

# Evaluating Delivery Systems Matrix: Using or leveraging social protection approaches

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

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This Strategy Decision Matrix was developed alongside others – most importantly the Strategy 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.

The purpose of the Evaluating Delivery Systems Matrix is to help you think through potential COVID-19 response options/strategies via existing social protection programmes, or through leveraging social protection delivery systems and capacity. It facilitates swift evaluation of the strengths of existing social protection systems and specifically their constituent 'building blocks' – enabling timely decision-making on which/how these can be leveraged for your COVID-19 response.

The matrix can also be used to evaluate delivery systems of humanitarian cash and voucher assistance programmes – there are great overlaps across these – enabling you to leverage their strengths to complement/link to social protection programming. A separate note on this is also being developed.

The underlying concept is that, in a few cases, there will be potential to entirely build on one or multiple existing programmes – at least for a part of the response. In others, it will be possible for new programmes – led by the social protection or humanitarian sector – to selectively leverage certain elements of existing systems: e.g. approach to communications, registration and enrolment, payments etc. Namely, those elements which are deemed 'strong' or that can easily be strengthened.

Building on existing systems can be critical to ensuring a) timeliness and b) longer term systems strengthening – among other relevant desirable outcomes. In short, from a practical perspective, the 'maturity' of the social protection system and the strength of each of its 'building blocks' informs:

- In the short-term, the most adequate options for responding to shocks via, or in coordination with, the social protection sector; and
- The medium to long-term system strengthening and preparedness measures that will be necessary.

This Table can be used to look at one programme (e.g. one that has highest coverage and strong systems) – or across several.

## IMPLEMENTING PARTNERS



Assessing social protection building blocks for timely and effective delivery					
Level	'Building Block'	Strength 1-5 <i>where 5 is very strong</i>	Why/reasons for assessment	Key questions to guide a response	Implications for using or building on/strengthening/adapting this specific 'building block' for COVID-19 response (ACTIONS) (Examples included in grey)
1. POLICY	Financing			<ul style="list-style-type: none"> <li>• How much will be needed given chosen response strategy? How will additional coverage/adequacy etc. be financed? Is there any existing contingency financing? What are potential blockages in the flow of funds that can be pre-empted?</li> <li>• Are there enough resources for extra operational components necessary to ensure women, men and children (vulnerable groups) are equally reached, and benefit from programmes, including complementary programmes / messaging alongside direct provision of response?</li> <li>• How can the political economy of financing be shifted?</li> </ul>	<ul style="list-style-type: none"> <li>• If/when leveraging external (e.g. humanitarian) financing, think through flow of funds and reporting/reconciliation requirements from the start</li> <li>• Explicitly budgeting for 'leave no-one-behind' activities and/or ensuring these are covered via complementary support from the humanitarian sector and civil society</li> <li>• Shifting the political economy of financing: what is the cost of NOT responding fast, what longer term benefits will be reaped thanks to this response, etc. (Value for Money arguments)</li> <li>• Ideally tackled ex-ante next time via Disaster Risk Financing strategies: set building blocks now</li> </ul>
	Legal and policy frameworks			<ul style="list-style-type: none"> <li>• What existing legal frameworks (policies, strategies, laws) exist for Social Protection? Which other legal frameworks may be relevant and how- e.g. data privacy? Humanitarian action? Policies on gender and inclusion? <ul style="list-style-type: none"> <li>• Do these require flexing/adapting, how, and how can this be done fast?</li> <li>• How can the social protection response continue to support these longer-term objectives and not undermine them?</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Getting legal expertise on board from the start and carefully reviewing relevant frameworks</li> <li>• Needing to access info from existing databases waiving some privacy legislation, needing to change eligibility or qualifying conditions that are embedded in legislation (e.g. residence, citizenship) etc.</li> <li>• Thinking through protection/security/privacy implications in short and medium term and applying risk mitigation measures from the start</li> </ul>

