

CASE STUDY 2:

Designing linked Humanitarian Cash and Social Protection interventions in response to COVID-19



March 2021

The Grand Bargain Sub-Group
on Linking Humanitarian Cash
and Social Protection



2. Intervention Design

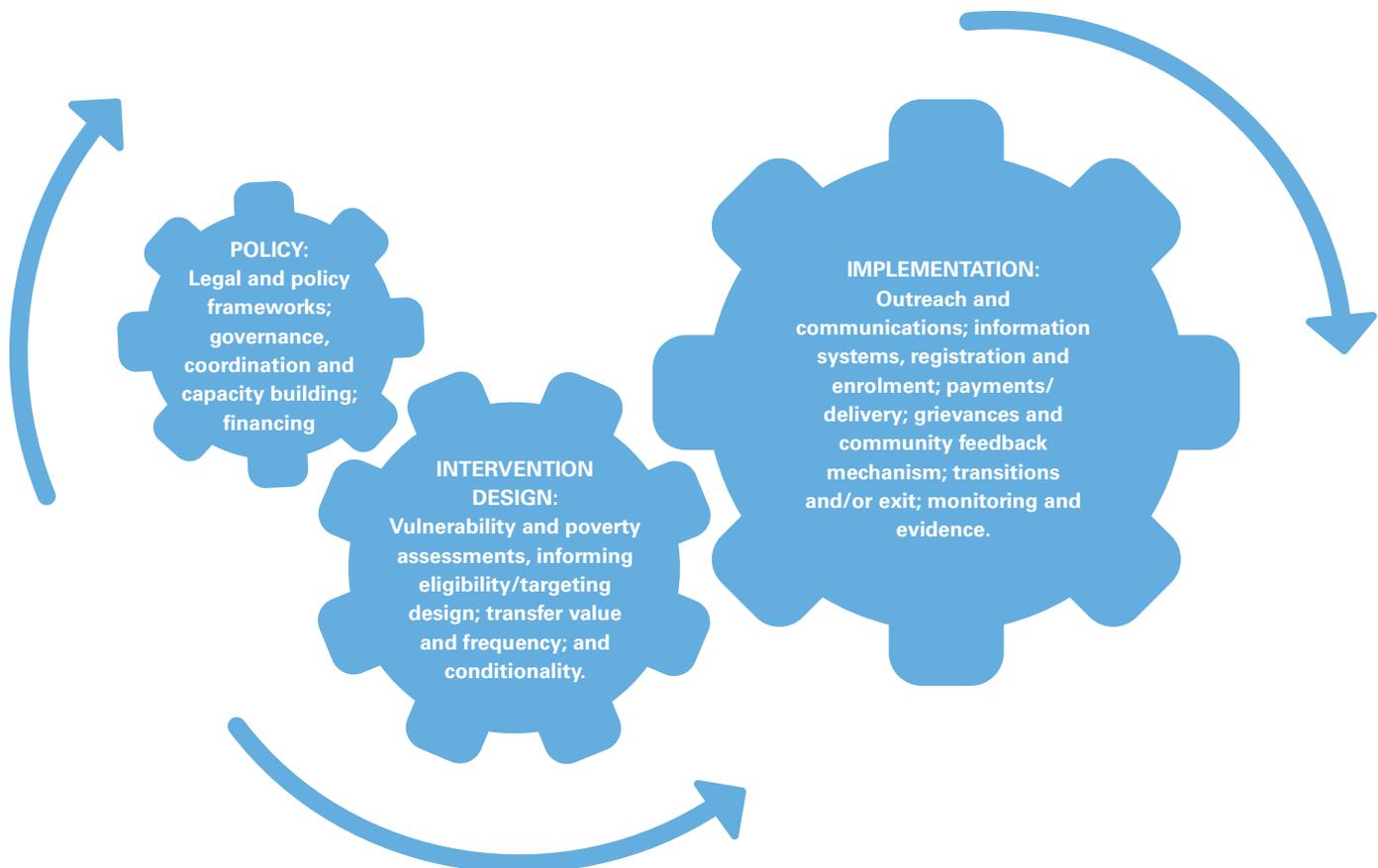
2.1 Introduction

To share learning from the COVID-19 pandemic, the Grand Bargain Cash Workstream Sub-Group on Linking Humanitarian Cash (HC) and Social Protection (SP)¹ has drawn up a series of case studies² that offer practical examples of how actors in a range of different contexts have aligned or linked elements of existing and/or nascent humanitarian and social protection approaches in cash-based responses to the 2020 COVID-19 pandemic. Using concepts that have been captured in a combination of different theoretical frameworks, the case studies bring to life examples that show how a variety of stakeholders have linked different elements of HC and SP in COVID-19 responses and the successes and challenges faced in doing so.

