

B20: A Practitioner Guide to Methods and Frequency of Data Updating

- Who is this tool for? Health system and other social protection leaders looking to understand, analyze and improve their processes for updating (or ‘recertifying’) subsidized beneficiaries.
- How was it produced? The content for this practitioner guide was created by the participants and technical facilitation team of the JLN Learning Collaborative on Population Targeting. The specific activities included a participant-designed survey on recertification completed by all 11 countries in the collaborative, two country-specific presentations from Kenya and Sudan on recertification challenges and achievements, a technical presentation on recertification methods by social protection expert Valentina Barca, and all-participant workshop discussion of all of the above to distill generalizable lessons.

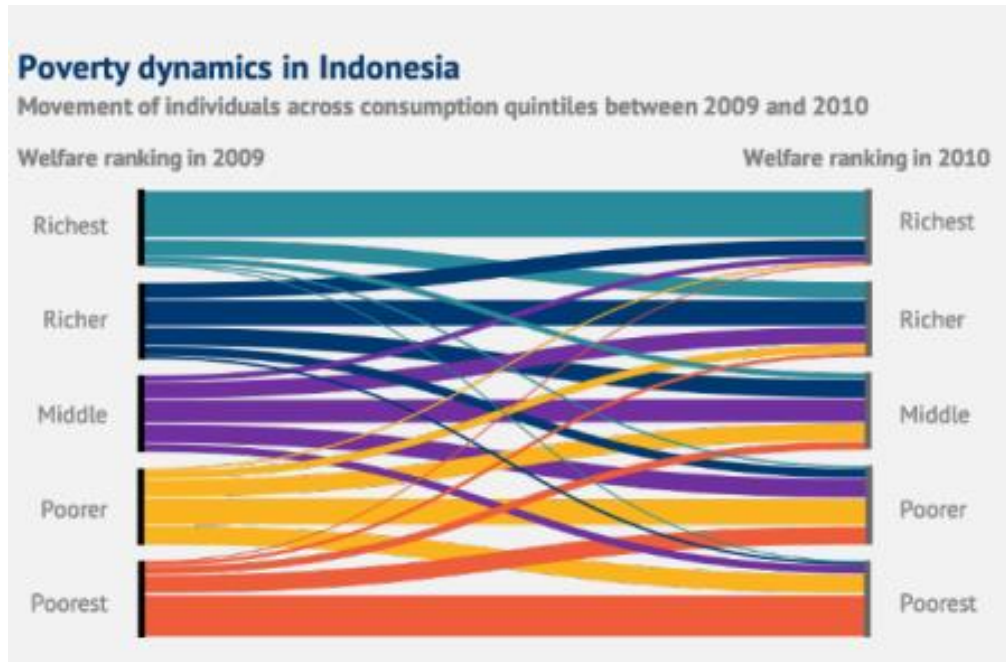
The importance of data updating and recertification in health

Poverty and some other vulnerable traits that systems target for subsidized access to health programs (e.g. national health insurance) are volatile, in that people’s status can change rapidly. For this reason, keeping population targeting datasets up to date is essential to ensuring ongoing accuracy.

Many countries globally, and in this collaborative, have a particular issue with data updating for their social protection programs (sometimes called ‘recertification’), as a huge amount of resource and effort goes into the initial process of finding poor and vulnerable households, and it is often challenging to repeat this exercise frequently.

Outside of health, many social registries and other social programs have a requirement *on paper* to re-run large-scale data collection efforts (e.g. a census) every 2-3 years. In practice, this does not happen however, and the average period between national data collection efforts is more like every seven years. This is a serious problem since, as Figure 1 below shows, **in a single year in some countries up to half of beneficiaries classified as poor at the start are no longer poor, and up to half of the people poor at the end of the period were not so at the start**. Outdated data therefore represents a serious threat to public confidence in social programs, as well as their effectiveness and equity.

Figure 1: Movement of individuals across consumption quintiles in and Indonesia (2009-2010), according to national SUSENAS panel survey (Kidd et al (2020), Addressing the COVID-19 economic crisis in Asia through social protection, UNDP)

