

Tunisia: Design, implementation and child-sensitivity of social protection responses to COVID-19¹

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This One Pager is part of a series based on the report 'Social protection responses to COVID-19 in MENA: Design, implementation and child-sensitivity', developed in partnership by the IPC-IG and UNICEF MENARO (Bilo, Dytz, and Sato 2022). The study reviewed the design and implementation features of the social assistance measures implemented in the Middle East and North Africa (MENA) region up to the end of March 2021, and the extent to which they took children's needs and vulnerabilities into account.

With an 8.8 per cent contraction of real gross domestic product (GDP) in 2020 and unemployment rates reaching 17.8 per cent by the end of the first quarter of 2021, the Tunisian economy has been deeply impacted by the COVID-19 crisis (World Bank 2021). UNICEF (2020a) estimates that child poverty has increased from 19 per cent before the pandemic to 25 per cent, equating to an additional 216,000 children living below the poverty line.

Up to the end of March 2021, the IPC-IG mapping of social protection responses to COVID-19 in the Global South² identified eight social protection responses in Tunisia (four labour market, three social assistance and one social insurance measures). All three social assistance measures were built on previously existing databases—notably the country's free medical assistance programme (*Assistance Médicale Gratuite*—AMG1) and its subsidised medical assistance programme (AMG2)—to set up emergency cash transfer programmes. Individuals benefiting from AMG1 and accessing the National Programme of Assistance to Needy Families (PNAFN) received a one-off TND50 (USD16.70)³ top-up of their regular cash transfer (TND180/USD60.20). A total of 470,000 households benefiting from the AMG2 also received two rounds of an emergency cash transfer of TND200 (USD66.90), in April and May 2020. The pre-existence of a social assistance database allowed the government to act rapidly, launching income support schemes only 2 weeks after stay-at-home restrictions were imposed. Additionally, 300,000 households were added to the AMG2 database in May 2020 and received a cash transfer of TND200 (USD66.90). These measures reached around 40 per cent of the population.

Government-provided social assistance programmes also attempted to reach individuals not previously covered by social protection. In 2019, 17.2 per cent of the Tunisian population did not have any form of medical coverage (insurance or AMG1/AMG2). Six weeks after the announcement of lockdown measures, an exceptional campaign by SMS was implemented to deliver cash assistance to those families. The transfer value was TND200 (USD66.90), regardless of household size.

In terms of child-sensitivity, it needs to be highlighted that the programmes mentioned above covered only a relatively small proportion of children. For example, while 22 per cent of children

in Tunisia live in multidimensional poverty, the exceptional cash assistance to families affected by full quarantine measures reached only an estimated 10 per cent of children. Yet one specific response was noteworthy: in a context marked by an increase in the number of out-of-school children, the government provided a one-off cash transfer of TND100 (USD33.40) per child to 310,000 children aged 6–18 years selected from families benefiting from the PNAFN, AMG1, AMG2 or the National Health Insurance Fund (CNAM), and set up a monthly TND30 (USD10) benefit for 40,000 children aged 0–5 years living in vulnerable families to assist with their basic needs. By the end of 2021, the number of children aged 0–5 years benefiting from the monthly benefit had gradually increased to 129,000. It should be noted that this measure was institutionalised to become a permanent policy in January 2022.

In general, it is positive to note that during the COVID-19 crisis, the government has continued to design and implement social protection programmes that tend to reach the most vulnerable populations.

Based on the analysis of the social assistance responses to COVID-19, some of the key lessons learned for Tunisia in terms of shock-responsive and child-sensitive social protection are the following.

- The existing database of vulnerable households benefiting from free or subsidised medical coverage allowed a rapid response during the crisis. COVID-19 represents an opportunity to study the feasibility of permanently including all individuals not previously registered in any database or social programme, to ease future emergency responses and improve routine social protection programmes.
- While beneficial, emergency measures were of short duration. Future emergency responses to crises such as COVID-19 should have a longer duration to support households more effectively.
- To address the needs of larger families, cash transfers should consider household size when determining the benefit value.

References:

Bilo, C., J.P. Dytz, and L. Sato. 2022. "Social protection responses to COVID-19 in MENA: Design, implementation and child-sensitivity". *Research Report*, No. 76. Brasília and Amman: International Policy Centre for Inclusive Growth and United Nations Children's Fund Middle East and North Africa Regional Office.

UNICEF. 2020a. *Impact des mesures de confinement associées à la pandémie COVID-19 sur la pauvreté des enfants*. New York: United Nations Children's Fund. <<https://t.ly/w2lo>>. Accessed 15 July 2022.

World Bank. 2021. "The World Bank in Tunisia: Overview". World Bank website. <<https://www.worldbank.org/en/country/tunisia/overview#1>>. Accessed 15 July 2022.

Notes:

1. For the full list of references and a description of all social protection measures mapped, see the full study.
2. See: <<https://socialprotection.org/social-protection-responses-covid-19-global-south>>.
3. All values in US dollars at the exchange rate of 4 April 2022.