

SPACE Social Protection Approaches to COVID-19: Expert advice helpline



Strategy Decision Matrix: Using or leveraging social assistance programmes

VALENTINA BARCA & INPUT FROM EXPERTS ON THE SOCIAL PROTECTION APPROACHES TO COVID-19:
EXPERT ADVICE HELPLINE (SPACE) - CONTACT: SPACE@DAI.COM

May 2020, Living
Document V1

This strategy decision matrix was developed alongside others – most importantly the delivery system decision matrix – as a technical tool used to structure an independent and unbiased analysis of COVID-19 response options. It does not necessarily represent DFID or GIZ own views or policies.

When it comes to mitigating the economic impact of the COVID-19 pandemic on households and communities, there are clear benefits to using existing social assistance programmes or leveraging underlying delivery systems and capacity (whether these programmes are social protection or humanitarian 'led'). Determining the most suitable strategy for doing this, however, is complex and messy.

The purpose of the **Strategy Decision Matrix** is to help you systematically think through the merits of various options (e.g. expanding to new caseloads via a new emergency programme); the challenges and risks inherent in each; and potential mitigation strategies for these (including the need for further programming). All in relation to the specific context you are operating in.

Each of the criteria this matrix uses to evaluate options against is critical to that option's ultimate outcome, in terms of meeting population needs. There are trade-offs between these criteria that will need to be identified (e.g. timeliness vs very high coverage): any strategic decision will affect all objectives simultaneously and no policy decision can affect all of them in a positive direction.

For any given response, one or more of these criteria may be explicitly prioritised over others (e.g. often timeliness), but this should be done based on a comprehensive analysis of the implications for the other criteria – and how to address these (mitigating risks) in the short and medium term.

It is also important to consider different strategies/options together, as fulfilling complementary functions – sometimes sequenced over time and working across different sectors, leveraging the strengths of each (e.g. social protection, humanitarian, Disaster Risk Management, health).

While the Table below only allows for two options/strategies, columns can be easily added, or the content can be transferred to Excel.¹ More generally, the content of this matrix can and should be adapted to address country-specific needs.

¹ NOTE: We have developed a simplified version of this framing that we are using during Clinic Calls.

IMPLEMENTING PARTNERS



Criteria	Possible indicator (Examples and considerations in grey)	For any selected option, consider the following. <i>To compare multiple options, add columns (this could also be done on Excel)</i>			
		Option 1: (Name)		Option 2: (Name)	
		Advantages in black ; Disadvantages and risks in red Examples and Considerations in grey	Strategies to mitigate negative impacts/ risks ² (Examples and Considerations in grey)	Advantages in black ; Disadvantages and risks in red	Strategies to mitigate negative impacts/ risks (Examples and Considerations in grey)
Brief description, including administration details	Type of programme and general description. Include: <ul style="list-style-type: none"> • Number of beneficiaries (households and individuals) • Transfer value and modality • Duration • Geographic areas prioritised • Other relevant administrative details 	Same process as Option 1			
Who is leading on delivery of this option? Coordinating with whom? Financed/ supported by whom?	E.g. Government involved/led? E.g. what Development Partners? E.g. who else supporting financing/design/implementation?	Same process as Option 1			
Expected budget and funding gap? Ideally separating administrative cost from total transfer costs	Budget = Funding Gap = Assessment of administrative cost =	Same process as Option 1			
CLEAR OBJECTIVES	What are the specific objectives of the intervention/ strategy?	Short, medium, long term gains expected – if stated. Directly affected or indirectly affected? One population sub-group or multiple (which)? How does it link to an overall strategy (beyond this specific option)? How does it address COVID-19 impacts and vulnerabilities?		Same process as Option 1	

² Note: in some cases, a mitigation strategy may include adopting another, complementary response strategy/option to 'fill in the gaps. Very often, this could be via the humanitarian sector.

