The purpose of this brief is to help social protection actors think through potential options/strategies to strengthen the preparedness of social protection systems to respond to future shocks. The responses to COVID-19 have highlighted the stark limitations of many social protection systems, particularly with regard to the three core tenets of universal social protection: ‘coverage’, ‘adequacy’, and ‘comprehensiveness’, as well as a fourth dimension of ‘timeliness’. For example, expanding coverage to those in need has been both complex and slow in many countries (partly due to low coverage before the crisis and weak administrative systems), while the adequacy of benefits has often been limited due to trade-offs against coverage and a lack of sufficient (and swift) funding.

It is clear that ‘business as usual’ social protection is not an option going forwards, given the increasing frequency, magnitude, and intensity of shocks. Social protection has a role to play in managing risk and reducing poverty, vulnerability and exclusion – no matter how these are ‘generated’. International evidence indicates that the confluence of three key factors enables more effective shock responsive social protection systems: (i) political will and decision-making; (ii) preparedness actions, including making social protection systems more adaptive and risk-informed; and (iii) adequate funds. This brief focuses on the second of these factors – while touching on the third – and provides guidance on the various channels through which a social protection system can be better prepared to respond to shocks. Ultimately, now is the time to build on collective learning, failures and momentum: never before had the role of social protection in shock response been so universally accepted and endorsed.

‘Preparedness’ in practice requires strategic actions on several fronts to make a social protection system more shock responsive, but it does not necessarily involve radical shifts in the way we do things. While substantial investments in preparedness will commonly yield higher returns, small...
incremental adjustments may still be highly effective. For instance, as this brief emphasises, minor changes to the systems and programmes that underpin routine social protection can make these more ‘risk-informed’. Further adaptations can subsequently be made for emergency programming. Ultimately, a stronger and more risk-informed routine social protection system is easier to build on for shock response.

A desirable first step in preparedness is for actors to have a sound understanding of the range of shocks that a country (and its regions) typically face. Such analysis can be highly valuable to the design of measures which can pre-empt, withstand and/or adapt to these as needed. This includes understanding national and regional risk profiles and the degree of past and future vulnerability across socio-economic groups, among other issues – building on the expertise of Disaster Risk Management and Humanitarian actors. In the aftermath of COVID-19, these should also reflect insights and learning on leveraging existing systems for the response to a major recession, as well as pandemic-specific considerations. This brief does not elaborate further on such analysis, but guidance is available at section 2.3.1 of the TRANSFORM module on shock responsive social protection.

The main ‘Building Blocks’ of preparing a social protection system for shocks can be divided into policy, programme and administrative levels3 - in line with the SPACE Delivery Systems matrix used to inform the planning of COVID-19 responses in over 30 countries. For ease of access, the brief is organised according to those themes. It is purposely bulleted and simplified, in order to provide ideas for action and links to further documentation that may be useful. Ultimately, the actions relevant in your country will depend on your context.

Note: While the key audience for this document are governments implementing social protection programmes and the agencies, donors and organisations supporting them to improve delivery, we also highlight where humanitarian and disaster risk management colleagues may have roles to play.

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3 For more on these see also the ‘SPACE Delivery Systems Decision Matrix’.

