Technical Note:
Targeting for social protection in
humanitarian and fragile contexts

The infographic on the inside front cover represents Social Protection System

LEGEND OF THE BOXES

 Case study

 Idea

 Covid19

 Do not forget

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Introduction

The topic of 'targeting' – the selection of those who will be included in emergency/humanitarian programming – can be a controversial one. In the context of limited funding, identifying those who are 'most in need' is not an easy task – and often caseloads affected by covariate shocks are not the 'usual suspects' of routine social assistance programmes (especially where these are strongly poverty targeted). This means that bridging the gap between routine social protection programmes and emergency/humanitarian response is not obvious, or always desirable[1]. This Technical Note[2] – designed to be a 'living document' that can be updated over time – offers guidance for UNICEF and partner staff, complementing the "UNICEF Guidance on Shock Responsive Social Protection" (see Section 3.1.3 specifically). It strongly builds on the SPAN (2019) Guidance and offers insights from UNICEF experiences in Malawi and Dominica.

Targeting for social protection in humanitarian contexts

The process of targeting for any type of programme – whether emergency or routine social protection – can be broken down into four key phases (cyclically designed and implemented)[3], underpinned by a set of decisions[4]:

1. identifying the target group (deciding **who to select** based on programme objectives, setting eligibility criteria and qualifying conditions);
2. the accompanying fiscal choice (deciding **how many to select**, based on the allocated budget and trade-offs with benefit values[5]);
3. the design of a system that can operationalize that decision (deciding **how to select**), and;
4. continuous/cyclical implementation of that system via outreach, registration, eligibility determination and enrollment (deciding **how to carry out the selection**). Each of these phases offers potential for exclusion and inclusion 'errors': not reaching the population that is truly in need[6] or including those who were not in need.[7]

The issue is that targeting for routine social protection programmes is designed to respond to different needs – and abide by different principles, priorities and accountability structures – than emergency programmes, leading to very different targeted caseloads. Yet there are many cases where the line is often blurred in practice – such as in protracted humanitarian crises where chronic and acute/unanticipated needs sit side by side. Figure 1 unbundles this along with the 4 key phases/decisions, while key underlying principles are set out in the Box on the next page.
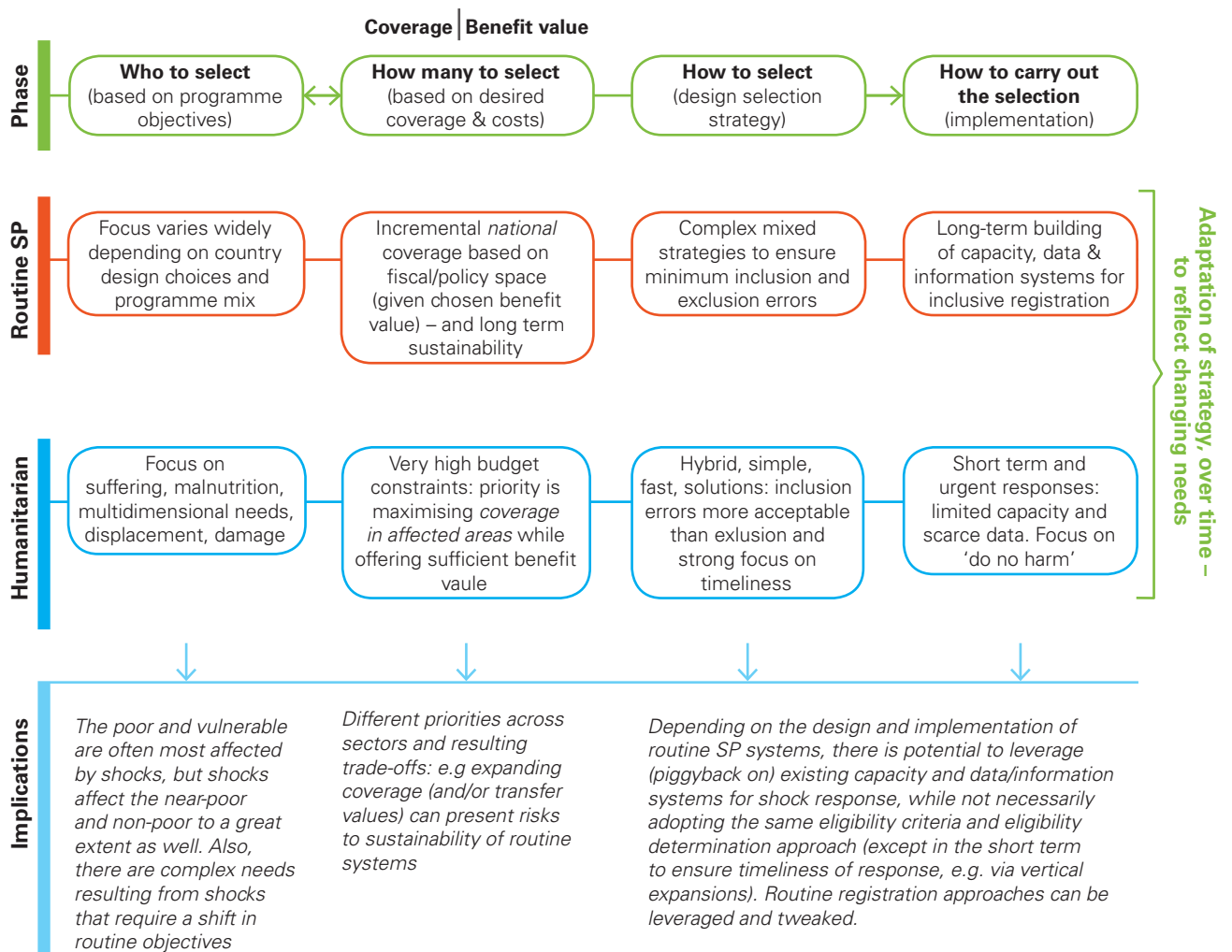