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		Advantages in black ; Disadvantages and risks in red Examples and Considerations in grey	Strategies to mitigate negative impacts/ risks ² (Examples and Considerations in grey)	Advantages in black ; Disadvantages and risks in red	Strategies to mitigate negative impacts/ risks (Examples and Considerations in grey)
1. Coverage	Level of coverage (ideally vs affected population)	What is the de-facto coverage? e.g. as 100% of total population easiest given we do not know % affected. Could also be against intended category (e.g. informal workers).	<ul style="list-style-type: none"> • What other existing programmes may be filling the coverage gaps? How do the set of existing programmes/options work ‘together’? • May require complementary programming via other sectors (government, humanitarian etc.). • Are urban areas also included? How will this be achieved? • How will systematic exclusion be addressed? How can gender and social inclusion (GESI) analysis help to address this? See our Gender and Inclusion document. • Carefully consider intra-household dynamics and ‘named recipient’. 	Same process as Option 1	Same process as Option 1
	Appropriateness of targeting	Is it supporting those that are most likely to be affected by COVID-19 (this often does not correspond to routine caseloads, i.e. potentially different eligibility criteria, urban and not rural focus, etc.) ³ ? See the Economic Impacts document for examples of livelihoods affected by COVID-19.		Same process as Option 1	
	Minimisation of gaps in provision:	CUTTING ACROSS ALL OPTIONS: Is any population group in need ⁴ systematically being left out? who? why? – aim to achieve universality across programmes and sectors (via a coordinated set of programmes that, together, ensure universal coverage of those in need)			

³ This is likely to be considered at the household level, but we also need to consider gender and generational impacts of intra-household resource allocation

⁴ This includes population groups which are not intentionally omitted, but for whom accessing benefits may be challenging or impossible (consider gender, disability, homeless or unaccompanied minors, marginalised groups with respect to race, ethnicity, citizenship status (refugees, IDPs, etc.) among others, according to each setting.

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2. Adequacy	Adequacy of support. Are you meeting needs?	For many the amount will not be an add-on for existing income but may need to be a full income replacement, aiming to cover all basic needs). Has this been adequately addressed?	<ul style="list-style-type: none"> Considering COVID-specific needs when setting e.g. transfer values and modality. Leveraging humanitarian sector capacity to do so (e.g. Minimum Expenditure Baskets, market and value chain analysis, etc.) Assuming most countries won't be capable to guarantee adequacy via the SP sector, at least not for everyone, then complementary / coordinated programming from different partners may be needed, and contingency planning considered for the effects of not be able to sufficiently provide for people to stay at home and confine themselves. 	Same process as Option 1	Same process as Option 1
	Relevance of type of support (e. g. modality ⁵)	Have COVID-19 specific disruptions (markets affected/schools closed etc.) been considered?		Same process as Option 1	
	Anticipated impacts on affected populations	Given the amount/quantity provided, is it likely to have desired impacts and may it have any secondary unintended impacts) – not just poverty impacts, also food insecurity, malnutrition, livelihoods, gender relations, etc.?		Same process as Option 1	
	Horizontal equity on value of transfer	How will horizontal equity be guaranteed? Ensuring value of transfers/support is broadly consistent <i>across</i> different options (even if by different actors) – or differences clearly justified.			

⁵ You might be able to give the right cash amount, but if people can't buy intended items e.g. because markets are disrupted or because of hyperinflation, the assistance is not adequate.

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3. Comprehensiveness	Fully supporting different multidimensional needs	Given the types of needs emerging from COVID-19, what additional measures or services can be layered on or linked to (e.g. to meet health needs, behavioral change objectives, psychosocial support needs, protection needs, Violence Against Women and Girls, disability inclusion, etc.)?	<ul style="list-style-type: none"> What complementary measures can be added on and how can linkages be institutionalised cost-effectively? Who are the local actors (e.g. women's organisations, CSOs) who can deliver these additional measures and how is funding channeled to them? Are there low-hanging fruits (e.g. existing programmes/services) that can be layered with the response? 	Same process as Option 1	Same process as Option 1
4. Timeliness	Likely timing of response in line with the purpose and phase	<p>Can you meet the lifesaving and recovery needs in the time they are required?</p> <p><i>a. Early onset and short term:</i> loss of income with COVID-19 is particularly sudden and negative coping strategies need to be avoided in the shortest time possible to avoid disaster, while also accounting for the fact that too much too soon might result in negative coping strategies later</p> <p><i>b. Middle-long term/recovery phase:</i> very different needs – requires phased approach</p>	<ul style="list-style-type: none"> When is the support likely to be received by target populations? Is this adequate and if not, what can be done in the meantime? How can the capacity of the implementing partner to receive/mobilise the funds swiftly be enhanced? How can the capacity to rapidly deliver to the target population be enhanced? Thinking through all stages in advance and pre-empting blockages via MoUs, protocols, etc. Sequencing responses from Day 1 – prioritising low-hanging fruits and building from there. 	Same process as Option 1	Same process as Option 1