<table>
<thead>
<tr>
<th>Level</th>
<th>Relevant PREPAREDNESS measures to consider</th>
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<tbody>
<tr>
<td>1. POLICY</td>
<td>1A. FINANCING</td>
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<tr>
<td></td>
<td>I. Broadening the focus of social protection financing to encompass the shocks that are typically faced in the country (regularly/predictably). This includes focusing on:</td>
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<td>• Existing/routine operations</td>
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<td>o Ensuring financing for predictable/recurrent emergencies (these should not be classified as ‘extra-ordinary’ needs, but be fully budgeted for);</td>
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<td>o Financing longer-term (and costlier) resilience building activities in shock-affected areas;</td>
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<td></td>
<td>o Ensuring dynamic and inclusive approaches to registration that enable access to social protection when in need (i.e. not a ‘fixed-list’ or quota approach where budget is fixed in advance);</td>
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<td></td>
<td>o Ensuring the continuity of social protection service delivery in the aftermath of a shock; (i.e. when additional ‘contingency’ resources are needed to fulfill routine functions: staff, vehicles, etc.).</td>
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<td></td>
<td>• Expansions of coverage (caseloads), adequacy (amounts paid, duration) and comprehensiveness (supporting new, costlier, needs), where relevant and feasible. Operationalised via new or existing social protection programmes – or working alongside the humanitarian and DRM sectors.</td>
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<td></td>
<td>II. Pre-empting financing needs across these different areas – as well as further, less regular/predictable shocks – and pre-establishing a financial strategy to address these in a timely manner – adopting the principles of Disaster Risk Financing:</td>
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<tr>
<td></td>
<td>• Estimating potential costs of different shocks in advance, based on the likely impact of shocks on a) the system and b) target population – and simulating response options. Cost of response = [\text{expected coverage} \times \text{unit cost of the benefit/transfer} \times \text{duration}] + administrative/other costs.</td>
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<td>• Identifying/securing financial resources and pre-planning the funding required via an allocation plan (what, when and how shocks will be financed), adopting a risk-layered approach. This could include:</td>
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<td>o budgetary instruments (e.g. contingency / reserve funds);</td>
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<td>o contingent credit, and;</td>
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<td>o market-based risk-transfer instruments (e.g. Catastrophe Risk Pools).</td>
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<td></td>
<td>• Planning for timely disbursements (pre-empting potential challenges). When and how funding reaches beneficiaries is as important as securing funds in the first place. There are limited benefits to financing strategies if there are constraints to transferring those funds to the relevant institutions and ultimately to shock-affected communities. Key aspects to consider in advance will include robust processes and agreements for:</td>
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<td>o Triggering of the funding: e.g. via objective Early Warning mechanisms that are not subject to political interference;</td>
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<td>o Upstream release of funds. Avoiding administrative delays in releasing the emergency funding;</td>
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<td>o Release of funds to local levels of implementation, including “short-cuts” by which international partners can channel funding directly to local levels and plans for moving currency from headquarters and regional hubs to</td>
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provincial and district distribution networks;
- Guaranteeing sufficient liquidity at local level via advanced planning and contingency arrangements.
- Delivery to affected populations (see ‘payments’ below);
- Reconciliation: donors and/or financial providers and national governments may have different accountability requirements for reconciliation, posing potential challenges that can be ironed out in advance of a shock;
- Tackling additional legal and administrative blockages that could restrict timely disbursements (public financial management (PFM) rules, Know Your Customer (KYC) Requirements, etc.).

III. Prioritising the financing of inclusion, accountability and empowerment enhancing measures – these are critical to shock response. Budgeting additional resources for extra operational components (‘leave no-one behind’ activities such as helplines, coordinating or integrating complementary activities to support gender equality and empowerment, investing in M&E and grievance mechanisms to identify exclusion) which are necessary to ensure all eligible groups and individuals are equally reached and adequately benefit from programmes.

IV. Working on the policy space alongside the fiscal space. Stressing to policy-makers/decision-holders the costs of inaction and the cost-effectiveness of early action (before people resort to negative coping strategies etc.) – focusing on the broader Value for Money arguments of being prepared.

Key Resources:
- Shock Responsive Social Protection Systems Toolkit, Section C6 ‘The financial/budgetary context’ and D1 ‘Finance’.
- SPACE Value for Money.

1B. LEGAL AND POLICY FRAMEWORKS

This section sets out two priority areas for reform: (i) the national policy, strategy and legislative framework; and (ii) the necessary operational/implementation framework that accompanies this. While it is preferable that these be sequenced in that order, this is not always feasible – in particular because necessary changes to the former often take a lot of time – meaning ‘quick wins’ via the latter will always be relevant.

I. Reviewing national social protection policy, strategy, and legislation from a risk perspective, to ensure that it is compatible with shock responsive social protection (supporting the needs of populations vulnerable to – and affected by – shocks). This will include reviewing:
- Social protection policy, strategy, and legislation, ensuring provisions to: a) review the definition and measure of vulnerability in relation to different risks and how these can be strategically addressed through different social protection measures; b) better link routine programming and planning to covariate shocks; c) increase coordination with disaster risk management (DRM) and humanitarian actors who have the mandate to respond to covariate shocks; d) increase
coordination with actors working on gender equality, social inclusion and protection across social protection, DRM and humanitarian sectors; e) increase flexibility in the system's ability to swiftly respond during shocks; f) increase accessibility of assistance during shocks (e.g. temporary relaxing/waiving of existing criteria/requirements); g) ensure the upholding of Humanitarian Principles in policy and practice.