The "principles of beneficiary selection across the humanitarian-development nexus" are the following:

- Targeting should be **acceptable** from both political and social/cultural perspectives.
- The targeting process should **respect** the **dignity** of the population and foresee the participation of the population throughout the process.
- Beneficiary identification should be **simple and clear** for all members of a society or community. The costs should be justified, procedures should be as transparent as possible.
- The targeting strategy should be **appropriate** for the type of shock and stage of the response.
- Selection method(s) should be **feasible** in view of available administrative capacity and operationalization potential.
- Beneficiary selection should be **affordable** in terms of financial and institutional constraints.
- The targeting response should be **timely** and contextual depending on the type of shock and short-term or long term recovery support required.
- The targeting strategy should be **flexible** with the potential of being adjusted to changing environments during a shock or crisis.

Source: SPaN Operational Note 2: Targeting (2019)

Figure 1 **The four key phases in targeted routine and humanitarian social protection programmes**

Coverage | Benefit value

Phase	**Who to select** (based on programme objectives)	**How many to select** (based on desired coverage & costs)	**How to select** (design selection strategy)	**How to carry out the selection** (implementation)
Routine SP	Focus varies widely depending on country design choices and programme mix	Incremental *national* coverage based on fiscal/policy space (given chosen benefit value) – and long term sustainability	Complex mixed strategies to ensure minimum inclusion and exclusion errors	Long-term building of capacity, data & information systems for inclusive registration
Humanitarian	Focus on suffering, malnutrition, multidimensional needs, displacement, damage	Very high budget constraints: priority is maximising *coverage in affected areas* while offering sufficient benefit vaule	Hybrid, simple, fast, solutions: inclusion errors more acceptable than exlusion and strong focus on timeliness	Short term and urgent responses: limited capacity and scarce data. Focus on 'do no harm'

Adaptation of strategy, over time – to reflect changing needs

Implications

The poor and vulnerable are often most affected by shocks, but shocks affect the near-poor and non-poor to a great extent as well. Also, there are complex needs resulting from shocks that require a shift in routine objectives

Different priorities across sectors and resulting trade-offs: e.g expanding coverage (and/or transfer values) can present risks to sustainability of routine systems

Depending on the design and implementation of routine SP systems, there is potential to leverage (piggyback on) existing capacity and data/information systems for shock response, while not necessarily adopting the same eligibility criteria and eligibility determination approach (except in the short term to ensure timeliness of response, e.g. via vertical expansions). Routine registration approaches can be leveraged and tweaked.