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5. Cost-effectiveness	Extent of harmonisation of systems and coordination across different actors and institutions	<p>Are different government ministries, donors and humanitarian/civil society actors working complementarily and coordinating the response to the extent possible? I.e. filling coverage gaps and avoiding duplication, providing aligned amount of support, providing common services and building on respective systems?</p> <p>If not, how can this be enhanced and what coordination mechanisms can be leveraged? (Cash Working Groups, Social Protection coordination bodies, etc.).</p> <p>Ultimate focus on ensuring reduced costs and enhanced effectiveness.</p>			
	Trade-offs, compromises, disadvantages of this specific option vs others in terms of cost-effectiveness	How does it compare against existing options but also against other potential options that are not currently 'on the table'?	<ul style="list-style-type: none"> Clearly evaluate a) whether the costs are proportional to the benefits; b) whether a 'no regrets' approach can justify higher costs; c) whether there a clear trade-off between timeliness and cost and what the decision on that is. 	Same process as Option 1	Same process as Option 1
	Total cost, efficiency ratio, and cost drivers.	What types of additional/layered activities are ensuring Value for Money? How could this be strengthened?	<ul style="list-style-type: none"> Clearly evaluate: a) what the cost drivers of this option are and what can be done to reduce them; b) costs of common services and capacity building. 	Same process as Option 1	Same process as Option 1

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6. Accountability to affected populations	Respect for humanitarian principles , to the extent these are relevant ⁶	Is there any chance of the strategy leading to serious compromise of principles? This may include: <ul style="list-style-type: none"> Not working with government when it is party to conflict Do No Harm regarding transmission or exposure risk 	<ul style="list-style-type: none"> E.g. consider whether/how Humanitarian Principles are relevant and programme accordingly – this is not routine response, so different ‘rules of the game’ apply. Where there is a risk of principles being compromised, assessing and establishing strong mitigation measures – or refuting option entirely. 	Same process as Option 1	Same process as Option 1
	Ensure gender and protection risks are mitigated	Again, ensuring Do No Harm’: does the response exacerbate gender-based or intimate partner violence? How can that be avoided?	<ul style="list-style-type: none"> Leveraging existing /new linkages to case management and referral services (ideally existing ones, or newly set-up given increased risks). See also Gender and Inclusion Document. 	Same process as Option 1	Same process as Option 1
	Grievance redressal and accountability mechanisms	Are these structurally built in and functioning, capturing & fully addressing feedback, complaints and appeals? Increased risks of social unrest if not.	<ul style="list-style-type: none"> Are there any existing mechanisms (e.g. mobile surveys, texts, helpline) that could be used for this purpose? Government or humanitarian partner ‘hand-holding’ to ensure this function? 	Same process as Option 1	Same process as Option 1
	COVID-19 safety guaranteed within delivery mechanisms	Is it reducing/removing chance of implementation leading to enhanced risk of contagion? E.g. removing biometrics for cash transfers	<ul style="list-style-type: none"> Remote (not face-to-face) operations may be needed, or strict social distancing, etc. (clear guidelines, protocols, training, equipment and safeguarding measures for staff/recipients, that are budgeted for). 	Same process as Option 1	Same process as Option 1

⁶ E.g. particularly pertinent in countries where the government may be party to a conflict or may be excluding groups from its social assistance / support programmes.

