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

Options for rapid expansion of social assistance caseloads for COVID-19 responses

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 Background Note was developed alongside others – most importantly the Strategy Decision Matrix and 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.

1.1 CLEAR OVERALL OBJECTIVES – 'who is likely to be most affected in your country - and not covered by existing programmes?'

When discussing rapid expansion of social assistance[1] caseloads in response to COVID-19 (via new or existing programmes) it will be essential to start by framing objectives clearly: 'who is likely to be most affected in your country - and not covered by existing programmes?'. How can those caseloads most effectively be targeted, registered and enrolled? The answer, of course, will depend from country to country, but some broad assumptions can be made.

1.2 BUILDING ON EXISTING SOCIAL PROTECTION SYSTEMS, DATA and CAPACITY WHERE POSSIBLE, ALIGNED WITH THE OVERALL OBJECTIVE

Where new caseloads will be added, most countries have something that can be built on for swift coverage:

[1] This paper focuses on social assistance, not social insurance. However, similar considerations will apply to expansions of some social insurance measures (e.g. unemployment benefits).

IMPLEMENTING PARTNERS

- An existing database (e.g. a social registry of potential beneficiaries who are not currently receiving, data on past beneficiaries, a wide set of other data sources of people who are potentially in need)
- An existing information system (operationalised as a software application) linked to that database, potentially with some interoperability or data sharing with other government databases
- An online form/system for data collection from and interaction with citizens
- Existing capacity at local levels of implementation and tried and tested methods for registration

The concept is to start with the "easier" approaches to ensure timeliness for certain caseloads and then moving to more complex solutions of push or pull (on-demand) additional registration and enrolment to cover the gaps – *potentially in coordination with humanitarian and other non-state actors*[2]. Countries that already have on-demand systems will find this a lot 'easier', though COVID-19 related contagion-control measures and the speed of the surge in need will pose significant challenges but must be considered in order to avoid additional harm.

Key options that are being considered or adopted by countries to rapidly register, enrol, and pay new caseloads during the COVID-19 crisis are discussed in the Table below. These include:

a) Using existing data from the social protection sector in creative ways for emergency expansion/payments via new or existing programme

b) Using existing data sources beyond the social protection sector in creative ways for emergency registration (e.g. Civil Registration and Vital Statistics and ID data)

c) On-demand emergency registration via digital 'windows' and helplines

d) On-demand emergency registration via permanent local offices/capacity

e) Ongoing/periodic active outreach

Cutting across all of these, the following considerations should be made:

- Many of these options can be overlapped (i.e. they can be complementary) or sequenced – it is most often not an issue of 'either/or'.
- These registration/enrolment options are discussed separately from the underlying 'eligibility' choices of who should benefit. However, some options may be more suited to some forms of 'targeting design', as specified within the Table.
- Whatever option(s) are chosen, it will be important to ensure the following:
    - Simplified forms, eligibility criteria and documentation requirements (e.g. the importance of 'pay now, verify later') and simplified authentication/identification processes, ideally leveraging ID and CRVS systems where possible.
    - Safety/reduced risk of contagion across functions, both to reduce the spread of disease overall but also to ensure protection of those with the most extreme risk of vulnerability to COVID-19's negative health impacts. Many simple things can be done and thought about, see e.g. CaLP guidance/living doc and Helpage summaries (relevant beyond older populations).
    - Accessibility to vulnerable groups, especially for on-demand registrations that risk excluding those most in need. E.g. by i) setting up and staffing additional, temporary offices in locations that are safe and accessible for the target group; ii) taking registration activities to communities through addition of registration camps or doorstep services; iii) covering transport costs for vulnerable applicants to travel to social welfare offices elsewhere; iv) catering to different language/disability needs; v) leveraging the capacity and networks of informal worker organisations, women's groups and other CBOs, NGOs, and CSOs.

