



EXECUTIVE SUMMARY

Social protection responses to COVID-19 in MENA: Design, implementation and child-sensitivity

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TO COVID-19 IN MENA:
DESIGN, IMPLEMENTATION
AND CHILD-SENSITIVITY**

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The COVID-19 crisis has caused devastating socio-economic effects worldwide, and children are among the most vulnerable to the multiple consequences of the pandemic. Estimations from 2020 showed that, in the Middle East and North Africa (MENA) region, the crisis could have caused over 12 million children to fall into multidimensional poverty. Moreover, school closures interrupted education for approximately 110 million children, while an additional 51,000 children under 5 were at risk of death by the end of 2020 due to the disruption of essential health and nutrition services. There is also evidence that domestic violence against children and women increased during the pandemic (UNICEF 2021a; UN Women 2021).

The existence of **shock-responsive social protection** systems and the ability to quickly adopt new social protection measures have been fundamental to mitigating many of these effects and protecting families. Social protection can promote children’s well-being and reduce the negative impacts of economic shocks on them, especially if their needs and vulnerabilities are taken into account. **Against this background, this assessment provides a systematic overview of the main design and implementation features and the child-sensitivity of the social assistance measures implemented in response to the COVID-19 crisis in the MENA region.**

The main focus is on social assistance measures provided by **national governments in the 20 MENA countries¹** in response to the pandemic up to **30 March 2021**. Given the humanitarian situation in some countries in the region, **social assistance measures provided by United Nations agencies** (the United Nations Children’s Fund (UNICEF), the United Nations High Commissioner for Refugees, the United Nations Relief and Works Agency for Palestine Refugees in the Near East, the World Food Programme and the International Organization for Migration) were included in **nine selected countries** (Iran, Iraq, Jordan, Libya, Lebanon, State of Palestine (SoP), Sudan, Syria and Yemen). For the government responses, the assessment primarily draws on the Social Protection Responses to COVID-19 in the Global South mapping and dashboard produced by the International Policy Centre for Inclusive Growth (IPC-IG 2021), while for the humanitarian measures, relevant reports and websites of the respective agencies were reviewed.






Table 1 provides a summary of the key findings of the analysis of the measures implemented by governments in the region, as well as the main recommendations to improve the countries’ shock-responsiveness. Further assessments and evaluations at the country level are recommended based on the findings of this assessment, to allow for more detailed recommendations for each country. The reader can click on the icons below to be directed to the respective section of the report.

Table 1. Overview of social assistance responses to COVID-19 in MENA: main findings and recommendations

	Main findings	Recommendations
<p>Type of social protection instrument used</p> 	<p>Social assistance represents the largest share of the responses in MENA (?? out of 158 social protection responses), compared to 19 social insurance and 62 labour market measures.</p> <p>Subsidies (e.g. food, fuel or public utility subsidies) were the most common social assistance measure in the region [24], followed by emergency cash transfers [22].</p> <p>The introduction of new interventions was more common than the horizontal expansion of existing programmes.</p>	<p>Strengthen the preparedness of existing programmes to provide rapid and more durable support for households in need during emergencies.</p> <p>Assess the effectiveness of subsidies as a response to shocks, as expanding other social assistance programmes (e.g. cash transfers) could have a greater impact on poor and vulnerable children and their families.</p>





1. Based on UNICEF’s definition of the MENA region, this study covers the following 20 countries: Algeria, Bahrain, Djibouti, Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Qatar, Saudi Arabia, SoP, Sudan, Syria, Tunisia, UAE and Yemen.