The case studies are organized around a combination of the humanitarian project cycle and the building blocks of the delivery chain.³ Learnings presented in this note have been drawn from the experience of sub group member agencies in several different countries.

The case studies cover the following interlinked topics⁴:

- **Policy:** Legal and policy frameworks; governance, coordination and capacity building; financing.
- **Intervention design:** Vulnerability and poverty assessments, informing eligibility/targeting design; transfer value and frequency; and conditionality. (This case study.)
- **Implementation⁵:** Outreach and communications; information systems, registration and enrolment; payments/delivery; grievances and community feedback mechanism; transition and/or exit; monitoring and evidence.



1 This Sub-Group is co-lead by FCDO, IFRC and UNICEF.
 2 The case studies were compiled by Lois Austin and Valentina Barca with the support of ACF, GIZ, ILO, Kenya Red Cross Society, Oxfam, Mercy Corps, Turkish Red Crescent, UNICEF, UNFPA, UNHCR, USAID, WFP and World Vision.
 3 This builds on the “unbundled” framing introduced by Seyfert et al [here](#) and further developed by SPACE [here](#)
 4 Consolidated learnings on all topics are presented in the Synthesis Report (ADD hyperlink to the Synthesis Report)
 5 On this topic see also the recently published “Adaptive Social Protection: The delivery chain and shock response” document [here](#). Although not specific to COVID-19 interventions this document provides helpful detail on various elements of implementation.



All the studies intend to be concise and light-touch whilst also signposting readers to places where they will be able to find further information and detail on the issues covered that are of most interest to them. They were developed throughout the pandemic and are therefore almost 'live' documents that would still benefit from further detail and depth, corrections and emerging learning. Each study has been led by a different sub-group member agency, relying on key informant interviews and contributions from sub-group members and a review of relevant literature to inform their content.

These case studies were developed throughout the COVID-19 pandemic and are designed as live documents that can be updated periodically to include revised information and learning. Each study has been led by a different agency, relying on key informant interviews and literature reviews.⁶

The development of this case study from the series⁷ was co-led by Save the Children and Lois Austin (Grand Bargain Sub group KML consultant) with additional contributions provided by **GIZ, Mercy Corps, Oxfam, the Collaborative Cash Delivery network (CCD), UNFPA** and **UNICEF**. The focus countries in this study include **Bangladesh, Iraq, Jordan, Libya, Niger, the Philippines**. References are also made to **Kenya, Mali** and **Pakistan**.

2.2 Vulnerability and poverty assessments, informing eligibility/targeting design

The different approaches to defining, measuring and interpreting vulnerability and poverty across humanitarian and social protection sectors – reinforced by different mandates – has historically led to different programmatic decisions on who should receive the benefit (targeting design). The more joined-up these processes can become, the better.⁸

The COVID-19 pandemic has triggered many interesting experiences in this respect, some of which are briefly outlined here – many building on medium/long-term strategic engagement of humanitarian actors in the country highlighting that **these are not changes that happen overnight**.

Firstly, intentionally coordinating and complementing each other's caseloads (focusing on different needs, by design).

There have been many examples of this during the COVID-19 response, especially regarding a) migrant/refugee/internally displaced persons (IDP) caseloads; b) conflict-affected areas of a country where government social protection systems had less

reach; c) urban areas where government programmes often had low coverage. For example:

- In **Jordan**, where **targeting approaches** between UNICEF's humanitarian cash programmes and the government's National Aid Fund (NAF) social protection schemes are different but **intentionally complementary**. On one hand, UNICEF delivers humanitarian cash transfers and targets a caseload that consists of mostly Syrian registered refugees, Iraqis, Yemenis, Sudanese, Palestinians (non-UN-HCR), a small number of Jordanian nationals (6%) and some Egyptian economic migrants, while the government strictly targets Jordanian nationals. While the information systems across the two programmes are not interoperable, a **collaborative approach to data sharing** allows for both entities to ensure that there are no recipient overlaps or duplications between both programmes. See also [here](#) for thinking on this before COVID-19.⁹
- In **Pakistan**, Relief International is providing multisector (food and COVID-19-specific hygiene items) vouchers/kits to the most vulnerable Afghan refugees and host communities whose socio-economic situation was affected by COVID-19 movement restrictions (Pakistan hosts more than 1.4 million registered Afghan refugees, with the majority living in Khyber Pakhtunkhwa province located along the Afghan border). The programme has **supported households that have not been able to access critical emergency aid and services**, including the government-led Ehsaas emergency cash assistance programme designed to support vulnerable households during the COVID-19 crisis.¹⁰ In **Libya**, GIZ, in cooperation with the Ministry of Health as well as humanitarian and SP stakeholders, conducted an assessment to identify the most pressing pandemic-related needs. Also, GIZ reviewed what resources and ongoing projects already exist, that would allow for an immediate response. The demand for locally produced personal protective equipment (PPE) to allow for supply on short notice was consequently identified. In addition, the dialogue with the Ministry of Local Governance led to the identification of the need for employment promotion at a local level. A final project concept was subsequently developed in exchange with the Women Development and Training Centres (already supported by GIZ pre-pandemic) and their respective municipalities, to benefit from their first-hand experience in the production of fabric goods. A cash for work approach was adopted to allow for the active integration of women and marginalized groups into the Libyan labour market while allowing them fair compensation

6 A key reference document which has strongly contributed to the framing of the studies is: [this SPACE document](#) on "Identifying Practical Options for Linking Humanitarian Assistance and Social Protection in the Covid-19 Response"; where further relevant considerations can be found (Longhurst et al, 2020).

7 The key messages contained in the case study series are not necessarily reflective of the opinions of contributing agencies.

8 See SPACE document.

9 Roth, H. Nimeh, Z. and Hagen-Z., J. (2017) [A Mapping of Social Protection and Humanitarian Assistance Programmes in Jordan](#).

10 See [RI](#) and [collaborative cash](#).



for their work. While GIZ is supporting the cash payments in the initial phase of the project, the compensation was set at a competitive rate to allow for additional orders from local health care institutes once they are aware of the locally available production capacities.

- In **Mali**, as part of the COVID-19 response, World Vision and Action Contre la Faim (ACF) coordinated with the government to ensure **synergies in the identification of caseloads**, with a specific focus on conflict-affected areas in Central and Northern Mali. Data is also being fed into the national Unified Social Registry.
- In **Madagascar**, the Tosika Fameno emergency programme coordinated by the government and the Cash Working Group (CWG) jointly led by UNICEF, was designed to provide support to the most vulnerable households affected by the partial lockdown of the economy, particularly in the informal sector. **Caseloads were shared out geographically** across implementing partners, adopting the **same criteria and registration approach**.
- In the **Philippines**, CRS, ACF and Relief International closely coordinated with the government to target households that were not already receiving government assistance. This included displaced families who were not included in the 2015 social registry data which was used for the government's social protection support. Focusing on these households was recommended by the local government, highlighting the importance of local-level coordination. In the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM), UNFPA has several activities with humanitarian cash which is then linked to social protection services of the government at the sub-national (BARMM) level. At the beginning of the pandemic, UNFPA conducted **a gender and inclusion assessment** to identify which groups were being left behind and what their barriers to accessing social protection services were. Assessment data was shared with the Ministry of Social Services and Development, so they could sharpen their services.
- In **Bangladesh**, GIZ has supported the provision of multipurpose cash grants (MPCG) to address the need for immediate livelihood support for those affected by the pandemic in slum settlements in five partner cities, where GIZ is already supporting the *Urban Management of Internal Migration due to Climate Change (UMIMCC)/Urban Management of Migration and Livelihood (UMML)*. The recipients of this COVID-19 response measure (MPCG) must explicitly not be recipients of any other governmental or non-governmental safety net programme in relation to COVID-19, to reach those left out this far. The MPCG are provided to households, as emergency relief intended to meet their basic needs for food and non-food items, or services essential for the recovery of their livelihoods during the crisis. As such, the MPCG builds a bridge to the activities of the UMIMCC/ UMML project for the structural improvement of the living conditions of poor and vulnerable households. The MPCG are unconditional to enable recipients to decide how to use the cash received, based on

their individual needs for assistance. The recipient selection process is based on a **community-based participatory approach**, in cooperation with local authorities, municipalities, and other stakeholders. Thereby, close cooperation with Community Development Committees (CDC) takes place. The CDCs consist of democratically elected representatives from the respective slum communities. The CDCs have proven to be a well-functioning mechanism for the cooperation with slum dwellers and can be an efficient means to represent and channel the voice of the slum dwellers in decision-making processes.