2 For example, leveraging external capacity (and expertise) to support registration efforts.

- Responsible use of data at all stages of the chain (respect for data protection, privacy, etc.) is required, to address the risks of COVID-19 being used to roll out technological surveillance and control. Routine data protection risks are heightened in crisis contexts, and particularly where contact tracing approaches are being used, and need explicit management to ensure populations are not exposed to increased vulnerability. Humanitarian principles and guidelines may be helpful in this context, e.g. the ICRC handbook on Data Protection and OCHA's guidance on Data Responsibility for COVID.

Approach	Examples	Opportunities/benefits	Challenges and risks	Pre-requisites/ best suited *(Flexible financing always an issue)*	Thoughts on feasibility and actions required to enhance feasibility
Using existing data from the social protection sector in creative ways for emergency expansion/payments via new or existing programme					
Expanding to past beneficiaries from beneficiary registries	*Being considered in Zambia*	• Already registered/enrolled… • Likely to be caseloads in need as previously supported via social programmes – and data held includes payment details enabling immediate/swift payments with little further effort	• Expectations will need to be managed via careful communications and tough decisions taken on whether such caseloads will be scaled down after the crisis is over • Likely a small caseload	• Where such caseloads exist, and data is held	**VERY EASY AND SWIFT** where this data is retained – likely a small caseload
Expanding to those who were on waiting lists because of previous quotas	*Being considered in Zambia, happening in Sri Lanka and Iraq (for 60,000 households)*	• Already registered and potentially also enrolled • Likely to be caseloads in need as eligible for support via social programmes • Enabling permanent expansion ideally	• Enrolment may need to be completed (registered but no payment data potentially) • Expectations will need to be managed via careful communications and tough decisions taken on whether such caseloads will be scaled down after the crisis is over • Potentially a small caseload	• Where such caseloads exist, and data is held	**VERY EASY AND POTENTIALLY SWIFT** where there are waiting lists – likely a small caseload (but not necessarily, see Iraq)
Expanding to those who were eligible but had previously been rejected as beneficiaries for different reasons (E.g. inadequate documentation, non-compliance with qualifying conditions (e.g. residency, etc.); non-compliance with conditionality, etc.)	*Being considered in North Macedonia*	• Already registered and sometimes already enrolled • Likely to be caseloads in need as they had applied/attempted registration before	• Expectations will need to be managed via careful communications and tough decisions taken on whether such caseloads will be scaled down after the crisis is over • Potentially a small caseload	• Where such caseloads exist, and data is held	**RELATIVELY EASY AND POTENTIALLY SWIFT** where there is such data (potentially a small caseload)

