ILED TIPF Social Protection

Somalia Social Transfer to enhance human capital through the first 1000 days

First lessons learnt from SAGAL project implementation

Brief 2

Targeting Approach

This paper has been prepared by the ILED TIPF Social Protection Team with the support from the SAGAL partners and the outcomes of their MEAL activities. The Real-Time Learning Agenda of SAGAL aims to contribute to adjusting the programme and strengthening the National Social Safety Net system by building evidence around best practices, and documenting and disseminating it. The Learning agenda is mobilising a wide range of tools and stakeholders across the country, including the Government of Somalia, the Donor Working Group, and other Agencies.

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1. INTRODUCTION

Targeting is a critical element of the implementation approach of cash and social transfers and a lot of efforts have been dedicated in Somalia in the past years in determining the most efficient implementation approach. Social Protection and social transfers are recognized as a strategy to tackle poverty and vulnerability while strengthening inclusive social development and equitable human capital development, economic growth and ensure access to health care and basic income security for children, disabled, internally displaced person (IDP), elderly and vulnerable women[1]. However, to date, both humanitarian cash transfers and social transfers have raised concerned in Somalia on their capacity to reach the poorest and the most vulnerable, using efficient targeting approaches, appropriate to its complex context.

The SAGAL social transfer scheme 1 was designed "to invest and enhance human capital through the first 1,000 days window and improved access to health and nutrition with behavioural nudges". This is acknowledged as a very crucial approach, but evidence and experience are still scarce globally and in Somalia. This brief is about the lessons learnt from SAGAL ST 1 targeting process to inform future social transfer programming in Somalia.

2. THE SAGAL ST1 TARGETING APPROACH

Targeting is the means of identifying members of society to receive a particular benefit, such as a social transfer. It defines which categories of people should be eligible and the mechanisms for identifying those individuals. A key concern for social transfer schemes is to ensure the selected targeting approach allows reaching the largest number of those in need. As financing is often insufficient to ensure appropriate coverage, approach should also be cost-efficient and reduce inclusion errors[2] to preserve coverage.

A wide range of targeting approaches has been developed in social protection to correspond to the variety of needs and contexts to address. They all perform differently, but recent studies[3] suggest that poverty-targeted approach are performing poorly and that universal targeting approaches tend to be more effective in reaching the poorest.

How to Target Social Transfer[4]					
Type	**Approach**	**Description**	**Advantages**	**Disadvantages**	**Examples**
Poverty/Vulnerability Assessment	**Means tested**	Aimed at the poorest, based on measurement of the recipient's income, assets and/or nutrition status	Focused on the poor Reduces inclusion errors	Very costly and difficult to administer Requires regular and frequent monitoring Administrative compliance results in exclusion errors, Possible stigma	Baxnaano social transfer
	Proxy indicators	Aimed at the poorest, based on more easily observable "proxy" measures of poverty (e.g., location, facilities, assets) or	Focused on the poor and vulnerable Reduces inclusion and exclusion errors	Difficult to construct valid proxy indicators Introduces perverse incentives to meet proxy criteria. Costly and difficult to administer, especially at scale	Somalia, Resilience building programs

[1] Jenny Sinclair 2020: The Financial Flows of Social Transfers Programs (STPs) in Somalia

[2] Inclusion errors occur when identifying and including individuals not eligible. Exclusion errors occur when not identifying and including eligible individuals.

[3] https://www.developmentpathways.co.uk/publications/hit-and-miss-an-assessment-of-targeting-effectiveness-in-social-protection/

[4] Adapted from John Rook & Nicholas Freeland: Targeting social transfers https://europa.eu/capacity4dev/file/12919/download?token=4bNgdATD

		vulnerability (e.g. household characteristics)			
	Community-based	Aimed at the poorest, based on community perceptions of poverty and vulnerability	Reflects local understanding of poverty and vulnerability	Significant inclusion and exclusion errors, perpetuates local patronage structures and gender bias Can be divisive	ST 3 - SAGAL
Self-targeted	**Self-targeting**	Open to all, but offering a benefit to which only the poorest will be attracted	Lower administrative costs Can be linked to skills development and income generation. Can generate improved infrastructure (e.g. public works)	High exclusion errors (of all who cannot participate) Potential bias against women Opportunity costs to participation Stigma	SAGAL – ST 2 Youth employment
Group Characteristic	**Categorical**	Aimed at specific identifiable categories of the population associated with poverty (e.g. the elderly, children, the disabled)	Easy to administer Objective/transparent measures High level of public support	Inclusion and exclusion errors	SAGAL – ST1 & ST 3 targeting children 24 month and below and aged people
	Geographical	Aimed at specific geographic areas associated with poverty	Easy to administer Useful as a first level targeting approach	Inclusion and exclusion errors Can encourage migration	ILED territorial corridors
Untargeted	**Market-delivered**	Provided to all through market mechanisms (eg subsidies, price support)	Easy to administer	Costly and inefficient Highly regressive Excludes those who are outside the market (i.e. usually the poorest)	No example in Somalia
	Universal	Provided unconditionally to all	Removes cost of targeting No exclusion errors High level of public support Respects rights	Inclusion “errors”	SAGAL – ST 1: Human capital development through the 1000 days