- Emergency/DRM policy, strategy, and legislation: a) understanding the extent to which social protection is reflected; b) working alongside humanitarian and DRM stakeholders to incorporate an explicit role for social protection, where relevant and feasible. For example, this may include referencing the complementary role of social protection for risk reduction and mitigation as well as response and recovery, as well as the potential use of social protection and its delivery systems to support effective shock response (e.g. information from vulnerability assessments, registries, etc.; capacity to collect data; capacity to track and monitor responses; etc.).
- Gender equality, disability and child rights policies, strategies and legislation: a) understand the legal and regulatory frameworks for upholding the rights of the population; b) ensure that shock-responsive social protection objectives are aligned with national policies supporting gender equality and the empowerment of women, and the rights of specific groups including persons with disabilities, children; c) work alongside gender equality and social inclusion actors to incorporate a role for social protection and to promote inter-sectoral knowledge to underpin shock-responsive social protection.
- Other national policy and legislation, as these may support or hinder the potential role of the social protection sector (e.g. on data protection/privacy, humanitarian action, gender and inclusion, national poverty line and minimum wage, civil registration, etc). Thinking through protection/security/privacy implications in the short and medium term and applying risk mitigation measures in advance of the shock.

II. Embedding changes into regulations, Manuals of Operation, Standard Operating Procedures (SoPs), trainings etc. across relevant sectors. This should not be limited to only high level ‘vision’ documents, but also completed in operations/implementation focused ones ahead of crises.

Key Resources:
- TRANSFORM (2020) Shock Responsive Social Protection, Section 3.3 here as well as the foundational ‘Legal Frameworks’ Module.
- Shock Responsive Social Protection Systems Toolkit, Section C3 ‘The institutional environment’.

1C. GOVERNANCE AND COORDINATION

I. Creating or strengthening of horizontal coordination mechanisms across government, and with non-government actors, including those who have a mandate to respond to shocks (e.g. humanitarian, DRM, emergency services) or could play a role. Leverage existing coordination bodies remembering the “Ws”: Who will do What, When and Where + How.
- Humanitarian: Cash Working Groups, UN Office for the Coordination of Humanitarian Affairs (UN-OCHA) with its global and national sector specific ‘cluster system’.
- DRM: relevant Ministries/agencies and non-governmental stakeholders.
- Social Protection: coordinating bodies such as National Social Protection Boards/Councils/Committees etc.; Ministries responsible for implementing social protection programmes.
• **Gender, inclusion and protection**: ministries/representatives of gender, children/youth/older people, refugees, disability, informal workers, civil society, etc.
• **Other**: health, education, etc. – as relevant depending on the nature of the shock.

In this process, not forgetting other important levels of coordination:
• **High level policy coordination** – e.g. Prime Minister’s Office, Emergency Response task-forces etc.
• **Vertical coordination** within the social protection sector on these topics (all the way to district and municipal level).
• **Horizontal cross-sectoral coordination at local level**, including the critical role of district/local level implementors across different Ministries/agencies, as well as formal and informal local organisations/actors feeding into strategic preparedness decisions.
• **Broader regional coordination for portability** of social protection entitlements (e.g. across national boundaries, for migrants).

II. Embedding this in governance and organisational structure: institutionalising these coordination agreements and arrangements (e.g. via legal stipulations, SoPs, Memorandums of Understanding, clarity on roles and responsibilities, etc.). focusing on achieving key *joint outcomes* in the short, medium and long-term. In the process, addressing duplications, gaps and harmonising operational modalities and learning.