Approach	Examples	Opportunities/benefits	Challenges and risks	Pre-requisites/ best suited *(Flexible financing always an issue)*	Thoughts on feasibility and actions required to enhance feasibility
Further expanding to a broader caseload using data on potential beneficiaries from Social Registries (those registered but who were not eligible for routine programmes)	*In response to COVID has enabled swift expansions in Pakistan, Brazil, Cape Verde, Peru, Colombia, Ecuador, Jordan, Malaysia, Indonesia, etc – long and growing list.* *In several of these a second phase enabled broader registration for those not in Social Registries (e.g. Pakistan, Brazil)*	• Can enable swift expansion to potentially large caseloads that are likely to be in need (by relaxing eligibility requirements)	• If no other complementary strategy is adopted, risks excluding those who are not already included within the Social Registry or whose situation has changed • Very often Social Registries do not include operational data (e.g. bank account details to trigger payments) but contact details can be used to inform of eligibility and payment data collected e.g. online • Data protection risks (lack of informed consent for use of data in this way)	• Effectiveness completely depends on the *nature* of the underlying Social Registry: its coverage, relevance, currency, accessibility, accuracy and data protection measures (see infographic here and paper here). E.g. all countries that have used it to date for COVID response had relatively high coverage of population. • Ideally complemented by other methods to ensure inclusiveness	**RELATIVELY EASY and POTENTIALLY SWIFT** where there is a Social Registry that broadly satisfies these conditions – could support swift extension to a relatively large caseload as a first-instance response (complemented via other approaches)
DATABASE INTEGRATION - Using existing data sources BEYOND the social protection sector in creative ways for emergency registration					
Leveraging Civil Registration and Vital Statistics (CRVS) and ID data to 'target OUT' and reach large segments of population (I.e. trigger registration for everyone except those already protected to achieve universality)	*For example, Namibia is implementing a one-off emergency grant for unemployed and informal workers, which targets out students, the formally employed and those receiving other grants. Based*	• Potential for enabling truly universal targeting of COVID-19 response (up to 100% coverage of population) • Potentially a good option for an emergency one-off grant before longer term solutions are able to get off the ground	• Privacy/data security concerns • Only truly universal and individual (not household) programmes can fully initiate assistance via CRVS and ID data (i.e. without requiring additional information, home visits, etc.) • Birth, death and ID registration low in most	• Requires strong and electronic underlying ID system and or CRVS system – ○ For true inclusiveness 100% of population would need to be covered by CRVS ○ To trigger payments (because of Know Your Customer regulations and need for strong authentication)	**DIFFICULT OPTION FOR MOST L/MIC COUNTRIES.** Feasibility can be increased by joining CRVS/ID registration efforts with social protection registration efforts (as in Pakistan for example), to overcome risk of systematic exclusion

Approach	Examples	Opportunities/benefits	Challenges and risks	Pre-requisites/ best suited *(Flexible financing always an issue)*	Thoughts on feasibility and actions required to enhance feasibility
Those 'targeted out' may include those who already receive support (visible in social assistance databases or in receipt of pension and other special insurance benefits), are still working (visible in tax payroll system or social insurance contribution), etc.	*on ID card, via a mobile phone application, with a 2-day verification process, distribution via a token to be redeemed at bank ATMs or through e-wallets. Bolivia has a similar approach and Peru is now moving in this direction.*		L/MICs so high potential for exclusion of those who may be most in need and systematic exclusion of certain categories (e.g. non-citizens, women, those who defy societal norms etc). • Some assumptions (e.g. on formal sector workers already being covered) need to be challenged carefully • Risks creating horizontal inequity if not thought through in depth who is targeted OUT • Potentially very high financing requirements (but can be targeted geographically)	• Will almost always require additional data collection to operationalize payments e.g. via online registration (see row below) • Requires interoperability/data sharing with other relevant government/humanitarian databases to target out (Tax data, etc) • Interoperability/data sharing possible via ID Unique Identifier • E-governance context • Legislation and systems comprehensively safeguarding data privacy/security	Goes hand in hand with online registration/ enrolment channel *(see below)*
Triggering or complementing registration[3] for certain categorical programmes by leveraging CRVS and ID data (E.g. child grants or social pensions – or even death grants in the context of COVID-19)	*No known COVID-19 use.* *Pre-COVID-19:* Mongolia 'Child Money Programme'; some ex-CIS one-off child grants	• Potential to proactively initiate assistance on selected programmes (e.g. child benefits, old age pensions, death grants) • Potential to complement other methods (lowering data requirements, validating, updating) • Can support estimation of potential caseloads and also exit (e.g. due to death)	• Privacy/data security concerns (and potentially no informed consent) • Only truly universal and individual (not household) programmes can fully initiate assistance via CRVS and ID data (i.e. without requiring additional information, home visits, etc.)	• Requires strong underlying ID system and or CRVS system – ○ For true inclusiveness 100% of population would need to be covered by CRVS ○ To trigger payments without any additional data-collection steps (because of Know Your Customer regulations and need for strong authentication)	**COMPARED TO OPTION ABOVE, RELATIVELY LESS DIFFICULT**, but still requires a strong underlying ID/CRVS system

3 I.e. Can be used as a complement to other registration approaches or to enable full registration – this expression is used throughout the document.

