Next Practices

Innovations in the COVID-19 social protection responses and beyond
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Next Practices

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The COVID-19 pandemic has necessitated large-scale, rapid responses from governments to ensure that the negative effects of the crisis on people’s livelihoods are mitigated. Countries with more well-established social protection (SP) systems in place prior to the crisis (e.g. through the use of social registries) were able to respond faster, but almost all countries required innovative practices to quickly deliver SP to those usually excluded from benefits, such as informal-sector workers, refugees and migrants.

This paper aims to systematise the SP innovations implemented in response to the COVID-19 crisis, which can be leveraged to build more inclusive and sustainable SP systems in the medium and long term. It highlights the factors that enable ‘inclusive innovation,’ focusing on the levers of success, and the lessons learned from the process for the future—i.e., the ‘next practices.’ The paper also calls attention to innovative lessons from countries in the Global South on how to include traditionally excluded groups in SP responses, especially in times of crisis. It also shows how innovations can inform the sustainable expansion of SP systems to help countries achieve Sustainable Development Goal (SDG) target 1.3: “Implement nationally appropriate SP systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable.”

Innovations in the context of the COVID-19 crisis specifically should be understood as changes and practices that rapidly and effectively enhance the inclusion of those in need into SP systems. Throughout this report, ‘innovation’ is understood as a multidimensional concept, including technologically-focused innovations, governance innovations and process innovations. The last two include institutional changes to decision-making processes and hierarchical structures that enhance citizen engagement, and changes to the planning and implementation of a service/programme, including its structure and/or administrative processes, to ensure the most vulnerable populations can be reached. Thus, this report looks at inclusive innovative measures in beneficiary identification and registration, payment mechanisms, communication, case management and grievance redressal mechanisms (GRMs).

**Main findings**

Section 2 provides an overview of the SP measures implemented in the Global South, including the main instruments used and the population groups targeted, as well as the coverage of those responses and the benefits provided. Across the 961 measures mapped, social assistance (54 per cent) was the most frequent SP component used in the response, followed by labour market and employment protection (35 per cent) and social insurance (11 per cent). Regarding SP support, the three most common types of responses provided across all components were cash transfers, liquidity alleviation and in-kind transfers. In general, the measures implemented exhibited a marked shift from targeting only the poorest people to providing support for groups that are traditionally neither covered by social assistance programmes nor contribute to social insurance, such as informal workers.

Section 3 looks at fiscal space and coordination as important prerequisites that need to be in place for successful and rapid implementation of SP measures in times of crisis. The measures mapped mostly relied on public sources of financing (69 per
cent), followed by international sources (18 per cent). The use of social security (5 per cent) and private financing (8 per cent) was comparatively low in most regions. Within public sources of financing, many countries established ‘extra-budgetary funds’ to collect donations from the public and private sectors, as well as the donor community, and to facilitate more expeditious public financial management procedures. Innovative financing practices included those that provided liquidity rapidly (e.g. budget reallocation), combined financing from different sources (e.g. extra-budgetary funds), were proactive in their approach (e.g. contingency funds), or were economically sustainable (e.g. unconventional tax revenues).

In terms of coordination, the pandemic has given rise to ‘SP coordination committees’ and greater contribution of both the private sector and local actors. Coordination committees facilitated inter- and intra-governmental coordination, as well as multi-sectoral coordination between national and international agencies. In some countries, local actors and private sector representatives were also involved in the development of policy responses. They turned out to be particularly important in identifying beneficiaries and delivering assistance to people that have been traditionally excluded.

Section 4 analyses inclusive innovative measures in terms of beneficiary identification and registration, payment mechanisms and communication. It provides country examples for each innovative practice and lists several important factors that are necessary for better and more inclusive implementation in the future. Digital technologies were implemented in most countries for both registration and payment mechanisms, in some cases complemented by other approaches. Across the Global South, 38 per cent of measures relied on registration through web portals; while 52 per cent and 18 per cent relied on bank transfers and mobile money, respectively, to deliver cash support. Communication case management and GRM processes were adapted and implemented mostly through websites, call centres and local actors.

**Recommendations**

The unprecedented socio-economic impacts of the COVID-19 crisis have led to a window of opportunity in SP policymaking. The pandemic has shown that redundancies, while sometimes less efficient, (i.e., a multiplicity of registration or payment mechanisms) are necessary to make sure that no one is left behind, since they guarantee that programmes are accessible and coverage is widespread; and also to account for unforeseen delays, challenges or flaws in implementation mechanisms.

- Financing: No single innovative practice can succeed in financing shock-responsive SP, but rather countries should combine multiple financial instruments that correspond to the severity of the shock and the frequency of its occurrence. The positive aspects of an ‘innovative practice’ are entirely dependent on the way it is designed and implemented. For example, while extra-budgetary funds may weaken fiscal control, if designed well they can enhance transparency and accountability, being more suited for short-term responses. The reallocation of public expenditure should focus on replacing high-cost, low-impact investments with those that are more relevant in
crisis contexts considering developmental consequences in the medium and long-term. Community-based financing, such as through the use of non-governmental organisations (NGOs) and/or Zakat financing in relevant countries might relieve the public burden and the fiscal deficit, and should therefore be explored and facilitated. Countries should also consider alternative tax revenues, such as ‘sin taxes’ and/or ‘monotax’ measures to incentivise the transition to formal labour, accompanied by long-term strategies to enhance efficiency in public spending.

- Coordination mechanisms and partnerships played a pivotal role in enabling quick responses and facilitating multi-sectoral coordination. Newly established SP emergency response committees should streamline their work with that of existing disaster risk management units. Policy design processes should be participatory, engaging different actors—especially representatives of traditionally marginalised groups, such as migrants. Partnerships with the private sector, local actors and NGOs are necessary to ensure rapid delivery and better outreach. Nevertheless, countries should consider establishing these partnerships carefully, providing adequate compensation, and considering existing and surge capacity. Countries should build on such partnerships to develop standard operating procedures for future collaborative shock-responsive efforts.

- Beneficiary identification and registration have demonstrated the importance of digitised IDs, social registries, online portals, and mobile platforms. Nonetheless, for more inclusive mechanisms of beneficiary identification and registration, practitioners should go beyond ‘techno-solutionism’ and also consider their complementarity with adapted manual systems. Countries and their international partners should invest in digitised civil registration systems, disability registries and single registry
development and database interoperability as these are long-term strategies that are instrumental in facilitating SP expansion. The role of local actors, complementary mechanisms such as telephone registration, and social workers should not be overlooked in future crises or normal times, as they facilitate the identification of those who are hardest to reach. Alternatives to ID-based registration, such as reliance on a voter database or employee IDs ought to be adopted in countries with limited ID coverage to ensure that those without IDs can still be included.

- Safe and fast payment delivery would not have been possible without digital delivery modalities such as bank transfers and mobile money. However, the reliance on digital modalities for assistance delivery has inevitably emphasised the digital divide and excluded certain groups. Consequently, future crisis response and long-term SP expansion must be made more inclusive by complementing digital delivery modalities with non-digital ones, creating an enabling environment for digital payment modalities. This could include ensuring the wide coverage of cash-in-cash-out (CICO) agents, the availability of e-payments at merchants, and formalising and regulating the establishment of tiered accounts with mirrored tier-based customer due diligence mechanisms and eased know your customer (KYC) regulations.

- Communication, case management and GRMs. In future crises, countries must employ a variety of channels to communicate with the public in different languages, set communication strategies that clearly indicate changes to eligibility criteria for existing social assistance programmes and work on ensuring the continuation of GRM processes and their adaptation, especially through the use of multiple forms of contact, including helplines, emails and mobile apps.
1. Introduction
Background

The health, economic and social crises triggered by the COVID-19 pandemic have reverberated across the world unlike any other crisis in recent history. Contrary to the 2008 economic downturn, which caused a gradual decline in some industries, the containment measures necessary to flatten the epidemiological curve of the COVID-19 pandemic resulted in both supply and demand shocks that hit numerous industries and sectors instantly (Johnson and Roberto 2020). Such simultaneous shocks led to an immediate loss of jobs, incomes and livelihoods and could have triggered a tsunami of bankruptcy with the potential to lead to a global financial crisis and depression in the absence of decisive and swift measures to also flatten the recession curve. To achieve the latter, it was necessary to provide liquidity and income support to businesses, workers and families, and ensure overall macroeconomic stability while doing so (Gourrinchas 2020).

Containment measures to foster social distancing and bring the pandemic under control until vaccines and/or effective treatments could be developed included a vast number of actions that disrupted business and livelihoods at different levels, from border closures or curfews to strict lockdowns allowing only essential services to operate. Such measures have varied widely across and within continents (and sometimes even countries) since the start of the pandemic, depending on the strategy adopted to contain it, ranging from outright suppression to different levels of mitigation. Containment measures were adopted after the World Health Organization’s official announcement of the pandemic, either to prevent the initial spread of the disease—as observed in many countries in Asia (e.g. Viet Nam, Thailand and India) and in sub-Saharan Africa, where many of them have managed to avoid the effects of the first wave of the disease—or as an emergency measure when community transmission was already out of control and leading to the collapse of health services, as seen in many places in Europe, the United States, South America and, more recently, in some cities in India, as the epicentre of the pandemic moved across the world. Figure 1.1 provides a snapshot (as of June 2021) of the Oxford University Stringency Index,1 which calculates the strictness of the containment measures, and illustrates how it varies greatly across countries.

Besides the immediate impacts across sectors, containment measures that curbed contact-intensive services in many countries may prompt long-term shifts in the labour structure of the economy, as consumer preference may change permanently, propelling a move towards contactless as opposed to contact-heavy economies such as tourism and hospitality (Blanchard and Illing 2021). It is worth noting that since the second half of 2020, industrial production has recovered from the synchronised collapse observed in the months following the spread of the pandemic and the adoption of containment measures worldwide, while consumption of contact-intensive

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1. It calculates the strictness of countries’ policies by looking at nine different metrics or containment measures, including: school closures; workplace closures; cancellation of public events; restrictions on public gatherings; closures of public transport; stay-at-home requirements; public information campaigns; restrictions on internal movements; and international travel controls (Oxford University 2021).
services has remained at low levels. It remains to be seen whether and how long the sector will take to fully recover after the pandemic is brought under control (IMF 2021).

The COVID-19 crisis is estimated to have caused a contraction of 3.5 per cent in global gross domestic product (GDP) in 2020. However, in the absence of the financial and fiscal measures to respond to the crisis, it is estimated that the global fall in GDP would have been three times larger (IMF 2020b; 2021b). National governments spent a total of USD16 trillion in the first 12 months following the onset of the pandemic: USD10 trillion in additional spending and forgone revenue, and USD6 trillion in loans, equity and guarantees (IMF 2021a).

Figure 1.1 COVID-19 Stringency Index, 1 June 2021

No data
0
10
20
30
40
50
60
70
80
90
100

Note: This is a composite measure based on nine response indicators including school closures, workplace closures, and travel bans, rescaled to a value from 0 to 100 (100 = strictest). If policies vary at the subnational level, the index is shown as the response level of the strictest sub-region.
Source: Oxford University (2021).

Ensuring funds for the health sector and for scaling up Social Protection (SP) measures were two of the key components of the fiscal response. Governments have passed legislation to allow the extraordinary measures required to face the

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2. According to the Social Protection Interagency Cooperation Board (SPIAC-B), social protection can be defined as a “set of policies and programs aimed at preventing or protecting all people against poverty, vulnerability, social exclusion throughout their lifecycles, placing a particular emphasis on vulnerable groups. SP can be provided in cash or in-kind, through non-contributory schemes, such as providing universal, categorical, or poverty targeted benefits such as social assistance; contributory schemes (commonly social insurance), and by building human capital, productive assets, and access to jobs” (SPIAC-B 2020a). See Annex 1 for a full list of instruments under each component of social assistance, social insurance and labour market according to the IPC-IG COVID Social Protection Response Mapping Tracker.
pandemic and its consequences, including the approval of emergency budgets and resource reallocation procedures for the necessary expenditures. Support from International Financial Institutions (IFIs) and regional development banks played a key role in ensuring that many countries could mobilise resources swiftly, avoiding currency depreciation and ensuring macroeconomic stability. Local actors such as civil society organisations (CSOs), non-governmental organisations (NGOs), worker associations and subnational governments were some of the first responders to the COVID-19 crisis and continue to do so in a complementary manner to national government-led actions. In addition, local actors such as CSOs also had the important role of monitoring government responses and calling out potential abuses during the pandemic (Civicus 2020; Gerard, Imbert, and Orkin 2020; IFRC, UNICEF, and FCDO 2020; ILO 2020b; World Bank 2020c; Youngs 2020).

SP systems and their components—including social insurance, social assistance and labour market measures—have proven critical in the context of the pandemic and are the focus of this report. According to Gentilini et al. (2021), on 20 March 2020, just nine days after the World Health Organization’s official announcement of the pandemic, 45 countries and territories had announced emergency SP measures. After a week, this total had reached 84 countries, and by December 2020 more than 222 countries and territories had adopted at least one SP measure. A lower-bound estimate of the cost of these measures suggests that they total USD2.9 trillion, roughly 18 per cent of the amount of fiscal actions to respond to the crisis and 3 per cent of global GDP. For comparison, it is 4.5 times higher than what was spent on SP to respond to the 2007–2008 global financial crisis (Gentilini et al. 2021).

Social assistance measures, such as emergency cash and in-kind transfers and public works, have alleviated income losses and supported households to better comply with stringent social distancing measures and cope with the economic downturn that followed the pandemic. At the same time, social insurance and labour market measures have helped companies keep workers on the payroll and retain human capital that is critical for the rapid reactivation of economic activity in the aftermath of the health crisis (IBC-SP 2020).

Income support programmes were important to increase compliance with social distancing measures and contributed to avoiding an estimated 3.69 million additional COVID-19 cases between 15 February and 15 May 2020 (Asfaw 2021). They have also temporarily mitigated the overall increase in poverty in upper- and lower-middle income countries, despite failing to do so in low-income countries (Fajardo-Gonzalez et al. 2021). Moreover, SP measures have been crucial in stabilising economies, preserving solidarity and social cohesion and preventing the escalation of social tensions (IBC-SP 2020).

3. Scaling up existing public works programmes or introducing new ones was particularly important in rural areas that experienced a surge in returning workers who had been caught by lockdowns in cities and/or neighbouring countries. The Mahatma Gandhi National Rural Employment Guarantee Act (MNREGA) has partially absorbed these workers in India (Vasudevan et al. 2020, Narayanan et al. 2020), but such measures were also observed in Cambodia, Nepal and Bhutan. In other countries, public works have been suspended as part of containment measures, but wage payments were maintained, ensuring some source of income for participants (e.g. Ethiopia and Rwanda).

4. Such as Cambodia’s wage subsidy, Malaysia’s wage subsidy or employment retention programme, Indonesia’s wage subsidies for workers and Brazil’s wage subsidy.
While those countries with well-established SP systems in place prior to the crisis (e.g. through the use of social registries) were usually able to respond faster, almost all countries required innovative practices to quickly deliver SP to those usually excluded from SP benefits, including informal-sector workers, refugees and migrants.

Innovation is generally defined as the “adoption of a change which is new to an organisation and to the relevant environment” (Knight 1967, 478). Innovations in the context of the COVID-19 crisis specifically should be understood as changes and practices that rapidly and effectively enhance the inclusion of those in need into SP systems, providing them with the support and services that aim to protect them against poverty, vulnerability and social exclusion and that are in line with the non-pharmaceutical interventions necessary to contain the pandemic. Public-sector innovations, especially those implemented in crisis situations such as COVID-19, ought not to be evaluated by cost-efficiency maxims but by their ability to increase coverage and serve society as a whole (Moore and Hartley 2008). Moreover, these innovations are not necessarily completely new practices. They may also be the “adaptation to another context, location or time period” of pre-existing measures (Hartley 2005, 27).

According to UNDP, “[I]nclusive innovation describes the pursuit of innovation that has social aims, and local context, at its heart. One can think of it as either—and both—a more inclusive approach to innovation or a more innovative approach to driving social inclusion” (Glennie et al. 2020).

Although the term is often used in the context of technological advancements, it is important to highlight here that innovations do not necessarily have to be technological or digital. Consequently, in this paper the term ‘innovative practices’ is understood to be multidimensional (Hartley 2005), including the following types of innovations:

- technologically focused innovations that protect under-represented groups and seek to solve the challenges they face in benefiting from existing systems (Glennie et al. 2020) (e.g. the introduction of mobile money to curb exclusions from the banking system);

- governance innovations that entail institutional changes to hierarchies and decision-making processes (Moore and Hartley 2008), often by enhancing citizen engagement (Hartley 2005) (e.g. the creation of SP committees with representatives from various levels of government and different sectors); and

- process innovations, which broadly cover changes to the planning and implementation of a service/programme, encompassing both technological and organisational components. The former includes innovations introduced into the service operation to make it more usable, while the latter includes changes to the structure, strategy and administrative processes (Walker 2014) (e.g. the simplification of know-your-customer (KYC) requirements for opening mobile money accounts).
Objective of the paper

Against this background, this paper aims to systematise the SP innovations implemented in response to the COVID-19 crisis which can be leveraged to build more inclusive and sustainable SP systems in the medium and long term. Furthermore, while the paper focuses on responses implemented by national governments in the Global South, practices from local and humanitarian actors are briefly included when considered relevant and information is available.

The paper highlights the factors that enable inclusive innovation, focusing on the levers of success, and the lessons learned from the process for the future—i.e. the ‘next practices’. As such, it also aims to show how innovations can inform the sustainable expansion of SP systems to help countries achieve the Sustainable Development Goal (SDG) target 1.3: “Implement nationally appropriate SP system measure for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable”.

It is important to highlight here that most of the measures implemented in response to the pandemic were not entirely new; they often built on existing systems or experiences, at least in part. In this context, innovations are often about tackling existing bottlenecks by adapting existing systems or adopting a process that had been considered before but not implemented at scale, due to uncertainty about potential impacts in certain dimensions (e.g. targeting performance, relatively high cost of adoption, political support). In this sense, another important dimension to look at is how countries were able to implement horizontal and vertical expansions based on pre-pandemic SP systems and/or to tweak existing delivery mechanisms to ensure safety and alignment with social distancing precautions.

Particular attention is given to traditionally excluded groups such as workers in the informal sector (i.e. the missing middle, usually living just above the poverty line), refugees and migrants in irregular situations who are neither eligible for poverty-targeted nationally restricted social assistance programmes nor in a position to contribute to standard social insurance mechanisms. Therefore, the paper also highlights innovative lessons on how to include traditionally excluded groups in SP responses and hence extend the coverage of national systems (the ‘leave no one behind’ approach—LNOB).

Methodology

The paper relies, first, on a comprehensive mapping of government SP responses to COVID-19, conducted by the International Policy Centre for Inclusive Growth.
(IPC-IG)⁶ to identify innovative practices that have emerged during the pandemic (IPC-IG 2021b). The mapping the paper is based on was conducted between March 2020 and March 2021. The mapping and its corresponding online dashboard have been updated since then. It includes social assistance, social insurance and labour market measures and covers information such as:

- Beneficiary registration and identification methods
- Coverage
- Benefit level
- Dates of announcement and implementation of measures (i.e. date of first payment)
- Budget and source of financing
- Implementing institution
- Legal frameworks

The paper is also based on an extensive literature review of reports and papers on shock-responsive SP to highlight and make the case for the next best practices that emerge from this analysis.

Outline of the paper

This paper is organised as follows: Section 2 provides an overview of the SP measures mapped by the IPC-IG in the Global South, including the main instruments used, the population groups targeted, the coverage of those responses and the benefits provided. Particular attention is paid to horizontal and vertical expansion of programmes, as well as to tweaks in the design of programmes to adapt them to context of the pandemic and the inclusion of traditionally excluded groups. Section 3 looks at two important prerequisites that need to be in place for successful and rapid implementation of SP measures in times of a crisis: (i) fiscal space; and (ii) coordination, providing a summary of some of the best practices in financing and coordinating shock-responsive SP. Section 4 analyses inclusive innovative measures, focusing on: (i) beneficiary identification and registration; (ii) payment mechanisms; and (iii) communication, case management and grievance redressal. Finally, Section 5 summarises the main conclusions and provides recommendations in terms of next practices.

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⁶ The mapping’s conceptual framework and its indicators were developed by the IPC-IG jointly with colleagues from the SPACE team. It is based on a review of information publicly available (including government websites and newspaper and social media announcements) in several languages, as well as other available mappings, such as the ‘Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures’ Living Paper (Gentilini et al. 2021) and ‘COVID-19 and the world of work—Country policy responses’ (ILO 2020a). This mapping also counted with the support of UNDP RSCA to map Sub-Saharan countries social protection responses and drew on IPC-IG projects developed in partnership with: UNICEF Middle East and North Africa Regional Office (MENARO) and the UN Issue Based Coalition for Social Protection for the MENA/Arab Region; UNICEF Latin America and the Caribbean Regional Office (LACRO); UNICEF South Asia Regional Office (ROSA) and UNICEF Country Offices in Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka. The mapping is now online on the socialprotection.org website, with financial support from UNDP and GIZ.
2. Overview of the social protection response to COVID-19 in the Global South
2.1 Social protection in the context of the global COVID-19 fiscal response

The COVID-19 pandemic has led to an unprecedented and rapid global fiscal policy response with a view to providing the necessary support to the health sector, to households and to firms and workers to cope with the negative socio-economic impacts of the pandemic, and, in doing so, to attenuate the human toll of the disease and the effects of a global recession. Global government debt reached an unprecedented level of close to 100 percent of global GDP in 2020 and is projected to remain around that level in 2021 and 2022. The public debt-to-GDP ratio for 2021 is projected at 48.5 percent (IMF 2021c). Worldwide, governments announced fiscal actions totalling USD16 trillion in the first year of the pandemic, broadly divided between USD10 trillion in additional spending and forgone revenue, and USD6 trillion in loans, equity and guarantees (IMF 2021a).

There has been considerable variation across countries in terms of the relative size of their fiscal policy response to the crisis. The International Monetary Fund’s (IMF) Fiscal Monitor database contains data on the fiscal response of 60 countries. Based on these data, Orair and Soares (2021) report that the fiscal packages of advanced economies7 costed on average 27.8 per cent of GDP, ranging from 6 per cent in the case of Denmark to 44 per cent in Japan. Emerging economies8 announced smaller packages, representing 6.7 per cent of GDP on average, varying from 1.7 per cent (Egypt) to 15 per cent (Peru). Low-income countries9 had an average fiscal response of 1.8 per cent of GDP, ranging from as little as 1 per cent (Viet Nam and Myanmar) to 7 per cent (Guinea Bissau).

SP policies have been a fundamental part of the fiscal response, being crucial to ensure compliance with containment measures and to mitigate the socio-economic impacts of the crisis. They have encompassed the implementation of new benefits that used existing capacities to come into action, as well as the expansion and adaptation of pre-established programmes (e.g. through broader eligibility criteria or increased benefits). This process led to an expansion of both coverage and overall expenditure in the sector (ibid). Gentilini et al. (2021) estimate that USD2.9 trillion was spent on SP programmes worldwide. This is roughly 3 per cent of the world’s GDP, and 18 per cent of the total fiscal response announced by governments. Such figures are 4.5 times higher than what was spent on SP during the triple crisis of the late 2000s.