Source: authors, building on SPAN (2019)

Building on existing systems and enhancing preparedness

What do these fundamental differences mean for practitioners looking to **enhance preparedness** for shock response via routine social protection systems?

- First – especially in contexts that are routinely and predictably exposed to shocks and stressors – making some '**design tweaks**' to ensure that routine **targeting encompasses a focus on covariate shocks, hazards and stresses**.
- Second, where relevant and feasible, enhancing **preparedness for flexing/scaling existing programmes or launching temporary emergency programmes via pre-planned changes to routine targeting approaches**. These would build on existing systems where possible, while explicitly prioritizing a) timeliness of response; b) meeting emergency needs and caseloads.

These two strategies can and should co-exist. We briefly discuss each in turn, noting that whichever option you choose (and it could be both) you should also note what your current system can and can't do, and share the burden with other actors in a coordinated way to ensure coverage, comprehensive and adequacy. It may also be possible to start small – with one specific programme – and take it from there.

Strategy 1. Encompassing a greater focus on shocks, hazards and stresses within routine targeting (systems building and design tweaks)

Such a focus can be included in routine programming, enhancing the resilience of beneficiaries' ex-ante and strengthening routine social protection. This could be achieved by building on the knowledge, experience, data and tools of humanitarian/DRM (emergency) counterparts. Key actions include:

a. **Increasing coverage of routine programmes in shock/hazard/stress-affected areas** (e.g. flood plains, coastal areas, drought-prone areas, etc.). This is particularly critical for those events that are predictable and recurrent (e.g. seasonal stresses should not be treated as a 'humanitarian' crisis).

b. **Incorporating criteria on vulnerability to covariate shocks/hazards/stresses into routine targeting** and not just viewing vulnerability uni-dimensionally (e.g. only about poverty, or

food insecurity, or shock exposure). This can be operationalized via 'climate smart' and 'shock sensitive' targeting.
Enhancing capacity for dynamic inclusion of new caseloads: e.g. overcoming the rigidity imposed by fixed list census survey approaches to registration and enrolment (often conducted every few years, while people's needs and conditions are in constant flux). This is a key blockage for 'responsiveness' of social protection systems to covariate shocks: on-demand approaches to registration can be more inclusive in the medium-term (see also Strategy 2).

c. **Increasing coverage overall, via more universally leaning targeting.** Acknowledging that where targeting is broader (or programmes are universal – e.g. universal child benefits) shock-induced needs are preemptively addressed.

Strategy 1.

"Encompassing a greater focus on shocks, hazards and stresses within routine targeting"
(systems building and design tweaks)

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Strategy 2. Preparedness for the future: pre-planned changes to routine targeting approaches

On top of Strategy 1 above, there is also the potential to build on routine systems to enhance the timeliness and effectiveness of *future* emergency response. **The more this is prepared in advance, the better** – especially as targeting for routine programmes and for emergency response pursue different objectives and need to abide by different principles (as discussed above). **Of course, this does not mean everything is *decided* in advance** (e.g. decisions will anyway depend on an assessment of needs following the shock).

The options available in any country depend on the mix of routine programmes available, their routine targeting (along the four stages of 'targeting'), and their subsequent coverage of routine caseloads. For example, a country with only one or two weak programmes with very restrictive targeting (e.g. only the 'ultra-poor' and labour constrained, covering very low % of the population) will have much less to build on than a programme with much higher coverage that is designed more 'universally'. Unless of course those tightly targeted programmes are underpinned by a strong mechanism to expand to much higher caseloads, which is rarely the case.

The COVID-19 response has showcased this, with countries such as Mongolia[8] and Argentina able to reach very large caseloads via existing universal systems.

Broadly, **the choices available can be divided into two main categories, that are sequentially linked** – as summarized in Figure 3:

a. First, whether or not to adopt the same **eligibility criteria and targeting approach** as routine programmes – and if not, determining what criteria and approach to use in advance (how to adapt/relax these)

b. Second, whether or not to **piggyback on existing data** (e.g. from a Social Registry) **and/or capacity** (e.g. for data collection) **and systems** (e.g. an (e.g. existing information system) to implement the selected approach. If so, determining how this will be operationalized in practice: who will do what, when, how.

This can be done in advance to the extent possible – i.e. acknowledging adjustments will have to be made after the shock