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Governance and coordination	Governance and coordination			<ul style="list-style-type: none"> <li>• What existing coordination and governance structures exist and is everyone involved in response on the same page and acting complementarily?</li> <li>• If so, leveraging that to address duplications, gaps and harmonise operational modalities and learning.</li> <li>• If not, how to address that and what opportunities/obstacles are foreseen?</li> <li>• Are ministries / representatives of gender, children and youth, refugees, disability, informal workers, civil society, etc. involved in and informing policy discussions?</li> </ul>	<ul style="list-style-type: none"> <li>• Aim to enhance mutual leveraging of data, systems, capacity etc. across Ministries and Sectors</li> <li>• Leverage existing coordination bodies (Cash Working Groups, Social Protection coordinating bodies, etc.)</li> <li>• Proactively coordinate with ministries / representatives of gender, youth, refugees, disability, informal workers, civil society to support ownership, coherence of action and enhance implementation capacity (e.g. leveraging their networks)</li> <li>• Remember the "Ws": Who does What, When and Where + coordinating on the How to ensure horizontal equity</li> </ul>
	Capacity			<ul style="list-style-type: none"> <li>• What capacity, skills, tools, resources are there in place delivering SP across levels of implementation? What are staff's current duties and how could they be brought on board for the response?</li> <li>• Are there any easy ways capacity can be surged, particularly through local actors, NGOs, secondments, or civil society organisations?</li> <li>• How can issues of gender and social inclusion be adequately represented (including from beneficiary groups themselves)?</li> <li>• How can staff and volunteers' safety be guaranteed (protective gear, etc.)?</li> </ul>	<ul style="list-style-type: none"> <li>• Potential to swiftly roll out clear guidelines/manuals/set up an effective/innovative staff communication system, etc. and measures for staff/volunteer safety</li> <li>• Both existing formal and informal structures down to community level can be critical to guarantee a) continuity of services via surge capacity and b) support expansions via existing knowledge of community and needs (registration, communications, etc.)</li> <li>• Local women's organisations and disabled persons organisations and other networks can be provided with the capacity to lead/support on the design and implementation of SP measures, or complementary initiatives, including health, protection, education and livelihoods</li> </ul>

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2. 'Programme' DESIGN	Setting of eligibility criteria and qualifying conditions ('targeting' )			<ul style="list-style-type: none"> <li>• How is this done currently (pre-crisis)?</li> <li>• Can the process or the underlying data be useful/relevant to identify new target groups? (if so, why/how, if not why not)</li> <li>• What needs to happen to operationalise this (change in legislation? Changes to information system? Etc.)?</li> <li>• Can eligibility criteria be relaxed (e.g. raise current cut-off) and/or qualifying conditions lifted (e.g. residency, citizenship, etc.) as this will be an 'easy and low-cost win'?</li> <li>• How might this need to change over time (recovery phase)?</li> </ul>	<ul style="list-style-type: none"> <li>• Assess if COVID related risks or impacts make certain groups higher/lower priority for eligibility (including gender, disability, urban etc.)</li> <li>• The general COVID 'mantra' is to relax eligibility criteria and broaden targeting, ideally starting from the most affected groups (that rarely coincide with existing caseloads) + for these criteria to be relatively simple, transparent, understandable + to aim for universality across interventions (the cost and time of targeting is not Value for Money in this context)</li> <li>• Unlikely that current criteria work for identifying those most affected by COVID, but possibly process and data could be of use (see also info systems below).</li> <li>• Evaluate how well existing data captures relevant data by gender and intersectional needs and how can it be leveraged to make the response gender/inclusion-sensitive</li> </ul>
	Setting of transfer type, level, frequency duration			<ul style="list-style-type: none"> <li>• How is this done currently (pre-crisis)?</li> <li>• Can the type/level/frequency/duration be easily adjusted to reflect new needs?</li> <li>• What needs to happen to operationalise this (change in legislation? Changes to information system? etc.)?</li> <li>• Given that funds will have a limit, and given the projected longevity of this crisis, how can type/level/frequency/duration be spread over time to ensure that funding maximises effectiveness?</li> <li>• How can the design of the response ensure that gender and intersectional needs are considered from the outset (e.g. rapid gender assessment, existing data on gender from SP and humanitarian actors/programmes)</li> </ul>	<ul style="list-style-type: none"> <li>• There will likely be need for a higher transfer level (given it often plays an income replacement –not substitute-function); a modality that avoids risks of contagion (e.g. public works could be problematic); increased frequency if existing payments are infrequent; advanced payments to frontload meeting of needs etc.</li> <li>• Consider leveraging capacity/systems/expertise from humanitarian sector to help set transfer values (Minimum Expenditure Basket approach), understand markets etc.– and coordinate to ensure consistency on these</li> <li>• Do not let operational hurdles slow down the response – think through possible changes from Day 1 and address these from the start</li> <li>• Consider layering in other measures ON TOP OF routine approach to comprehensively address risks faced</li> </ul>