Much in the same way that the size of fiscal support varied considerably by country and by income group, so too did expenditure on SP. According to Gentilini et al. (2021), the global average of COVID-related per capita SP spending is estimated at USD345—ranging from only USD4 in low-income countries (LICs) to USD847 in high-income countries (HICs). Even within country income groups, the size of responses was not homogeneous: in upper-middle-income countries (UMICs) COVID-related

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7. Japan, Italy, Germany, UK, France, New Zealand, Singapore, Czech Republic, USA, Belgium, Canada, Spain, Australia, South Korea, Netherlands, Switzerland, Finland, Sweden, Norway and Denmark.
8. Peru, Brazil, Poland, Thailand, Turkey, Chile, Colombia, South Africa, Bulgaria, India, Georgia, China, Argentina, Kazakhstan, Romania, Russia, Indonesia, Philippines, Saudi Arabia, Albania, Tunisia, United Arab Emirates, Pakistan, Mexico and Egypt.
per capita SP spending ranged from USD0.06 to USD2,381, while in lower-middle-income countries (LMICs) and LICs these values varied between USD0.01 and USD369 and USD0.05 and USD15, respectively (see Figure 2.1). These differences also appear when analysing spending as a share of GDP. Focusing on the top five countries by level of SP spending in each income group, the same authors find that in UMICs this share ranges from 4 per cent (Kosovo) of GDP to 26 per cent (Saint Lucia). The disparity decreases together with the level of income considered, ranging from 1 per cent (multiple countries) to 8 per cent (Mongolia) in LMICs, and between 1 per cent (Somalia, Niger and South Sudan) and 3 per cent (Afghanistan) among the top LICs by level of SP spending. Global SP spending is highly concentrated, however, as the United States is responsible for 65 per cent of the total spending in this sector.

**Figure 2.1** Per capita social protection spending by country income group (USD)

![Figure 2.1](image)

*Note: The number of countries within each income group is indicated in brackets.
Source: Gentilini et al. (2021, 15).*

### 2.2 Social protection response to COVID-19 in the Global South

The remainder of this section describes the main features of the SP responses in the Global South using a shock-responsive framework, looking at the diverse SP measures that led to vertical or horizontal expansion of SP systems (not only of programmes, as new programmes were temporarily added to the system), as well as design tweaks to adapt programmes to the context of the pandemic. The analysis is based on a mapping undertaken by the IPC-IG with the support of SPACE and sponsored by UNDP and GiZ. Since the outbreak of the pandemic in March 2020, the IPC-IG had mapped a total of 961 SP responses in 129 countries as of June 2021 in the Global South (South Asia, East Asia and the Pacific, the Arab

States, Sub-Saharan Africa, and Latin America and the Caribbean). The mix of SP measures and target groups differed by country, with some prioritising informal workers—previously uncovered—and others focusing on supporting vulnerable individuals such as elderly people and those with disabilities. It is important to bear in mind that most indicators refer to the distribution and main features of individual measures; they are not aggregated at the country level to provide overall country coverage and expenditures. Thus, coverage estimates are provided by intervention and are not aggregated at the country level, as there may be overlaps across different interventions. However, whenever possible, coverage was estimated by taking into account both direct and indirect beneficiaries, the latter being members of households of the main beneficiary of a particular measure.

Table 2.1 shows that although LICs represented 18 per cent of the 129 countries covered in the IPC-IG mapping, they were responsible for only 11 per cent of the COVID-related SP responses mapped, indicating a less varied set of responses than other country income groups. The opposite was observed in the case of UMICs: they accounted for 30 per cent of the countries but were responsible for 40 per cent of the SP measures.

Table 2.1 Number of countries and social protection measures by income group

<table>
<thead>
<tr>
<th>Income group</th>
<th>Countries</th>
<th>Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIC</td>
<td>23 (18%)</td>
<td>149 (16%)</td>
</tr>
<tr>
<td>UMIC</td>
<td>39 (30%)</td>
<td>385 (40%)</td>
</tr>
<tr>
<td>LMIC</td>
<td>44 (34%)</td>
<td>322 (34%)</td>
</tr>
<tr>
<td>LIC</td>
<td>23 (18%)</td>
<td>105 (11%)</td>
</tr>
<tr>
<td>Total</td>
<td>129 (100%)</td>
<td>961 (100%)</td>
</tr>
</tbody>
</table>

Source: IPC-IG (2021b).

Table 2.2 shows the type of SP support offered by countries in the Global South within each income group. This classification cuts across different components of SP—for example, different types of cash benefits such as emergency cash transfers, cash for work or unemployment insurance; wage subsidies are jointly classified as cash benefits regardless of whether they refer to social assistance, social insurance

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11. Within the IPC-IG mapping, East Asia and the Pacific includes: Brunei, Cambodia, China, Cook Islands, Fiji, Indonesia, Lao PDR, Malaysia, Maldives, Micronesia, Myanmar, Papua New Guinea, Philippines, Samoa, Solomon Islands, Thailand, Timor-Leste, Tonga, Tuvalu, Vanuatu and Viet Nam. South Asia includes: Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka. Arab States/MENA includes: Algeria, Bahrain, Djibouti, Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Occupied Palestinian Territories, Oman, Qatar, Saudi Arabia, Sudan, Syria, Tunisia, United Arab Emirates and Yemen. Sub-Saharan Africa includes: Angola, Benin, Botswana, Burkina Faso, Cape Verde, Cameroon, Chad, Congo, Côte d’Ivoire, Democratic Republic of Congo, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, São Tomé and Príncipe, Senegal, Seychelles, Sierra Leone, South Africa, South Sudan, Togo, Uganda, Tanzania, Zambia and Zimbabwe. Latin America and the Caribbean includes: Anguilla, Antigua and Barbuda, Argentina, Aruba, Bahamas, Barbados, Belize, Bolivia, Brazil, British Virgin Islands, Cayman Islands, Chile, Colombia, Costa Rica, Dominica, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Montserrat, Nicaragua, Panama, Paraguay, Peru, Dominican Republic, St Kitts and Nevis, Saint Lucia, St Martin, Suriname, Trinidad and Tobago, Uruguay and Venezuela.

12. For an attempt to aggregate social assistance (social safety net) measures to calculate country-level population coverage, see IMF (2021a).
or labour market interventions. Liquidity alleviation responses include measures such as food, fuel and public utility subsidies, but also the postponement, reduction and/or waiving of social security contributions, tax, loans and/or rents.

As shown in Table 2.2, the combination of cash benefits and liquidity alleviation accounted for 77 per cent of SP measures, followed by in-kind transfers (13 per cent). Looking at country income groups, only in LICs were cash benefits not the most prevalent type of support (31 per cent compared to the Global South average of 45 per cent); in these countries liquidity alleviation (38 per cent), largely driven by subsidies (see Table 2.3), was the most prevalent type of SP support provided. Similarly, in-kind transfers were relatively more important for LICs (21 per cent) than for countries in other income groups.

**Table 2.2** Type of social protection support by country income group

<table>
<thead>
<tr>
<th>Type of support</th>
<th>HIC</th>
<th>UMIC</th>
<th>LMIC</th>
<th>LIC</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash benefits</td>
<td>44%</td>
<td>49%</td>
<td>44%</td>
<td>31%</td>
<td>45%</td>
</tr>
<tr>
<td>Liquidity alleviation*</td>
<td>29%</td>
<td>30%</td>
<td>34%</td>
<td>38%</td>
<td>32%</td>
</tr>
<tr>
<td>In-kind</td>
<td>16%</td>
<td>11%</td>
<td>12%</td>
<td>21%</td>
<td>13%</td>
</tr>
<tr>
<td>Health insurance</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
<td>1%</td>
<td>3%</td>
</tr>
<tr>
<td>Resilience of the health sector</td>
<td>1%</td>
<td>2%</td>
<td>3%</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>3%</td>
<td>3%</td>
<td>1%</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>Training, active labour market policies (ALMP) and child care</td>
<td>3%</td>
<td>2%</td>
<td>1%</td>
<td>0%</td>
<td>2%</td>
</tr>
<tr>
<td>Cash and in-kind</td>
<td>1%</td>
<td>0%</td>
<td>1%</td>
<td>7%</td>
<td>1%</td>
</tr>
<tr>
<td>Total (%)</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Total (N)</td>
<td>149</td>
<td>385</td>
<td>322</td>
<td>105</td>
<td>961</td>
</tr>
</tbody>
</table>

Note: * Liquidity alleviation programmes include subsidies, subsidised credit for self-employed workers, cash support for micro, small and medium businesses, subsidised credit for payroll, flexibility in payment of social security contributions to employees and employers (reduction or deferral), and flexibility in payment of social security contributions to self-employed workers (reduction or deferral).

Source: IPC-IG (2021b).

Figure 2.2 shows that while cash benefits were relatively more prevalent in Latin America and the Caribbean and in East Asia and the Pacific, they were less important in South Asia and sub-Saharan Africa, where in-kind and liquidity alleviation programmes were more important. Thus, besides differences across income groups, there are also marked differences across regions, which suggests that the mix of SP measures used to respond to the COVID-19 crisis was not only shaped by countries’ financial capacity but also by the main features of their existing SP systems. Therefore, emergency cash transfers were more likely to be implemented in regions with a tradition of cash transfer programmes, particularly those more used to respond to smaller covariate shocks with existing schemes. Similarly, regions whose SP systems rely more on subsidies to alleviate the cost of certain key products or services have also used them to provide liquidity to households and, in doing so, to increase their disposable income during the pandemic, instead of implementing large emergency cash transfer programmes.
that had not been tested before in these countries at scale. Nevertheless, as discussed later in the paper, some of the key innovations adopted during the response to the pandemic actually came about in contexts where governments have opted to go beyond existing mechanisms.

Table 2.3 shows in greater detail the type of instruments employed by each country income group. In this regard, it is noticeable that public works, while considerably less common than subsidies, were more widely used in LICs (7 per cent) than in HICs (0 per cent), UMICs (1 per cent) or LMICs (3 per cent), representing only 2 per cent of all SP instruments used. Subsidies accounted for a significantly larger share of the measures adopted by LICs (31 per cent) than by other country income groups, especially UMICs (10 per cent). Overall, subsidies accounted for 16 per cent of all measures. Wage subsidies, which represented 14 per cent of all responses, were used considerably more in HICs (20 per cent) than in LICs (3 per cent). Their use decreased with the country’s level of income. As stated by Orair and Soares (2021), wage subsidies seem to have acted as a substitute for unemployment benefits, considering the latter’s relatively low prevalence as a response, which can possibly be explained by the absence or low coverage of unemployment benefit schemes in most countries in the Global South.

Looking in more detail at the type of subsidies implemented by countries in the Global South, public utility subsidies were more common in HICs (41 per cent) and UMICs (42 per cent) than in LMICs (29 per cent) and LICs (23 per cent), and the same is observed for the reduction or waiving of tax or loan payments (12 per cent, 10 per cent, 4 per cent and 4 per cent, respectively). The opposite is true for fee waivers on mobile money or Internet subsidies, which were the predominant type of subsidies in LMICs (29 per cent, at the same level as public utility subsidies) and in LICs (35 per cent). This type of subsidy is closely linked to one of the innovations in payment and registration methods, as discussed later in the paper (see Table 2.4).
SP responses can be divided into three main categories (see Annex 1 for further details): (i) social assistance (e.g. emergency cash and in-kind (often food) transfers, cash or food for work, subsidies); (ii) social insurance (e.g. health insurance, unemployment insurance); and (iii) labour market and employment protection (e.g. wage subsidies to prevent layoffs, postponement, reduction and waiving of social security contributions, credit for payroll).

### Table 2.3 Types of social assistance, social insurance and labour market instruments by country income group

<table>
<thead>
<tr>
<th>Social assistance</th>
<th>HIC</th>
<th>UMIC</th>
<th>LMIC</th>
<th>LIC</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency cash transfers</td>
<td>6%</td>
<td>12%</td>
<td>14%</td>
<td>15%</td>
<td>12%</td>
</tr>
<tr>
<td>Emergency in-kind transfers</td>
<td>9%</td>
<td>7%</td>
<td>9%</td>
<td>17%</td>
<td>9%</td>
</tr>
<tr>
<td>Unconditional cash transfers (social pension, disability grant)</td>
<td>6%</td>
<td>5%</td>
<td>6%</td>
<td>8%</td>
<td>6%</td>
</tr>
<tr>
<td>Unconditional in-kind transfers</td>
<td>1%</td>
<td>0%</td>
<td>1%</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>Conditional cash transfers</td>
<td>2%</td>
<td>4%</td>
<td>2%</td>
<td>1%</td>
<td>3%</td>
</tr>
<tr>
<td>Conditional in-kind transfers</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>School feeding programmes</td>
<td>6%</td>
<td>3%</td>
<td>2%</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Subsidies (food, housing, utilities, loans, credit)</td>
<td>16%</td>
<td>10%</td>
<td>17%</td>
<td>31%</td>
<td>16%</td>
</tr>
<tr>
<td>Non-contributory health insurance</td>
<td>0%</td>
<td>1%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Public works (cash for work or food for work)</td>
<td>0%</td>
<td>1%</td>
<td>3%</td>
<td>6%</td>
<td>2%</td>
</tr>
<tr>
<td>Emergency cash and in-kind transfers (combined)</td>
<td>1%</td>
<td>0%</td>
<td>1%</td>
<td>7%</td>
<td>1%</td>
</tr>
<tr>
<td>Other</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social insurance/labour market</th>
<th>HIC</th>
<th>UMIC</th>
<th>LMIC</th>
<th>LIC</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unemployment benefits</td>
<td>4%</td>
<td>3%</td>
<td>1%</td>
<td>0%</td>
<td>2%</td>
</tr>
<tr>
<td>Sick leave, injury, invalidity and maternity benefits</td>
<td>3%</td>
<td>3%</td>
<td>1%</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>Health insurance</td>
<td>3%</td>
<td>2%</td>
<td>3%</td>
<td>1%</td>
<td>3%</td>
</tr>
<tr>
<td>Contributory pensions</td>
<td>2%</td>
<td>5%</td>
<td>3%</td>
<td>0%</td>
<td>3%</td>
</tr>
<tr>
<td>Severance pay or other wage benefits</td>
<td>1%</td>
<td>2%</td>
<td>0%</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>Waiving, deferring or reducing rent, loans or tax for affected workers</td>
<td>2%</td>
<td>5%</td>
<td>4%</td>
<td>0%</td>
<td>4%</td>
</tr>
<tr>
<td>Wage subsidies</td>
<td>20%</td>
<td>16%</td>
<td>14%</td>
<td>3%</td>
<td>14%</td>
</tr>
<tr>
<td>Lowering or deferring social security contributions</td>
<td>5%</td>
<td>6%</td>
<td>6%</td>
<td>2%</td>
<td>5%</td>
</tr>
<tr>
<td>Subsidised credit for payroll</td>
<td>1%</td>
<td>5%</td>
<td>2%</td>
<td>0%</td>
<td>3%</td>
</tr>
<tr>
<td>Lowering or deferring social security contribution (for self-employed people)</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>Subsidised credit for workers</td>
<td>1%</td>
<td>1%</td>
<td>2%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Waiving, deferring or reducing rent, loans or tax for self-employed people</td>
<td>3%</td>
<td>1%</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Cash support to keep businesses going</td>
<td>1%</td>
<td>3%</td>
<td>2%</td>
<td>0%</td>
<td>2%</td>
</tr>
<tr>
<td>Training and other active labour market policies</td>
<td>2%</td>
<td>1%</td>
<td>1%</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>Childcare to support workers who need to work during lockdowns</td>
<td>1%</td>
<td>1%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Insurance or financial incentives for front-line or health workers</td>
<td>1%</td>
<td>2%</td>
<td>3%</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>1%</td>
<td>1%</td>
<td>0%</td>
<td>1%</td>
<td>1%</td>
</tr>
</tbody>
</table>

Total | 100% | 100% | 100% | 100% | 100% |

Source: IPC-IG (2021b).
Looking at all 961 measures mapped in the Global South, the majority (54 per cent) were classified as social assistance interventions, followed by labour market and employment protection (35 per cent) and social insurance (11 per cent) measures (for a list of instruments by SP component, see also Annex 1). Across country income groups, while social assistance measures represented the largest proportion of responses in all groups, the proportion is much higher in LICs (89 per cent). In contrast, overall social insurance interventions represented the smallest proportion of the total, being more widely adopted in HICs and UMICs (14 per cent), similarly to labour market and employment protection measures, as shown in Figure 2.3.

**Figure 2.3 Social protection responses to COVID-19 by category as a percentage of all measures mapped in the Global South**

<table>
<thead>
<tr>
<th>Category</th>
<th>HIC</th>
<th>UMIC</th>
<th>LMIC</th>
<th>LIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public utility: deferral of payment (payment obligation remains)</td>
<td>12%</td>
<td>3%</td>
<td>6%</td>
<td>4%</td>
</tr>
<tr>
<td>Public utility: reduction or waiver of payment</td>
<td>41%</td>
<td>42%</td>
<td>29%</td>
<td>23%</td>
</tr>
<tr>
<td>Food subsidy/voucher/staples, price control/ freeze for food items</td>
<td>6%</td>
<td>13%</td>
<td>14%</td>
<td>8%</td>
</tr>
<tr>
<td>Other subsidies, e.g. hygiene products, fuel, transport</td>
<td>6%</td>
<td>6%</td>
<td>8%</td>
<td>12%</td>
</tr>
<tr>
<td>Housing subsidies or rent reduction/waiver</td>
<td>12%</td>
<td>6%</td>
<td>0%</td>
<td>8%</td>
</tr>
<tr>
<td>Rent or tax deferral or loan moratorium (payment obligation remains)</td>
<td>12%</td>
<td>13%</td>
<td>10%</td>
<td>8%</td>
</tr>
<tr>
<td>Tax or loan payment reduction or waiver</td>
<td>12%</td>
<td>10%</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Fee waiver on mobile money or Internet subsidies (increase in connectivity)</td>
<td>0%</td>
<td>6%</td>
<td>29%</td>
<td>35%</td>
</tr>
</tbody>
</table>

Source: IPC-IG (2021b).
Sub-Saharan Africa and South Asia were the regions of the Global South with the largest proportion of social assistance measures (70 per cent and 61 per cent, respectively, of all measures). The two regions also had the smallest proportion of social insurance measures (3 per cent and 7 per cent, respectively), which can be explained by the high proportion of informal workers in the labour market and low social insurance coverage. Conversely, in East Asia and the Pacific, the distribution was more balanced between social assistance and labour market interventions, while the prevalence of social insurance was higher than in any other region, as can be seen in Figure 2.4.

**Figure 2.4** Social protection responses to COVID-19 by category, by region (% of all measures)

In the following subsections, each of the three categories will be analysed separately, with a focus on how the measures allowed temporary vertical or horizontal expansion of SP systems, and the adaptation of SP systems to the pandemic context.

### 2.2.1 Social assistance measures

The most commonly used social assistance instruments across all regions were emergency cash (23 per cent of all measures) and in-kind transfers (17 per cent of all measures), as shown in Figure 2.5. Except for in Latin America and the Caribbean, subsidies on food, utilities, housing and bills were also a very widely used social assistance instrument, especially in Africa. Furthermore, while very few school feeding measures were mapped in East Asia and the Pacific (1), the Arab States (1), Sub-Saharan Africa (2) or South Asia (3), significantly more were mapped in Latin America and the Caribbean (24). It should be remembered here that this often involved the adaption of existing school feeding programmes (e.g. by converting them into take-home rations), not the introduction of new programmes.

---

**Note:** The total number of measures in region is indicated in brackets. The total number of measures under each social protection component is indicated in between brackets ( ) in the legend at the bottom of the chart.

Source: IPC-IG (2021b).
The implementation of social assistance measures included coverage expansion (horizontal expansion), implementation changes\(^\text{13}\) and vertical expansion.

In the IPC-IG Dashboard (2021b), coverage expansion—also known as horizontal expansion—refers to extending coverage to people previously uncovered either through existing programmes or the creation of new interventions. Vertical expansion, on the other hand, provides existing beneficiaries of SP programmes with additional benefits, either by increasing the value of the assistance received through the programme or by introducing new components to it. As shown in Figure 2.6, most social assistance measures (254)\(^\text{14}\) were expanded horizontally to provide those uncovered with assistance.

---

**Figure 2.5 Social assistance measures by instrument and region**

<table>
<thead>
<tr>
<th>Region</th>
<th>Coverage expansion only</th>
<th>Other implementation changes only</th>
<th>Vertical expansion only</th>
<th>Coverage and vertical expansion</th>
<th>Vertical and other implementation change</th>
<th>Coverage and other implementation change</th>
<th>Coverage, vertical and other implementation change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global South [518]</td>
<td>23%</td>
<td>6%</td>
<td>11%</td>
<td>17%</td>
<td>29%</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>South Asia [51]</td>
<td>14%</td>
<td>6%</td>
<td>10%</td>
<td>22%</td>
<td>33%</td>
<td>8%</td>
<td>4%</td>
</tr>
<tr>
<td>East Asia and Pacific [78]</td>
<td>32%</td>
<td>5%</td>
<td>5%</td>
<td>9%</td>
<td>38%</td>
<td>8%</td>
<td>4%</td>
</tr>
<tr>
<td>Sub-Saharan Africa [164]</td>
<td>18%</td>
<td>2%</td>
<td>12%</td>
<td>18%</td>
<td>39%</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>Arab States [79]</td>
<td>25%</td>
<td>1%</td>
<td>9%</td>
<td>14%</td>
<td>33%</td>
<td>3%</td>
<td>10%</td>
</tr>
<tr>
<td>Latin America and the Caribbean [146]</td>
<td>24%</td>
<td>16%</td>
<td>14%</td>
<td>21%</td>
<td>21%</td>
<td>11%</td>
<td>11%</td>
</tr>
</tbody>
</table>

Note: The total number of social assistance measures is indicated in brackets next to each region. The number of times measures have been classified under a different social assistance instruments are indicated in between brackets ( ) in the legend at the bottom of the chart.

The ‘Other’ category includes oans to pensioners. While MENA has 79 measures in total, 1 of its measures (Takaful and Karama) has been counted as two instruments; conditional cash transfer and unconditional cash transfer.

Source: Authors’ elaboration based on IPC-IG (2021b).

---

The implementation changes included anticipation of payments/withdrawals, changes in the delivery modality, waivers of conditionality and flexibilisation of payment duties.

1. The total number of measures that had ‘coverage expansion only’ = 204 + ‘coverage and vertical expansion’ = 28 + ‘coverage and other implementation change’ = 11 + ‘coverage, vertical and other implementation change’ = 11.
Vertical expansion occurred mostly by increasing the benefit value of existing programmes, while coverage expansion was achieved by introducing new interventions, as shown in Figure 2.7.