Key Resources:
• TRANSFORM (2020) Shock Responsive Social Protection, Section 3.3 here as well as the foundational Coordination Module
• CALP (2020) Tip sheet for cash working groups (CWG) and inter-cluster coordination groups (ICCG) on supporting the linkages between humanitarian cash and voucher assistance and national social protection systems.
• World Bank (2020) *Adaptive social protection* Chapter 4.
• SpaN Operational Note N.3: Stakeholders.
• **Shock Responsive Social Protection Systems Toolkit, Section D6 Coordination.**

1D. CAPACITY

I. Understanding what capacity currently exists across different institutions and sectors: a) how and what can we learn from each other? b) what capacity constraints are there at which levels of implementation, especially in light of future surges in need?

II. Starting to address capacity gaps systematically. This could take many different forms, including:
• Strategies for surging or backstopping capacity across or within departments/institutions (including across districts/regions that have particular experience in shock response) and also civil society.
• Strategies for enhancing existing human capacity. e.g. high-level training on the importance of early action and preparedness and priority areas for action, such as leveraging the TRANSFORM (*forthcoming*) and SPAN curricula etc.;

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*a See the SPACE ‘Strategy Decision Matrix’ and the TRANSFORM ‘SRSP Curriculum’ for more on this.*
specific training for national and district/local level actors based on your country’s strategy/vision; producing guidelines/manuals/communications materials; learning across sectors (gender, inclusion and protection; social protection; DRM; humanitarian response).

- Strategies for learning from past experiences, e.g. taking stock of previous crises within country and cross-country learning.
- Strategies for enhancing operational and logistical capacity (vehicles, registration equipment, IT, office space etc.).

<table>
<thead>
<tr>
<th>2. ‘Programme’ DESIGN</th>
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<tr>
<td>2A. INTERVENTION TYPES, OBJECTIVES AND LINKAGES – LINKED TO ‘COMPREHENSIVENESS’</td>
</tr>
</tbody>
</table>

I. Strengthening your country’s *routine* social protection programmes (those currently offered) vis-à-vis their current and potential role for addressing the needs generated by covariate shocks (especially the ones that your country/regions typically face and is/are likely to face in the future). Where relevant:

- Conducting detailed *needs analysis* to understand differential impacts of shocks on the population, disaggregating and analysing by gender and other intersectional risks.
- Ensuring *permanent* modifications in objectives/function to include better addressing emergency needs.
- Filling any gaps in the current system (e.g. with new programmes).
- Ensuring *linkages and complementary programming* within the sector and beyond, to enhance resilience building ex-ante.
- Think long term, including a focus on *climate change* trends.
- No matter what – strengthening routine provision as this will provide a solid basis.

**Think across ALL programmes within the social protection system:**

- **Social insurance**: e.g. could informal workers be better protected and incorporated into social insurance schemes? Could a stronger system for protecting workers during an emergency be built for the future (unemployment insurance, sick leave, furlough schemes, etc.)?
- **Social assistance**: e.g. what are the current gaps in need across the lifecycle?
- **Active labour market policies/programmes**: e.g. to what extent are such policies/programmes already linked and could they be used in response to shocks (especially in moving from an immediate to a recovery phase)?

II. Thinking through whether any ‘emergency focused’ ad hoc social assistance programmes may be needed going forwards, if any – and designing these.

**Key Resources:**

- TRANSFORM (2020) *Shock Responsive Social Protection, Section 3.5.1.*
- Solórzano and Cardenas (2019) *Social protection and climate change.*
- SPACE Cash Plus.
- SPACE Looking Ahead – Social Protection Opportunities and Challenges.
2B. SETTING OF ELIGIBILITY CRITERIA AND QUALIFYING CONDITIONS (‘TARGETING’) – LINKED TO ‘COVERAGE’

I. Ensuring routine eligibility criteria and qualifying conditions (across the range of social protection programmes on offer) are based on a solid understanding of the risks, shocks and stressors that your country/regions typically face (and is/are likely to face in the future). Who is in and who is out? How to adjust routine provision in light of the risk context? E.g. COVID-19 has affected the near-poor and non-poor extensively, as is the case with many shocks.