Approach	Examples	Opportunities/benefits	Challenges and risks	Pre-requisites/ best suited *(Flexible financing always an issue)*	Thoughts on feasibility and actions required to enhance feasibility
	Often used to complement registration: Turkey; Chile; Argentina; etc *Also used to update past data:* all countries who have established links (e.g. with death registration)		• Birth, death and ID registration low in most L/MICs so high potential for exclusion of those who may be most in need.	• Will almost always require additional data collection to operationalise payments e.g. via online registration (see row below) • E-governance context • Legislation and systems comprehensively safeguarding data privacy/security	
Triggering or complementing registration by leveraging other government administrative databases (I.e. tax, land, disability, health insurance, etc. Offers the potential to focus on specific employment sectors and population groups)	*Routine:* Turkey, Chile, Thailand etc – use this data to complement routine data collected via registration. *For COVID-19 response:* in the USA most formal sector workers (with a social security N.) are being reached with a one-off grant using tax data; in Malaysia tax data used for reaching quintiles 3 and 4; in	• Very small potential to proactively initiate assistance on selected programmes (e.g. disability benefit using data from a disability registry; benefits for all formal workers via tax data, etc.) • Potential to complement other methods (e.g. reducing data requirements and acting as validation of data provided) • Can enable proactive updates and 'tracking' of positive (and negative) changes to household conditions over time	• Privacy/data security concerns (and potentially no informed consent) • In many L/MICS low coverage/quality of existing databases (e.g. because of large informal sector) • Using tax-data is exclusionary of those most in need: informal workers • Other data sources may introduce other forms of exclusion if used for targeting without careful consideration • Impossible/difficult in contexts with no Unique Identifier	• Legislation safeguarding data privacy/security • High coverage and quality of relevant databases (e.g. high levels of formality for tax data; high quality disability registry, etc.) • Interoperability/data sharing between key databases via Unique Identifiers • E-governance and whole of government focus • Clear MoUs, coordination, trust	**SIMILAR TO ABOVE**, requiring strong interoperability with other government database or 'easy' data sharing

Approach	Examples	Opportunities/benefits	Challenges and risks	Pre-requisites/ best suited *(Flexible financing always an issue)*	Thoughts on feasibility and actions required to enhance feasibility
	Morocco health insurance fee waiver registry used in the first phase.		• Complex if no cross-sectoral coordination, whole of government focus etc		
Triggering or complementing registration by leveraging humanitarian databases **(**both those used for targeting – e.g. WFP's SCOPE, UNHCR's progress, IOM's BRAVE, etc – and for vulnerability assessments/analysis)	*No known COVID-19 use.* *Routine:* several countries have been working on integrating/sharing data between social protection and humanitarian actors, e.g. Mali (being developed), Niger (being developed) Somalia (envisaged), Kenya (WFP data linked to Single Registry); etc.	• Potential to complement social protection registration methods (e.g. reducing data requirements, increasing types of variables available, increasing data currency), while also addressing potential for gaps and duplications – vice versa also true (humanitarians leveraging SP data to support their targeting) • Where data has been kept, data from past humanitarian interventions could also be relevant if relatively current and high quality (vulnerable caseloads) • Potential to better coordinate and align SP and humanitarian interventions, overcoming gaps and duplications (sharing who receives what, where, when)	• Mostly as above, but also; • Types of variables collected/retained/ used often differ broadly across sectors (meaning variables may not be relevant) • More complex requirements for data protection and sharing (e.g. see the Handbook on data protection in humanitarian action) to abide by Humanitarian Principles – data sharing may not be allowed or desirable, and beneficiaries may not have given consent for it to be shared with governments. • Potential lack of interoperability/ technical complexity sharing data (no standardisation across the two)	*Mostly as above, noting long term/trusting relationship with humanitarian actors needed to enhance feasibility of data sharing + clear MoUs*	**SIMILAR TO ABOVE.** However, due to data protection concerns, time and incompatibility of data sets, the main issues to consider could be good coordination to ensure comprehensive coverage of needs (deciding on key data that all programmes will capture / update together i.e. a simplified questionnaire, which could maybe later feed into a social registry if it exists.
Leveraging the capacity, resources, tools of humanitarian actors to	*E.g. in the past Turkey's ESSN*	This is a variant on the option above, where the registration process and underpinning programme is still 'government/social protection led' but it leverages the registration capacity and systems of humanitarian actors to ensure a) respect of humanitarian principles and b) high quality, rapid and low fiduciary risks registration.			