**Figure 2.7** mechanisms for coverage and vertical expansion of social assistance measures across the Global South (excluding subsidies)

Coverage expansions by new or existing interventions
- Existing interventions
- New interventions

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>New interventions</td>
<td>69%</td>
</tr>
<tr>
<td>Existing interventions</td>
<td>31%</td>
</tr>
</tbody>
</table>

Vertical expansions by type
- Increased benefit amount
- New programme components

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>New programme components</td>
<td>76%</td>
</tr>
<tr>
<td>Increased benefit amount</td>
<td>24%</td>
</tr>
</tbody>
</table>

Source: IPC-IG (2021b).

Social assistance measures that expanded their coverage mostly targeted poor and vulnerable households (44 per cent), and vulnerable individuals such as children, elderly people, those with disabilities, refugees and internally displaced persons (38 per cent), and about 11 per cent of measures targeted informal workers in particular, as shown in Figure 2.8. Efforts were made to distinguish between measures that targeted informal workers and measures that targeted vulnerable or poor households. The latter include those measures that target ‘poor and vulnerable’ households with no reference in their eligibility criteria to irregular or informal sources of income. Measures that targeted poor and vulnerable households generally as well as informal workers were coded as benefiting both groups. The purpose of differentiating between poor/vulnerable households and informal households was to better understand and improve the analysis of national efforts made to reach the ‘missing middle’. It is important to highlight here that the data available showcase the ‘number of times a group was targeted’, as opposed to whether it was effectively covered. Further research and investment in data collection with mechanisms to enhance governmental collaboration and data validation are required to achieve an accurate calculation of effective coverage.

An important aspect of the social assistance response to COVID-19 is a marked shift from targeting only the poorest people to providing support for all affected individuals, especially the ‘missing middle’ (see Table 2.5 for a brief overview of notable emergency social assistance measures with high effective coverage and/or targeting groups other than poor people).
Figure 2.8 Target groups of social assistance measures that expanded their coverage in the Global South (excluding subsidies)

<table>
<thead>
<tr>
<th>Region</th>
<th>Poor and vulnerable households</th>
<th>Vulnerable individuals</th>
<th>Informal workers</th>
<th>Both formal and informal workers</th>
<th>Universal</th>
<th>Formal workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global South</td>
<td>44%</td>
<td>38%</td>
<td>11%</td>
<td>4%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Latin America and the Caribbean</td>
<td>47%</td>
<td>28%</td>
<td>18%</td>
<td>4%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td>52%</td>
<td>42%</td>
<td>13%</td>
<td>4%</td>
<td>3%</td>
<td>1%</td>
</tr>
<tr>
<td>Arab States</td>
<td>24%</td>
<td>56%</td>
<td>15%</td>
<td>5%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>East Asia and Pacific</td>
<td>59%</td>
<td>15%</td>
<td>15%</td>
<td>7%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>South Asia</td>
<td>41%</td>
<td>31%</td>
<td>17%</td>
<td>10%</td>
<td>1%</td>
<td>1%</td>
</tr>
</tbody>
</table>

Note: One programme can target more than one target group. The number of times the group was targeted is indicated in brackets.

Source: Authors’ elaboration based on IPC-IG (2021a).

This was made possible through a combination of using the infrastructure of existing SP programmes for vertical or horizontal expansion to include new groups, fast-tracking previous national commitments to change, tweak or reform the SP system, and past experiences of governments with similar situations, which were all essential enablers of a rapid response. For example, the inclusion of the working poor in social assistance programmes in Jordan began with the introduction of the quarterly Supplementary Support Programme in 2018, which enabled informal workers to benefit (UNICEF and JSF 2020). The infrastructure for the Supplementary Support Programme, including its application website, eligibility criteria and benefit calculation, were all used to introduce the Daily Wage Worker Cash Assistance Programme during the pandemic.

Furthermore, the case of Colombia provides a good example of where previous national commitments were fast-tracked in light of COVID-19. At the start of the pandemic, the government announced the implementation of a permanent value-added tax (VAT) refund programme offering bi-monthly payments of COP75,000 to 1 million existing beneficiaries of two SP programmes (IPC-IG 2021a). While the programme was instrumental in increasing financial security for beneficiaries throughout the crisis, it was designed much earlier, had already been approved by Congress in December 2019 and was set to be piloted in 2020 (Londoño-Vélez and Querubin 2020).

Finally, for countries in sub-Saharan Africa, lessons learned from national responses to the Ebola crisis influenced the design and implementation of COVID-19 responses. Recognising how humanitarian responses to Ebola sidelined women in what has come to be known as “tyranny of the urgent” (Smith 2019), the Government of Togo decided to pay women a higher benefit than male recipients in the country’s Novissi emergency cash transfer scheme for informal workers, reaching over 12 per cent of the population (Regional Innovation Centre UNDP Asia-Pacific 2020). The decision to pay women a higher amount was based
on Togo and West Africa’s past experience, which showed that women carry a heavier burden than men and that they are more likely to use the money for the benefit of their children and their household (CGAP 2020b).

Table 2.5 Overview of selected cash transfer programmes

<table>
<thead>
<tr>
<th>Country</th>
<th>Name of measure</th>
<th>Target</th>
<th>Coverage (proportion of total population)</th>
<th>Benefit value (USD PPP)*</th>
<th>Frequency</th>
<th>Adequacy (benefit as a proportion of monthly average household income or expenditure)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuvalu</td>
<td>COVID-19 Relief Scheme</td>
<td>All citizens</td>
<td>100%</td>
<td>30.8 (TVD40)</td>
<td>Monthly from March 2020 until the end of the State of Emergency</td>
<td>Not available</td>
</tr>
<tr>
<td>Morocco</td>
<td>Urgent Support Measures for Informal Workers and Households</td>
<td>Informal-sector workers</td>
<td>71%</td>
<td>191.7–287.5 (MAD800–1,200)</td>
<td>Provided monthly for three months based on household size</td>
<td>11.8% (minimum value) 17.7% (maximum value)</td>
</tr>
<tr>
<td>Thailand</td>
<td>Cash Handouts</td>
<td>Low-income casual workers, freelancers and farmers who are not covered by the social security system</td>
<td>45%</td>
<td>271.88 (THB3,500)</td>
<td>Provided weekly</td>
<td>13.4%</td>
</tr>
<tr>
<td>Argentina</td>
<td>Ingreso Familiar de Emergencia</td>
<td>Informal workers, monotax payers</td>
<td>43.4%</td>
<td>355.27 (ARG10,000)</td>
<td>Provided on an ad hoc basis</td>
<td>17.8%</td>
</tr>
<tr>
<td>Bolivia</td>
<td>Bono Universal (Emergency Cash Transfer)</td>
<td>All citizens between 18 and 60 years</td>
<td>34.7%</td>
<td>191.04 (BOB500)</td>
<td>Provided as a one-off payment</td>
<td>11.3%</td>
</tr>
<tr>
<td>Jordan</td>
<td>Daily Wage Worker Cash Assistance Programme</td>
<td>Informal-sector workers</td>
<td>11.6%</td>
<td>149.72–407.24 (JOD50–136)</td>
<td>Provided monthly for three months based on household size</td>
<td>9.45% (minimum value) 25.7% (maximum value)</td>
</tr>
<tr>
<td>South Africa</td>
<td>COVID-19 Social Relief and Distress Grant</td>
<td>All citizens, permanent residents, asylum-seekers and permit holders from Zimbabwe, Angola and Lesotho Who are unemployed Not receiving any government assistance/unemployment insurance</td>
<td>10%</td>
<td>50.48 (ZAR350)</td>
<td>Provided monthly for nine months</td>
<td>10%</td>
</tr>
</tbody>
</table>

Note: *PPP: Purchasing power parity.
Source: Authors’ elaboration based on IPC-IG (2021a).
COVID-related social assistance programmes have resulted in a significant increase in coverage, as shown in Figure 2.9. Nevertheless, it is important to keep in mind that since the largest proportion of newly implemented measures are temporary emergency measures (22 per cent), there is a likelihood that coverage levels will begin to decrease in the post-pandemic recovery period—indeed, in most countries, they already have—unless countries take action to extend emergency measures or integrate their beneficiaries into existing programmes.

Figure 2.9 New and existing coverage of emergency cash assistance programmes

Note: ‘New coverage’ applies to new and expanded programmes. ‘Previous coverage’ applies to both existing programmes and programmes that were built on existing ones. Measures with coverage less than 21 per cent were excluded. The numbers in brackets [ ] indicate the duration of the measure in months.

Source: IPC-IG (2021b).
2.2.2 Social insurance measures

In terms of social insurance, the most commonly used instruments globally include contributory pensions (30 per cent) and health insurance (24 per cent), as shown in Figure 2.10.

**Figure 2.10 Social insurance measures by instrument and region**

![Figure 2.10](image)

Note: Total number of social insurance measures indicated between brackets [ ] next to each region. The number of times measures have been classified under a different social insurance instrument are indicated in between brackets ( ) in the legend at the bottom of the chart.

Source: IPC-IG (2021b).

Slightly more social insurance measures underwent an implementation change (43 measures) rather than being horizontally expanded (42 measures) to reach new beneficiaries, as shown in Figure 2.11.

**Figure 2.11 Key implementation features of social insurance measures in response to COVID-19**

![Figure 2.11](image)

Source: IPC-IG (2021b).
Figure 2.12 Mechanisms for coverage and vertical expansion of social insurance measures across the Global South

Coverage expansions by new or existing interventions
- Existing interventions
  - 36%
- New interventions
  - 64%

Vertical expansions by type
- Increased benefit amount
  - 41%
- New programme components
  - 59%

Source: IPC-IG (2021b).

Around 20 per cent of social insurance measures which were expanded to include new beneficiaries targeted informal workers, 15 per cent targeted informal workers alongside formal workers, and 5 per cent of measures targeted informal workers separately. Most expanded measures focused on targeting formal workers, as shown in Figure 2.13.

Figure 2.13 Target groups of social insurance measures that have expanded coverage, by region

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Global South</td>
<td>56%</td>
<td>5%</td>
<td>15%</td>
<td>10%</td>
<td>15%</td>
</tr>
<tr>
<td>Latin America and the Caribbean</td>
<td>60%</td>
<td>7%</td>
<td>20%</td>
<td>13%</td>
<td></td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td>67%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arab States</td>
<td>33%</td>
<td>11%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Asia</td>
<td>50%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>East Asia and Pacific</td>
<td>67%</td>
<td></td>
<td>17%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes: One programme can target more than one target group. Number of times the group was targeted is indicated in brackets [ ].
Source: Authors’ elaboration based on IPC-IG (2021b).

The most prevalent mechanisms for horizontal and vertical expansion were increasing coverage through the introduction of new interventions (64 per cent) and the introduction of new programme components (59 per cent) for
beneficiaries of existing programmes, as shown in Figure 2.12. An example of a new intervention was the establishment of full health insurance coverage for approximately 2.2 million front-line workers in India (IPC-IG 2021a).

### 2.2.3 Labour market measures

The most commonly used labour market instruments globally include wage subsidies (39 per cent), lowering or deferring social security contributions for wage workers and their employers (14 per cent), and waiving or postponing rent/loan payments for affected workers (12 per cent), as shown in Figure 2.14. A notable example of a wage subsidy is the Costa Rican Bono Proteger programme, which provided financial aid for three months to both formal and informal workers, reaching 29.25 per cent of the labour force (IPC-IG 2021a).

The least prevalent instrument globally was childcare to support workers who need to work during lockdown (1 per cent). All regions except for East Asia and the Pacific lowered or deferred self-employed workers’ social security contributions. South Asia, sub-Saharan Africa and Latin America also provided self-employed workers with subsidised credit.

**Figure 2.14** Labour market measures by instrument and region

<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiving/deferring rent/loan payments - for affected workers</td>
<td>12%</td>
<td>12%</td>
<td>11%</td>
<td>17%</td>
<td>10%</td>
<td>11%</td>
</tr>
<tr>
<td>Wage subsidy</td>
<td>39%</td>
<td>40%</td>
<td>50%</td>
<td>33%</td>
<td>40%</td>
<td>15%</td>
</tr>
<tr>
<td>Lowering/deferring social security contributions (wage workers</td>
<td>14%</td>
<td>10%</td>
<td>18%</td>
<td>9%</td>
<td>22%</td>
<td>15%</td>
</tr>
<tr>
<td>and their employers)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lowering/deferring social security contribution (for self-employed)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subsidised credit for payroll</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Lowering/deferring social security contribution (for self-employed)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subsidised credit for self-employed</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waiving/deferring rent payment, deferring loan payments for</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>the self-employed / tax payments for self-employed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash support to keep business</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Childcare to support workers who need to work during lockdown</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insurance/financial incentives to frontline/health workers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: The total number of labour measures is indicated in brackets next to each region. The number of times measures have been classified under a different labour market instrument are indicated in brackets in the legend at the bottom of the chart. The ‘Other category includes an interest rate subsidy granted to microfinance institutions, increase in minimum wage. Source: Authors’ elaboration based on IPC-IG (2021b).
Most of the labour market measures mapped were expanded horizontally, as shown in Figure 2.15. Increasing coverage through a new intervention was the most prevalent method of horizontal expansion, and establishing new components for beneficiaries of existing programmes was the most commonly implemented method of vertical expansion, as Figure 2.16 shows.

**Figure 2.15** Key implementation features of labour market measures in response to COVID-19

![Figure 2.15](image)

Source: IPC-IG (2021b).

**Figure 2.16** Mechanisms for coverage and vertical expansion of labour market measures across the Global South

Coverage expansions by new or existing interventions

- Existing Interventions
- New Interventions

8% 92%

Vertical expansions by type

- Increased benefit amount
- New programme components

38% 62%

Source: IPC-IG (2021b).

A sizable majority of labour market measures that were expanded horizontally targeted formal workers explicitly (62.8 per cent), as shown in Figure 2.17. Informal workers were targeted through 34.6 per cent of the measures, either through programmes that targeted informal workers alone or through programmes that targeted both formal and informal workers together. While Latin America and the Caribbean had the largest proportion of measures that targeted informal workers
alone (15 per cent), sub-Saharan Africa implemented the largest proportion of measures that targeted informal workers alongside formal workers (38 per cent) in labour market responses, as shown in Figure 2.18.

**Figure 2.17** Target groups of labour measures that have expanded coverage in the Global South

![Figure 2.17](image)

Note: One programme can target more than one target group. The number of times the group was targeted is indicated in brackets.
Source: Authors’ elaboration based on IPC-IG (2021a).

**Figure 2.18** Target groups of labour measures that have expanded coverage, by region

![Figure 2.18](image)

Note: One programme can target more than one target group. The number of times the group was targeted is indicated in brackets.
Source: Authors’ elaboration based on IPC-IG (2021a).
3. Requirements for successful implementation
The unprecedented introduction and scale-up of SP measures in response to the COVID-19 crisis required countries not only to mobilise the necessary financial resources but also to coordinate with different state and non-state actors at the national, regional and local levels. In addition to financing and coordination, other relevant prerequisites for successful implementation of emergency SP responses include adequate policy and legal frameworks, as well as capacity across different institutions and sectors. For example, if national SP policies, strategies and legislations are developed from the outset from a risk perspective, this can help to better link routine programming and planning to covariate shocks and enhance coordination across different sectors. Furthermore, the existence of human, operational and logistical capacities is key in crisis situations, which can include the incorporation of lessons learned from previous crises, as also observed in some countries during the current crisis.

This section looks at two of these dimensions, namely: how countries mobilised domestic and international resources to finance SP measures, and how successful coordination of various actors at the country level has facilitated the adoption of unprecedented measures. Each subsection begins with a brief overview, then summarises the best practices identified and, finally, provides further analysis of the best practices mentioned.

3.1 Fiscal space/sustainability

3.1.1 Overview

Gentilini et al. (2021) estimate that total spending on COVID-related SP has already amounted to more than USD2.9 trillion, compared to USD653 billion spent during the 2008–2009 crisis. In the current pandemic, SP spending thus represents 18 per cent of total global stimuli, according to the same authors. However, the exact value of SP benefits is still unknown, as most of the interventions do not have these data available.

Financing information was only available for 63.6 per cent of measures in the IPC-IG mapping (583 out of 916 in total). Based on the available information, national SP measures across the Global South mostly relied on public sources of financing (69 per cent), followed by international sources of financing (18 per cent) (see Figure 3.1). The use of social security financing was comparatively low across most regions, but slightly higher in the Arab States, due to the...
combination of the type of information available and the fact that the region implemented the third largest number of social insurance measures, particularly through the provision of health insurance.

**Figure 3.1** Sources of financing for national social protection measures by region

<table>
<thead>
<tr>
<th>Region</th>
<th>Public (524)</th>
<th>Private (63)</th>
<th>International (133)</th>
<th>Social security (37)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global South (583)</td>
<td>69%</td>
<td>8%</td>
<td>18%</td>
<td>5%</td>
</tr>
<tr>
<td>East Asia Pacific (108)</td>
<td>75%</td>
<td>8%</td>
<td>16%</td>
<td>1%</td>
</tr>
<tr>
<td>South Asia (54)</td>
<td>73%</td>
<td>16%</td>
<td>8%</td>
<td>4%</td>
</tr>
<tr>
<td>Arab States (96)</td>
<td>57%</td>
<td>17%</td>
<td>12%</td>
<td>14%</td>
</tr>
<tr>
<td>Latin America and the Caribbean (159)</td>
<td>79%</td>
<td>5%</td>
<td>10%</td>
<td>6%</td>
</tr>
<tr>
<td>Sub-Saharan Africa (166)</td>
<td>63%</td>
<td>5%</td>
<td>30%</td>
<td>2%</td>
</tr>
</tbody>
</table>

Note: The number of measures with financing information is indicated in brackets next to the region. The number of times public, private, international and/or social security sources of financing were used are also indicated in brackets in the legend at the bottom of the chart. Please note that one measure can have multiple sources of financing.

Public sources of financing include: state budget, *contingency funds, budget reallocation, extrabudgetary funds with public and private financing, and central bank measures. Private sources of financing include: extrabudgetary funds with public and private sources of financing, Zakat Funds, individual/NGO donations, private-sector donations and/or other donations. International sources of financing include: international organisations, donor countries, regional development banks and IFIs. Social security includes measures financed by social security/social insurance funds.

* Measures categorised as being financed by the state budget included those with financing from the Treasury or the Government or through savings and debt financing. It is important to note that measures were categorised as funded by the state budget where funding was known to be from the government but details were not provided on the particular source or public entity providing the funding.

Source: Authors’ elaboration based on IPC-IG (2021a).

**Figure 3.2** Sources of financing for national social protection measures by income group (% of total)

<table>
<thead>
<tr>
<th>Income Group</th>
<th>Public</th>
<th>International</th>
<th>Private</th>
<th>Social security</th>
</tr>
</thead>
<tbody>
<tr>
<td>High income</td>
<td>74%</td>
<td>9%</td>
<td>14%</td>
<td>3%</td>
</tr>
<tr>
<td>Upper-middle income</td>
<td>74%</td>
<td>8%</td>
<td>5%</td>
<td>13%</td>
</tr>
<tr>
<td>Lower-middle income</td>
<td>65%</td>
<td>19%</td>
<td>11%</td>
<td>5%</td>
</tr>
<tr>
<td>Low income</td>
<td>53%</td>
<td>40%</td>
<td>7%</td>
<td></td>
</tr>
</tbody>
</table>

Source: Authors’ elaboration based on IPC-IG (2021a).

17. Twenty-two measures, following 36 implemented in Latin America and the Caribbean and 32 in East Asia and the Pacific.
Figure 3.2 illustrates the use of different income sources by country income group considering the information on budget that was available and showing the income source as a percentage of total sources employed by the particular group. While public funding was the most common income source for all groups, its use is significantly lower in LMICs and LICs, where international sources are more common than in UMICs and HICs, especially in the case of LICs. No cases of the use of social security were mapped by the IPC-IG as a source of funding for COVID-related SP responses in LICs, although it was used relatively commonly in UMICs.

3.1.2 Summary of lessons learned and innovative practices in financing

Table 3.1 provides a summary of the innovative practices identified in the financing mechanisms of shock-responsive SP responses to COVID-19. They are a combination of ex ante and ex post financial instruments. It also highlights important considerations when implementing the identified financial instruments. The criteria for identifying ‘innovative practices’ included looking at process or governance innovations in financing that exhibited at least one of the following characteristics:

- provided liquidity rapidly (e.g. budget reallocation);
- combined financing from different sources (e.g. extrabudgetary funds);
- were proactive in their approach (e.g. contingency funds); or
- were economically sustainable (e.g. unconventional tax revenues).

It is, however, important to note that no single innovative practice can succeed in financing shock-responsive SP; rather, countries should combine multiple financial instruments that correspond to the severity of the shock and the frequency of its occurrence (Bowen et al. 2020). It is also worth mentioning that the positive aspects of a ‘practice’ are entirely dependent on the way it is designed and implemented. For example, while extrabudgetary funds are cautioned against for weakening fiscal control, if designed optimally, they can enhance transparency and accountability (Rahim et al. 2020).
Table 3.1 Summary of best practices in financing shock-responsive social protection in response to COVID-19

<table>
<thead>
<tr>
<th>Best practices</th>
<th>Country examples</th>
<th>Lessons learned/important considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic financing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Establishment of extrabudgetary funds to facilitate rapid response for short-term measures and enable the collection of funding from a variety of different sources | Jordan | Extrabudgetary funds have enabled rapid financing of SP programmes during the pandemic, as they most often bypass normal stages of the budgeting process. However, for such funds to be effective, the following aspects must be considered:  
  - Legal mandates should clearly stipulate which entities, programmes or sectors the fund will provide financing to, as this enables better planning and a more coordinated response.  
  - The degree of integration within the existing public finance system should be based on careful consideration of the agility of the existing budget system and its scope for simplified authorisation procedures.  
  - Audit trails should be clearly established, and crisis expenditure routinely relayed to the public for transparency. |
| Implementation of budget reallocation from non-essential expenditure and capital projects to finance short-term response | Timor Leste | Budget reallocation provided an immediate financial stimulus during the pandemic. However, for budget reallocation to be implemented successfully without any detrimental effect, the following should be considered:  
  - Reallocating from non-essential expenditure should be implemented, instead of general budget cuts across all public institutions.  
  - Implementing wage bill cuts for budget reallocation should be progressive, exclude certain workers and be accompanied by a strong communication plan outlining the duration of the wage cut and its purpose (Garcia-Escribano and Abdallah 2020).  
  - The effect of reallocation on the quality and effectiveness of service delivery at the local level is very important to factor in for countries with decentralised structures.  
  - Determining which budgets to reallocate should consider what would have higher socio-economic impact — i.e. redirecting funds that would be used for fuel subsidies to finance more effective, targeted programmes. |
<table>
<thead>
<tr>
<th>Best practices</th>
<th>Country examples</th>
<th>Lessons learned/important considerations</th>
</tr>
</thead>
</table>
| Domestic financing                                                            |                                                                                  | | **Unlocking contingency funds** | Philippines | Built-in contingency funds within the Department of Social Welfare were used to distribute emergency in-kind assistance worth PHP1.3 billion (USD26.7 million) immediately after a lockdown was put in place on Luzon island | The existence of contingency funds in certain countries, enabled quick budget reallocation for COVID-19 response purposes.  
• Countries could thus consider planning for contingency budgeting within Ministries of Social Development at national and subnational levels to improve responsiveness to future shocks;  
• Setting contingency budgets would also entail thorough risk assessments and financial modelling to estimate the likelihood of certain threats and forecast and estimate the costs of responding to them (Bowen et al. 2020). |
| Using unconventional tax revenue to support COVID-19 financing and contribute to medium- and long-term response | Indonesia | Introduction of VAT on Internet purchases and income tax for Internet platforms | | | Adjusting taxation systems is a long-term process in and of itself. However, the pandemic has created a window of opportunity for the use of unconventional taxes, which could include:  
• ‘sin taxes’ on tobacco, alcohol and sugar-sweetened beverages, which could also support long-term health promotion;  
• taxes on carbon emissions and extractive industries for long-term climate change mitigation;  
• a Google tax, and tax on large technology/Internet companies (Durán-Valverde et al. 2020); and  
• a monotax, a simplified form of taxation that stimulates the formalisation of workers, increasing fiscal revenue and SP coverage. |
| Leveraging donations from the private sector, charities and individuals and coordinating them to support public COVID-19 financing | Kuwait | Establishing a coordinated donations campaign led by the Ministry of Social Affairs and including the Zakat Fund and 50 local NGOs to target migrant groups and stateless persons who are excluded from the country’s national social assistance programme | | | While the use of donations in crises is neither a new practice nor an innovative one, the way donations are used and how they are coordinated with the wider national and local response can make it a very significant financing instrument. Countries should thus consider:  
• leveraging digital modalities in the collection of donations (QR codes, e-wallets, crowdfunding platforms);  
• coordinating the collection of donations from charities, individuals and the private sector with the relevant ministry/implementing body to finance measures within the wider SP response—i.e. supporting the vertical expansion of existing programmes or implementing a complementary programme; and  
• using donation funding to target traditionally excluded groups as a starting point for their long-term inclusion in national SP programmes. |

Source: Authors’ elaboration based on IPC-IG (2021a) and the literature review.
3.1.3 Domestic public financing

Based on the IPC-IG’s mapping, public financing constituted 69 per cent of resources used to support the scale-up or establishment of SP measures. Most of the measures implemented relied on financing from the state budget (80 per cent), the establishment of COVID-19 extrabudgetary funds (7 per cent) or budget reallocation (6 per cent), as shown in Figure 3.3. Due to limited data availability, this section will focus mostly on tax revenues, extrabudgetary funds and the use of existing contingency funding or budget reallocation.