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	Conditionality			<ul style="list-style-type: none"> <li>Is there any currently? Can this be removed to reduce barriers to access (that are already heightened by COVID-19)?</li> <li>If conditionalities cannot be removed, can these be re-assessed to ensure they do not reinforce gender inequalities (i.e. care burdens, access to information, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>Removal of all conditionalities is highly recommended. For public works programmes this may include removing the 'condition' of working (receiving cash directly)</li> <li>Considering 'labelling' effects instead</li> </ul>
3. ADMINISTRATION (delivery systems)	Information systems (MIS, social registry, etc.)			<ul style="list-style-type: none"> <li>What existing information systems from the SP sector (and other sectors) exist?</li> <li>Can they be leveraged usefully?</li> <li>What is their coverage (and who would be left out if they were used to support targeting)?</li> <li>What data do they contain?</li> <li>Do they disaggregate by sex, age, disability?</li> <li>Do they have operational info such as bank account details? Is the information up to date?</li> <li>Is consent required to use the data?</li> </ul>	<ul style="list-style-type: none"> <li>Or more relevant questions and considerations see full paper <a href="#">here</a> (summary of key questions in Table 7), infographic <a href="#">here</a></li> <li>Think through the different ways in which existing data COULD be used creatively: leveraging waiting lists of potential beneficiaries or record from past beneficiaries, non-eligible people/households from social registries,</li> <li>Think through other potential data sources: ID systems and Civil Registration and Vital Statistics, informal worker organisation registries etc. (For a full list of options see <a href="#">this Table</a>)</li> <li>Think BEYOND just the data: the capacities, software, websites, data exchange protocols etc. that underpin these can all be leveraged.</li> </ul>

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	Outreach and communications			<ul style="list-style-type: none"> <li>• What approaches are used for routine SP programmes and how can those be modified and strengthened to deliver information relevant to the response?</li> <li>• What other channels could effectively reach target groups (e.g. SMS campaign, radio, TV etc.)?</li> <li>• How do messages and methods need to be modified and made accessible even to most vulnerable – especially women, people with disability, ethnic minorities etc. who may not have access to technology, have limited mobility, higher levels of illiteracy and speak minority languages??</li> <li>• Is there a Behavioural Change Communications (BCC) component that can be added?</li> </ul>	<ul style="list-style-type: none"> <li>• Critical to clearly and transparently communicate who is eligible, how to apply/receive, duration of support etc. – to avoid delays, backlash, misunderstandings, potential conflict, etc.</li> <li>• Diversify communication channels and inclusion-proof these</li> <li>• Consider leveraging capacity/networks of local organisations and member-based organisation (e.g. informal worker organisations) to support targeted communication campaigns</li> <li>• Consider including BCC messaging where possible (stay at home, hygiene and safety measures etc.)</li> </ul>

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	-Registration			<ul style="list-style-type: none"> <li>• What approach was used by routine programmes (or social registry integrating the registration function across these)?</li> <li>• If census survey – how out of date is existing data and how can it be used to inform eligibility determination (see rows above)? Are there options for additional registration that do not increase chance of contagion i.e. ideally not door-to-door, see on-demand below)?</li> <li>• If on-demand – how to enable surge in applicants and in a safe way (not enhancing contagion)?</li> <li>• Is there potential for interoperability and/or data sharing with other government databases to enhance this – how can that be leveraged (see also information systems row)? Any quick wins to simplify registration using existing tax data, civil registry data, informal worker registry data, cadastral data, etc.? Is there any legal barrier that needs relaxing?</li> <li>• How to minimise exclusion due to inability to access the internet, phone etc. (lower levels of access tend to be found among women and people with disability) or documentation requirements?</li> </ul>	<ul style="list-style-type: none"> <li>• Leveraging existing data for initial rapid expansion, but also swiftly creating channels for on-demand applications</li> <li>• Ideally remote online/hotline applications with additional outreach/support efforts where those are not reaching those most in need (these could even be 'manned' by humanitarian capacity)</li> <li>• If not possible, very clear safety measures for face to face rapid registration leveraging existing capacity (rotating desks, local offices, etc.)</li> <li>• Reducing amount of data collected and documentation needed, in accordance with simplified targeting approach: 'mantra' of "Pay Now Verify Later"</li> <li>• Pre-empting surge in capacity and thinking creatively how to fill this leveraging local organisations, CSOs, volunteers, humanitarian sector staff, etc.</li> </ul>