- The financial contribution, duration as well as the beneficiary selection criteria for this temporary cash-assistance measure are designed in line with the *National Guideline of the Cash Working Group in Bangladesh*, which coordinates the activities of the government and international donors and organizations.
- In **Kenya**, humanitarian responses were focused in urban areas where social protection caseloads were very low or entirely missing, via coordination with Ministry counterparts. Those targeted included people who were not receiving any government support and women affected by gender-based violence (GBV). The Cash Working Group agreed that 50% of the COVID-19 revised urban minimum expenditure basket (MEB) should be provided, so for those in urban informal settlements receiving government social protection transfers, they received a top-up to receive 50% of the agreed transfer. Ensuring needs were met for a specific group – in this case victims of GBV – was an additional approach, which was important to several agencies including Oxfam and partners, enabling the combination of both with income support and transfers to meet basic needs with social service support/delivery, mirroring the transfer and service side of an SP system.
- Targeting challenges were faced in the verification process as lists provided by local officials needed to be checked and registered by one agency and verified by another agency. Those on the government safety net also had to be verified. This approach ensured that the money was delivered to the intended household and that they were legitimate/ do exist. Verification calls take on average 12 minutes – so this was a huge time cost when reaching 20,000 households.

Secondly, aligning criteria and methodologies for defining needs/vulnerability and informing eligibility/targeting.

While these do not necessarily need to be the same (as each is designed for a different objective), there is a value in alignment/ harmonization as it can support scaled-up programming and facilitate referrals across sectors. However, ensuring this can take several years. For example:

- In **Iraq**, the Cash Consortium for Iraq (CCI) including the DRC, IRC, NRC, Oxfam, and led by Mercy Corps, developed **evidence-based selection criteria** to identify vulnerable households that required cash assistance to meet



their critical basic needs. This targeting was informed by regression analysis of household data including a broad range of demographic and socio-economic information, coping mechanisms, and consumption. It was developed in mid-2016, shared with the wider community, and adopted by the entire CWG later that year. This was then followed by the development of a more rigorous and up-to-date Proxy Means Test (PMT) in late 2018, again adopted by the CWG the same year.

- As an initial benefit, the common use of the PMT by CWG members has been key in **facilitating the use of standard assessment tools and monitoring and evaluation frameworks** – while also ensuring the quality, accuracy and consistency of targeting for basic needs cash assistance at scale. In addition, the approach served as a basis for alignment with the Ministry of Labour and Social Affairs (MoLSA) cash transfer programme and, in collaboration with the World Bank, enabled an **overlap analysis of the PMT used by the government and the PMT used by the harmonized humanitarian community**. This was made possible due to the methodological alignment of targeting approaches; even though certain selection criteria were different. The end goal is to use the overlap analysis to facilitate targeted referrals of households likely eligible for government assistance from the humanitarian community's caseload, where feasible and based on consent, to facilitate the integration of the humanitarian and government systems and enable a more rapid and efficient horizontal expansion of the Social Protection System in Iraq.
- The humanitarian PMT was used to target vulnerable households for cash assistance throughout the Covid-19 pandemic, laying the foundations for strong HCT-SP alignment. The overlap analysis and opportunity for integrated referrals are being field-tested with the World Bank, and learning will be shared as soon as it is available.
- In **Jordan**, UNICEF has also supported adding a **child-lens to the NAF vulnerability and poverty assessments**. The COVID-19 poverty targeting was led by the World Bank and done in coordination with NAF, UNICEF and WFP.
- In **Pakistan**, UNHCR aligned its COVID-19 cash assistance for Afghan refugees with the social assistance of the government. Apart from targeting refugees, the eligibility criteria of UNHCR's project reflects the eligibility criteria of the Government of Pakistan Benazir Income Support Programme (BISP)/Ehsaas. The target recipients are jointly identified by UNHCR and the Chief Commissionerate for Afghan Refugees based on these mutually agreed criteria.