Figure 3.3 Sources of domestic public financing by region as a proportion of total public financing

<table>
<thead>
<tr>
<th>Region</th>
<th>State budget</th>
<th>Contingency fund</th>
<th>Budget reallocation</th>
<th>Extrabudgetary funds</th>
<th>Central banks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global South [524]</td>
<td>80%</td>
<td>3%</td>
<td>6%</td>
<td>7%</td>
<td>4%</td>
</tr>
<tr>
<td>East Asia and Pacific [109]</td>
<td>77%</td>
<td>5%</td>
<td>15%</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>South Asia [56]</td>
<td>77%</td>
<td>5%</td>
<td>11%</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>Arab States [66]</td>
<td>79%</td>
<td>2%</td>
<td>12%</td>
<td>8%</td>
<td></td>
</tr>
<tr>
<td>Latin America and the Caribbean [143]</td>
<td>75%</td>
<td>6%</td>
<td>6%</td>
<td>7%</td>
<td>6%</td>
</tr>
<tr>
<td>Sub-Saharan Africa [150]</td>
<td>87%</td>
<td>2%</td>
<td>5%</td>
<td>4%</td>
<td></td>
</tr>
</tbody>
</table>

Note: The total number of publicly financed measures is indicated in brackets next to the region. The number of times state budgets, contingency funds, budget reallocation, extrabudgetary funds and central bank sources of financing were used are also indicated in brackets in the legend at the top of the chart. One measure can have multiple sources of financing.

‘Public sources of financing’ include: state budget,* contingency funds, budget reallocation, extrabudgetary funds with public and private financing, and central bank measures.

* Measures categorised as being financed by the state budget included those with financing from the Treasury or the Government or through savings and debt financing. It is important to note that measures were categorised as funded by the state budget where funding was known to be from the government but details were not provided on the particular source or entity providing the funding.

Source: Authors’ elaboration based on IPC-IG (2021a).

Tax revenues

In addition to health impacts, the COVID-19 pandemic has caused economic shocks due to lockdowns and the negative effects on international trade.
tourism, capital inflows, remittances and commodity prices (UNRISD 2021). It has had a significant effect on reducing tax revenues. Across most countries, tax deadlines have been extended, tax penalties and interest have been suspended, and adjustments have been introduced to make income tax more progressive (Megersa 2020). However, it is important to consider the possible long-term implications of each policy. While such tax deferral and tax relief measures are important to rapidly increase liquidity in times of crisis, they risk hampering government revenues if they become permanent (ILO 2020c).

Box 1 The digital economy and social protection funding

Taxing the digital economy is a new and innovative way for governments to generate revenue during a global pandemic that has brought the digital to the fore. Research by the International Labour Organization has concluded that an Internet tax or taxes on big technology companies are the most innovative, sustainable and progressive financial instruments. However, their downsides are related to the unfriendly political climate that surrounds their implementation and the potential lack of institutional capacity to effectively collect tax on Internet purchases (Durán-Valverde et al. 2020).

Nevertheless, in May 2020, Indonesia introduced a 10 per cent VAT on digital products sold by foreign Internet platforms with a ‘significant economic presence’ in the country such as Netflix, Google Play and Amazon. The country also set an income tax obligation for such entities, which could reach 37.6 per cent if the platforms are deemed to have a ‘permanent establishment’ (Sukardi and She Jiaqian 2020). The law was originally meant to come into force on 1 January 2021, but it was brought forward and became effective on 1 July 2020 to capture the shift in people’s consumption patterns, offset the drop in tax revenue caused by COVID-19 and, most importantly, promote fiscal stability during the pandemic (Reuters 2020b; Zwaan 2020). Since Indonesia has one of the world’s highest numbers of Internet users (approximately 171 million), and an Internet economy expected to reach USD130 billion in 2025, the tax measure has significant potential to generate considerable funds for the government, with the consumer inevitably bearing the brunt of it (Rossy and Diamon 2020).

Unlike Indonesia’s VAT, which depends on consumers, Malaysia’s Digital Services Tax requires digital service providers to pay 6 per cent. The new measure, which became effective on 1 January 2020, raised MYR428 million (USD252.39 million purchasing power parity—PPP) in tax revenue for the Malaysian government in 2020 (McCarthy 2021).

While data are not yet available on whether Malaysia or Indonesia has used or will use its Internet tax to finance SP, it is nonetheless a significant, innovative and sustainable financial instrument that can facilitate the expansion of the SP sector.

The Organisation for Economic Co-operation and Development (OECD)/G20 Inclusive Framework on Base Erosion and Profit Shifting, which is a collection of 137 countries negotiating international tax rules, is progressing towards reaching a long-term consensus-based solution to the tax challenges of the digital economy. It also provides governments with toolkits and direct support on how to reduce tax evasion and leverage revenue by taxing digital services.19

19. See OECD (n.d.).
Besides the introduction of tax relief packages, some countries have levied or established unconventional taxes to finance SP responses to COVID-19 (see Box 1). Mongolia and Zambia have used mining and gas taxes to finance social assistance schemes. Countries such as Mauritius and Panama have used a ‘sin tax’ on tobacco to support social security interventions, while Tunisia has increased the sin tax on tobacco to counter the public deficit (Durán-Valverde et al. 2020; The New Arab 2020). Excise or sin taxes on tobacco, alcohol and sugar-sweetened beverages are considered underused policies that provide a sustainable source of revenue given that they have a low elasticity of demand (Mullins, Gupta, and Liu 2020). Excise taxes are also innovative financing instruments which can simultaneously expand the fiscal space for SP and promote better health practices in the long term (Marquez and Dutta 2020; Durán-Valverde et al. 2020). Research indicates that there is scope for better use of excise taxes in sub-Saharan Africa, where excise tax collection in 2015 was less than half the level collected in Europe (Rutkowski 2021). Furthermore, introducing or raising sin taxes is more politically feasible to implement generally as well as specifically (Tovar Jalles et al. 2021) in the context of a pandemic (Povich 2020).

Another way to sustainably finance SP and increase its coverage is the implementation of a monotax mechanism. The monotax is a simplified tax collection payment scheme, which has been implemented in countries such as Argentina, Brazil and Uruguay. It generally unifies tax collection and lowers taxes and social insurance contributions. Therefore, while participation in this system is usually voluntary, this mechanism promotes the formalisation of self-employed workers, who are then included in the contributory social insurance system. Consequently, countries might be able to use this mechanism to increase fiscal revenue and SP coverage (ILO 2019). However, the design features of monotax schemes need to be carefully considered to avoid generating negative effects on firms’ growth (and productivity) (UNDP 2021) and/or their employment strategy, which could lead to hiring workers as self-employed ‘service providers’ rather than workers, reducing the amount of social security contributions for both employers and employees (Azuara et al. 2019).

Research on past pandemics 20 has shown that they have propelled the implementation of tax reforms in developing economies (both emerging and low-income), especially in the areas of corporate income taxes, excises and property taxation (Gupta and Tovar Jalles 2021). This finding also necessitates looking into the overall political economy of implementing tax reforms in developing economies. Gupta and Tovar Jalles (2020), in their research on a sample of 45 developing countries between 2000 and 2015, find that political strength 21 and proximity to elections are positively associated with tax reforms, while there is evidence that the government’s ideology also impacts the type of measures adopted: left-wing governments have been linked with raising revenues, while right-wing governments have been

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21. Gupta and Tovar Jalles (2020, 9) state that political strength captures “the number of political actors participating in fiscal decisions, which typically exhibit conflicting demands”. In this sense, stronger governments act in less fragmented contexts.
associated with lowering them. Other domestic or international aspects that affect the implementation of comprehensive tax reforms are demonstrated in Table 3.2.

### Table 3.2 Political economy aspects of tax reforms

<table>
<thead>
<tr>
<th>Domestic</th>
<th>International</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term nature or volatility of ruling governments: Governments in place for a short period of time or those in countries with volatile political situations are less able to pass on long-term tax reform policies</td>
<td>International obligations and treaties: Some treaties possibly affect tax rights and obligations in domestic law that are no longer reflective of the current economic environment</td>
</tr>
<tr>
<td>Degree of connection between the legislative and the executive branches of government: Weaker connection means less likelihood of tax reforms</td>
<td>IFI loan conditionalities</td>
</tr>
<tr>
<td>Civil society engagement and advocacy: Less scope for engagement and weak advocacy limit the possibility of tax reforms</td>
<td></td>
</tr>
</tbody>
</table>

Source: Tovar Jalles et al. (2021).

### Establishment of national funds and private-sector contributions

Extrabudgetary funds are defined as a set of accounts or a government entity engaged in “financial transactions, often with separate banking and institutional arrangements, that are not part of the annual state budget law” (Allen and Radev 2006). The most prominent advantages of extrabudgetary funds are that they permit the pooling of public and private financing and allow some stages of the formal budgeting, spending or procurement processes required in normal times to be bypassed. According to Rahim et al. (2020), more than 40 countries have established extrabudgetary funds to help finance the COVID-19 response. Table 3.3 summarises 36 SP measures financed fully or partially by extrabudgetary funds (private and public) across 18 countries in the Global South.22

Generally, extrabudgetary funds differ in their sources of financing, as well as in their degree of integration within countries’ public financial management systems. Extrabudgetary funds may be financed from a combination of sources or be dominated by public or private sources of financing. Furthermore, such funds might be fully integrated into existing budgets, thereby categorised as on-budget, or they might be off-budget relying, to a limited extent, on regular public financial management channels or not at all (Rahim et al. 2020). Table 3.4 showcases some of the extrabudgetary funds mapped by the IMF and the IPC-IG, categorised by funding sources and level of integration within public financial management systems.

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22. The number might be higher, as there was no information on the sources of financing for certain measures in some countries which are known to have COVID-19 extrabudgetary funds, such as Eritrea and Mauritius.
<table>
<thead>
<tr>
<th>Country</th>
<th>Number of measures</th>
<th>Name of measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Togo</td>
<td>1</td>
<td>Novissi cash transfer programme</td>
</tr>
<tr>
<td>Mauritania</td>
<td>3</td>
<td>Tax exemption on food and reduction of prices of basic consumer items</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Water and electricity subsidy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Taazour cash transfer programme</td>
</tr>
<tr>
<td>Kenya</td>
<td>1</td>
<td>Weekly COVID-19 Support Stipend</td>
</tr>
<tr>
<td>Equatorial Guinea</td>
<td>1</td>
<td>Public Social Guarantees Programme</td>
</tr>
<tr>
<td>Côte d’Ivoire</td>
<td>1</td>
<td>Cash Transfers under COVID-19 National Solidarity and Humanitarian Support Fund</td>
</tr>
<tr>
<td>Suriname</td>
<td>4</td>
<td>Cash support for unemployed people</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Increase of the General Child Benefit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Increasing benefit level of pensions (contributory)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Increasing benefit level of pensions (non-contributory)</td>
</tr>
<tr>
<td>Colombia</td>
<td>3</td>
<td>Programa de Ayapo al Empleo Formal (PAEF)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Programa de Ayapo para el Pago de la Prima de Servicios (PAP)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Programa de Auxilio a los trabajadores en suspensión contractual</td>
</tr>
<tr>
<td>Guatemala</td>
<td>1</td>
<td>Bono único para jubilados y pensionados</td>
</tr>
<tr>
<td>Jordan</td>
<td>1</td>
<td>Social protection programme to support daily wage workers</td>
</tr>
<tr>
<td>Morocco</td>
<td>2</td>
<td>Indemnité forfaitaire mensuelle</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mesures urgentes de soutien aux travailleurs et ménages de l’informel</td>
</tr>
<tr>
<td>Occupied Palestinian Territories</td>
<td>2</td>
<td>Urgent financial aid for families affected by the COVID-19 crisis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Assistance to workers affected by the COVID-19 crisis</td>
</tr>
<tr>
<td>Kuwait</td>
<td>1</td>
<td>Emergency cash and in-kind assistance</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>1</td>
<td>Fiscal and financial concessions for COVID-19-hit business activities</td>
</tr>
<tr>
<td>Nepal</td>
<td>4</td>
<td>Social Security Fund fee will be paid by the government for enterprises completely closed due to the lockdown during March and April 2020</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Extension for the repayment of the principal/interest instalment of the loan given to the savers from the Citizens’ Investment Fund and to give concession in the interest rate of the loan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Relief food packages</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Electricity bill subsidy</td>
</tr>
<tr>
<td>Bhutan</td>
<td>2</td>
<td>Kidu Relief interest waiver on personal loans</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Financial support for tourism-related business</td>
</tr>
<tr>
<td>Pakistan</td>
<td>1</td>
<td>Ehsaas Emergency Cash</td>
</tr>
<tr>
<td>Philippines</td>
<td>4</td>
<td>Small business wage subsidy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Life insurance and assistance to health workers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Higher Education Tulong Program (B2HELP)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cash assistance to workers in the education sector</td>
</tr>
<tr>
<td>Federated States of Micronesia</td>
<td>3</td>
<td>Pandemic Unemployment Assistance (PUA) and Federal Pandemic Unemployment Supplemental Payment (FPUC)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tourism Mitigation Fund</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Assistance to stranded citizens abroad</td>
</tr>
</tbody>
</table>

Source: Authors’ elaboration based on IPC-IG (2021a).
Table 3.4 COVID-19 extra-budgetary funds across the globe by funding source and level of integration within public financial management systems

<table>
<thead>
<tr>
<th>Level of Integration within public financial management systems</th>
<th>Mostly public</th>
<th>Mostly private</th>
<th>Public, private and external</th>
</tr>
</thead>
<tbody>
<tr>
<td>Off-budget, using regular public financial management channels</td>
<td>Colombia, Liberia</td>
<td>Benin, Ghana, Mauritius, Zimbabwe</td>
<td>Azerbaijan, Bhutan, Botswana, Djibouti, Equatorial Guinea, Togo</td>
</tr>
<tr>
<td>On-budget</td>
<td>Mexico, Ukraine, Uruguay, Zambia</td>
<td>Chad, Mauritania, Morocco, Nigeria, Senegal</td>
<td></td>
</tr>
</tbody>
</table>

Source: Adapted from Rahim et al. (2020) and IPC-IG (2021a).

Some countries used the extrabudgetary funds to fully finance particular benefits, while other countries combined extrabudgetary funds with other sources of financing such as from the state budget, from contingency funds or from international donors and financial institutions. Colombia’s Fund for the Mitigation of Emergencies is an example of an off-budget fund using regular public financial management channels that was financed mostly through public resources and was used to fully fund particular measures. The fund was financed through public debt bonds worth around COP9.8 trillion (USD3.136 billion) that banks must acquire (Reuters 2020a). It was the sole source of financing for three large-scale labour market-related programmes for 6.3 million formal workers, constituting around 23.6 per cent of the labour force (IPC-IG 2021a).

An example of an off-budget fund which bypassed normal spending procedures is Jordan’s Himmat Watan (‘National Strength’) Fund, which was fully financed by the private sector and individual donations. It was established by a Defence Order issued by the Prime Ministry for the purpose of increasing the capacity of the public health care system and allocating finances to poor and vulnerable households (UNICEF and JSF 2020). Oversight and management of the fund was carried out by a committee of influential private-sector figures and economists. As of 9 August 2020, the fund had allocated 69.6 per cent of its resources to support social assistance and 15.3 per cent for the health sector response. Most importantly, it financed Jordan’s emergency cash assistance programme for daily wage workers for the first three months and provided the first payment to beneficiaries only nine days after the programme’s announcement. By the end of the programme, contributions from the Treasury were only released for the second payment; the fund had financed 88 per cent of the programme, with the remaining 12 per cent coming from the Treasury (ibid.).

Unlike Jordan and Colombia, Mauritania’s National Solidarity Fund for the Fight Against Coronavirus is fully integrated into the country’s financial management system and was placed under the supervision of the Ministry of Finance and
the Central Bank. The fund was established by a presidential decree and a governmental contribution of MOR670 million at the start of the pandemic. Its mandated purpose is to finance the purchase of materials for the health sector and support the SP response (CNN 2020). As of August 2020, the Mauritanian Central Bank indicated that the fund had also received more than USD125,000 in donations from public, private and international entities (Public Treasury 2020). The fund has spent 77 per cent of its resources on four SP responses, including universal food subsidies and a reduction in prices of basic consumer items, a water and electricity subsidy for low-income households, and a contribution to the national Taazour cash assistance programme (Public Treasury 2020; IPC-IG 2021a). The latter three programmes, which adopted targeted eligibility criteria, benefited approximately 10 per cent of the population.

In addition to combining different sources of funding, another benefit of extrabudgetary funds is that they separate COVID-19 spending from other spending, thereby enhancing financial transparency and accountability and setting a clear audit trail if strong safeguards are in place (Rahim et al. 2020; Serebro 2020). Such a practice can be seen in Palestine’s Waqfet Izz extrabudgetary fund, which is being voluntarily audited by Ernst and Young (Waqfet Izz Fund 2020), as well as in Kenya’s and Uganda’s extrabudgetary funds, which were created through technical assistance from donors to pool international sources and were set up in a way to reduce fiduciary risk (Rahim et al. 2020). Research by the COVID-19 African Public Finance Response Monitor indicates that separate COVID-19 accounts with detailed websites showcasing budget and expenditure data across Africa represent, at least on paper, a strong commitment to ensuring transparency and reducing corruption in COVID-related expenditure (Serebro 2020).

However, extrabudgetary funds are more suited to financing short-term responses than long-term programmes. The funds’ ability to bypass normal budgetary controls is an asset in times of crisis but a potential risk otherwise, in certain country contexts, as the limited accountability may pave the way for corruption and financial malpractice (Rahim et al. 2020). Audits of Sierra Leone’s and Liberia’s emergency funds to respond to the Ebola crisis identified significant mismanagement of spending (Torbet, Cho, and Herrera 2020). Consequently, it is important that the extrabudgetary fund’s legal mandate clearly stipulates the duration of its existence and sets out actions to deal with any remaining balance following its dissolution (see Figure 3.4 for a summary of the most important considerations for establishing an extrabudgetary fund). For example, the Kenyan extrabudgetary fund can be terminated after a presidential decree indicates that COVID-19 is no longer a threat to the country. Also, the Azerbaijani law on the country’s extrabudgetary fund stipulates that unspent funds should be used to provide compensation for health-sector workers (Coronavirus Response Fund 2020).
Another important element to consider is the level of integration of an extrabudgetary fund within the public financial management system. This should depend on a thorough assessment of the agility of the existing budget system and whether it allows simplified authorisation procedures while maintaining Treasury management and oversight. Furthermore, to fine-tune how extrabudgetary funds work with the budget system and to avoid obscuring the Ministry of Finance’s view of public financing for the crisis, the objectives of the fund and the scope of its funding should be clearly indicated in its legal mandate. The more explicit a fund’s purpose and legal mandate, the easier it is to coordinate its contribution to the SP response with the relevant ministry. For example, since its establishment in late March 2020, Kenya’s COVID-19 Emergency Response Fund clearly indicated the interventions the fund would finance, including purchasing supplies for public hospitals and providing emergency assistance for vulnerable populations, especially those in informal urban settlements (National Treasury 2020). This provision enabled the Senate Ad Hoc Committee on the COVID-19 Situation in Kenya to plan and use financing from the extrabudgetary fund for the implementation of a weekly cash assistance programme for six months (IPC-IG 2021a). Another good example of a fund with a clear mandate is Jordan’s Himmat Watan Fund, discussed earlier.

**Figure 3.4 Important considerations when establishing extrabudgetary funds**

| Set the level of integration within the public financial management system based on a sound understanding of budget procedures, scope for fast-tracking, and assessment of corruption risks |
| Determine transparent dissemination of expenditure data and auditing procedures |
| The fund’s legal mandate should clarify its scope, including which sectors/policy responses it will fund |
| Define the duration of the fund’s existence, and actions for the distribution of any remaining balance |

Source: Authors’ elaboration based on the literature review.

**Budget reallocation and contingency funding**

Based on the available data collated in the IPC-IG’s mapping, only 6 per cent of all public sources of financing were implemented through budget reallocation, and 3 per cent by using existing contingency funds. As shown in Figure 3.5, the implementation of budget reallocation and the use of contingency funds featured most prominently in East Asia and the Pacific.
Budget reallocation often occurred from funds meant for infrastructure development, non-essential expenditure or existing contingency funds. In Timor Leste, for example, all SP measures were financed partially by reallocating the budget from the country’s Petroleum Fund (Visão 2020). Timor Leste was the only MIC in Asia that managed the fiscal response of at least 2 per cent of GDP, which has been assessed as the minimum level of response required from a country to save the economy and protect livelihoods (Ravaillon 2020). The first phase of Kenya’s Kazi Mtaani Initiative (National Hygiene Programme), which is a public works programme targeting youth in informal settlements to provide them with employment for 11–22 days a month for a daily wage of KSH455–653 (USD10.06–14.44 PPP), was funded by reallocating funds from the State Department for Housing and Urban Development (IPC-IG 2021a).