	Main findings	Recommendations
Financing 	<p>State budgets, extra-budgetary funds and budget reallocations were the most common funding sources for the social assistance responses in the region.</p> <p>Contingency funds were not used.</p> <p>Zakat funds contributed to financing 8 per cent of the responses.²</p>	<p>For future crises, establish contingency funds, prepare standby funds secured from donors, activate insurance mechanisms or access sovereign wealth funds, pension funds or Zakat funds.</p> <p>Continue the identification of fiscal space, including tax reforms to increase progressiveness and tax mix, debt restructuring and management, subsidy reforms (where considered feasible), budget reallocation, extension of contributory social protection to informal workers, international financing and cooperation where necessary, and the use of foreign exchange reserves.</p>
Beneficiary identification 	<p>Most responses established new enrolment campaigns to identify beneficiaries.</p> <p>These campaigns mainly took place on digital platforms.</p> <p>Few responses used social protection registries or existing beneficiary databases.</p>	<p>Build on newly developed (digital) application channels and leverage information collected and databases used during emergency responses for regular social protection programmes (observing data protection standards).</p> <p>Set up unified and integrated social protection registries and improve interoperability between databases to quickly identify families and individuals who need support.</p> <p>Continue improving the production of timely and accurate information, especially on the most vulnerable, such as children.</p> <p>Conduct more active outreach and enrolment to identify households/individuals without access to digital platforms.</p> <p>Incorporate robust grievance redress mechanisms into all social protection programmes.</p>
Coordination 	<p>New emergency coordination committees emerged in several countries (e.g. Egypt, Jordan, Morocco and Syria).</p> <p>In some cases (e.g. Jordan), information-sharing mechanisms facilitated the alignment of efforts between government and humanitarian actors.</p>	<p>Embed shock-responsive social protection in national social protection plans and/or strategies.</p> <p>Evaluate the extent to which newly established coordination committees can be institutionalised to act in future crises.</p> <p>Prepare disaster risk management policies and implementation strategies to facilitate coordination when a crisis happens, including defining clear roles, responsibilities and leadership among all actors, and establishing Memorandums of Understanding with key service providers, guidelines on emergency procedures, and continuity and contingency plans, among others.</p> <p>Strengthen coordination, especially with disaster risk management agencies and humanitarian actors, to provide assistance to people on the move and those in humanitarian settings.</p>
Coverage 	<p>Coverage of social assistance responses varied greatly between and within countries.</p> <p>Evaluations of 29 coverage expansions indicate that they reached on average 15.4 per cent of the child population, with 14 of them reaching fewer than 10 per cent.</p> <p>The gap between children in need and those covered is especially significant in countries with very high child poverty rates.</p>	<p>Consider further expansion of regular social protection programmes, to protect key vulnerable populations, including children and their families, as well as people with disabilities and older persons.</p> <p>Analyse the feasibility of universal child benefits, especially where rates of child poverty (monetary and multidimensional) are high.</p>
Adequacy 	<p>The benefit values provided by different schemes, even within the same country, varied significantly.</p> <p>Most interventions consisted of a one-off transfer at the beginning of the crisis.</p> <p>The responses (17 analysed) protected beneficiaries for 2 months on average against the USD3.20/day poverty line.</p>	<p>In times of crisis, provide higher and more regular benefits to vulnerable families and individuals.</p> <p>Couple the provision of cash with an integrated 'cash plus' approach, linking beneficiaries to relevant services. An expansion in the number of appropriately trained social workers is critical here, particularly to strengthen linkages with child protection.</p>



2. Including those with and without financing information.

	Main findings	Recommendations
Timeliness 	<p>Coverage expansions (25 measures considered) took on average 14 weeks, while vertical expansions (11 measures considered) took 13 weeks to be implemented after the first COVID-19 case was reported. This is below the global average.</p> <p>Examples of rapid responses were found in Morocco and Jordan.</p>	<p>Improve the flexibility of mechanisms that allow reallocation of domestic financing.</p> <p>Set up unified and integrated social protection registries where they do not exist, and improve existing ones where available.</p> <p>Build on technological innovations (such as e-wallets) for regular social protection programmes and in future crises (without neglecting those without access to digital technologies/the internet).</p>
Humanitarian responses 	<p>96 humanitarian measures were mapped in the nine selected countries.</p> <p>The most common humanitarian intervention in the region was emergency in-kind transfers (55), followed by emergency cash transfers (26).</p> <p>A United Nations response framework and inter-agency coordination mechanisms, such as cash groups, were essential to promote coordination.</p>	<p>The international community should cooperate to guarantee financial resources for humanitarian actors promoting social protection responses, especially where more comprehensive social protection systems are not in place and for disaster-affected populations.</p> <p>Evaluate newly established coordination mechanisms to be prepared for the next crisis.</p>

Source: Authors' elaboration.







Table 2 summarises the main findings of the **child-sensitivity assessment of cash, in-kind and school feeding programmes** for the six criteria used in this assessment, as well as some recommendations based on these findings. A total of 49 government (for all 20 countries) and 96 humanitarian (for 9 countries) responses, totalling 145 responses, were considered here. The information available on humanitarian social protection measures was scarcer in general than on government measures. One key recommendation that, therefore, emerges for international partners is to establish more comprehensive inventories of their humanitarian social protection responses in crisis situations. This will be key for coordination but also for learning and evaluation purposes.