Approach	Examples	Opportunities/benefits	Challenges and risks	Pre-requisites/ best suited *(Flexible financing always an issue)*	Thoughts on feasibility and actions required to enhance feasibility
support social protection rapid registrations		This will only be an option in contexts where social protection rapid registration capacity is very low, where humanitarian partners have high capacity, and where there is a clear agreement on long term handover and capacity building.			
Triggering or complementing registration and payments leveraging data from financial inclusion programmes, mobile money providers (active accounts), others including private sector (I.e. out of the box thinking)	*For COVID-19 response India has provided three-month payments into bank accounts of financial inclusion programme beneficiaries across the country. Give Directly considering such an approach in geographically targeted urban and peri-urban areas via cell-phone towers in East Africa. Some countries are using electricity/power provider data to identify low income households (though correlation between electricity consumption and welfare is relatively low).*	• If/when used to trigger universal/categorical payments with no additional verification/registration/enrolment can be very simple and swift to administer (bank account or other payment data available so no need for additional data collection) • Potential to reach relatively large segments of population	• Particularly high privacy/data security concerns • Potentially very high financing requirements (but can be targeted e.g. geographically if GIS data available, to people with accounts below X amount of money, only female, etc) • Effectiveness of 'targeting' will depend on several factors – but in COVID-19 and temporary context this is much less of an issue • Potential risks in terms of private sector cuts and control (e.g. already evidence of commercial banks using benefits to pay back past debt) • In many contexts it is very likely that women, extreme poor and other marginalised groups will have lower access	• Political will/risk appetite • Will require accompanying communications and clarity on nature of partnership • Contexts with high bank account ownership/mobile money penetration etc • Legislation safeguarding data privacy/security • Clearly regulating private sector involvement to avoid profit over impact behaviour (via TORs, negotiations, contracts, etc) • Ensuring complementary activities to address barriers to access (by gender, disability status, etc)	**FEASIBLE and SOMEWHAT EASY**, but only in contexts with high bank account ownership/mobile money penetration etc. and political will, given financing implications