Careful budget reallocation from infrastructure funds and capital projects is generally a better tactic in the short and medium term than reducing a percentage of the budget across all sectors, which may undermine service delivery. It could also be more effective than reducing the governmental wage bill, which may result in social unrest (Ruddle and Williams 2020; CABRI 2020). The reallocation of public expenditures should focus on replacing high-cost, low-impact investments with investments with higher socio-economic impacts, along with the elimination of corruption and inefficiency (Durán-Valverde et al. 2020). It is important to highlight, however, that budget reallocation has an opportunity cost attached to it since the money is not being spent on its original intended purpose. Cutting infrastructure spending, for example, may have negative effects in the long term. In other words, while budget reallocation constitutes an important financing mechanism in times of...
shocks, it often implies the reduction of other important public expenditure, especially in countries with limited fiscal space or that do not have an emergency plan with predicated financing instruments (Allan, Connolly, and Tariq 2020).

Other budgetary reallocations included redirecting resources that would have been used for fuel subsidies towards COVID-19 responses, such as in Bolivia (IPC-IG 2021a). COVID-19 has offered an opportunity to remove fuel subsidies, which are most often costly and inefficiently targeted, and use the released funds to finance COVID-19 responses (Asare and Reguant 2020). First, 2020 registered low oil prices, which allowed countries to remove such subsidies while mitigating the impacts on the population in terms of increased costs (Benes et al. 2015). In addition, the savings incurred from such removals can be reallocated to cover health costs, economic stimulus packages and targeted SP programmes (Pezzini and Hall 2020). Nevertheless, it is important to note that the removal of fuel subsidies can only be progressive when steps are taken simultaneously to ensure that those affected are adequately compensated, especially through SP benefits that cover larger segments of the population rather than being narrowly targeted.

25. Oil prices fell sharply in the first half of 2020, mainly due to the fall in demand incurred by COVID-19 containment measures, while the second half registered a recovery and relatively stable prices, as the demand increased and the supply was adjusted (Blessing 2021; EIA 2021).
Contingency funds or reserves, which are existing budget provisions allocated to cover unexpected expenditures specifically in times of natural disaster (OECD 2020), were used to fund COVID-19 responses in all regions but the Arab States. The Philippines, for example, used built-in budgetary allocations known as Quick Response Funds within agencies such as the Department of Social Welfare and Development and the Department of Public Works and Highways. The Quick Response Funds provide immediate assistance to disaster-hit areas and may be replenished after depletion through the National Disaster Risk Reduction and Management Funds allocated in the national budget (OCHA 2016). During the lockdown period on the archipelago’s largest and most populous island, Luzon, the Department of Social Welfare and Development used USD25.9 million of its Quick Response Fund to distribute food packages and hygiene kits to the island’s inhabitants (DSWD 2020).

Similarly, Costa Rica’s Bono Proteger programme, which provides a wage subsidy for formal and informal workers who lose their jobs or experience a reduction in income, is financed by contributions from the Mixed Institute of Social Aid, the Fund of the National Employment Program of the Ministry of Labour and Social Security (CRC4 billion or USD6.8 million) and the country’s National Emergency Commission’s existing Emergency Fund (CRC1.2 billion or USD20.4 million). In Nepal the cost of the COVID-19 response is covered by the existing contingency funds of the National Disaster Management Fund and the Prime Minister’s Natural Disaster Relief Fund, as well as the Control and Treatment Fund for COVID-19 and international financial assistance (IPC-IG 2021a).
3.1.4 Domestic private financing

Private sources of financing in the Global South included extrabudgetary funds (30 per cent), private-sector donations (19 per cent) and Zakat Funds26 (17 per cent). Private sources of financing as a proportion of all sources of financing were considerably higher in the Arab States (17 per cent) and South Asia (16 per cent) than other regions (see Figure 3.2). In the Arab States region, this is due to the reliance on extrabudgetary funds and Zakat Funds to finance SP measures, as shown in Figure 3.6.

As extrabudgetary funds have been addressed previously, this section will explore the role of community-based financing by also looking at the contribution of Zakat Funds and the role of donations and NGO campaigns in all the regions.

The COVID-19 pandemic has resulted in an increased reliance on community-based financing through donations and NGOs to expand national SP measures. In Egypt, for example, the main national conditional and unconditional cash

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26. Zakat is one of the five pillars of Islam (alongside prayer, pilgrimage, fasting and testimony). It is a religious duty requiring that individuals donate 2.5 per cent of all productive wealth accumulated over the course of the year. Zakat donations serve the purpose of redistributing wealth and are meant to benefit eight categories of individuals stipulated in the Quran, including the poor and needy, those in debt and wayfarers (which is often interpreted to include refugees and internally displaced persons). For further details, see Machado, Bilo, and Helmy (2018) and Atia (2011).
transfer programmes (Takaful and Karama) were expanded twice to cover new households. The Ministry of Social Solidarity covered the cost of inclusion in the first round (March to June 2020), while national NGOs financed the inclusion of 400,000 households in the second round (August 2020) (IPC-IG 2021a). However, it remains unclear whether NGO financing will cover those families’ monthly benefits beyond the pandemic.

In Guatemala private-sector companies donated money to help finance the government’s Food Support Programme, which provided one-off in-kind assistance to 200,000 families. In Cape Verde, the Cape Verdean Foundation for Social and Educational Action (FICASE) hosted an online donation campaign which raised CVE21 million to help finance a food assistance programme targeting 22,500 households. The programme is implemented by FICASE in partnership with city councils, the armed forces, the Cape Verde Red Cross and the Ministry of Education (FICASE 2020). Finally, public–private partnerships and donations from charities and individuals raised USD44.8 million for Uzbekistan’s Kindness and Support programme implemented by the Ministry of Family Support (Gentilini et al. 2021).

In the Arab States, state-led Zakat Funds increased zakat and sadaqa collection to expand existing programmes or to establish new ones entirely (Zakat Funds in East Asia and the Pacific implemented similar actions; see Box 2 for further details). Previously reliant on in-person donations, the Jordanian Zakat Fund developed and launched its own mobile app in the full-lockdown month of April to enable remote donation. It also contributed to the work of the National Social Protection Emergency Response Committee by financing 13.6 per cent of its emergency in-kind assistance programme for poor and vulnerable households. Similarly, the Zakat Fund in Egypt launched a marketing campaign on its social media accounts to encourage remote donations through bank transfers, the fund’s newly developed app or website, a 24/7 hotline or a socially distanced home visit by a Zakat Fund representative. The fund collaborated with the Ministry of Manpower and the Ministry of Social Solidarity to finance and implement the emergency assistance programme for informal workers. While the Ministry of Manpower provided assistance to 1.6 million informal workers, the Zakat Fund financed and oversaw the distribution of the same EGP500 (USD110.91 PPP) monthly benefit to 30,000 informal workers (IPC-IG 2021a). These collaborations are notable developments, as Zakat Funds most often operate independently and in isolation from other SP providers, which has negative repercussions for the overall effectiveness and coverage of the SP system (Machado, Bilo, and Helmy 2018).

Community-based financing was also instrumental in funding measures for previously uncovered categories such as internally displaced persons and migrant workers. Libya’s Zakat Fund used its donation campaign to collect sadaqa to

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27. Sadaqa is not obligatory alms-giving like zakat, but rather a voluntary donation. For further details, see Singer (2013, 343).
28. Based on the authors’ own calculation of data available in UNICEF and JSF (2020).
29. See the Zakat Fund’s Facebook page: https://www.facebook.com/pg/baitzakatEG/videos/?ref=page_internal.
expand its existing monthly cash assistance programme to new poor families and internally displaced persons, and to provide existing beneficiaries with an in-kind top-up (IPC-IG 2021a). In Kuwait a donation campaign led by the Ministry of Social Affairs alongside the Zakat Fund and 50 local charities enabled the provision of social assistance to previously uncovered groups such as Bidoon30 (stateless individuals) and migrant workers. The donation campaign raised USD19,481,666, which was distributed as in-kind or cash assistance to 312,126 migrant and vulnerable households (IPC-IG 2021a).

Box 2 The role of zakat in East Asia and the Pacific

Leveraging zakat as an instrument to finance the COVID-19 response to relieve the burden on the public and reduce the fiscal deficit also occurred in Asia and the Pacific, especially in countries with large Muslim majorities such as Indonesia and Malaysia. In Malaysia zakat institutions had distributed USD3.8 million as of the beginning of April 2020 (Ahmad 2020). In Indonesia, where zakat could potentially account for 1.72 per cent of GDP, the central Zakat Agency (BAZNAS) accepted zakat payments through QR codes, e-wallets and bitcoin (Fauzia 2020) and created ZakatHub, a common crowdfunding platform to raise zakat to be used by the agency’s regional committees (BAZNAS 2021). The agency’s digitisation of zakat collection resulted in a 70 per cent increase in zakat donations in the second quarter of 2020 compared to the same period in 2019 (BAZNAS 2021; Wayhy and Anwar 2020). Regional zakat collection and distribution agencies set up a COVID-19 crisis centre to synergise the response and implement a number of social assistance programmes across all regions. One of them was a cash for work programme in which the agency contracted daily wage workers to disinfect public spaces (BAZNAS 2021; Fitriani 2020).31

3.1.5 Support from international agencies, and the role of international financial institutions and regional development banks

Some of the most common sources of international financing mapped by the IPC-IG include contributions by IFIs and regional development banks, as well as donations by international organisations such as UNICEF and the World Food Programme, and donor countries and their development institutions, such as the UK Department for International Development (now the Foreign, Commonwealth & Development Office) and the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ). The most common source of international financing in the Global South, representing 42 per cent of the total, are IFIs such as the World Bank and the IMF, followed by donor contributions (27 per cent), international organisations (20 per cent) and regional development banks (11 per cent). The reliance on international

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30. Bidoon (which means ‘without nationality’ in Arabic) is a category of stateless individuals found in the Gulf countries who are generally desert-dwelling people or nomads who did not receive citizenship at the time of the countries’ independence/establishment. See Minority Rights Group (2018).

31. Information on number of beneficiaries is not available.
sources of financing in the implementation of governmental-led SP measures was highest in sub-Saharan Africa (71 measures) and East Asia and the Pacific (24 measures), as shown in Figure 3.7.

**Figure 3.7** International financing sources by region as a proportion of total international financing

<table>
<thead>
<tr>
<th>Region</th>
<th>International organisations (26)</th>
<th>Donor countries (36)</th>
<th>Regional banks (15)</th>
<th>IMF/WB (56)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global South [133]</td>
<td>20%</td>
<td>27%</td>
<td>11%</td>
<td>42%</td>
</tr>
<tr>
<td>East Asia and Pacific [24]</td>
<td>17%</td>
<td>17%</td>
<td>33%</td>
<td>33%</td>
</tr>
<tr>
<td>South Asia [6]</td>
<td>14%</td>
<td>21%</td>
<td>7%</td>
<td>57%</td>
</tr>
<tr>
<td>Arab States [14]</td>
<td>14%</td>
<td>21%</td>
<td>7%</td>
<td>57%</td>
</tr>
<tr>
<td>Latin America and the Caribbean [18]</td>
<td>22%</td>
<td>17%</td>
<td>22%</td>
<td>39%</td>
</tr>
<tr>
<td>Sub-Saharan Africa [71]</td>
<td>23%</td>
<td>37%</td>
<td>3%</td>
<td>38%</td>
</tr>
</tbody>
</table>

Note: The total number of publicly financed measures is indicated in brackets next to the region. The number of times international organisations, donor countries, regional banks and IFI sources of financing were used are also indicated in brackets in the legend at the bottom of the chart. One measure can have multiple sources of financing.
Source: Authors’ elaboration based on IPC-IG (2021a).

As of October 2020, the World Bank had allocated 28 per cent of its COVID-19 commitment to “protecting the poor and vulnerable” (World Bank 2020).
It has contributed to facilitating the vertical and horizontal expansion of social assistance programmes by establishing emergency COVID-19 projects or expanding existing ones. For example, in July 2020, the World Bank approved a USD30 million grant setting up the West Bank Emergency Social Protection COVID-19 Response Project to provide social assistance and extend coverage to 68,000 new households. In Indonesia, a USD400 million loan by the World Bank contributed to increasing benefits temporarily to 10 million beneficiaries of the government’s social assistance programme which was already supported by the Bank. The World Bank’s International Development Association (IDA) has also been an important source of assistance during the pandemic to poor countries that lack access to credit.

32. Other allocations: 23 per cent to the ‘saving lives’ pillar, 13 per cent to ‘ensuring sustainable business growth and jobs’, and 36 per cent to ‘strengthening policies, institutions and investment for rebuilding better’.
33. See World Bank (2020i).
34. See World Bank (2020h).
35. Currently there are 74 economies eligible to receive IDA resources. See World Bank (2020a).
While there has been criticism regarding the speed of the response (Duggan et al. 2020), IDA grants and credits increased considerably in 2020—by nearly 50 per cent compared to the previous year. However, while there is space for further expansion in 2021, unless there is a change of policy or the shareholder countries’ contributions increase, IDA operations are expected to fall by 35 per cent from USD35 billion in 2021 to USD22.5 billion in 2022. This is particularly worrying considering that the pandemic is still ongoing and that the distribution of vaccines is not equal, with the poorest countries having greater difficulties accessing them (Miller, Prizzon, and Steel 2021).

Generally, while concessional loans are an appealing short-term measure for a quick injection of funding, they are likely to have negative repercussions in the long term related to reductions in public-sector expenditures for countries that are already highly indebted (Ruddle and Williams 2020). Moreover, in the scenario of an increasing debt burden for developing countries, the support of the international community plays an important role in preventing a debt crisis in these countries, which could be done, for instance, by offering a debt moratorium or debt relief (Barensmann, Shimeles, and Ndung’u 2020).

In May 2020 the World Bank and the IMF implemented the Debt Service Suspension Initiation (DSSI), with the aim of helping LICs concentrate their resources on fighting the pandemic. According to the World Bank, the initiative had delivered about USD5 billion in relief to 45 countries as of December 2020. On average, the initiative has meant about 0.67 per cent of GDP in potential savings for participant countries. According to a report by Oxfam, the debt suspension for those countries is equivalent to roughly 24 per cent of the debts due in 2020 for these nations, but only about 1.66 per cent of the full stock of debt owed by the 73 eligible countries (Barba, van Regenmortel, and Ehmkke 2020). The remaining debts continue to be serviced amid the pandemic.

Regional development banks, consisting of the African Development Bank (AfDB), the Asian Development Bank (ADB), the Inter-American Development Bank (IDB) and the European Bank for Reconstruction and Development (EBRD), played differing roles in financing COVID-19 responses. The IDB and the ADB featured prominently in financing measures in East Asia and the Pacific and Latin America and the Caribbean. In East Asia and the Pacific, the ADB financed SP measures in Fiji, Mongolia and the Federated States of Micronesia. The ADB’s loan to Mongolia to mitigate the impact of COVID-19 facilitated the vertical expansion of the country’s food stamp programme by doubling the benefit amount for five months, reaching 240,000 low-income beneficiary households (IPC-IG 2021a). Although other international sources of financing such as IFIs, donors and international organisations were more

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36. See World Bank (2020b).
37. Authors’ own calculation based on data found in World Bank (2020b).
38. The authors of the Oxfam report note that while the DSSI has been extended until June 2021, the scope of debt postponement has not been increased. Hence, they argue, the core problem remains untouched: “debt postponement, suspension or moratoria only defer repayments to the future, making recovery even more of an uphill battle. Without urgent and significant debt relief, the task of substantial expansion of health and social protection coverage is impossible for many countries. A profound revision of DSSI and extension of debt relief is urgently needed” (Barba, van Regenmortel, and Ehmkke 2020, 26).
prevalent than regional development banks, the AfDB still made noteworthy contributions. For example, it provided a loan of EUR75 million to Côte d’Ivoire to fund assistance programmes, part of which has gone to fund the country’s three-month emergency cash transfer programme to vulnerable groups and informal workers and to expand the programme’s coverage to 117,180 new households (IPC-IG 2021a). Generally, Goldin (2020) finds that regional development banks have been more agile in their COVID-19 responses than the World Bank. For example, while the World Bank announced its first set of COVID-19 financing projects in April, the ADB announced a USD6.5 billion package the month before, and had already distributed USD225 million since February (ibid.).

Other noteworthy contributions of regional development banks throughout the pandemic include the AfDB’s mobilisation of the largest dollar-denominated social bond ever launched, through a USD3 billion social impact bond to provide rapid financing for countries’ responses (ibid.). It is important to note, however, that while financing through a social impact bond is innovative and highly sustainable, the method is found to have very limited political feasibility (Durán-Valverde et al. 2020). While presenting an alternative way to fund social innovations that reduces the financial risk of the government, there are still questions regarding other risks that are attached to it and the best way to ensure its accountability (Child, Gibbs, and Rowley 2016).

### 3.2 Coordination and partnerships

The far-reaching repercussions of the pandemic for a variety of different sectors prompted the inclusion of more groups into SP and necessitated adjustments to the way in which SP systems work. The following section focuses particularly on the role of coordination committees, and the contribution of the private sector and local actors. It starts with a summary of the innovative practices in coordination mechanisms and follows with further analysis of each.

#### 3.2.1 Summary of lessons learned and innovative practices in coordination and partnerships

Table 3.6 provides a summary of the innovative practices identified in the coordination of shock-responsive SP mechanisms during COVID-19, which are a combination of working with the private and third sectors. It also highlights important considerations to be taken into account when implementing the coordination mechanisms identified, to make them more inclusive and to enhance citizen engagement. The criteria for identifying ‘innovative practices’ included looking at institutional changes to hierarchies and decision-making processes (Moore and Hartley 2008).

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39. This may be due to the nature of the pandemic, which first spread in the East Asia and Pacific region.
Table 3.6  Summary of innovative practices in coordination and partnerships for shock-responsive social protection in response to COVID-19

<table>
<thead>
<tr>
<th>Innovative practices</th>
<th>Country examples</th>
<th>Enabling factors</th>
<th>Lessons learned/important considerations</th>
</tr>
</thead>
</table>
| Establishing SP emergency response committees | Jordan           | Set up the National Social Protection Emergency Response Committee headed by the Ministry of Social Development as one of the 10 committees under the Disaster Risk Management Unit, tasked with the COVID-19 response (UNICEF and JSF 2020). The committee includes public entities, national NGOs and private-sector representatives. | For such committees to be successful, the following aspects could be considered:  
  ▪ Updating/preparing disaster risk management strategies with a focus on shock-responsive SP and institutional arrangements and cross-sectoral coordination mechanisms in times of crisis.  
  ▪ Having a clearly identified mandate of the committee’s roles, responsibilities and authority regarding the SP response, and identifying whether it has law-making authority related to emergency expenditure.  
  ▪ Indicating the nature of the relationship/hierarchical decision-making process between the committee and:  
    ▪ the Ministry of Finance and/or any other institution that is tasked with financing the response;  
    ▪ the Ministry of Social Development and/or any other public entity responsible for the provision of social assistance;  
    ▪ the Disaster Risk Management Unit (if existing); and  
    ▪ humanitarian actors and international organisations working on the SP response (if existing) to ensure alignment.  
  ▪ Opening the committee’s membership beyond the public sector—especially to NGOs and other local actors to ensure a participatory policy development process.  
  ▪ Using the structure, mandate and outputs (i.e. Standard Operating Procedures) of the response committees to either:  
    ▪ establish a Disaster Risk Management Unit where none exists; or  
    ▪ fine-tune and develop the shock-responsive SP component of an existing Disaster Risk Management Unit.  
  ▪ Existence of a disaster risk management strategy that identifies the Ministry of Social Development as the entity responsible for the  
    ▪ provision of social assistance in times of crisis; and  
    ▪ coordination, management and oversight of NGO responses (UNICEF and JSF 2020).  |
Engaging with private actors, NGOs and workers unions in policy design

<table>
<thead>
<tr>
<th>Innovative practices</th>
<th>Country examples</th>
<th>Enabling factors</th>
<th>Lessons learned/important considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workers’ and employers’ organisations assessed the impact of COVID-19 and submitted proposals to the government for responses, the end-result of which was the adoption of a wage subsidy (ILO 2020c)</td>
<td>Gabon</td>
<td>Existing capacity of workers’ and employers’ organisations to conduct assessments</td>
<td>Participatory policy design throughout the pandemic has resulted in more durable policy responses that address and balance the needs of different groups within society (ILO 2020c). In the example provided, the private sector and workers’ and employers’ organisations have an advantage over governments, as they have an in-depth understanding of how and to what extent workers have been impacted. Consequently, their inclusion in the policy development process is vital; however, the following elements must be considered for a more inclusive consultative process:</td>
</tr>
<tr>
<td>Willingness of the government to accept and consider recommendations within proposals</td>
<td></td>
<td>- Inclusion of both formal and informal workers’ organisations to assess and quantify the impact on the informal economy and to better understand their preferences.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- In cases where migrant workers are excluded from trade union membership, extra efforts should be made to ensure their inclusion in the policy development process; this could be through:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- consultations with migrant worker communities themselves, facilitated by local administrations, private-sector companies or local chiefs and communities; or</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- engagement with international organisations such as the International Labour Organization, the International Organization for Migration or national socio-economic think tanks for rapid needs assessments.</td>
<td></td>
</tr>
<tr>
<td>Innovative practices</td>
<td>Country examples</td>
<td>Enabling factors</td>
<td>Lessons learned/important considerations</td>
</tr>
<tr>
<td>---------------------</td>
<td>-----------------</td>
<td>-----------------</td>
<td>-----------------------------------------</td>
</tr>
</tbody>
</table>
| Partnering with private actors and local actors to improve the SP delivery chain | India | The Food Grain Distribution to Migrant Labourers programme implemented by the Food and Civil Supplies Departments in all states, in collaboration with labour departments, district administrations, and local NGOs: Collaboration across government and local actors facilitated the identification of migrants and those stranded or in transit and the delivery of assistance to them (IPC-IG 2021a) | Close collaboration between different types of entities (national, local, governmental, non-governmental) | Partnerships with the private sector, NGOs or local administrations can significantly improve governments’ ability to identify and register beneficiaries and deliver assistance to them in a timely fashion. However, for such partnerships to be effective and satisfactory, the following points should be considered:  
• Adequate compensation for partners;  
• Surge capacity of partners (Cabot Venton and Sammon 2020);  
• Type of partner selected, as this has repercussions for beneficiaries’ overall comfort with the process (for further details, see Section 4.1.2, ‘Summary of innovative practices for beneficiary identification’). |
| | Indonesia | Private-sector payment system providers working alongside the Bank of Indonesia to ensure rapid delivery of assistance | Previous good working relationship | |

India  
The Food Grain Distribution to Migrant Labourers programme implemented by the Food and Civil Supplies Departments in all states, in collaboration with labour departments, district administrations, and local NGOs: Collaboration across government and local actors facilitated the identification of migrants and those stranded or in transit and the delivery of assistance to them (IPC-IG 2021a)  

Indonesia  
Private-sector payment system providers working alongside the Bank of Indonesia to ensure rapid delivery of assistance
3.2.2 Coordination mechanisms

Governments across the world set up emergency committees to plan, coordinate and implement their countries’ SP measures. Such governance innovation built on inter- and intra-governmental coordination as well as public-, private- and third-sector collaboration, which played a pivotal role in enabling a quick response (Mazzucato et al. 2021) and facilitating multisectoral coordination, especially between national and international agencies. Examples of some successful coordination mechanisms used by newly established committees are listed below.