- Assess the overlap between routine eligibility criteria and qualifying conditions (i.e. current de facto coverage) and characteristics of vulnerable and/or shock affected populations, for different types of shocks in your country. Are any individuals/households which are vulnerable to shocks systematically left out because of the criteria?
- Focus efforts on who is vulnerable yet currently excluded and the strategies needed to overcome that exclusion (different shocks make certain groups higher/lower priority for eligibility, e.g. based on factors such as gender, disability status, urban/rural, livelihood, citizenship, etc.). Examples include: expanding routine coverage in areas frequently affected by shocks (permanently); or incorporating further vulnerability-to-shock criteria into routine targeting design.
- Recognise that broader coverage gaps in routine programmes limit the possibility to effectively respond to shocks, especially for those categories facing the greatest barriers (women, elderly, disabled, etc.) – addressing these will be critical.

II. Thinking through possible future temporary modifications to existing programmes to be triggered during shocks – both ‘expected’ (recurrent/predictable) and ‘unexpected’ ones (such as COVID-19)

- The potential for relaxing/waiving eligibility criteria (e.g. raise current cut-off) and qualifying conditions (e.g. residency, citizenship, etc.) in the context of specific shocks. (Consider the extent to which the systems, capacities and data generated via routine approaches can be leveraged in the aftermath of a shock (enhancing readiness for this in the process) – see also the ‘registration’ and ‘information systems’ sections below.)

III. Developing guidance on ‘targeting’ in emergency settings (linked to an overall ‘response strategy’ across relevant sectors and shocks, and/or in alignment with DRM targeting protocols) – to be adapted in the aftermath of any shock. Aim for relatively simple, transparent, and understandable criteria. Request support of humanitarian actors where relevant and pre-agree potential sharing of caseloads or sequencing across different phases of a response (e.g. humanitarians guaranteeing a timely immediate response and subsequently handing over caseloads over the medium term).

Key Resources:

- TRANSFORM (2020) Shock Responsive Social Protection, Section 3.5.2 here, as well as the foundational Selection & Identification module.
- Shock Responsive Social Protection Systems Toolkit, Section D2 ‘targeting’.
- SPAN Operational Note 2: Targeting.

2C. SETTING OF TRANSFER TYPE, LEVEL, FREQUENCY DURATION – LINKED TO ADEQUACY

I. Reviewing routine transfer values (across the range of cash-based programmes on offer) and ensuring these are sufficient and appropriate to meet the needs of the people these are meant to support. Among your considerations, ensure:
For example, Kenya’s Cash Transfer Program for Orphans and Vulnerable Children saw the value of its transfer decrease by almost 60 percent because of inflation between 2007 to 2011 (Daidone et al. 2015).

• **Adequacy with regards to the objectives of routine programmes.** Key questions to answer are: to what extent are transfers below the national poverty line? What is the level of transfer as a percentage of the poverty line and other minimum income standards (e.g. minimum wage)? Do beneficiaries have enough resources to meet their basic needs (nutrition, school attendance, etc.) and identifying differential needs on the basis of gender, disability etc.? Who received and controls the benefit (men, women)? (Link to SPACE GESI matrix here).

• **Whether the programme could directly or indirectly support beneficiaries to increase resilience to future shocks, via higher values.** There may be scope for learning lessons from the humanitarian sector on the impacts of transfer levels which use the Minimum Expenditure Basket approach.

• **Calibration to household size, dependency ratios, poverty levels, ages, disability status etc.** – provision is often inadequate for households where amounts do not reflect different households needs. While addressing these inevitably complicates administration, start by addressing the biggest weaknesses and then gradually develop the necessary administrative reforms to underpin a more calibrated approach.

• **Ensuring coherence and equity of transfer values across different programmes:** as part of the overall assessment of the level of transfers, it is important to ensure that amounts are equitable across programmes. Of course, this does not mean that amounts need to be the same, but that we use similar/consistent metrics and approaches to identify and set transfer values.

• **Ensuring the value of the transfer is not quickly eroded by inflation.** Where possible, introduce legal provisions for adjusting transfer levels regularly for inflation – ensuring continued impact over time. Alternatively, where the budgeting system does not allow this, identify ways to ensure that transfer values are frequently updated, including procedures to ensure that this can be done in emergency contexts (where market prices typically increase due to supply constraints). Automatic indexation mechanisms could play an important role in securing the adequacy of transfer sizes.

• **Adjusting timing of routine transfers** to enable the achievement of specific outcomes. For example, benefits could be usefully tied to households’ seasonal needs – such as specific periods in the agricultural production cycle or in the school cycle (for example with a bonus paid at the beginning of the school year to cover initial annual expenses).