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	The option is understandable and accepted by communities	Simple is best given the urgency of the response – is the option understandable/acceptable to communities/people? Also, are high quality and inclusive communications set-up to support this?	<ul style="list-style-type: none"> Develop a clear, inclusive and accessible communications plan (see Gender and Inclusion document), "Inclusion" of grassroots organisations (women's groups, informal worker organisations, disabled persons orgs.) in design and implementation. 	Same process as Option 1	Same process as Option 1
7. Predictability	Predictability of funding	Is there a chance the strategy may be compromised or delayed due to late/no funding? How can this be avoided?	<ul style="list-style-type: none"> Clear mapping of funding sources, including extra-budgetary or humanitarian. Clear pre-agreed mapping of funding timelines (planning, approval, disbursement, channeling to lower implementation levels, reconciliation, etc.). 	Same process as Option 1	Same process as Option 1
	Predictability of support to households	An income replacement that is regular and predictable will enable consumption smoothing and higher impacts – is this the case?	<ul style="list-style-type: none"> Pre-empt delays along the delivery chain and address this ex-ante to the extent possible. 	Same process as Option 1	Same process as Option 1

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8. Ownership and sustainability	Extent to which design and delivery of programme(s) is embedded in and strengthens long-term government systems.	Preferable to build on what is there, either routine SP programmes or just the capacity and/or elements of existing SP delivery systems. Does this option explicitly enhance long term sustainability and system building? How?	<ul style="list-style-type: none"> Even if this is NOT the case, embedding ways of working for the long term: the process, protocols, system design features, coordination processes and other measures put in place for COVID-19 response could be taken forward, learnt from or built upon for the long term. Also, track/ monitor/capture experiences to inform this discussion down the track. 	Same process as Option 1	<ul style="list-style-type: none"> Same process as Option 1
	Extent to which they leverage the capacity, resources and networks of local organisations	Localisation will play an important role in a post-COVID-19 world. To what extent does the option leverage local capacities to enhance effectiveness and sustainability?	<ul style="list-style-type: none"> Leverage any opportunity to leverage and build capacity, locally. 	Same process as Option 1	<ul style="list-style-type: none"> Same process as Option 1
	Exit/phase-out feasibility for temporary scale ups.	Has this been clearly considered and communicated? What will the consequences of 'exit' be?	<ul style="list-style-type: none"> Strategy for ensuring 'exit' is clearly communicated/ understood and for potentially incorporating caseloads where changes are structural and not temporary⁷ 	Same process as Option 1	Same process as Option 1

⁷ Shocks take several years to recovery at HH level, they are often cyclical (COVID-19 could come back) and compounding - meaning the effects of COVID-19 could compound the macro-economic shock to come from a global economic crash, pushing people further into poverty, or could profoundly affect the next season / harvest, leading to a further food security crisis. So, considering these effects in planning and messaging will be important.

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9. Operational Feasibility: Strength of existing delivery systems	What is the likelihood of high quality and no/low fiduciary-risk delivery, along the delivery chain (use the Delivery Systems Matrix to support in the process)? Especially: <ul style="list-style-type: none"> • Communications • Registration and enrolment • Payments/delivery • M&E, etc. 	Same process as Option 1	Same process as Option 1	Same process as Option 1	Same process as Option 1
Overall assessment: <ol style="list-style-type: none"> Level of risk and feasibility across the options? How do the different options fit together to provide complementary support? Is there anything missing now that needs to be developed? Any affected caseloads that have not been supported? (Add any other relevant considerations) 					

Table 1 Source: DFID/GIZ S Social Protection Approaches to COVID-19 team (2020) – V. Barca, with inputs from Alfars L., Archibald E., Beazley R., Cabot Venton C., Carraro L., Carrubba H., Holmes R., Longhurst D., McLean C., Peterman A., Pongracz S., Sammon E., Wylde E. - Based on TRANSFORM Shock Responsive Social Protection Module (forthcoming), [UNICEF \(2019\)](#); [SPaN \(2019\)](#) and [O'Brien et al \(2018\)](#).

ACKNOWLEDGEMENTS AND DISCLAIMER

This document was developed as part of SPACE - Social Protection Approaches to COVID-19: Expert advice helpline, implemented by the UK Department for International Development (DFID) and Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, and funded by UK Aid and the German Federal Ministry for Economic Cooperation and Development (BMZ). SPACE is managed by DAI Europe Ltd contracted through the DFID framework agreement EACDS Lot B service 'Strengthening resilience and response to crises', and the helpline advice is provided by independent consultants contracted by DFID, GIZ and other partners.

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