Thirdly, increasingly sharing and working off the same criteria and data to inform eligibility decisions. This starts with coordination efforts to bring those who have developed differ-

ent tools to assess vulnerability/poverty together, to reflect on where information/data already exist, and where they overlap and/or complement - to avoid duplication and enhance synergies. There are cases where development partners and humanitarian counterparts can play an important role by feeding data and analysis to government social protection actors, to refine/inform their understanding of vulnerability and exclusion – and ultimately targeting decisions. For example:

- In the **Philippines**, UNFPA's **gender and inclusion assessment** (referenced above) helped to identify which groups were being excluded from HCT and SP and what their barriers to accessing social protection services were using a purposive sampling approach. Five regional clusters and three constituency clusters were formed, and eleven categories of vulnerability were identified (e.g. persons with disabilities; young people; solo/indigent parents; IDPs; migrant workers; LGBT persons;). Twenty-seven agencies participated in the assessment and assessment data was shared with the Ministry of Social Services and Development (MoSSD) in order to assist them in refining their social protection services to include those most in need of support. UNFPA has also supported the Ministry with capacity building of social workers and policy and technical guidance around safety. The assessment was critical in ensuring local government endorsement of a response that ensured the inclusion of marginalized groups. Linking HCT and SP in response to the pandemic has been greatly facilitated not only by UNFPA's **long relationship** with the MoSSD but also due to have a staffer embedded within the Ministry – an approach which has been critical in influencing the design and implementation of MoSSD activities since the outset.
- In **Kenya**, the EU Delegation and partners' COVID-19 Social Safety Nets initiative¹¹ targeting vulnerable households living in informal settlements of Nairobi verifies against the lists of households enrolled in the National Social Protection system. Further coordination with the Ministry of Labour and Social Protection, has the aim of including identified vulnerable households into the National 'Single Registry'.¹² Using local targeting systems, based in the community, has also been beneficial. Households already pre-identified by local community/administration were targeted so that locally accepted systems were used, this would also save time rather than instituting a new targeting process.

Fourthly, capacity building and technical assistance to inform short/medium/longer-term approaches to social protection eligibility determination, increasing the focus on vulnerability (beyond chronic poverty) and addressing

11 This is implemented through a consortium led by Oxfam, with ACTED, Concern, the Center for Rights Education and Awareness (CREAW), IMPACT initiatives, the Kenya Red Cross Society, and the Wangu Kanja Foundation.

12 See more [here](#).



exclusion by-design. Humanitarian and development stakeholders have significant expertise that can be combined to help facilitate more strongly linked HCT and SP interventions. For example:

- In **Jordan's** COVID-19 response, as mentioned above, UNICEF also supported the NAF by giving a **child-lens to its vulnerability and poverty assessments** (e.g. by ensuring age and gender-disaggregated data). Poverty targeting was led by the World Bank and done in coordination with NAF, UNICEF and WFP.
- In **Niger**, Save the Children has been exploring how Household Economy Analysis (HEA)¹³ could contribute to the design of a social protection system that includes a shock responsive element. **Conducting the baseline during a non-shock period** is a preparedness action in itself, as the baseline can then be used to model projected shocks or changes to understand their impact on households' abilities to meet basic food needs and protect their livelihoods. The recommendations from the analysis can inform the government and the humanitarian and development communities on possible next steps in preparation for equipping Niger's SP systems to be more responsive to shock. This is an ongoing process that has started with a historical analysis of HEA data (2012-2020). An exceptional HEA analysis was carried out by the Système d'Alerte Précoce et de Gestion des Catastrophes (System for Early Warning and Disaster Management – SAP) and the HEA working group (led by Save the Children) in May 2020, to assess the economic impact of COVID-19 on households. The HEA data was then used by the government in the estimation of the numbers of people impacted by the pandemic. For example, for Niamey, the government use exactly the same number of people provided by the HEA analysis.

2.3 Transfer value and frequency

The topic of transfer values – and 'aligning' these across HA and SP - is a long-standing and controversial one. Within this case study, it was not possible to dig too deeply, unfortunately, but a couple of experiences and insights are still worth noting. Overall, the key challenge for HA actors has been that the transfer value under national social safety nets is often insufficient to cover basic needs, especially in a crisis such as COVID-19. Strategies have therefore focused on coordinating efforts and 'harmonizing' but not necessarily 'homogenizing' transfer values.