The SAGAL ST1 Targeting approach has been designed as a two staged approach: geographical and household, to fulfill the specific objective of the scheme, to enhance human capital through the first 1,000 days of newborn child by improving access to health and nutrition with behavioral nudges. The approach is categorical, based on observable criteria, targeting pregnant women and continue to support them and their newborn children for up to two years. Due to limited resources, the scheme could not implement a universal approach. First the scheme was limited to specific locations and health facilities and then only women in their last pregnancy trimester are enrolled.

First stage: Geographical targeting

Geographic targeting first identified specific districts within the ILED corridors, with the highest prevalence of malnutrition and with sufficient access and security. The coverage of the Baxnaano social transfer programme was also considered to avoid overlaps. As part of the implementation of the Somali Social Protection Policy 2019, the selected districts were identified in consultation with the Ministry and Labor and Social Affairs (MoLSA) at FGS, Somaliland, and Federal Member States (FMS) levels. Further, the districts authorities and municipalities participate in the identification and approval of the villages, settlements, and neighborhoods with functioning MCHs where ST-1 scheme were to be implemented.

Considering the scheme is implemented with Mother and Child Health (MCH) centers, the main criteria considered was the ability of the MCH centers to provide sufficient services and their accessibility by the vulnerable population. The Somali Cash Consortium (SCC) and the ministry of health officials in the respective federal member states conducted a mapping of the health facilities and identified and agreed on those with sufficient capacity to implement the scheme activities. As a result of this mapping and selection, most of the eligible centers are located in urban and peri-urban areas. Rural or pastoral areas having limited access to functioning MCH facilities.