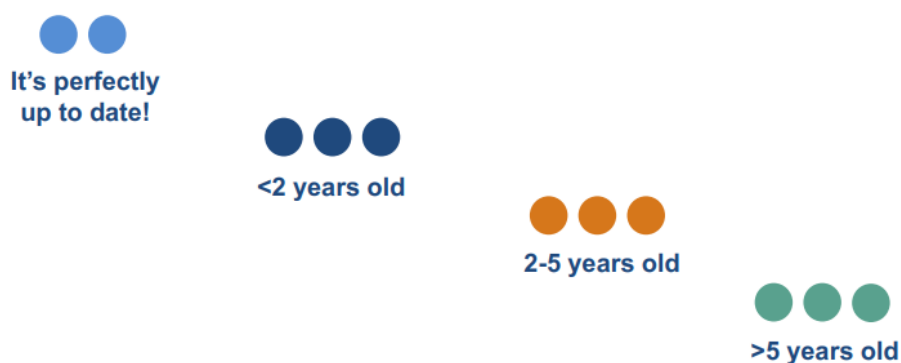


Health programs are not immune from this challenge, and despite some countries in the collaborative having annual re-enrollment for premium-paying beneficiaries (e.g. for national health insurance schemes), this is often not the case for subsidized ones. Figure 2 shows how often poor and vulnerable beneficiaries are meant to have their status re-confirmed according to official policy. By comparison with the reality, Figure 3 shows anonymized responses for how current the existing databases of poor and vulnerable beneficiaries held by the 11 countries are - with one circle representing the response of one country. This shows a significant number of health systems having records over three years old, with a few reporting data over a decade old.

Figure 2: JLN Learning Collaborative on Population Targeting participant responses to survey question “Is there a requirement for subsidized beneficiaries to be recertified after a set period of time, if so, how often?”: Respondents are health leaders from 11 countries.



Figure 3: JLN Learning Collaborative on Population Targeting participant responses to survey question “How recently updated is the data on subsidized beneficiaries held by your health agency?”: Respondents are health leaders from 11 countries.

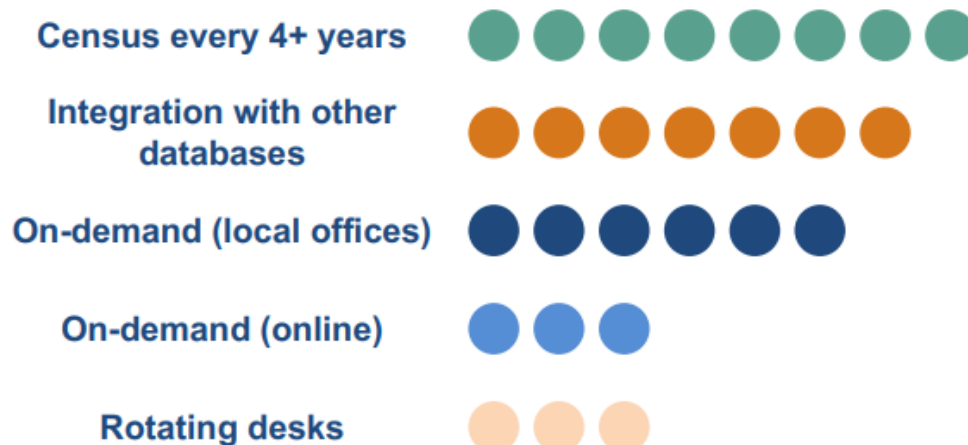


How are data for updating collected?

The complexity of data updating and recertification for population targeting depend on the group selected. Some traits are very predictable or stable - such as being above or below a certain age - which may only require updating if the beneficiary dies. Others, in particular poverty status, can be extremely volatile. Indeed, many systems have different updating requirements for different groups.

Most countries use a mix of data collection methods for beneficiary updating, as a strategy to balance the strengths and weaknesses of each. Figure 4 shows the key methods used by the 11 participating countries in the population targeting collaborative, with the typical country using a mix of 2-3 approaches. Periodic census is the most popular method, closely followed by integration with other public data sources. On-demand local offices and online modalities were next, followed by a rotating desks approach.

Figure 4: JLN Learning Collaborative on Population Targeting participant responses to survey question “What approaches does your country to update beneficiary data collection for your population targeting system?”: Respondents are health leaders from 11 countries. 1 circle = 1 response, but respondents could select as many as were appropriate



In blending these approaches together, it is important to have an understanding of the key strengths and weaknesses of each.