- In **Mali** UNICEF exchanges and workshops with the national programme, Jigisemejiri and other key actors are

ongoing to define a **harmonized approach to transfer values** under the lead of the National Dispositif of Social Protection and Economic Solidarity (DNPSES) and with the support of the Cash Working Group platform.

- In **Kenya**¹⁴ the EU Delegation and partners (Kenya Red Cross Society, Concern, ACTED, IMPACT Initiatives, the Center for Rights Education and Awareness, and the Wangu Kanja Foundation) recognized an opportunity as a result of the pandemic to work more effectively in support of the social protection system and launched a COVID-19 Social Safety Nets initiative targeting vulnerable households living in informal settlements of Nairobi. This project targets 17,550 households with three monthly cash transfers that cover 50% of the minimum expenditure basket, as agreed with the Kenya Cash Working Group. Importantly, it includes a top-up to existing social protection transfers, while providing the full amount to vulnerable households not included in existing social protection schemes. The transfer value took account of utility fees and mobile phone fees. The intention was to meet a gap in needs recognizing that these households need long-term support, which the government should then take on. And bring those not already in its system into the SP system. Transfers were provided digitally to ensure that they were delivered in as Covid-safe a way as possible.

For more on this topic, see also this two-part blog series ([part I](#) and [part II](#)) and the relevant section within the SPACE 'linkages' guidance [here](#).

2.4 Conditionality

Obtaining detailed information on conditionality has been difficult within the timeframe of this case study. However, the core feature in the COVID-19 response has been the pivot by most government social protection programmes to temporarily lift any existing conditions from routine programmes, acknowledging the additional direct/indirect/opportunity costs (or physical impossibility) faced by recipients to meet these in the pandemic context. This has gone beyond traditional conditions (school enrolment/attendance, health monitoring etc.) and has included lifting the requirement to work in some public works programmes (de-facto turning these into cash transfers), including those implemented by humanitarian agencies.

Where any 'conditions' were requested, these have tended to be 'soft' (i.e. not monitored/enforced) and focused on suggested behavior linked to COVID-19 (stay at home, wash hands frequently, etc.).

13 A livelihoods (analysis) framework which details and quantifies different types of households' food, income and expenditure sources. Heacod.org

14 [Oxfam - Stepping up CVA with COVID-19 - Paving the way we respond to future crisis](#)



2.5 Coordinating to ensure robust linkages at the earliest stages

Recognizing that much of the discussion in the humanitarian/social protection space has focused on how governments can scale-up their systems during crises, there has been a less operational focus on what humanitarian implementing NGOs should do. Realizing the importance of engaging with social protection actors, a group of 15 NGOs collaborating on delivering humanitarian cash created the Collaborative Cash Delivery (CCD) Network to improve the delivery of humanitarian cash. From the start, a social protection working group for the network was established, to explore the challenges of engaging with social protection in humanitarian work. Key challenges for the group included:

- How to ensure adherence to the humanitarian principles of impartiality and independence when engaging with governments to support delivery and improved social protection.
- How humanitarian cash interventions engage with social protection on the ground and how do operational teams explore this.
- What key roles NGOs can play to strengthen the effectiveness and accountability of social protection, to benefit those most in need.

The CCD has adopted a threefold approach: (i) To articulate and demonstrate their contribution to this area of work to ensure that organizational priorities around the inclusion of affected people and their differing needs are recognized as the broader agenda of social protection/humanitarian linkages moves forwards. (ii) To build technical capacity within CCD organizations to identify, implement and strengthen linkages between cash programming and social protection to improve humanitarian impact on the ground. (iii) To create space at the discussion table for civil society and NGOs to engage in the discussions from national to international level about linking humanitarian response and social protection and all this, to show how, as a group of INGOs, there is a common approach.