II. **Thinking through possible future temporary modifications to be triggered during shocks – both ‘expected’ (recurrent/predictable) and ‘unexpected’ ones (such as COVID-19).** E.g.:

• **Capacity to assess changing needs.** It is important to build the capacity to assess how needs might change as a result of a shock, both for current beneficiaries of routine cash transfer programmes and new groups. Such analysis should ideally provide the necessary indications on the required temporary changes in level of support (e.g. market price/inflation monitoring), and should include disaggregated analysis by sex, age and disability.

• **Legal frameworks:** Relevant legislation of routine cash transfers should allow for the possibility to temporarily increase amounts of transfers as a result of a shock (these are referred to as ‘vertical expansions’).

• **Communication strategies:** it will be fundamental to clearly communicate to beneficiaries the reason for the change and to explain that it is temporary. Communication strategies may need to be adapted to reach different population groups (e.g. different modes to reach women, people with disability, geographically remote areas, etc.).

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5 For example, Kenya’s Cash Transfer Program for Orphans and Vulnerable Children saw the value of its transfer decrease by almost 60 percent because of inflation between 2007 to 2011 (Daidone et al. 2015).
<table>
<thead>
<tr>
<th>III.</th>
<th>Developing guidance for suggested emergency transfer modality, value, frequency, duration and timing (if different from routine) – and ensure cross-sectoral agreements.</th>
<th>Aims for relatively simple, transparent, understandable criteria for setting transfer values. Request support of humanitarian actors, where relevant, as there is much expertise on this that can be drawn on.</th>
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<tbody>
<tr>
<td>Key Resources:</td>
<td>TRANSFORM (2020) Shock Responsive Social Protection, Section 3.5.3</td>
<td>SPaN Operational Note No 1: Benefit Modalities</td>
</tr>
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### 2D. CONDITIONALITY

I. **Reviewing routine conditional programmes (if any)** to ensure the enforcement of the conditionality is not imposing an excessive barrier to access for those who are most vulnerable to shocks. Are you helping the right people in the right way when you impose conditions? How else could those similar objectives be achieved (e.g. via messaging and labelling)? How can you avoid reinforcing gender/other inequalities in the process (i.e. care responsibilities, access to information, etc.)?

II. **Thinking through possible future temporary modifications to be triggered during shocks**, such as removing conditions temporarily and substituting with labelling, Behavioural Change Communication, etc. For public works programmes this may include removing the ‘condition’ of working (receiving cash directly) or identifying alternative works.

III. **Embedding these temporary modifications in guidance** in order to further reduce unnecessary burdens on crisis affected beneficiaries [Do No Harm principle].

**Key Resources:**
- TRANSFORM Administration core document, Section on ‘conditionality’

### 3A. OUTREACH AND COMMUNICATIONS

I. **Strengthening routine outreach and communication strategies:** these are often under-funded and under-capacitated yet play a fundamental role in responses to shocks. Ensuring that communication methods are appropriate to reach all potential recipients (e.g. adapting methods to respond to different languages, literacy rates, locations, etc.).

II. **Thinking through what may need to change in the event of a future shock**, understanding that bad communication in emergency contexts can lead to incorrect expectations, social tensions, reputational damages, etc. – and that communicating in a crisis is much more complicated (damaged infrastructure, displacement, etc.):

- Strategies for ensuring service continuity after a shock (e.g. deciding on and preparing how to communicate after a disaster, leveraging experience from humanitarian actors – such as instances where it is physically impossible to reach communities).
• Strategies for communicating to new caseloads (different needs vis-à-vis language, literacy – both alphanumeric and digital, mobility, etc.).
• Strategies for enhancing two-way communications: rapid and diverse systems for getting affected people’s input prepared in advance.
• Pre-empting and pre-developing key messages to be communicated (different rationale, institutional partners, eligibility criteria and/or transfer amounts, duration and frequency of support – as well as the practical ‘how to’ for receiving the transfers, channeling grievances, etc.).
• Ensuring Behavioural Change Communication messaging is incorporated/adjusted/scaled up (this has been frequent in the COVID-19 response, especially to support positive intra-household relations and awareness around violence).