- **Planning and setting more coherent response policies for more effective implementation**: In Kenya, for example, the Senate Ad Hoc Committee on the COVID-19 Situation was established with the express mandate of overseeing both state- and county-level measures, including the provision of “financial assistance to vulnerable persons and groups” (Kenyan Parliament 2020a). The committee oversaw the implementation of an emergency cash assistance programme of KSH1,000 per week (USD22.12 PPP), aiming to reach 669,000 households, financed by the Kenyan COVID-19 Emergency Response Fund (IPC-IG 2021a; Muiruri 2020a).

- **Coordinating the sources of financing of SP responses**: In Oceania, Tuvalu’s National COVID-19 Taskforce and COVID-19 Sub-Committees worked alongside the Ministry of Finance to produce the country’s Economic and Financial Relief Package, which mobilised USD8.9 million in donor funding and directed it towards financing SP measures such as the USD4.3 million Household Relief Scheme (Government of Tuvalu 2020), which provides all citizens of Tuvalu with a USD30.88 PPP monthly benefit from March until the end of the emergency period (IPC-IG 2021a).

- **Strengthening multisectoral coordination and government–humanitarian strategic partnerships for improved response**: In Colombia, the government published a six-point plan for the protection of the Venezuelan migrant population during COVID-19 which identified partnerships between various ministries, local authorities, humanitarian actors and existing coordination platforms such as the one for refugees and migrants and Venezuela (UNHCR 2020a). Also, the Kenyan Cash Working Group (KCWG) played a critical role in coordinating donor responses with governmental ones. The KCWG worked closely with the government and a consortium of NGOs, including Oxfam, the Kenyan Red Cross and ACTED, to use European Union funding for the vertical expansion of the country’s existing *Injua Jamii* Assistance Programme. Based on the KCWG’s calculations, the consortium provided existing programme beneficiaries with a USD46.4 (USD110.88 PPP) monthly top-up to their USD18 (USD43.01 PPP) monthly benefit, while previously uncovered households received a USD64.5 (USD154.13 PPP) monthly benefit (Gikandi 2020).

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40. For more details, see Ad Hoc Committee progress reports (Kenyan Parliament 2020b).
41. Based on the AUD to USD exchange rate as of 23 December 2020.
42. Includes cash transfers for orphans and vulnerable children, older persons and persons with severe disabilities, and a hunger safety net programme. See Gikandi (2020).
Engaging local actors to improve the coordination of assistance delivery and reducing duplication: In Jordan, the National Social Protection Emergency Response Committee played an important role in coordinating and monitoring all cash and in-kind assistance delivered by national entities and local NGOs. The Social Protection Committee, which is led by the Ministry of Social Development, also includes the country’s main public and NGO-led social assistance providers, including the Zakat Fund, and the national social insurance agency. The committee oversaw the distribution of national social assistance measures through the creation of a unified Power BI Dashboard with indicators on the number of beneficiaries and the value of benefits, accessible to all committee members (UNICEF and JSF 2020).

3.2.3 Partnerships with private-sector, third-sector and local actors

Government willingness to establish public–private partnerships and integrate local NGOs, trade unions and associations into the COVID-19 response also generally facilitated the rapid design and delivery of assistance across countries. It is important to note that the pandemic has resulted in new ‘organising forms’ between the State and CSOs, in which the former extensively relied on the latter for the implementation of the COVID-19 response (Nampoothiri and Artuso 2021), with some cases of such cooperation by governments previously ambivalent to working with CSOs (Youngs 2020). The use of social dialogue was also key for formulating SP responses across countries such as South Africa, Argentina, Azerbaijan and Gabon. Furthermore, local actors such as associations of informal workers provided ‘last-mile outreach’ and facilitated greater inclusion in government programmes (Cabot Venton and Sammon 2020). Examples of some of the innovative practices in private- and third-sector partnerships and local-actor involvement are listed below.

- Participatory design of SP measures:
  - In Colombia, for example, the government set up a ‘situation room’ where it meets with private-sector stakeholders to engage them in the decision-making process. One of the outcomes of the situation room discussions was the decision to eliminate automatic teller machine (ATM) withdrawal fees, as well as fees for using a third-party ATM, to give cash assistance beneficiaries more access points (CGAP 2020b).
  - Workers’ and employers’ organisations and representatives in Gabon prepared assessments of the impact of COVID-19 and submitted proposals to the government for specific interventions. The end-result of the participatory process was the establishment of a wage subsidy worth 50–70 per cent of workers’ income for informal workers and for employees put on temporary ‘technical leave’ (IPC-IG 2021a; ILO 2020c).

43. While the term ‘local actors’ encompasses the ‘third sector’, the opposite does not apply, as local actors can be understood to also include local governments and local administrative bodies. For further details, see Cabot Venton and Sammon (2020).

44. For further details, see ILO (2020c).
• Jordan’s Emergency Social Protection Committee, which included the country’s largest in-kind transfer assistance NGO, Tkiyet Um Ali, relied on the NGO’s expertise to design food parcels and calculate their optimal value for the national in-kind emergency transfer programme (UNICEF and JSF 2020).

• Facilitating last-mile outreach, identification and registration:

  • HomeNet, an association of home-based workers, supported the enrolment of 3,500 individuals in the Thai government’s emergency cash assistance programme (ILO 2020b).

  • A similar practice occurred in Egypt: the Ministry of Environment, the Ministry of Labour and the Ministry of Social Solidarity partnered with community-based organisations to identify and register informal workers in the waste economy in a database that will be used in the long term to ensure their gradual inclusion in the National Organisation for Social Insurance (Nassar 2020).

• Fine-tuning delivery processes with private-sector engagement:

  • The Bank of Indonesia is working alongside payment system service providers to speed up the delivery of social assistance to citizens (Bazarbash et al. 2020).

• Facilitating delivery to the hardest-to-reach in society:

  • In Rwanda’s in-kind emergency distribution scheme, local leaders and grass-roots organisations were responsible for initially identifying and then also delivering assistance to informal workers and vulnerable households (IPC-IG 2021a; Bill & Melinda Gates Foundation et al. 2020)

  • In Kuwait, community-based organisations delivered assistance to stateless individuals with disabilities, as part of the country’s larger social assistance campaign (ESCWA 2020).

Finally, it is important to note that while local actors played an important role in the delivery chain of national social assistance measures, they also made significant contributions by meeting the needs of excluded vulnerable categories, such as informal workers, those without identification documents and female-headed households, and filling the gaps in the governmental response (Civicus 2020). In Malaysia, for example, residents could only benefit from one COVID-19 programme (IPC-IG 2021a); consequently, the Malaysian Trade Union Congress and several migrant and refugee community groups delivered food assistance to migrant workers who had lost their livelihoods due to the pandemic (Civicus 2020). Similarly, in India, women’s self-help groups were the first responders in rural communities, designing and implementing in-kind distribution programmes to provide assistance to vulnerable elderly households, and returning migrants (World Bank 2020c; Mathew 2020). Civil society organisations also mobilised to assist slum dwellers, with one organisation, Gram Bharati Samiti, providing emergency food assistance to 30,000 people (Civicus 2020).
4. Innovative practices in the design and implementation of social protection
This section provides an overview of innovative solutions, encompassing technological, governance and process innovations, implemented to ensure swift beneficiary identification and registration, safe payment modalities by substituting or adapting in-person payment systems and transferring benefits in a timely manner, and effective communication and grievance redressal mechanisms (GRMs) and case management.

4.1 Beneficiary identification and registration

4.1.1 Overview

As Figure 4.1 demonstrates, the most commonly used mechanism to identify beneficiaries for SP responses during COVID-19 has been open registration (35 per cent), followed by social security/tax databases (27 per cent) and social registries/existing beneficiary databases (16 per cent). LICs depended more than HICs and MICs on open registration and waiting lists to identify households. Furthermore, the use of social security or tax databases was more prevalent among MICs and HICs, as shown in Figure 4.2. This could be due to the lower number of labour market and social insurance measures implemented in LICs.

The way in which beneficiaries are identified can have ramifications for the speed with which a benefit can be dispensed to its beneficiaries. Table 4.1 provides an overview of some of the most agile COVID-related cash transfer programmes in terms of first date of payment and their chosen identification mechanism. As can be seen, a combination of open registration and another identification mechanism was most frequently used.

Considering this, the following section begins with lessons learned and best practices for agile and inclusive identification and registration processes and data protection considerations. It then proceeds to analyse the use of a variety of existing databases and the establishment of new ones by governments and humanitarian practitioners, focusing on the use of digital technologies to facilitate rapid beneficiary identification, targeting and registration and contributing to expanding the coverage of SP.

45. Including on-demand registration and community-based targeting.
**Figure 4.1** Beneficiary identification mechanisms for social protection measures, by region

<table>
<thead>
<tr>
<th>Region</th>
<th>Social registry or existing beneficiary database</th>
<th>Waiting lists or previous beneficiaries</th>
<th>Civil registry</th>
<th>Social security or tax database</th>
<th>Informal workers/self-employed registry</th>
<th>Open registration</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global [543]</td>
<td>16%</td>
<td>5%</td>
<td>7%</td>
<td>27%</td>
<td>6%</td>
<td>35%</td>
<td>3%</td>
</tr>
<tr>
<td>Latin America and the Caribbean [183]</td>
<td>22%</td>
<td>1%</td>
<td>7%</td>
<td>36%</td>
<td>7%</td>
<td>24%</td>
<td>4%</td>
</tr>
<tr>
<td>Arab States [81]</td>
<td>12%</td>
<td>7%</td>
<td>42%</td>
<td>1%</td>
<td>35%</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>Sub-Saharan Africa [140]</td>
<td>9%</td>
<td>11%</td>
<td>16%</td>
<td>17%</td>
<td>9%</td>
<td>34%</td>
<td>5%</td>
</tr>
<tr>
<td>South Asia [48]</td>
<td>19%</td>
<td>4%</td>
<td>4%</td>
<td>10%</td>
<td>2%</td>
<td>58%</td>
<td>2%</td>
</tr>
<tr>
<td>East Asia and Pacific [91]</td>
<td>20%</td>
<td>7%</td>
<td>22%</td>
<td>4%</td>
<td>48%</td>
<td>2%</td>
<td></td>
</tr>
</tbody>
</table>

Note: The total number of measures with identification mechanisms are indicated in brackets next to the region. The number of social registries, existing beneficiary databases, civil registries, social security databases, informal workers’ registries, open registration and other methods used are also indicated in brackets in the legend at the bottom of the chart. One measure can have multiple identification mechanisms.

Source: Authors’ elaboration based on IPC-IG (2021a).

**Figure 4.2** Beneficiary identification mechanisms for social protection measures, by country income group

<table>
<thead>
<tr>
<th>Income Group</th>
<th>Social registry or existing beneficiary database</th>
<th>Existing beneficiary database (via waiting lists or graduated households)</th>
<th>Civil registry</th>
<th>Social security or tax database</th>
<th>Informal workers/self-employed registry</th>
<th>Open registration</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low income [50]</td>
<td>12%</td>
<td>18%</td>
<td>14%</td>
<td>4%</td>
<td>4%</td>
<td>40%</td>
<td>8%</td>
</tr>
<tr>
<td>Lower middle income [187]</td>
<td>17%</td>
<td>5%</td>
<td>8%</td>
<td>21%</td>
<td>5%</td>
<td>41%</td>
<td>3%</td>
</tr>
<tr>
<td>Upper middle income [229]</td>
<td>17%</td>
<td>4%</td>
<td>5%</td>
<td>30%</td>
<td>7%</td>
<td>34%</td>
<td>3%</td>
</tr>
<tr>
<td>High income [77]</td>
<td>18%</td>
<td>4%</td>
<td>49%</td>
<td>6%</td>
<td>19%</td>
<td>19%</td>
<td>3%</td>
</tr>
</tbody>
</table>

Note: The total number of measures with identification mechanisms are indicated in brackets next to the country income group. The number of social registries, existing beneficiary databases, civil registries, social security databases, informal workers’ registries, open registration and other methods used are also indicated in brackets in the legend at the bottom of the chart. One measure can have multiple identification mechanisms.

Source: Authors’ elaboration based on IPC-IG (2021a).
Table 4.1 Overview of agile COVID-19 response programmes

<table>
<thead>
<tr>
<th>Country</th>
<th>Measure</th>
<th>Benefit value (USD PPP)</th>
<th>Frequency</th>
<th>Beneficiary identification mechanism</th>
<th>Gap between announcement and first payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Togo</td>
<td>Novissi cash transfer programme</td>
<td>50.99 for women, 43.71 for men</td>
<td>Every 15 days for 3 months&lt;sup&gt;46&lt;/sup&gt;</td>
<td>Civil registry (voting ID)</td>
<td>5 days&lt;sup&gt;47&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Open registration (USSD-based mobile platform)</td>
<td></td>
</tr>
<tr>
<td>Namibia</td>
<td>Emergency Income Grant</td>
<td>104.89</td>
<td>One-off payment</td>
<td>Open registration (SMS)</td>
<td>9 days</td>
</tr>
<tr>
<td>Jordan</td>
<td>Daily Wage Worker Emergency Cash Assistance Programme</td>
<td>149.72–407.24</td>
<td>Monthly for 3 months</td>
<td>Social registry</td>
<td>9 days</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Open registration (web portal)</td>
<td></td>
</tr>
<tr>
<td>Morocco</td>
<td>Urgent Support Measures for Informal Workers</td>
<td>191.82–287.59</td>
<td>Monthly for 3 months</td>
<td>Existing beneficiary databases</td>
<td>14 days</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Open registration (web portal and through SMS)</td>
<td></td>
</tr>
<tr>
<td>Chile</td>
<td>Bono de Emergencia COVID-19</td>
<td>103.61</td>
<td>One-off payment</td>
<td>Social registry</td>
<td>15 days</td>
</tr>
</tbody>
</table>

Source: Authors’ elaboration based on IPC-IG (2021a).

4.1.2 Summary of innovative practices for beneficiary identification and registration

Table 4.2 summarises the main innovative practices in terms of beneficiary identification and registration, including their enabling factors and lessons learned for future replication.

<sup>46</sup> With the possibility of extension in certain areas.

<sup>47</sup> Approximately. The announcement took place on 8 April, and information indicates that beneficiaries had already received payments by 14 April. See TogoFirst (2020).
**Table 4.2** Innovative practices for beneficiary identification and registration

<table>
<thead>
<tr>
<th>Innovative practices</th>
<th>Country examples</th>
<th>Enabling factors</th>
<th>Lessons learned/important considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Use of existing social registries for rapid beneficiary identification</strong></td>
<td>Mauritania Identifying more than 80 per cent of the beneficiaries of the emergency Cash Transfer to Vulnerable Households Programme</td>
<td>Swift identification was enabled by the wide coverage and previous use of social registries</td>
<td>The effective use of registries first and foremost depends on factors such as coverage, accuracy and currency of the social registry information (Barca 2020). The use of social registries should also be complemented by other identification mechanisms.</td>
</tr>
<tr>
<td>Ecuador Identifying the first round of beneficiaries of the <em>Bono de Protección Familiar por Emergencia</em> programme by sending beneficiaries text messages indicating their eligibility</td>
<td>Pakistan Identifying previously ineligible households to benefit from the <em>Ehsaas Kafaalat</em> programme after a relaxation of eligibility criteria</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brazil Identifying beneficiaries for the <em>Auxilio Emergencial</em> programme</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Opening social registries for non-nationals to register and benefit from new and existing social assistance programmes</strong></td>
<td>Djibouti Refugee households were added to the social registry by the Ministry of Social Affairs and Solidarity to include them in the Voucher System for Vulnerable Families Programme</td>
<td>Strong cooperation between the Ministry of Social Affairs and Solidarity and the UNHCR</td>
<td>The collection of sensitive data such as biometrics requires data subjects to be sufficiently informed; the International Committee of the Red Cross Biometrics Policy (ICRC 2019) is considered good practice in this sense (Goodman et al. 2020). Furthermore, while the inclusion of non-nationals such as migrants in social registries is a good way to ensure they benefit from SP programmes, it is important to consider alternative means of benefiting migrants and refugees who might not have been included in the social registry. For further details on such exclusions, see Mazza’s (2020) discussion on Chile’s policy of assisting only migrants who are registered in the <em>Registro Social de Hogares</em>.</td>
</tr>
<tr>
<td>Innovative practices</td>
<td>Country examples</td>
<td>Enabling factors</td>
<td>Lessons learned/important considerations</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Easing eligibility criteria and documentation required, and using waiting lists of existing programmes | Iraq                                                                             | Expanding coverage of the Social Safety Net Programme to 60,000 additional beneficiaries | An accurate and updated waiting list exists. Easing eligibility criteria when expanding access to an existing programme through its waiting list is vital to ensure previously excluded groups such as those living just above the poverty line are included. However, when implementing such a tactic, the following aspects are important to consider:  
  - Which eligibility conditions or requirements, when waived, will result in the most inclusion, and which of those are the most possible to implement;  
  - How to set disability-inclusive eligibility criteria;  
  - How long eased eligibility criteria will apply must be communicated to beneficiaries beforehand to inform them whether they will be benefiting indefinitely from these programmes or only temporarily due to the pandemic;  
  - Supporting the inclusion of such beneficiaries on a more permanent basis in the future through other programmes. |
| Relying on local actors for beneficiary identification and registration of informal workers and other traditionally excluded groups, especially in the absence of robust registries | Sri Lanka                                                                        | Identifying self-employed workers to benefit from the government’s emergency cash transfer programme through local authorities | Mobilising local government officers, district and divisional secretaries. The inclusion of local actors in the SP response for the rapid identification of beneficiaries should also consider:  
  - Who to involve, as the type of local actor involved may have implications on social exclusion—for example, relying on local committees in highly politicised environments may increase inequities in beneficiary selection (exclusion of refugees, migrants, internally displaced persons etc.);  
  - Covering the indirect costs incurred by local actors;  
  - Contributing to strengthening the capacity of local actors, especially when community informants are used to carry out functional assessments of disability to determine the eligibility of people with disabilities (Banks et al. 2021);  
  - The inclusion of local actors—both governmental and non-governmental—in the decision-making process as a whole and not just in implementation (Cabot Venton and Sammon 2020). |
<table>
<thead>
<tr>
<th>Innovative practices</th>
<th>Country examples</th>
<th>Enabling factors</th>
<th>Lessons learned/important considerations</th>
</tr>
</thead>
</table>
| Coordinating beneficiary databases between different actors by creating task forces, mapping tools to keep track of assistance provided by different actors, and establishing a single list of beneficiaries that can be accessed by all partners | Jordan | Willingness of humanitarian actors to coordinate, availability of Management Information Systems infrastructure to develop single list of beneficiaries | When coordinating beneficiary databases, it is important to:  
- Ensure cybersecurity procedures are up to standards;  
- Maintain account data protection and privacy.  
48 |
| Opening up national databases for international partners to reach populations that the national government is unable to serve due to financial limitations | Occupied Palestinian Territories | Mercy Corps had access to the Ministry of Social Development’s single registry to reach populations that the Ministry could not serve due to financial limitations | To ensure that partnerships with humanitarian actors can result in capacity-building on data protection and technology infrastructure, the following could be implemented:  
- Establishing a ‘task force’ with information technology teams from various relevant government agencies, such as the Treasury, revenue collection authorities, social security agencies and central banks (Goodman et al. 2020; Una et al. 2020). |

48 Standards of data exchange such as the Humanitarian Exchange Language (HXL). “Interoperability should also be furthered through opening ‘closed’ systems, such as SCOPE, ProGres, PRMERO and BRAVE, using APIs to enable third parties to unlock data monopolies and enabling the development of further services” (Goodman et al. 2020, 4).
<table>
<thead>
<tr>
<th>Innovative practices</th>
<th>Country examples</th>
<th>Enabling factors</th>
<th>Lessons learned/important considerations</th>
</tr>
</thead>
</table>
| Setting up open registration mechanisms through online portals or SMS services to swiftly register and onboard informal workers and other traditionally excluded groups | Morocco | The existence of digitised ID systems and other governmental databases | Digitised registration mechanisms through online portals or mobile platforms have a benefit of reaching large populations and those not currently benefiting from SP programmes. At the same time, such registration mechanisms can, first, undermine the role of social workers in facilitating beneficiaries’ referral to other social services, and, second, might be exclusionary; thus, certain measures should be implemented:  
- Creating free SMS registration;  
- Setting up helplines and complementing digital registration with telephone registration;  
- Ensuring the process is disability-inclusive by creating systems that are screen-reader compatible and that allow for sign language options (Banks et al. 2021);  
- Using local actors or social workers whenever possible and wherever needed for in-person registration. |
| Informal-sector workers could apply for the government’s emergency cash grant through a newly developed online portal or SMS mechanism | Togo | Collaboration between governmental SP agencies and IT agencies |  |
| Informal-sector workers could apply for the government’s Novissi cash transfer programme via SMS | | |  |
| Relying on civil registries to verify data and determine eligibility | Namibia | ID numbers of applicants to the Emergency Income Grant were used to cross-check eligibility from a number of government resources, thereby saving USD5.5 million | Widespread national ID coverage  
Past investment in civil registration, vital statistics and digitised ID systems  
Existing high level of integration between national databases  
Countries should invest in strengthening their digital infrastructure and their management information system. |
4.1.3 Use of existing databases

Working with existing beneficiary lists and databases is the fastest way to reach those who are already registered before moving on to covering additional beneficiaries (Barca 2020). In Iraq, for example, the waiting list of 24,000 households that had applied to the country’s Social Safety Net Programme since 2016 was reviewed, and 14,000 households living below the poverty line were subsequently included in the programme (INA 2020). Likewise, in South Asia, Sri Lanka used waiting lists to provide emergency cash transfers. Its main cash transfer programmes (Samurdi, Senior Citizens Allowance, Disability Allowance and Kidney Disease Allowance) have all expanded horizontally, enrolling those on waiting lists and entitling them to access the LKR5,000 (USD86.53 PPP) emergency benefit under the Senior Citizens Allowance, the Disability Allowance and the Kidney Disease Allowance (Franciscon and Arruda 2020). The Sri Lankan response was outstanding, as it was implemented only 10 days after the announcement of the curfew (Kidd et al. 2020).