Approach	Examples	Opportunities/benefits	Challenges and risks	Pre-requisites/ best suited *(Flexible financing always an issue)*	Thoughts on feasibility and actions required to enhance feasibility
Triggering or complementing registration leveraging data from local council/cooperative registration mechanisms and/or chambers of commerce and or informal worker organisations, farmer registries, etc.	*For COVID-19 response, in Argentina, Monotributistas from special tax regime for informal/low-pay workers received emergency benefits. In Cape Verde chamber of commerce data is being used to identify and provide grants to informal workers. In Sierra Leone, Informal Worker organisation data is being used to support horizontal expansion.*	• Enables swift and simple route to expand registration to informal workers specifically, who are very likely to be those most affected and least protected from the crisis	• Many informal workers fall out of the official licensing procedures so fundamental to triangulate data from several sources (e.g. membership records) • Often the data alone will not be sufficient to trigger registration, enrolment and payments (i.e. will need to be combined with online/physical registration)	• This could work well in contexts where municipalities have previously attempted to register informal workers through inclusive processes of dialogue and negotiation (Peru and some states in India and Brazil are good examples of this) and where specific simplified tax regimes have been created for informal workers (e.g. monotributo in Argentina) or even simple schemes where informal workers' pay for annual licenses (for example for selling products in wet markets, common in FSU countries) • Legislation safeguarding data privacy/security	**FEASIBLE WHERE THIS DATA IS SYSTEMATICALLY COLLECTED AND WHERE EFFORTS FOR INFORMAL WORKER REGISTRATION HAVE BEEN MADE.** EVEN WHERE NOT FEASIBLE, worth leveraging support from Informal Worker Organisations in the country e.g. for communications, support to registration (e.g. online) etc. *This was the case in Thailand, for example.*
On-demand emergency registration via Digital 'windows' and helplines					
Triggering or complementing registration and enrolment, via online registration platforms and/or helplines	*Routine:* Turkey, Chile, Azerbaijan; etc (used to complement other channels for registration)	• Reducing contagion/transmission potential • Can be made to be very simple/swift (if associated with simple targeting criteria and no/low documentation requirements)	• High risk of low take-up if not communicated effectively • Not appropriate for a) illiterate, b) those with no access to internet, c) those who are less comfortable with technology (e.g. elderly), d)	• Existing online systems for registration and interoperability with other government databases (something to piggyback on rather than starting from scratch for COVID).	**NOT EASY TO SET-UP if STARTING FROM SCRATCH, BUT NOT IMPOSSIBLE** and barriers to access can be explicitly addressed to enhance inclusion.

Approach	Examples	Opportunities/benefits	Challenges and risks	Pre-requisites/ best suited *(Flexible financing always an issue)*	Thoughts on feasibility and actions required to enhance feasibility
	Many countries have set up online registration platforms for COVID-19 response: e.g. Thailand, Peru, Colombia, Namibia, Malaysia, etc	• Can be accessed any time – truly on-demand and inclusive (*unless quotas or time limits*) • Potentially accessible from anywhere with internet connection • Privacy of application process (no public queueing, etc) • Very low cost to administer • Reduced potential for bribes and corruption (not 'face to face')	those with certain forms of disability – BUT can be supported via 'handholding' functions from CSOs etc • Lack of human contact/support – no opportunity for 'true' case management etc • May be hindered by legislation (e.g. requirement for ID-based authentication) • COVID 'overload' of need/demand may crash systems that are not well designed	• High proportions of population who are literate and familiar with technology (this can be addressed, see below) • High coverage of internet/mobile phones with data connection • Supporting legislation • Significant outreach and hand-holding efforts via CSOs, informal worker organisations, etc. • When used in combination with other methods	
On-demand emergency registration via permanent local offices/capacity					
Triggering or complementing registration and enrolment, via deconcentrated/Local Welfare Offices or Programme offices with potential for some outreach activities too	*Routine:* Georgia, Mauritius, Montenegro, Turkey, South Africa via SASSA offices, Moldova; Kazakhstan; Mexico; North Macedonia, etc	• Can be accessed any time (when in need) – truly on-demand and inclusive over time (*unless quotas or time limits*) • Human contact/support – opportunity for case management, updates, Behavioural Change Communication, etc • Trained staff with sectoral knowledge • Permanent process helps build and maintain administrative structures	• CONTAGION risks need to be carefully managed. • Potentially SLOW in crisis context • Number of offices across country and average distance from citizens greatly affect inclusiveness of outcomes • High risk of low take-up (lack of info, costliness/complexity access, social barriers) • Potential for stigma and other barriers (queues, etc)	• Sufficient number of offices across country and low average distance from citizens • Highly trained/capacitated staff • When used in combination with other methods • Alongside significant outreach efforts • In areas with low or moderate poverty/eligibility • In heterogeneous areas	• **SIMPLE if systems already in place** – and COVID modifications implemented