III. Embedding this in guidance (e.g. contingency plans, SOPs, protocols, training etc.).

Key Resources:
• TRANSFORM (2020) Shock Responsive Social Protection, Section 3.6 here and Administration core document, Section on ‘communications’.

3B. REGISTRATION AND ENROLMENT

I. Strengthening routine approaches to registration and enrolment. Where possible/feasible (e.g. not exceeding capacity):
• Progressively shifting towards inclusive, accessible and on-demand approaches to registration, whereby anyone can apply when in need, with particular attention to addressing the barriers faced by those with the highest levels of vulnerability to exclusion (e.g. including physical mobility constraints, socio-cultural norms, location etc.).
• Considering ‘Single Window Service’ approaches, centralising intake across all relevant programmes and strengthening capacity for that approach.
• Avoiding/reducing quotas and other approaches that limit de facto enrolment subsequent to registration.
• Strengthening underlying information systems (see 3e below).

II. Thinking through how existing systems for registration could be adapted and scaled in the case of shocks – both ‘expected’ (recurrent/predictable) and ‘unexpected’ ones (such as COVID-19).
• Conducting pre-registration and pre-enrollment of potential beneficiaries, if/where appropriate and possible (in contexts facing regular, predictable shocks) i.e. aiming up to 100% of population.
• Considering and evaluating the feasibility of a wide range of potential approaches to rapid registration of new caseloads, including leveraging the existing data and capacity of the humanitarian sector. See here for examples adopted during COVID-19.
• Budgeting for these and thinking through financing implications of expanded coverage (see also 1a above on financing).

III. Embedding this in guidance (e.g. contingency plans, SOPs, protocols, training etc.).
3C. PAYMENTS/DELIVERY

I. Strengthen routine/regular payment mechanisms:
   - Ensuring inclusive and accessible payment systems, with particular attention to addressing the barriers faced by those with the highest levels of vulnerability to exclusion – providing options for the un-banked/un-served.
   - Ensure that the infrastructure to deliver payments are adequate – connectivity in the area, agent points, etc.
   - Ensure target population have the necessary documentation to allow them to have the accounts/wallets and the appropriate skill to use the accounts/wallets.

II. Consider how existing payment systems may be able to a) guarantee continuity of service delivery, and; b) flex and scale to respond to changing needs in the aftermath of a shock. Focus on the ability to:
   - Withstand the shock – e.g.:
     - Develop contingency mechanisms for payment delivery based on the most likely and impactful risks identified;
     - Consider having stand by agreements with service providers to flex and scale up.
   - Handle larger volumes of cash and at a different frequency – e.g. provisions to enable swift changes to the payment amount and schedule, and pre-empting of capacity implications.
   - Handle new population groups (including the unbanked/un-served) – e.g. pre-empting differential needs of different groups (preferences, language barriers, familiarity with technology, etc.) and budgeting additional capacity for new caseloads unfamiliar with the system.
   - Ensure accountability and mitigate risks e.g. public financial management provisions.
   - Give choice to the those receiving the payments (flexible enough for people to access through various points, e.g., mobile wallets, accounts; at ATM, branches, agents etc.).

Consider and evaluate the feasibility of a wide range of potential approaches to payment of new caseloads, including options for rapidly providing payments in the absence of existing accounts. See here for examples adopted during COVID-19.

III. Embedding this in guidance (e.g. contingency plans, SOPs, protocols, training etc.) and strengthening institutional arrangements in advance (e.g. pre-defining cost-sharing and remuneration structures, etc.).

Key Resources:
### 3D. Case Management, Accountability and Protection

**I. Assess and strengthen routine social protection systems for case management, accountability and protection.** These are often under-funded, yet critical to a fair and inclusive system that puts people at the center. Assess and consider how recipients can access and use grievance redress mechanisms and what support they need to utilise these.

**II. Think through how existing systems may be able to a) guarantee continuity of service delivery, and; b) flex and scale to respond to changing needs in the aftermath of a shock** – noting needs and grievances will often be higher, opportunities for corruption and mismanagement can be rife, and it will often be relevant to find ways to fill gaps via support from the “neutral” and non-governmental humanitarian sector. For example, given increases in gender-based violence and protection risks in crisis, consider how to set up a referrals system in collaboration with relevant services; building capacity of staff to deal with increased complaints and potential exclusion errors in the context of rapid scale up, etc.