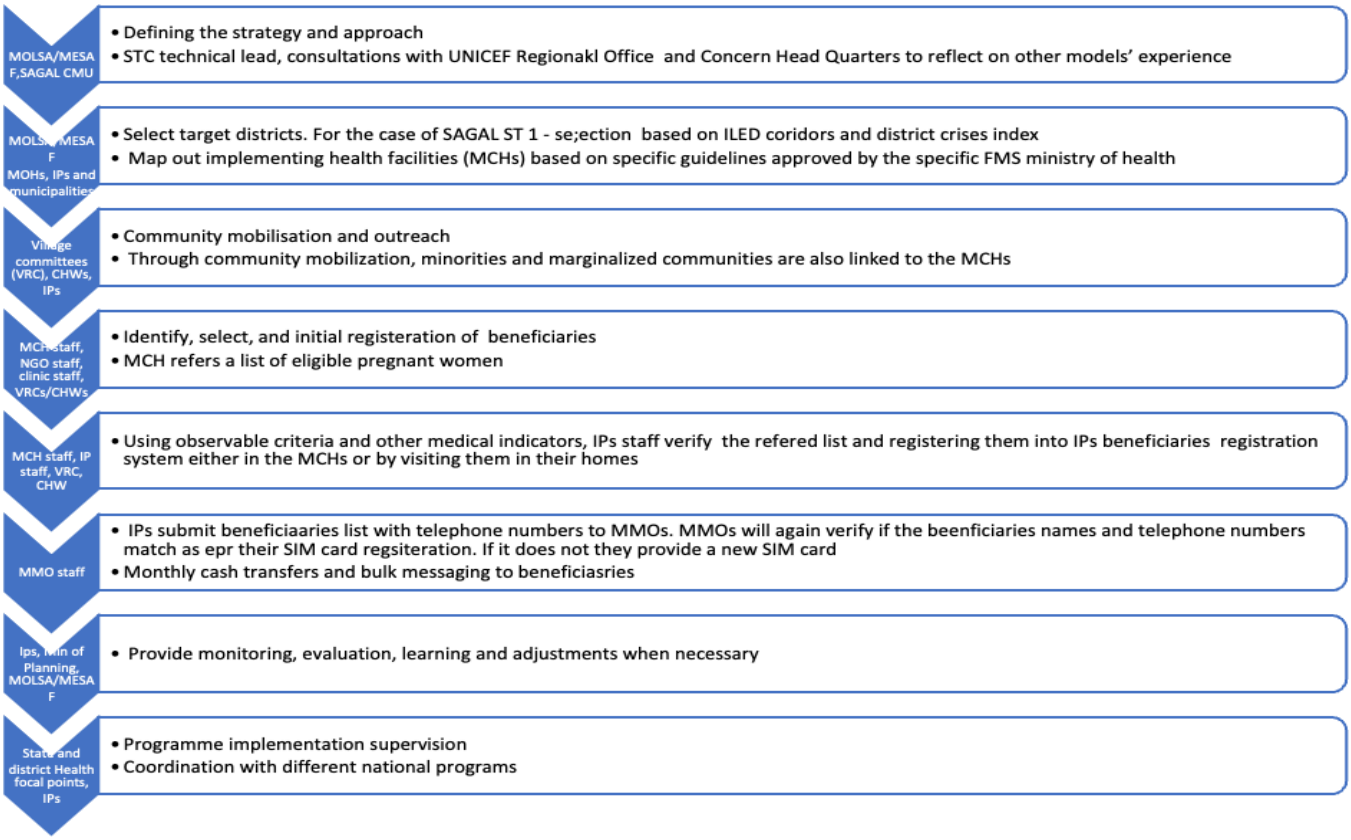
Second stage: Individual targeting

The beneficiary targeting process started with community mobilization and outreach to the wider target group (pregnant women), followed by their referral, verification, and registration at the MCHs. Using observable criteria and other indicators MCH staff constituted the list of eligible pregnant women to implementing agencies for verifications and registration. The health facility staff therefore played an important role in the selection of the beneficiary and exclusion risks included the access to the health facility and the prevailing social environment including the social connection fabric of the target area.

The access to a mobile phone to receive the social transfer was also verified and might have been an exclusion criteria.

The whole targeting process, presented below, involved IPs, government officials such as program Technical Assistants (TAs), and municipalities.

SAGAL ST 1 targeting process



3. WHAT HAVE WE LEARNT SO FAR?

For policy

- Piloting categorical targeting for human development is innovative and an important contribution to the implementation of Somali Social Protection Policy. The scheme has so far demonstrated the feasibility and acceptance of such option.

- Working with functioning MCH or clinics to provide social transfer together with health and nutrition services to pregnant women and newborn children is essential. Thus, the project involves both social protection and health actors and its success is based on developments in both sectors and their coordination.
- The role of the government to decide which district and facilities is to be included is paramount albeit possible politicization of the targeting process and exclusion of minority and marginalized communities.
- The scheme targeting approach has been designed to be categorical, based on observable criteria, to include women from the second pregnancy trimester, and to be universal to ensure Somalia human capital development. Resource limitation is an important challenge to continuously recruit beneficiaries into the scheme and ensure coverage for impact.

For implementation

- A common targeting guideline for the different implementing partners is a critical component of any social transfer scheme. Partners implementing SAGAL – ST1 used a common targeting guideline which made it uniform and easy to monitor.
- The targeting approach is widely understood and accepted.
- The action had a vital community mobilization aspect prior to referral and registration; however, health care workers could have been more involved in this phase.
- Eligibility verification including but not limited to the use of physical and identifiable features of pregnancy is an important component of targeting and MCH staff play critical roles as they are the main medical service providers. It is also important to support implementing health facilities with the necessary tools and equipment (where not available) for better verification.
- Intensive and pro-poor community mobilization is a prerequisite of children oriented human development social protection initiatives. Funding and implementing agencies should put enough (time and financial) resources in place to make sure program information reach all target audiences or time and while providing space and opportunities for beneficiaries and non-beneficiaries community members to demand accountability.
- The use MCH database for beneficiaries' registration as a targeting approach is important gesture to incentivize the use of health services but excludes those unable to access the clinics especially those in marginalized settlements. It is therefore important to implement pro-poor interventions and pay more attention to marginalized communities who are on the peripheries of aid and development services.

4. NEXT STEPS AND HOW TO SCALE UP THE SOCIAL TRANSFER SCHEME

- Identify the cost-efficiency of the approach and develop a financial plan to support resource mobilization for a universal scheme.
- Motivate MCH staff with the necessary trainings to ensure outreach and inclusion and include community health worker in mobilization and registration processes.
- Increase the role of the government at design, implementation, monitoring and learning stages
- Introduce external and independent verification process to make sure there is higher level of accountability.
- Sign non-exclusion MOUs with all agencies involved in targeting, screening, and registrations. Make sure frontline staff are aware of these MOUs and understand the consequences.
- Referral/applications are verified by partners staff before enrolment.
- Use non-implementing partners or institutions such as MCH verification process as an exclusion and inclusion error deterrent.
- The use of vibrant community response and feedback mechanism beyond project beneficiaries is important. Implementing partners should extend CRFM beyond ticking boxes and use it to measure program quality.