Approach	Examples	Opportunities/benefits	Challenges and risks	Pre-requisites/ best suited *(Flexible financing always an issue)*	Thoughts on feasibility and actions required to enhance feasibility
		• Lower total costs due to self-selection of non-eligible out of registration process	• May not be appropriate for disabled/chronically ill etc. • Less cost-effective if also requires household visit (to verify, capture GIS, etc)		
Triggering or complementing registration and enrolment, via Municipal/ Local Government Offices with potential for some outreach activities too	*Routine*: Brazil, Chile, China, Kazakhstan; Moldova; Indonesia, North Macedonia forthcoming, etc	*Mostly as above, with following differences:* • Cost saving/effective in contexts where no capacity to provide deconcentrated offices • Potentially less stigmatising as alongside other municipal/government services • Potentially higher local presence/ratio of offices to population	*Mostly as above, with following differences:* • Requires institutionalisation via MoUs etc • Requires explicit training of municipal staff (not necessarily sectoral experts)	*Mostly as above, with following differences:* • MoUs and clear agreements and incentives for Municipal/Local government offices • System for ongoing training	**SIMPLE if systems already in place** – and COVID-19 modifications implemented
Ongoing/periodic active outreach					
Triggering or complementing registration and enrolment via rotating 'desks' and 'active' outreach moving from community to community	*Routine*: Pakistan NSER pilot, South Africa, Lesotho, Kazakhstan; Brazil, Chile, Mexico, etc	• This is the method that is most common for Humanitarian registrations and is appropriate in an emergency context to enable swift outreach • Addresses last mile of service delivery problem on an ad-hoc basis • Can be targeted at specific population groups and hard-to-reach/under-served areas • Cost saving/effective in contexts where no capacity to provide	• Heightened risk of contagion • For crisis: requires large capacity to reach scale or registration fast • For routine: requires frequent and predictable rotation to ensure inclusiveness • Potential for stigma and other barriers (queues, etc) • Requires outreach strategy within communities (may suffer from low take-up)	• Very useful when used in combination with other methods • Sufficient capacity for frequent and regular rotation – can leverage humanitarian capacity • Capacity to prioritise areas with high poverty/eligibility and low take-up • In homogenous areas	• **RELATIVELY SIMPLE but potentially slower and will require contagion-proofing** More feasible if systems already in place and possibly leveraging humanitarian capacity

Approach	Examples	Opportunities/benefits	Challenges and risks	Pre-requisites/ best suited *(Flexible financing always an issue)*	Thoughts on feasibility and actions required to enhance feasibility
		deconcentrated offices (can spread costs over time) • Can leverage local knowledge/capacity to inform registration	• Periodic and not continuous access: not truly 'on-demand' and inclusive • Relatively high cost (travel community to community)		
Triggering or complementing registration and enrolment via a door to door 'census survey'[4]	**Routine**: wide range of countries	• Good chance to reach the poorest and other vulnerable groups, who are less informed and more stigmatised (less likely to apply/participate etc) • House check conducted during survey process (no misreporting assets, collection of GIS, etc.) • Can leverage local knowledge/capacity to inform registration •	• Can be slower and require more capacity than other options • Heightened risk of contagion • Relatively high cost (door to door, especially in dispersed areas), but can be pre-empted with geographic targeting • Members of eligible households may not be home or respond when the survey is conducted • Can lead to a 'static list' if not updated over time • Large number of enumerators risks lowering data quality unless extensively trained (complex in emergency contexts)	• Capacity to conduct census-sweep • In areas with high poverty rates (e.g. > 70%) & high poverty density or high eligibility rates • In (homogeneous) areas with low variability of needs and conditions and with relatively stable poverty dynamics • When registration is not well known or well publicised - presence of barriers of access	• **RELATIVELY SIMPLE but potentially slower and will require contagion-proofing.** More feasible if systems already in place and possibly leveraging humanitarian capacity

Table 1 Source: DFID/GIZ S 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., Knox-Vydmanov C., Longhurst D., McLean C., Peterman A.

4 NOTE that the considerations here are relevant to the emergency registration, not routine registration for social protection provision

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