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	-Enrolment			<ul style="list-style-type: none"> <li>• What approach was used by routine programmes? Can this be leveraged? What token/identification/authentication was used, and can this be made contagion safe? Is a full-enrolment process needed?</li> <li>• How to ensure that enrolment is simple and accessible, particularly for marginalised groups with less access to information, mobility, literacy etc.?</li> </ul>	<ul style="list-style-type: none"> <li>• Consider SIMPLE and one-off enrolment options: one-time passwords, etc.</li> <li>• Lowering documentation requirements and simplifying authentication process – leveraging national ID systems and CRVS systems where possible</li> </ul>
	-Payments/delivery			<ul style="list-style-type: none"> <li>• What approach was used by routine programmes (or integrated beneficiary registry integrating functions across these)? Can this be leveraged?</li> <li>• How to ensure vulnerable groups do not encounter barriers to payments and delivery, especially if using banks, e-transfers, mobile money, etc.</li> <li>• How to ensure delivery capacity is not affected by COVID-19 – consider bringing in support through other actors including civil society, member-organisations, humanitarian actors, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Considering different payment modalities and combining those if /where feasible, building on what is there and simplifying where possible e.g. over the counter payments through Banks using one-time-password</li> <li>• Negotiating with payment service providers (lowering transaction costs) while also addressing their barriers/constraints (liquidity, low interest loans, KYC requirements, licensing requirements)</li> <li>• Taking barriers to access very seriously, including strategies to reach those who are typically left behind with digital-approaches especially</li> </ul>

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<p>-Complaints and appeals (grievances)</p> <p>-Case management</p>				<ul style="list-style-type: none"> <li>• What approach was used by routine programmes? E.g. hotline, email, written documents, interaction with social workers, etc. Is there a harmonised approach across different SP programmes?</li> <li>• Can existing mechanisms be leveraged? How?</li> <li>• What adjustments are necessary to ensure safety (social distancing)?</li> <li>• What mechanisms are in place to ensure equal access to complaints and appeals for more marginalised population?</li> </ul>	<ul style="list-style-type: none"> <li>• Often routine SP programmes have limited/ineffective or no grievance mechanisms. In a crisis context this is NOT A GOOD IDEA (risk of conflict, social unrest, enhanced fiduciary risks, etc.) so strong systems will have to be set in place, building on what is there already where possible and filling the gaps (e.g. leveraging grievance systems from other sectors, government and non -e.g. humanitarian)</li> <li>• Some groups may have less access to grievance mechanisms (because of mobility constraints, limited awareness, illiteracy etc.) or are less able to voice their concerns (e.g. limited confidence, agency, fear of backlash). This needs to be explicitly addressed from the start, ideally engaging the support of local/civil society organisations to ensure access to and use of grievance mechanisms for those who may be excluded</li> </ul>
				<ul style="list-style-type: none"> <li>• What approach was used by routine programmes? E.g. home visits, direct interaction at pay points, etc.</li> <li>• Can existing mechanisms be leveraged for ongoing support as well as increased backstopping due to COVID-19 related violence and protection risks? If not, what is the strategy to do this?</li> <li>• What adjustments are necessary to ensure safety (social distancing)?</li> <li>• Has existing case management undergone rapid adjustments and assessments to ensure standard referral chains are updated?</li> </ul>	<ul style="list-style-type: none"> <li>• Think through required adjustments and ensure capacity/systems to implement these, leveraging capacity from SP sector but also externally if needed (humanitarians, CSOs, NGOs, etc.)</li> <li>• How to link to existing Gender Based Violence and women empowerment initiatives, as well as other complementary programming</li> </ul>

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	-Protection ('humanitarian')			<ul style="list-style-type: none"> <li>• What existing mechanisms are there to screen individuals (e.g. especially those most vulnerable such as refugees, etc.) and assess vulnerability and need for additional protection? Are people found in need of additional protection then referred to relevant services? Can these mechanisms be leveraged? Are there specific protection needs for vulnerable groups, such as adolescents, women, people with disability?</li> <li>• What other options for providing services remotely can be considered?</li> </ul>	<ul style="list-style-type: none"> <li>• Considering protection risks explicitly and having a strategy in place, leveraging expertise/tools/systems from other sectors too (e.g. humanitarian)</li> </ul>
	VAM/M&E			<ul style="list-style-type: none"> <li>• What is the existing M&amp;E mechanisms for SP – program specific or national frameworks? What indicators are normally tracked – e.g. input, process, output, outcome, impact? Are these indicators sex disaggregated and contain inclusion metrics (as appropriate by setting)? What existing data sources are used?</li> <li>• How can these M&amp;E mechanisms be leveraged/adapted to help address COVID-19 related fiduciary risks? What adjustments are required to ensure safety and health?</li> </ul>	<ul style="list-style-type: none"> <li>• Building an M&amp;E strategy from the outset and leveraging additional capacity from other sectors (e.g. humanitarian) + local organisations and CSOs as 'accountability partners'</li> <li>• Thinking creatively on new methods for emergency response M&amp;E (e.g. SMS surveys, participatory community monitoring, etc.)</li> </ul>

Source: DFID/GIZ Social Protection Approaches to COVID-19 team (2020) – V. Barca, with inputs from Alfers 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), [Seyfert et al \(2019\)](#), [UNICEF \(2019\)](#); [SPaN \(2019\)](#) and [O'Brien et al \(2018\)](#).

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