In addition to the recommendations listed above, key programme features such as **robust case management systems, trained and sufficient social workers, as well as grievance redress, monitoring and evaluation, and communication mechanisms** will need to be strengthened in the region. International partners, including United Nations agencies, can support the MENA countries in this regard. The social protection responses to the COVID-19 crisis in MENA and elsewhere provide valuable lessons learned which should be incorporated into national social protection systems (see also the series of Practitioners Notes prepared by the IPC-IG and the UNICEF Middle East and North Africa Regional Office for good practices in inclusive shock-responsive social protection).³

In conclusion, this report clearly shows the immense efforts made by countries in the MENA region to contain the socio-economic effects of the COVID-19 crisis. Nevertheless, the **crisis also highlighted some critical gaps in social protection**, including limited system preparedness, a lack of integrated social protection registries and accurate and up-to-date data, low programme coverage, and low and *ad hoc* benefits. This is often linked to limited resources and capacities, but also to a lack of a clear policy frameworks, highlighting the need to strengthen features such as registries and coordination frameworks, and to identify and increase fiscal space for social protection and leverage humanitarian social protection funding.

3. See: <<https://t.ly/2Hx4>>.

Table 2. Child-sensitive assessment: main findings and recommendations

	Main findings	Recommendations
<p>Programmes targeting children</p> 	<p>Targeting children was the most common child-sensitive criterion observed: 64 responses (22 governmental, 42 humanitarian) targeted children, most of them emergency in-kind transfers.</p> <p>Responses frequently targeted children in socio-economic vulnerability, while few responses explicitly targeted children with disabilities, newborns and young children.</p> <p>Forcibly displaced children were not explicitly included in most governmental responses.</p>	<p>Guarantee that regular and emergency programmes reach children with disabilities and groups such as newborns, girls and young children.</p> <p>Analyse the feasibility of opening national social protection systems to non-nationals, especially forcibly displaced children. In the meantime, consider how to better work with non-governmental actors to reach this target group.</p>
<p>Cash benefits increase with the number of household members/ children</p> 	<p>17 cash benefits (13 government, 4 humanitarian—around 25 per cent of all responses, including both regular and emergency responses) adopted design features that allow the benefit levels to increase with the number of children/ family members in the household.</p> <p>Only 11 of the 47 emergency cash transfer programmes created by government and humanitarian actors in the region provide higher benefits to larger families.</p>	<p>Consider adopting flexible payment structures for emergency programmes, allowing benefit levels to increase with the number of children/family members in the household.</p>
<p>Supporting children's access to nutrition</p> 	<p>48 responses (14 government, 34 humanitarian) promoting access to food and nutrition security for families and children were mapped in 12 countries.</p> <p>One-off distribution of emergency in-kind transfers was the most common intervention linked to nutrition.</p>	<p>Plan programmes capable of supporting regular access to safe and nutritious food for children and their families.</p> <p>Strengthen school feeding programmes and guarantee funds for humanitarian actors (especially important in fragile States).</p>
<p>Supporting children's access to health/ water, sanitation and hygiene (WASH)</p> 	<p>34 responses (6 government, 28 humanitarian) promoting access to health and WASH benefits/services for families and children were mapped in 11 countries.</p> <p>Emergency ad hoc distribution led by humanitarian actors was the most common intervention mapped.</p> <p>The most common government response consisted of expanding conditional cash transfers that include health conditionalities.</p>	<p>Increase families' access to WASH services, including through comprehensive cash plus programmes.</p>
<p>Supporting children's access to education</p> 	<p>22 (7 government, 15 humanitarian) social protection measures supporting children's access to education were mapped in 13 countries.</p> <p>Most of the interventions consisted of ad hoc distribution of in-kind materials led by humanitarian actors.</p> <p>The provision of e-learning materials and internet data packages was important to mitigate the impacts of school closures on the most vulnerable children.</p>	<p>Create and scale up programmes that incentivise children's return to school and continued attendance. Particular attention should be paid to girls out of school.</p>
<p>Supporting children's access to child protection services</p> 	<p>Only three humanitarian responses promoting the linkages between social and child protection services were mapped in three countries.</p> <p>Only humanitarian responses were mapped under this criterion.</p> <p>Child protection services may have been interrupted during the pandemic. Other factors, such as a lack of a comprehensive network of social workers in some countries and a lack of information publicly available on this type of measure, may also explain the lack of responses under this criterion.</p>	<p>Consider social welfare services as essential work, and continue their provision even during lockdowns, while guaranteeing safe working conditions for social workers to carry on their activities.</p> <p>Improve the linkages between social protection policies and child protection services (e.g. social services and family outreach).</p> <p>Increase the provision of gender-sensitive social protection and gender-based violence services to guarantee the well-being of girls and women and more equal societies.</p>

Source: Authors' elaboration.



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