2.5 Intervention Design – Emerging Learning and additional resources

Overall

- None of the collaborative approaches discussed in this case study results in rapid change (or rarely so). Linking HA and SP systems often takes several years, based on the establishment of continued and positive relationships between humanitarian actors and government stakeholders.
- Coordination plays a major role in ensuring alignment, sharing and/or mutual learning across sectors on this topic: both HA and SP agencies are often tied to their own established systems and cautious or simply unaware of others that are designed for similar purposes. Sharing and demy-

stifying each other's approaches is an important first step. Advocacy and negotiation can play a role in this process, together with pilots, contributing to building an evidence base. Practice shows that steps such as integrating humanitarian staff into government social protection departments to help to understand each other's systems and approaches can result in positive impacts. Having information systems across sectors that can 'speak to each other' (share data and analysis – even with no interoperability) can also provide opportunities for alignment if designed to address risks that emerge.

- Even in the short term, such as in the COVID-19 response, a long-term perspective is needed (act short term, think long term) to think through how short term 'fixes' can inform/strengthen social protection systems over time.
- Having clarity on the joint outcomes that HA and SP actors are collectively trying to achieve can be useful to enhance coordination, for example with effective 'coverage' of those affected/in need and 'adequacy' of that coverage.

Vulnerability and poverty assessments, informing eligibility/targeting design

- The different approaches to defining, measuring and interpreting vulnerability and poverty across humanitarian and social protection sectors – reinforced by different mandates – has historically led to different programmatic decisions on who should receive the benefit (targeting design). The more joined-up these processes can become, the better – to avoid overlaps and, most importantly, gaps (who is falling between the cracks).
- To maximize coverage and inclusion of those in need across programmes and fill gaps, approaches to assessing poverty and vulnerability, informing targeting within social protection and the wider humanitarian response, can be jointly discussed, and strategies aligned. For example: who is currently being covered, how approaches could be aligned, who is likely to be left out, and how additional caseloads could be covered complementarily. A detailed assessment thus needs to take into account the socio-economic conditions and other needs (such as medical needs). Targeting should consider not only household vulnerability but other vulnerability factors (gender, social status, immigration status, disability).
- Fast at scale or tailored to specific needs? Launching fast interventions to get transfers to people as quickly as possible is challenging. This can be compounded when not everyone can receive transfers in the same way (e.g. mobile money) for example if they're isolating, or elderly, or have physical abilities that prevent them from leaving the house or accessing markets and shops. This results in the need to find other ways to use the cash/rely on others, potentially limiting impact and be an invitation to fraud. There seems to be a very real trade-off between avoiding fraud/misuse and designing a transfer that is appropriate to differing needs.