- Census:** The key advantages of census as a method are its comprehensiveness, and the fact that it enables household visits (useful to assess an individual's home and assets). It is also more effective than many other approaches at spotting positive changes in beneficiaries' circumstances (see below). Its disadvantages are that it is static and expensive, and so is often delayed to the point where the data is no longer useful. Also, if someone is missed (e.g. they were not present in their home area on the day of the census) it may be that they are excluded from the program for several years until the next census. Census is best deployed as a baseline if previous social protection data has many gaps, and many country use it initially before relying more heavily on other methods later. It is also most effective in areas of high density, endemic poverty in which people's wealth and income status are likely to be relatively static.
- Integration with other databases:** Data linkage has huge potential but is currently used in fairly limited ways - usually to remove deceased beneficiaries or add family members to a household based on birth records. This is the case in most of the countries that reported this as part of their survey data. Though currently rare, there is potential to actively identify beneficiaries through data integration too. Data integration is also useful as a means of validating, supporting and enabling the other methods, as detailed in the various use cases for population targeting data linkage in the chapter related to this in the main report.
- On demand at local offices:** Having permanent capacity in local areas where people can actively go and register for programs if they think they qualify can be a major asset. Advantages include that these offices can do many other things, such as case management, and are also invaluable during shocks, as demonstrated by the COVID-19 pandemic. They are smoother to budget for than periodic, major census survey's every few years. They are also truly on-demand meaning that they can be more responsive to shifts in status and it doesn't matter if someone is missed as they can always reapply later. Their disadvantages include that typically take up is much lower than census approaches, as many people will not have the awareness and the means to apply. They also are less good at spotting positive changes in status, as people will be reluctant to come to the local office and inform them if they are no longer below the income threshold. Finally, they do not allow for household visits, which can be a useful asset in validating if someone is truly eligible or not.

- **On demand (online):** ‘Digital windows’ are also increasingly popular in countries with good internet penetration, as they carry many of the advantages of local offices but at lower long-term cost. They saw a huge explosion in number during the COVID-19 pandemic, when governments found that they rapidly needed to identify and register a large number of new households and groups. Their disadvantage is that, without a robust digital ID it can be hard to authenticate registrants. For this reason, their role is often partial - being used for part of the population targeting delivery chain but not the entire process end-to-end.
- **Periodic outreach:** Periodic outreach, sometimes known as ‘rotating desks’ is similar to local on-demand strategies but rather than the offices being at permanent offices there are mobile teams of professionals who move from one area to the next. It can either be used as a cheaper option than permanent offices, or selectively to specific areas that may have poor access. The advantages and disadvantages tend to be similar, other than the fact that coverage will be reduced depending on how infrequent the rotating desks are present in any one area.

As Figure 5 shows, most of the best known countries for efficient and up-to-date population targeting systems use a combination of approaches.

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Common barriers and solutions?

Four key barriers were noted by health agency participants in the collaborative that stand in the way of keeping their beneficiary data updated through the above methods:

1. **Cost and complexity of updating:** Since census survey was the most popular method, countries faced the challenge of its periodic nature, which required a large injection of additional resources every few years. This was often hard to successfully justify in any one year, so frequently got pushed back year after year.
2. **Politics and program cost:** It is often the case that a large-scale data updating will lead to additional beneficiaries being added to a social program, increasing the overall cost. For this reason there are often fiscal and political reasons to keep data out of date. Common ways around this include justifying the cost of new beneficiaries by removing old ones, having waiting lists that they must join beforehand, and only allowing applications at certain times of year.
3. **Lack of capacity at local levels for implementation:** Even with the appropriate financing, a wholesale recertification effort (particularly using census survey) can be enormously administratively complex. Agencies may feel they do not have the local capacity to implement this process - particularly if it requires cooperation from multiple agencies’ staff working together.
4. **Particular groups with rapid changes in status:** Group’s whose details or status change rapidly (e.g. those moving in and out of poverty, or nomadic tribes) can be particularly challenging to keep updated data on - often necessitating targeting additional measures, such as periodic outreach.

These challenges largely reflect the continued reliance on census approaches in low and middle income countries for population targeting, necessitating the gradual inclusion of additional, complementary measures over time. A long term view is needed, and in particular more effective institutional coordination so that the most is made of different ‘touch points’ that different agencies and social protection programs have. Health is a case in point here, as typically it is other agencies that



were responsible for updating beneficiary data, and it is rare that healthcare providers or payers can submit updated information to a central social registry if someone's circumstances change (this was not possible in any of the countries in this collaborative). This is one of the reasons why the considerations around data linkage with health, the subject of the second thematic chapter in the main report, are so important.

For more detailed research and evidence on recertification and data updating for social protection programs, we recommend these two in-depth resources:

- Barca and Hebbbar (2020) *On demand and up to date? Dynamic Inclusion and Data Updating for Social Assistance*. GIZ. Available at <https://socialprotection.org/discover/publications/demand-and-date-dynamic-inclusion-and-data-updating-social-assistance>
 - IADB (2015). *Moving Ahead: Recertification and Exit Strategies in Conditional Cash Transfer Programs*. IADB. Available at <https://publications.iadb.org/publications/english/document/Moving-Ahead-Recertification-and-Exit-Strategies-in-Conditional-Cash-Transfer-Programs.pdf>
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