**III. Embedding this in guidance** (e.g. contingency plans, SOPs, protocols, training etc.) and strengthening institutional arrangements in advance.

**Key Resources:**

### 3E. Information Systems (MIS, Social Registry, Etc. (also linked to 3B))

**I. Assess and strengthen routine social protection information systems to ensure:**
- **Completeness:** do not systematically exclude households and individuals who are particularly vulnerable to shocks; aim to have high/100% coverage in areas frequently/regularly affected by shocks; pay attention to possible exclusion rates of particular groups (women, people with disability, child-headed households, informal workers etc.).
- **Relevance:** collect data that is relevant to assessing the vulnerability to shocks of individuals/households – and also relevant across sectors.
- **Currency:** ensuring data is up-to-date, via more on-demand approaches to registration and updating;
- **Accessibility:** thinking through who may need access to data/systems during a shock and setting up processes to enable that, securely (see bullet point on data protection below).
- **Accuracy:** build trust in your system via validation, accountability measures, audits, etc.
- **Data protection:** centering all of the above around data protection and digital dignity considerations (informed consent, etc.). Also consider the broader ecosystem in which these systems operate, and the risks this may entail.

**II. Consider potential uses of social protection administrative data and information systems – before, during or after a shock:**
- Informing future risk analysis and vulnerability assessments, as well as planning, budgeting and preparedness measures.
- Linking to early warning systems and triggers where relevant.
- Linking across various social protection information systems and to humanitarian information systems where relevant (where data protection can be ensured) – via interoperability and shared standards.
- Incorporating processes, systems, data and lessons from previous shocks into routine information systems, and using those to re-assess routine provision.
- Pre-enrolment of households particularly vulnerable to predictable and recurrent shocks, to enable swift expansion of caseloads (as per HSNP in Kenya, for instance).

### III.

**Decide how existing data and its underlying systems will be used, if at all during a future shock and embed this in guidance and preparedness measures** (e.g. clarity on processes, roles and responsibilities). Data protection concerns are a ‘Do No Harm’ imperative in a shock context – and these need to be fully addressed in advance, or will risk exacerbating existing vulnerability.

**Key Resources:**

- Chirchir and Barca (2020) *Building integrated and digital social protection information systems.*
3F. MONITORING AND EVALUATION

Overall, building an evidence base on the use of social protection in emergency contexts (both for resilience-building ex-ante and response ex-post) in order to implement, learn, adapt. This will include:

- Developing indicators on outcomes and impact, not just inputs and outputs.
- Collecting and analysing disaggregated data at the individual level (by sex, age, disability at a minimum), not just the household or household headship level.
- Focusing these indicators across relevant outcome areas:
  - The activities and effectiveness of the routine social protection programme in building individual and household resilience by reducing vulnerability to shocks;
  - The ability of routine social protection programmes to withstand shocks and continue operations in the context of a crisis;
  - The effectiveness of the shock-responsive component (e.g. did the programme get assistance to the right people within an acceptable timeframe? Were there unanticipated negative consequences? etc.);
  - The coordination, integration and / or harmonisation of social protection, humanitarian and DRM actors and interventions to better prepare for, respond to and facilitate recovery from shocks;
  - Overall Value for Money.
- Enhancing coherence and shared indicators across actors, programmes and sectors (beyond social protection) where feasible: e.g. how did these collectively fare against desired outcomes?
- Ensuring solid (and emergency-proof) systems/data sources for collecting and analysing relevant data in ‘real time’ or frequently enough to enhance implementation iteratively.
- In the aftermath of any emergency, establishing a process for learning and adapting systems going forwards
- Where feasible, engaging third party, independent evaluation that is shared openly/transparently and has involved extensive consultation.
- Ensuring raw data and assessments, reviews, and evaluations are made publicly available, so difficult choices, failures, and learning can be moving considered forward.

Key Resources:
- Shock Responsive Social Protection Systems Toolkit, Section D8 on M&E.
- SPACE Strategy decision matrix and Delivery Systems Decision matrix.
- SPACE Guidance for Framing Case Studies on Social Protection Responses to COVID-19.
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