/P)</b></p>	<p>In woredas where payments are made in food:</p> <ul style="list-style-type: none"> <li>• Ensure resources have been received</li> <li>• Prepare appropriate requisition documents for food distribution points</li> <li>• Provide distribution experts to execute food payments</li> </ul>
<p><b>Cashiers/ Distribution Experts</b></p>	<ul style="list-style-type: none"> <li>• Check client cards against payroll to ensure that payments are being made to correct households</li> <li>• Execute payments</li> </ul>

<p><b>Woreda Health Office and Health Extension Workers</b></p>	<ul style="list-style-type: none"> <li>• As part of the tripartite agreement, implement and monitor nutrition interventions and linkages to health services</li> <li>• Coordinate all HEP activities including those related to PSNP clients</li> <li>• Follow up permanent direct support clients to encourage their uptake of health services</li> <li>• Monitor clients' uptake of and satisfaction with the services</li> </ul>
<p><b>Kebele Chair and KFSTF</b></p>	<ul style="list-style-type: none"> <li>• Communicate payment dates to clients</li> <li>• Support and oversee payment days</li> </ul>
<p><b>Social Workers</b></p>	<ul style="list-style-type: none"> <li>• Mapping of available social services</li> <li>• Household profiling, coordination and linkage to available services</li> <li>• Responsible for case management including identification, intake screening, assessment, care planning, implementation, case review and case closure</li> </ul>
<p><b>Community Facilitators</b></p>	<ul style="list-style-type: none"> <li>• In collaboration with HEWs and SWs, the CF will ensure the documentation and reporting of nutrition and other health related counselling participation</li> <li>• Support needs assessment, planning, implementation and reporting of linkages of relevant programme clients with other social services</li> </ul>
<p><b>Community Care coalition(CCC)</b></p>	<ul style="list-style-type: none"> <li>• Facilitate and monitor linkage to social services</li> <li>• Support SWs in monitoring of payment</li> <li>• Support the HEW and DA where needed</li> </ul>
<p><b>NGOs</b></p>	<p>In woredas supported by NGOs:</p> <ul style="list-style-type: none"> <li>• Support payroll preparation</li> <li>• Prepare appropriate requisition documents for food distribution points</li> <li>• Provide distribution experts/cashiers to execute food payments</li> </ul>