In Brazil, 1.2 million households already on the waiting list for the Bolsa Família programme were added to the programme in March 2020, reaching a total of 14.3 million families after expansion (IPC-IG 2021a). UNICEF Jordan also made use of an existing database for its humanitarian cash transfer programme: the Hajati programme, which is specifically tailored to Syrian refugees and vulnerable Jordanian families, included an additional 18,000 vulnerable children, reaching 30,000 children in total49 (Hoop et al. 2020; Malkawi 2020). The database maintained by the programme with information on 38,000 of the poorest and most vulnerable families in Jordan was fundamental to ensuring rapid identification of new beneficiaries, as well as effective communication through the RapidPro system (also used for the daily workers’ allowance, discussed further below under ‘Registration mechanisms’) and a helpline for direct communication (Hoop et al. 2020). However, one drawback of relying on waiting lists or existing beneficiary databases only and without changing eligibility criteria is that assistance usually remains limited to those living below the poverty line, with traditionally excluded groups, such as informal workers, or those living slightly above the poverty line remaining unprotected.

Conversely, the use of social registries for beneficiary identification has facilitated the inclusion of those previously regarded as ineligible for other SP programmes. However, this strategy works better in contexts where the coverage of the population by the social registry is significant, and the information collected is relevant, accurate and current. Moreover, it should be complemented by other strategies to guarantee that the population not included in the social registry is also reached by SP (Barca 2020).

In Peru, the social registry, which ranks almost 80 per cent of the population by income level, was used to horizontally expand social assistance by increasing the cut-off score for eligibility, thereby including 2 million additional households in social assistance (Palacios 2020). In Pakistan, the Ehsaas Emergency Cash programme implemented during the pandemic added four new categories to those already

49. As of May 2020.
eligible for the country’s Ehsaas Kafaalat programme, reaching close to 50 per cent of the country’s total population. Category 2 consisted of those households that were already in the National Socio-Economic Registry and had a proxy means test score of 38 or lower (on a scale of 0–100). They became eligible for the programme due to the relaxation of the eligibility requirement, which had previously been capped at 16.7. The benefit was a lump sum of PKR12,000 (around USD309 at 2020 PPP) or 34 per cent of the average monthly household income, paid through biometric payment points (Markhof 2020) (for more, see below under ‘Payments’).

Countries with robust disability registries were better equipped to identify and provide benefits to people with disabilities than countries which did not (Sammon et al. 2021). Furthermore, interoperability between social registries and other databases was also vital in facilitating inclusive identification processes. In Senegal, linkages were created between the disability registry and the unified social registry to ensure that people with disabilities could benefit from the in-kind relief being provided to those in the social registry (Barca et al. 2021).

Local actors have been instrumental in facilitating the identification of informal workers and other hard-to-reach groups for their inclusion in SP programmes. Targeting informal workers has been possible by using existing databases of local cooperatives and informal workers’ organisations. Cape Verde used information from the chamber of commerce to identify informal workers and include them in the government grant scheme. Sierra Leone depended on data from the Informal Workers’ Organisation to facilitate an expansion in coverage (Barca 2020). Furthermore, in the absence of robust registries and databases, local-level actors play a significant role in facilitating identification. Sri Lanka’s emergency cash transfer programme relied on local authorities to identify and determine the eligibility of self-employed workers (IPC-IG 2021a). Similarly, in Rwanda’s In-Kind Distribution Emergency Scheme targeting casual labourers, the lowest local administrative entity known as isibo, which covers 15–20 households, was responsible for identifying beneficiaries in its urban area. In rural areas, grass-roots organisations and local leaders were also responsible for beneficiary identification (IPC-IG 2021a).

Figure 4.3 Summary of findings related to identification

Relying on existing databases and social registries for identification facilitates a rapid response

Waiting lists and existing beneficiary databases are quick and relatively easy methods of identification but can only be effective if data are current and accurate

Social registries provide potentially wider coverage, but without changes to the eligibility criteria of existing programmes, the possibility of excluding those who are ‘traditionally excluded’ remains

Local actors can facilitate identification of informal workers, especially in the absence of robust databases and registries
4.1.4 Registration mechanisms

Open registration was a vital way to reach previously uncovered groups throughout the pandemic. It included web portals or mobile platforms and the creation of new beneficiary lists from scratch. Figure 4.4 shows how web portals were the most widely used beneficiary registration mechanism across the Global South (accounting for 38 per cent of all mechanisms used).

**Figure 4.4 Beneficiary registration mechanisms for social protection measures, by region**

<table>
<thead>
<tr>
<th>Region</th>
<th>Manual registration by applicant (92)</th>
<th>Manual registration through outreach/enrolment drive (49)</th>
<th>Web portal or email registration (194)</th>
<th>Mobile platform (46)</th>
<th>Other (28)</th>
<th>No application needed (107)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global South [516]</td>
<td>18%</td>
<td>9%</td>
<td>38%</td>
<td>9%</td>
<td>5%</td>
<td>21%</td>
</tr>
<tr>
<td>Latin America and the Caribbean [186]</td>
<td>9%</td>
<td>4%</td>
<td>48%</td>
<td>9%</td>
<td>3%</td>
<td>27%</td>
</tr>
<tr>
<td>Arab States [75]</td>
<td>12%</td>
<td>8%</td>
<td>43%</td>
<td>13%</td>
<td>1%</td>
<td>23%</td>
</tr>
<tr>
<td>Sub-Saharan Africa [126]</td>
<td>25%</td>
<td>20%</td>
<td>26%</td>
<td>7%</td>
<td>11%</td>
<td>23%</td>
</tr>
<tr>
<td>South Asia [44]</td>
<td>39%</td>
<td>11%</td>
<td>25%</td>
<td>7%</td>
<td>5%</td>
<td>14%</td>
</tr>
<tr>
<td>East Asia and Pacific [85]</td>
<td>21%</td>
<td>7%</td>
<td>34%</td>
<td>8%</td>
<td>6%</td>
<td>24%</td>
</tr>
</tbody>
</table>

Note: The total number of measures with registration mechanisms are indicated in brackets next to the region. The number of manual self-registration by applicant/outreach, web portal registration, mobile platforms, no applications needed and other registration methods that were used are also indicated in brackets in the legend at the bottom of the chart. One measure can have multiple registration mechanisms.

The ‘Other’ category includes: local authorities submitting applications to regional governments, ministries identifying beneficiaries (e.g. the Ministry of Health identifies all health personnel who have contracted COVID-19 and are eligible for a benefit) or local governments identifying and registering beneficiaries.

Source: Authors’ elaboration based on IPC-IG (2021a).

Online platforms were used for registering new beneficiaries, specifically traditionally excluded groups such as informal workers, in Brazil, Iran, Morocco, Kuwait, Jordan and other countries. A new web portal was set up by the Kuwaiti Ministry of Social Affairs to enable vulnerable individuals, including migrant workers and stateless individuals, to apply for the country’s emergency cash and in-kind assistance programme (Al-Khaldi 2020).

Furthermore, registration through online platforms was also often used in combination with automatically enrolling households listed in existing databases, as explained in the previous section. Morocco, for example, used the database of existing beneficiaries of the RAMED medical assistance programme to identify potential beneficiaries of the government’s emergency cash transfer for informal workers. In the second stage of the programme, the households of informal workers not benefiting from RAMED which had been negatively affected by the pandemic were able to register through a new online portal or SMS mechanism.
(Kessaba and Halmi 2021; IBC-SP 2020). The two identification mechanisms used allowed the government to reach 5.5 million households, approximately 71 per cent of the entire population (IPC-IG 2021a).

In some countries, leveraging experiences from supporting forcibly displaced populations in the past has helped improve the registration of new beneficiaries during the COVID-19 crisis. That was the case in Jordan, where the RapidPro system created by UNICEF for the Hajati programme for vulnerable households, including Syrian refugees, was used by the government to reach the beneficiaries of the new emergency cash transfer for daily workers (see Figure 4.5). The system can be used for digital communication to raise awareness, monitor programme implementation and collect data, and send two-way SMS messages. Through this system, UNICEF and the National Aid Fund used text messages to confirm the beneficiaries’ identity and ascertain whether they had mobile wallets. Orientation was provided for those who needed to open a mobile wallet, and data were exchanged with the Central Bank of Jordan. Fourteen days after starting this process, a total of 188,000 out of 200,000 targeted beneficiaries had been identified and received their cash. Therefore, the use of RapidPro showed efficient, quick and safe results, with no registration costs for new beneficiaries, and proving synergies between humanitarian and development work (Albaddawi et al. 2020).

Figure 4.5 The UNICEF RapidPro system to identify beneficiaries
Rapid registration and verification of applicants’ data through open registration mechanisms was made possible through the existence of strong civil registration and vital statistics (CRVS) systems, alternative digital identification mechanisms and, most importantly, existing infrastructure facilitating interoperability between different government systems (Dokovic et al. 2020; Barca et al. 2021). Some of the best practices in open registration are mentioned below.

- Namibia’s Emergency Income Grant, which provided a one-off benefit of NAD750 (USD102.83 PPP) to informal-sector workers and unemployed people, used an SMS registration process which requested applicants’ national ID number. The country’s well-developed and digitised CRVS system facilitated the expedient use of ID numbers to validate data provided against the programme’s eligibility criteria by cross-checking with the National Population Registration System, the taxpayer database, the Student Financial Assistance Fund Database and a number of databases of existing social assistance beneficiaries. The interoperability between Namibia’s various government digitised databases, especially the taxpayer database and the National Population Registration System, resulted in the rejection of 158,846 ineligible applications, thereby saving over NAD95 million (USD5.5 million) (Dokovic et al. 2020).

- Togo’s Novissi bi-monthly cash assistance programme for informal workers depended on an Unstructured Supplementary Service Data (USSD) platform developed in less than 10 days. Given Togo’s lack of a strong national ID system, the eligibility verification process relied on cross-referencing applicants’ data with the recently collated voters’ ID database which included information used for the Novissi cash transfer programme’s targeting such as individuals’ occupation and place of residence (Gelb and Mukherjee 2020). By July 2020, the programme directly benefited 567,002 individuals, constituting 12 per cent of the population (Regional Innovation Centre UNDP Asia-Pacific 2020; Gentilini et al. 2021; Una et al. 2020).

- In Pakistan, households that were not part of the National Socio-Economic Registry had to register by sending an SMS with their Computerised National Identity Card (CNIC) to register for Ehsaas Emergency Cash. Their eligibility was checked, and they received an SMS in return telling them if they were enrolled or not. The programme received 181 million requests, of which 66 million were unique CNIC numbers after duplications were removed. About 16.9 million requests were declared eligible (considering that only one individual per household could request support, this amounts to about 50 per cent of the population benefiting directly or indirectly from the emergency benefit) (Nishtar 2020; Markhof 2020).

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50. The number of rejected fraudulent applications may have risen, as the calculations provided are based on data available from May 2020.
Verifying applications received through digital platforms and cross-checking various databases could be achieved through Application Programming Interfaces (APIs) and Robotic Process Automation (Una et al. 2020). The IMF highlights that where these types of digital solutions are used, there is a need to ensure that the technical capacities of the government are up to standard in terms of cybersecurity policies and procedures (ibid.). It further suggests that this could be achieved by establishing a ‘task force’ with information technology (IT) teams from various relevant government agencies, such as the Treasury, revenue collection authorities, social security agencies and central banks. Furthermore, practitioners should introduce data risk assessments and response plans as standard to all management information system activities (Goodman et al. 2020). For more on data security, see below.

Nevertheless, open registration through web and mobile portals might result in the exclusion of people who do not have access to and/or lack literacy to use these technologies (CaLP 2020; Gerard, Imbert, and Orkin 2020).\(^{51}\) A number of measures could be taken to ensure open registration is more inclusive, as demonstrated below.

\(^{51}\) Gender inequalities in access to digital registration modalities are also worthy of note. For example, Bourgault and O’Donnell (2020) found that Pakistani women faced difficulties applying independently for the government’s Benazir programme, as they tend to have less access to mobile phones than their male counterparts to complete the SMS registration process.
• Making the application messaging service free—as was done for Pakistan’s Ehsaas Emergency Cash Transfer, which relied on an SMS registration process using the number 8171 that was made free to enable those without credit to apply (Nishtar 2020)

• Extending the use of SIM cards to more than one beneficiary household—as was done in Namibia’s Emergency Income Grant, which relied on SMS registration but allowed 10 individuals to make an application using one SIM card (IPC-IG 2021a; Gelb and Mukherjee 2020)

• Leveraging disability-inclusive methods such as ensuring portals are screen-reader compatible and/or come with sign language videos (Banks et al. 2021; Barca et al. 2021)

• Complement digital registration with in-person or telephone registration and develop registration helplines: In Guatemala, registration for the Q1 Thousand Family Bonus, a monthly cash transfer for negatively affected families whose electricity consumption is less than 200kWh, was possible through both SMS and by telephone (IPC-IG 2021a). A hotline for registration was also set up in Bhutan for those that wanted to benefit from the Druk Gyalpo’s Relief Kidu (emergency cash transfer) but had questions or needed guidance to file their claims for inclusion in the cash transfer programme (Markhof 2020).

• Complement digital registration with in-person or telephone registration and use local actors: In Dominica, registration for the
Social Cash Transfers Assistance Programme was possible online, by telephone or in person through local actors. With the support of village councils, enumerators were deployed to 45 locations/registration points throughout the country to interview applicants face to face and collect information on tablets and phones. In several cases, home visits were also carried out to interview those unable to access the registration points (IPC-IG 2021a). Local actors were also instrumental in reducing rural ‘bias’ in SP programmes by facilitating the registration of urban communities, especially those in informal settlements, as was implemented in Kenya and Rwanda.

It is also important to highlight that in the context of the pandemic, where in-person registration was needed, measures to prevent crowding and implement socially distanced queuing were put in place, and washing facilities and sanitisers were made available. This was especially important for programmes that require biometric data with contact for registration. As contact-based biometric data collection is inadvisable in a pandemic (CaLP 2020), contactless biometrics have been tested by the UNHCR in Bangladesh, Ethiopia, Zambia and Malawi through iris scanning (UNHCR 2020c). Nevertheless, as this implies collecting sensitive data, strong mechanisms need to be in place to ensure data protection (for more, see also ‘Data protection’ below).

Changes to assessment procedures were essential to respect COVID-related social distancing regulations. Data requirements and eligibility criteria were also eased in a number of countries. Examples of best practices are provided below.
• In Peru, Ecuador and Mexico, the UNHCR employed remote assessment procedures instead of in-person registration, such as through telephone or video interviews (UNHCR 2020a).

• In Pakistan, those with an expired CNIC were allowed to benefit (Nishtar 2020). Similarly, in Colombia, local authorities have also shown flexibility in terms of recognising expired or alternative documents from Venezuelan refugees (CaLP 2020).

However, when easing data requirements and eligibility criteria, it is paramount to consider the best way to maximise inclusion. For example, while Colombia enabled the registration of Venezuelan migrants with expired documents, the cash assistance programme’s eligibility criteria still based eligibility on the refugee work permit known as the *Permiso Especial de Permencia* (PEP). Consequently, targeting only those migrants with a PEP has led to the exclusion of 63 per cent of the Venezuelan population in Colombia (Mazza 2020).

4.1.5 Data protection

Data-sharing has been an important coordination mechanism during the response to the COVID-19 crisis, serving not only to check applicants’ eligibility but also to avoid duplication of efforts between different stakeholders such as humanitarian actors and governments. In the Occupied Palestinian Territories, for example, Mercy Corps had access to the Ministry of Social Development’s single registry to reach populations which the Ministry could not serve due to financial limitations (Mercy Corps 2020). In Jordan, humanitarian practitioners coordinated their COVID-19 response through the Basic Needs Working Group (which comprises more than 30 organisations) by making use of a single list of beneficiaries, accessed by all partners and using a scoring approach to target assistance.

However, data protection considerations are still important to ensure that no harm or abuse occurs while data-sharing practices are implemented. SP programmes often process substantial amounts of personal information, such as name, age, gender, address and health status, and biometrics such as fingerprints, which are collected from individuals, families and households. As highlighted in a recent review on the topic by the Social Protection Interagency Cooperation Board (SPIAC-B 2020b), SP programme designers should always evaluate the amount of data to be collected, processed, stored and shared. When measures rely on mobile apps or websites for beneficiary registration, privacy policies should be up to date, and regulations set for the use of data, especially by private actors (Barbosa et al. 2020).

In the context of SP programmes provided by humanitarian actors, Goodman et al. (2020) note that the assumption that centralised humanitarian transfer systems can be the basis for a longer-term national SP system is misguided, because they often do not adequately address data protection and privacy imperatives. The authors also argue that while greater collaboration and data-sharing

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52. Colombia suspended expiration terms and processing deadlines for residency permits and work permits known as *Permiso Especiales de Permencia* (PEP). For more, see Mazza (2020).
should be supported, this should preferably be done through standardisation (interoperability of secure management information systems), rather than a single system (such as the integration of existing management information systems or the creation of a new single system).

**4.2 Payment mechanisms**

**4.2.1 Overview**

This section surveys the solutions that have been adopted by governments to conduct agile and inclusive payment processes during the COVID-19 crisis. It begins with a summary of the most innovative payment methods, then provides further analysis on each. It also highlights the main obstacles (funding disbursement bureaucracy, beneficiary data inaccuracy and technology issues) that have been encountered and how they have been addressed.

*Figure 4.7* Payment mechanisms for social protection measures, by region

Note: Total number of measures with payment mechanisms are indicated in brackets [ ] next to the region. The number of each payment mechanism used is also indicated in brackets ( ) next to the legend information at the bottom of the chart. Please note that one measure can have multiple mechanisms of registration.

Other category includes payments made by embassies to citizens living abroad or payments made through mechanisms requested by the beneficiary, or payments made to employer bank accounts then transferred to employees.

Source: Authors’ elaboration based on IPC-IG (2021a).
Generally, the most common payment method in the Global South was bank transfer (representing 52 per cent of all payment methods used), followed by mobile money (18 per cent) and manual cash payments (16 per cent), as shown in Figure 4.7. The use of mobile money and manual cash payments was considerably more prevalent in the implementation of social assistance measures, as shown in Figure 4.8.

**Figure 4.8** Payment mechanism by social protection category

![Payment mechanism by social protection category](image)

Source: IPC-IG (2021b).

### 4.2.2 Summary of innovative practices in payment mechanisms

Table 4.3 provides an overview of innovative practices in payment disbursements and some of the lessons learned to improve implementation in the future.
## Table 4.3 Innovative practices for payments

<table>
<thead>
<tr>
<th>Innovative practices</th>
<th>Country examples</th>
<th>Enabling factors</th>
<th>Lessons learned/important considerations</th>
</tr>
</thead>
</table>
| Facilitating the opening of bank accounts through IDs or other identification mechanisms | Brazil 14 million new accounts were created through a smartphone app at the state-owned Caixa Economica bank in one week to benefit from emergency assistance | Existing regulatory framework for tiered account opening (Kazzaz 2020) | For rapid bank account opening, the following aspects could be considered:  
  - Establishing tiered accounts with a mirrored tier-based customer due diligence mechanism (CGAP 2020a);  
  - Allowing remote account opening through video chatting or by telephone;  
  - Waiving the requirement for biometric data for verification by using alternatives such as GPS-enabled photos;  
  - Simplifying ID updating/retrieval processes to enable registration, including by waiving the cost of the process or enabling digital applications (for further details on Brazil’s actions in this regard, see Barbosa et al. (2020));  
  - Permitting ID verification to be conducted up to three months after account opening (Kazzaz 2020);  
  - Accepting alternative identification mechanisms, as in Bangladesh. |
|                                                           | Bangladesh Employment records were used to facilitate account opening             | Updated digital ID system for verification                                         | Prepaid cards must also be accompanied by strategies to reduce crowding at cash-out providers. This could be done by:  
  - spacing cash distribution to individuals on the day corresponding to the last number on their identification card (Gelb and Mukherjee 2020);  
  - Increasing the number of cash-out providers, especially in rural areas (IBC-SP 2020); and/or  
  - increasing the operating hours of cash-out providers. |
<p>| Switching from manual cash disbursements to prepaid cards | Egypt Beneficiaries of the emergency informal cash assistance programme received prepaid cards with their first cash payment to be used for future assistance disbursements | The country’s main unconditional and conditional cash transfers both already use prepaid cards |                                                                                                                                                                                                                                           |</p>
<table>
<thead>
<tr>
<th>Innovative practices</th>
<th>Country examples</th>
<th>Enabling factors</th>
<th>Lessons learned/important considerations</th>
</tr>
</thead>
</table>
| Adopting mobile money and facilitating the opening of mobile wallets | Jordan           | Know Your Customer (KYC) requirements were simplified, and remote account opening and onboarding was allowed, to enable applicants to benefit from the Daily Wage Worker Emergency Cash Assistance Programme | Despite the speed of mobile money delivery, it is important to also implement the following actions to improve its inclusiveness and efficiency:  
  - Mobile payment service providers should collaborate closely with telecoms companies to reduce the number of inaccessible wallets associated with disconnected/cancelled numbers (Al Salhi et al. 2020);  
  - Regulators must ensure that eased KYC requirements are in line with Financial Action Task Force recommendations and best practice guidance (Muthiora 2020);  
  - Non-ID-based registration mechanisms could be implemented to ensure greater inclusion. This could be achieved by reusing SIM registration data as the basis for account opening (Kazzaz 2020). |
| Combining digital, partially digital and non-digital payment modalities to ensure inclusion | Peru             | In its Bono Familiar universal emergency cash assistance programme, four delivery modalities were implemented: manual cash payments, prepaid cards, electronic transfers into bank accounts and mobile money | Countries should consider complementing digital payment modalities with non-digital ones, but the design of the modalities should take into account:  
  - infrastructure, geography and topography (Beazley, Derban, and Barca 2020);  
  - beneficiary characteristics such as elderly people, those with disabilities, and nomadic tribes; and  
  - strict safety measures should be in place to limit risk of infection. |

Source: Authors’ elaboration based on the literature review.

4.2.3 Adoptions to in-person payments

Governments and humanitarian agencies which relied on in-person payment mechanisms applied numerous adaptations to ensure people’s safety throughout the payment process. Adaptations included special hygienic and social distancing measures, as well as more drastic changes to the delivery mechanism. Examples of some of the best practices in adaptations to in-person payments are mentioned below.

- **Scheduled collection time:** In Egypt, the emergency payment to informal workers has been disbursed through post offices, banks and payment points such as schools. Beneficiaries received a free ATM card together with their first cash instalment to withdraw the next two instalments at post offices or banks. Beneficiaries were notified by SMS of their scheduled benefit collection time, to avoid crowds forming during benefit delivery (Gentilini et al. 2021).

- **Advanced payments to beneficiaries:** were made in Tunisia, and by UNICEF in Yemen (IBC-SP 2020).

- **Proxies were allowed to receive benefits on behalf of elderly beneficiaries, to protect them from risk,** in Algeria and Morocco.

- **Increasing the number of payment points, especially in rural areas, and their working hours:** Ecuador relaxed its requirements to increase the involvement of local actors and allow non-financial service providers such as grocery shops and pharmacies to act as cash-in-cash-out (CICO) agents (CGAP 2020b). Similarly, in Pakistan, 17,000 pay points (retail shops, biometric ATMs and designated bank branches), where the cash could be collected based on biometrically enabled cashpoints via a fingerprint verification system, were added (Markhof 2020).