- Including different components in targeting, such as trying to reach those affected by GBV, can be challenging. However, including partners who focus on different needs can successfully be delegated out to different relevant organizations as seen in Kenya.
 - There are real concerns around the potential for fraud, absenteeism or registration of ghost households. There is a need to focus on minimizing inclusion errors and this is a laborious exercise. There is an important question as to whether agencies should be more concerned with exclusion errors, rather than focusing on inclusion errors, and consequently, whether there should be any targeting at all. Finally, whether to save lives, particularly in communities where so many are vulnerable (such as in informal urban settlements) blanket distribution would be faster, reduce incentives for fraud and provide the most equal response.
 - There is a clear need for stronger coordination and communication between the several governmental actors involved in the response to a crisis such as COVID-19, to streamline response activities and target the most vulnerable. The silo-mentality of many concerned stakeholders hinders cooperation even in times of crisis and leads to fragmented and selective response actions.
 - “Working together” can be operationalized in many different ways, depending on country context and the capacities/strengths of HA and SP stakeholders in-country. Examples include:
 - *intentionally coordinating and complementing each other’s caseloads (focusing on different needs and population groups, by design)*, especially concerning migrant/refugee/IDP caseloads as well as the extremely poor.
 - *intentionally coordinating and complementing each other’s caseloads from a geographical perspective*, a) in conflict-affected areas of a country where government social protection systems may have less reach; b) in urban areas where government programmes often have low coverage.
 - *aligning criteria and methodologies for defining needs/vulnerability and informing eligibility/targeting*. While these do not necessarily need to be the same (as each is designed for a different objective), there is a value in alignment/harmonization as it can support scaled-up programming and facilitate referrals across sectors and can also contribute to the development of synergies for a social registry. Robust and shared assessment methodologies that are grounded in empirical evidence can ensure buy-in from humanitarian and social protection actors alike.
 - *sharing and working off the same/similar criteria and data to inform eligibility decisions*. This starts with coordination efforts to bring those who have developed different tools to assess vulnerability/poverty together, to reflect on where information/ data already exist, and where they overlap and/ or complement - to avoid duplication and enhance synergies.
 - *capacity building through, for example, the promotion of good governance and provision of technical assistance to inform short/medium/longer-term approaches to social protection eligibility determination, increasing the focus on vulnerability (beyond chronic poverty) and addressing exclusion by-design*. Humanitarian and development stakeholders have significant expertise that can be combined to help facilitate more strongly linked HCT and SP interventions that are inclusive and needs-based.
 - Achieving this is not always easy of course and can be compromised by many factors including high staff turnover, short funding cycles, actors being tied to their own established systems (without trusting others that may be as good if not better), disincentives for sharing data and systems as well as legitimate fears over data protection.
 - In the *long term*, strategies for joint engagement may vary, focused on helping to build a social protection system that is ‘risk-informed: 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 a country and its regions typically face.
- ### Read more:
- Mercy Corps (2020): [Cash Transfers and Social Protection at Mercy Corps](#).
 - CCD Network (2020): [Responding to the COVID-19 crisis: Linking humanitarian cash and social protection in practice](#).
 - Oxfam (2020): [Stepping up CVA with COVID-19 – Paving the Way We Respond to Future Crisis](#).
 - IASC (2020): [Covid-19 - Resources relating accountability and inclusion](#).
 - WFP (2020): [COVID-19 Food Security Response](#).
 - Irish Aid and IDS (2020): [Integrating Humanitarian Response with Social Protection Systems: Limits and Opportunities](#).
 - IFPRI (2020): [Gender Sensitive Social Protection: A critical component of the COVID-19 response in low- and middle-income countries](#).
 - SPACE (2020) [Identifying Practical Options for Linking Humanitarian Assistance and Social Protection in the COVID-19 Response](#). Sections on Vulnerability/poverty Assessment and Targeting design.
 - SPACE (2020) [Preparing for future shocks: priority actions for social protection practitioners in the wake of COVID-19](#) (Section 2. Programme Design).
 - TRANSFORM (2020) [Shock Responsive Social Protection, Section 3.5.2](#). See also the foundational [Selection & Identification module](#).



- UNICEF (2019) [Programme Guidance: Strengthening Shock Responsive Social Protection Systems](#).
- SPAN (2019) [Operational Note 2: Targeting](#).
- O'Brien et al (2018) [Shock Responsive Social Protection Systems Toolkit, Section D2 'targeting'](#).

Transfer value and frequency

- Although not covered in detail in this case study, a challenge has been that the transfer value under national social safety nets is often insufficient to cover basic needs, especially in a crisis such as COVID-19. This conflicts with the approach that humanitarian agencies take to defining appropriate transfer values. Strategies have therefore focused on coordinating efforts and 'harmonizing' but not necessarily 'homogenizing' transfer values.

Please refer to the literature below for relevant insights.

Read more:

- IFPRI (2020): [Gender Sensitive Social Protection: A critical component of the COVID-19 response in low- and middle-income countries](#).
 - TRANSFORM (2020) [Shock Responsive Social Protection, Section 3.5.3](#).
 - SPACE (2020) two-part blog series on setting transfer values ([part I](#) and [part II](#)).
- SPACE (2020) [Identifying Practical Options for Linking Humanitarian Assistance and Social Protection in the COVID-19 Response](#). Section on Transfer Value, Frequency, modality.
 - SPACE (2020) [Preparing for future shocks: priority actions for social protection practitioners in the wake of COVID-19](#) (Section 2. Programme Design).
 - SPaN (2019) [Operational Note No 1: Benefit Modalities](#).
- OPML (2018): [What role can social protection systems play in responding to humanitarian emergencies](#).

Conditionality

This topic was not explicitly addressed in this Case Study. However, it is worth referring to the literature below for relevant insights.

Read more:

- TRANSFORM [Administration base document](#), the section on 'conditionality'.
- SPACE (2020) [Identifying Practical Options for Linking Humanitarian Assistance and Social Protection in the COVID-19 Response](#). The section on conditionality.
- SPACE (2020) [Preparing for future shocks: priority actions for social protection practitioners in the wake of COVID-19](#) (Section 2. Programme Design).
- UNICEF(2017) [Evidence over ideology: Giving unconditional cash in Africa](#).



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