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![Figure 4.9 Adaptations to payment processes during the COVID-19 pandemic](image-url)

Source: Authors’ elaboration based on the literature review.
4.2.4 Digital transfers

**Bank transfers**

Increasing financial inclusion and the number of bank account holders was an effective strategy adopted by some governments to speed up government-to-person (G2P) payment systems. This is a vital strategy, as 37 per cent of the adult population and 46 per cent of households in the poorest 40 per cent of the population in developing countries lack transaction accounts (Findex 2017). States have used simplified due diligence procedures also known as tiered KYC processes to enable customers to open bank accounts and allow the process to be done remotely. Some examples of the best practices in this regard are listed below.

- **Permitting remote onboarding:** The Central Bank of West African States published new guidelines in April 2020 permitting remote onboarding for the first time through USSD text messaging or telephone, sending photos or video chatting, which led to a tripling of the number of monthly new accounts (Kazzaz 2020).

- **Simplified bank account opening procedures through national IDs:** Brazil’s Auxilio Emergencial programme for informal workers and self-employed and unemployed people facilitated the creation of 14 million new accounts through a smartphone app at the state-owned Caixa Economica Federal bank within a week of the programme’s launch (Kazzaz 2020; Una et al. 2020). The measure aims to reach 54 million beneficiaries, thereby constituting the largest and fastest financial inclusion drive to occur during the pandemic (Beazley, Derban, and Barca 2020). In cases where beneficiaries already had accounts, the existing linkage between ID numbers and beneficiary bank accounts facilitated rapid disbursement of assistance.

- **Noting the lack of IDs, some countries have used alternative methods to verify individual data for the purpose of opening accounts:** In Bangladesh, accounts could be opened for ready-made garment workers through their employment records (Kazzaz 2020). In the Philippines, the Central Bank waived the ID requirement entirely for customer onboarding and transactions to enable assistance delivery to identified beneficiaries who lack IDs (CGAP 2020a). Finally, in Mexico, customers can open tier 2 accounts, which have a limit that is 50 per cent less than normal accounts. They are then given 18 months to provide valid identification confirming their name, gender and address. However, such a measure may have negative repercussions, given that the account may be forcibly closed by the financial institution after the 18-month transitional period if the account holder fails to provide proof of identification. This might result in uncertainty for the account holder, especially if the mechanisms for withdrawing all the funds and closing the account are unclear, and could in the long term generate a loss of faith in the financial

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54. This includes initial checks on account holders but has activities to ensure customer due diligence, which include identifying and verifying provided data, determining whether the individual opening the account is opening it on their own behalf, risk assessment and profiling, reviewing ongoing transactions, renewing customer information, and implementing round customer checks. For details, see Kazzaz (2020).
sector as a whole (Kazzaz 2020). Where bank accounts are not common among the target beneficiaries, supplemental channels such as prepaid cards and mobile wallet options were a successful alternative to ensure assistance was delivered rapidly and social distancing was considered. Figure 4.10 provides brief definitions of these types of digitised payment modalities.

**Figure 4.10** Definitions of digital payment modalities through e-wallets

**Electronic wallet (e-wallet)**
- Electronic alternative to cash that is stored on a card, phone or other electronic device

**Electronic vouchers/pre-paid cards**
- Allow for electronic storage or receipt money as well as making payments
- Represent a fixed value that once spent means the voucher/card cannot be used or it may be reloaded again for later use
- Are partial digital payments, as recipients do not actually have accounts

**Mobile money/wallet**
- Allow for the electronic storage, receipt or transfer of money, as well as making payments at a point of sale via a mobile device
- Are full digital payments, as recipients have accounts with a financial service provider, which in this case is a mobile money provider

Source: Authors’ elaboration based on CGAP (2020b) and Fipro (2009).

**Electronic vouchers/pre-paid cards**

Prepaid/electronic vouchers were a successful alternative to limit exposure to cash and still provide benefits to those without bank accounts, especially those who might face extra difficulties in opening bank accounts, such as women, stateless individuals or people with disabilities. For example, Egypt’s Sisi Grant for Informal Workers, which supported 1.6 million informal workers with a monthly benefit of USD110.91 PPP, used both in-person and prepaid cards as a delivery modality. The first payment in April was disbursed through 4,000 post offices, 600 schools and the branches of the Agricultural Bank of Egypt (IPC-IG 2021a). Beneficiaries received cash and a prepaid card, which was used for the remaining payments. Similarly, in Malaysia, subsidised childcare for working parents was provided through e-vouchers worth USD471.76 PPP (IPC-IG 2021a). Noting the importance of having sufficient numbers of cash-out providers, Jordan’s Ahli Bank partnered with the World Food Programme to increase the number of ATMs available to refugees receiving cash assistance. However, prepaid cards and electronic vouchers are regarded as ‘partial digital payments’, as recipients do not have actual accounts (CGAP 2020b). This is their one drawback, as they do not facilitate financial inclusion and allow individuals to save and send money in the same way as bank accounts or mobile wallets do (World Bank 2020d).
Mobile money

Mobile money/wallets were a very successful way to deliver aid rapidly and to facilitate greater financial inclusion in the long term. Table 4.4 provides an overview of some of the fastest COVID-19 cash assistance programmes delivered through mobile money.

Table 4.4 Overview of rapid cash assistance programmes using mobile money

<table>
<thead>
<tr>
<th>Country</th>
<th>Measure</th>
<th>Benefit value (USD PPP)</th>
<th>Gap between announcement and first payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Togo</td>
<td>Novissi cash transfer programme</td>
<td>A monthly benefit of USD52 for women and USD44 for men provided every 15 days</td>
<td>55 days</td>
</tr>
<tr>
<td>Namibia</td>
<td>Emergency Income Grant</td>
<td>USD102 provided as a one-off payment</td>
<td>9 days</td>
</tr>
<tr>
<td>Jordan</td>
<td>Daily Wage Worker Emergency Cash Assistance Programme</td>
<td>USD150–407 monthly for 3 months</td>
<td>9 days</td>
</tr>
</tbody>
</table>

Source: Authors’ elaboration based on IPC-IG (2021a).

Figure 4.11 Changes to mobile money regulations to increase access

Declaring CICO agents essential services

Fee waivers on mobile transactions

Simplifying KYC requirements

Increased transaction and balance limits

Source: Bahia (2021).

To facilitate G2P payments through mobile money, countries adopted a number of innovative regulatory practices, summarised in Figure 4.11. Some of them are discussed further below.

Fifteen countries in sub-Saharan Africa implemented mobile money fee waivers (Gronbach 2021), which increased the number of transfers and purchase transactions. In Kenya, for example, mobile money fee waivers for transactions up to

55. With the possibility of extension in certain areas which go into lockdown as the number of COVID-19 cases rises.

56. Approximately. The announcement took place on 8 April, and information indicates that beneficiaries had already received payments by 14 April. See TogoFirst (2020).

57. For a full list of COVID-related mobile money policies implemented by different countries, see Muthiora (2020).
KES1000 resulted in an increase in daily average transaction volumes between KES101 and KES1000 by 1.5 million, which confirms that the waiver encouraged more mobile money transactions (Muiruri 2020b). Mobile wallets were used in Kenya to deliver G2P assistance to approximately 650,000 beneficiaries through four programmes: the Inua Jamii Cash Transfer Programme, the Kazi Mtaani cash-for-work initiative, the Weekly COVID-19 Support Stipend and the Stipend for Athletes and Technical Support Staff (IPC-IG 2021a). However, it is important to note that fee waivers have a negative effect on the liquidity position of small-scale CICO agents and are not necessarily sustainable in the long term (Hernandez and Kim 2020; Narain et al. 2020).

**Box 3 Measures that facilitated access to mobile money cash transfers for forcibly displaced communities**

Eased KYC requirements were central to ensuring access to mobile money cash transfers for forcibly displaced communities.

- In Jordan, new measures were introduced by the Central Bank to ensure that refugee IDs issued by UNHCR are also accepted for opening mobile accounts (Kazzaz 2020).
- In Colombia, expired and alternative ID documents for Venezuelans were regarded as acceptable for account opening (Hamilton 2021).

In countries where there is limited use of mobile money, new regulations for mobile network operators were necessary. In Jordan, the Central Bank licensed a new mobile money provider through a simplified licensing process. It also issued new, relaxed regulations to enable remote mobile money account opening with simplified KYC requirements (CGAP 2020b; Muthiora 2020). Prior to the pandemic, beneficiaries of the National Aid Fund’s social assistance who received their aid through mobile wallets constituted 5.5 per cent of all beneficiaries. After the onset of the pandemic and the introduction of the Daily Wage Worker Emergency Cash Assistance Programme, 68.5 per cent of the National Aid Fund’s emergency and existing beneficiaries received aid through mobile wallets. Furthermore, the Social Security Corporation’s various unemployment benefits and wage subsidy programmes used mobile wallets for the first time to deliver benefits to beneficiaries without bank accounts (Al Salhi et al. 2020). To facilitate this transition to mobile wallets, a ‘Mobile Wallets Gateway’ was launched, providing information on the process for opening a wallet and allowing users to access self-registration links for all mobile payment service providers (ibid.).

In some cases, customers were allowed to activate Internet and mobile banking without biometric verification (Muthiora 2020). This was because the early literature on the cash response to the pandemic generally considered fingerprint-based biometric devices to increase the likelihood of COVID-19 transmission (Okereke et al. 2020; Song 2020; CaLP 2020). In Somalia, for example, the Food and Agriculture Organization of the United Nations (FAO) replaced fingerprint
verification for mobile money beneficiaries with GPS-enabled photos taken at the time of beneficiary registration and verification (FAO Somalia 2020).

Generally, eased KYC requirements through a tiered approach which allows for minimal identity verification for low-risk transactions has facilitated G2P payments, improved accessibility and contributed to long-term financial inclusion (Bill & Melinda Gates Foundation et al. 2020).

Commonly, digital payment modalities are advantageous, as they restrict face-to-face interaction, allow for quicker disbursement, facilitate long-term financial inclusion of vulnerable groups and reduce operational costs for governments. Recent research in Bangladesh shows that digitising cash assistance can save the government USD15 million in costs annually and save beneficiaries 91 million hours, USD20 million and 60.4 million visits per year (Alam 2020). However, mobile wallets are inaccessible to some, due to low mobile connectivity, limited access to mobile phones or distance from cash-out providers (CGAP 2020a). This could apply to those living in extreme poverty, rural communities, people with disabilities, women, and people who are scarcely literate. In terms of the exclusion of women, the ‘Mobile Gender Report’ by the GSMA indicates that women in LICs and MICs are 8 per cent less likely than men to own a mobile phone and 20 per cent less likely to access the Internet through their phones (Rowntree and Shanahan 2020). Other hurdles women face include not having or difficulty in obtaining IDs required for KYC processes (Bill & Melinda Gates Foundation et al. 2020). Consequently, programme design should take into account these exclusions and plan ways to overcome them. Some of the mitigation measures that could be implemented to reduce women’s exclusion include the following.

- **Implementing multiple forms of assistance delivery:** Both Peru’s and Chile’s Bono de Emergencia used a combination of manual cash payments, prepaid cards and mobile money (IPC-IG 2021a). This could include door-to-door registration or delivery, which is vital for women’s inclusion but requires careful execution to balance between the inclusion of more women and the higher risk of infection (Benni 2021).

- **Prioritising prepaid cards over mobile money to provide more access for women,** as they mitigate the need for mobile phones, IDs or Internet access.

If mobile money is already the chosen delivery method, then countries could also consider:

- **Providing mobile phones alongside mobile wallet cash transfers,** to reduce the gender gap in mobile phone ownership, as has been done in Zambia (Bill & Melinda Gates Foundation et al. 2020; World Bank 2020g); and

- **Replacing ID verification and reusing information provided in the past for SIM registration,** to enable mobile money account opening, as has been implemented in Pakistan, Ghana and Sri Lanka.

Digital payments have encountered a number of challenges that have limited timely disbursement of assistance, including inaccuracy of beneficiary data, and technological and connectivity issues, as discussed below.
• Digital payment modalities were sometimes delayed due to the inaccuracy of information provided by beneficiaries that is vital for disbursement of the benefit. Bangladesh’s COVID-19 emergency response programme relied on mobile wallets to deliver assistance to beneficiaries, provided that their mobile phone and national ID numbers were correct. However, many of the national ID numbers listed did not match those of the Election Commission. Officials in the Ministry of Finance were sent the lists from the district level and laboured over matching them with the Election Commission database. Also, many of the mobile phone numbers on the beneficiary list had no mobile financial service accounts, and providers had to open the accounts after matching their national ID numbers with the Election Commission database. The Prime Minister’s Office and the ICT Ministry cross-checked the mobile numbers of the poor families provided by union digital centres and ward digital centres under the ICT Ministry, to remove fake people from the list. If the name of the beneficiary was found to be correct, an alternative mobile number was requested to transfer the benefit money (Rahman 2020). These data inaccuracies necessitated additional rounds of data verification and thus resulted in delayed payment disbursement.

• Limited capacity of digital systems also posed a challenge for timely delivery of assistance. This has been reported in India, where the Aadhaar Enabled Payments System was used for five cash transfer schemes (Palepu 2020; Gelb and Mukherjee 2020).

• Other challenges to digital payment modalities are shown in Figure 4.12.

Figure 4.12 Challenges observed for payment processes during the COVID-19 pandemic

Wrong mobile numbers provided by beneficiaries

Network interruption

Lack of cash liquidity by banks and CICO agents

Crowding at cash-out providers

Bank/CICO agent closures

Delay in money delivery by service providers

Source: Authors’ elaboration based on the literature review.

4.2.5 Role of local CICO agents

CICO agents have been vital in facilitating G2P payments during the pandemic—whether they are manual cash payments, bank transfers or electronic wallet
transfers through e-vouchers or mobile money. CICO agent networks, which include supermarkets, stationery shops, pharmacies and others, are generally more accessible to beneficiaries than bank branches and ATMs. Past research has indicated that CICO networks via branchless banking extend financial opportunities to rural populations and low-income groups (Lyman, Ivtavy, and Staschen 2006; Radcliffe and Voorchies 2012; Maurer, Nelms, and Rea 2013). More recently, the GSMA's 2019 ‘State of the Industry Report on Mobile Money’ (Naghavi 2020) has found that CICO agents have 7 times more reach than ATMs and 20 times more reach than bank branches. Interestingly, the report finds that while the density of the agent network tripled between 2014 and 2018, reaching 228 agents per 100,000 adults, the density of commercial bank branches remained unchanged at 11 branches per 100,000 adults.

**Figure 4.13** Global distribution of banks, ATMs and agents per 100,000 adults

![Figure 4.13](image-url)

Source: Naghavi (2020).

A good example of the role of CICO agent networks is found in India, where local actors—particularly women’s self-help groups—have been instrumental in facilitating access to cash as CICO agents. Since 2006, the Reserve Bank of India has allowed third-party agents to provide banking services covering two or more villages on behalf of banks in what is known as the ‘Banking Correspondent’ (BC) model. Each BC has their own smartphone, tablet, laptop and biometric scanner and can operate from anywhere. Recent data indicate that there are more than a million BCs around the country, with 60 per cent of them located in rural areas (Narain et al. 2020). Women members of self-help groups such as the Self-Employed Women’s Association (SEWA) working as BCs and known as bank sakhis in Hindi (directly translated as ‘female banker friends’) were vital in the delivery of G2P payments during the pandemic (Pinto and Arora 2020).

First, BCs working with SEWA helped people fulfil the KYC requirements to activate their Mahatma Gandhi National Rural Employment Guaranteed Scheme (MGNREGA) accounts to benefit from the programme’s COVID-19 top-up (Mathew 2020).

Second, female BCs were vital in the delivery of cash assistance under the Pradhan Mantri Garib Kalyan Yojana Relief Package, especially to rural women (Pinto and Arora 2020). The programme targets 200 million women with a monthly payment of INR500 (USD23.68 PPP) for three months as part of the Pradhan Mantri Jan Dhan Yojana programme, which promotes their financial inclusion by granting cost-free access to bank accounts (Narain et al. 2020).
Despite their significance in providing access for the hardest-to-reach populations, CICO agents have faced some challenges throughout the pandemic that have hindered their operation. First, CICO agents across the world which provide both financial and non-financial services were in some cases required to close during lockdown, as there was a lack of understanding as to whether they were considered an essential service (Hernandez and Kim 2020). Closures limited accessibility and demonstrate the necessity for countries to recognise agents' contribution and categorise them as essential services in the event of future crises/lockdowns. Second, for open CICO agents, the release of G2P payments meant a sudden upsurge in cash-out transactions which led to some liquidity problems. In India, for example, agents faced difficulties reaching the nearest bank branches, which were often 10–12 km away, given the closure of public transport services (Narain et al. 2020). Finally, keeping CICO agents open during lockdown creates additional costs and lost income for them due to the reduction in transactions. To mitigate this, governments and financial service providers should coordinate and consider the implementation of temporary subsidies for CICO agents, as has been done in India for rural agents (Hernandez and Kim 2020).

4.3 Communication, grievance mechanisms and case management

4.3.1 Overview

In a pandemic such as the current one, it is crucial that the population is informed not only about the virus itself but also about available SP programmes, including exact requirements and benefits. Therefore, it is necessary to carry out wide-reaching campaigns that disseminate information in an understandable manner for all segments of the population.

Moreover, GRMs are key for reporting and responding to concerns and collecting feedback to improve the delivery of SP. In the context of COVID-19, appeal mechanisms in case of wrongful exclusion from a programme, for example, are key to ensure people’s right to support.

Case management, especially through social workers, is fundamental to identify beneficiary families’ needs and vulnerabilities and referring them to other programmes and services, including those outside the SP sphere, such as health or child protection. The need for social distancing due to COVID-19 often required the adaptation of conventional case management mechanisms, such as home visits.

This section highlights good practices in the use of digital technologies for inclusive beneficiary communication and GRMs during COVID-19 responses. It also reviews the solutions created to continue case management during the pandemic.

4.3.2 Summary of innovative practices in communication, grievance redressal mechanisms and case management

Table 4.5 summarises the innovative practices in communication, case management and GRMs. It also includes some lessons learned for the future.
**Table 4.5 Overview of innovative practices in communication, case management and grievance redressal mechanisms**

<table>
<thead>
<tr>
<th>Innovative practices</th>
<th>Country examples</th>
<th>Enabling factors</th>
<th>Lessons learned/important considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disseminate quality information using multiple platforms (such as radio, SMS, WhatsApp, social media, distribution of brochures, information sessions, 24-hour hotlines) and in different languages/dialects to inform about available support and requirements and to convey health messaging</td>
<td>Several countries</td>
<td>Variety of measures to increase the likelihood of reaching all those in need</td>
<td>Information about new programmes should be clearly formulated, especially when it comes to eligibility criteria and duration. It should also be disability-inclusive through the use of Braille, sign language and screen readers.</td>
</tr>
</tbody>
</table>
| Involve local actors to disseminate information | Sudan, Egypt | Evidence suggests that drawing on trusted local individuals leads to positive behaviour change and can help to avoid the spread of rumours and misinformation, suggesting that local actors are well placed to deliver community sensitisation, messaging and labelling activities, for example (Mclean et al. 2020) | The inclusion of local actors in the process of information dissemination requires the following elements to be considered:  
  - Involving local actors from the start in the process of content development;  
  - Capacity-building for local actors and training them on the topic at hand and how to respond to certain problematic comments;  
  - Selection of the best-suited local actors should be context-dependent. As mentioned in Section 4.1 on beneficiary identification and registration, the type of local actor involved may have implications for social exclusion. For example, relying on local leaders in highly patriarchal environments may not be ideal when disseminating information about gender-based violence (Cabot Venton and Sammon 2020). |
<table>
<thead>
<tr>
<th>Innovative practices</th>
<th>Country examples</th>
<th>Enabling factors</th>
<th>Lessons learned/important considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Include health messaging in the work of case/social workers</td>
<td>Suggested in several guidelines in Lebanon, Ghana, Cambodia and Myanmar</td>
<td>Relatively easily to implement</td>
<td>Case workers need to be trained and updated regularly.</td>
</tr>
<tr>
<td>Offer predefined working hours for social centres to reduce crowds</td>
<td>Brazil</td>
<td></td>
<td>Requires clear communication and a system for people to register for visits (e.g. by phone).</td>
</tr>
<tr>
<td>Include a GRM in programme design from the outset and offer several ways to file a complaint (phone or online and, if needed, in person)</td>
<td>Philippines, Gaza and Lebanon (planned)</td>
<td>Mechanisms already in place (e.g. hotlines to receive information or online platforms to register) can include GRM from the outset</td>
<td>Capacity to process complaints quickly needs to be in place. In-person complaints should be available but not first option (to reduce risk of contagion).</td>
</tr>
<tr>
<td>Conduct risk assessments to decide the form of case management for the existing caseload (e.g. use of regular phone calls for low-risk cases; daily phone check-ups with high-risk children in COVID-19-infected communities; in-person visits as soon as possible, complying with hygiene measures)</td>
<td>Suggested in several guidelines in Lebanon, Ghana, Cambodia and Myanmar</td>
<td>For existing caseloads, families and potential risks are already known to case workers</td>
<td>Given the increased distress and risk of violence, case management remains key during the pandemic. Phone calls can be used in some cases, but in-person visits remain indispensable for those at high risk. Case workers need to be equipped with the necessary equipment to conduct home visits (e.g. masks, hand sanitisers).</td>
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Source: Authors' elaboration based on the literature review.
4.3.3 Communication and grievance mechanisms

**Communication**

Governments have used a variety of communication channels to provide their populations with information on the COVID-19 response. The Government of the Philippines (2020), for example, put in place a strategic communications plan under its National COVID Taskforce which includes fighting misinformation. It has been delivered through a variety of channels (broadcast news and interviews, informational videos, radio public service announcements). In Jordan, the National Social Protection Committee placed a lot of emphasis on social media and used the Prime Ministry’s Facebook page to deliver information regularly to potential beneficiaries. Togo, on the other hand, created a new website dedicated to its Novissi emergency cash assistance programme. The website contains information on eligibility, benefit amounts and registration procedures. It also provides a free helpline for individuals to call should they need additional assistance (Novissi 2020).

**Figure 4.14** Snippets of an informative video with sign language

Information campaigns included information about the available SP services and their requirements, as well as information on the virus itself to help prevent and slow the spread of the disease. In this regard, the use of multiple platforms and different languages is also fundamental to guarantee the safety of vulnerable categories and forcibly displaced communities. For example, in Sudan, UNHCR successfully reached most refugees by using multilanguage SMS, billboards, posters and community networks (UNHCR Sudan 2020). In Yemen, UNHCR is promoting awareness campaigns for forcibly displaced families, including individual counselling, 24-hour hotlines, social media, distribution of brochures, and information sessions conducted with small groups (UNHCR 2020e). In Jordan, the Higher Council for the Rights of Persons with Disabilities, a policymaking public entity, produced six videos on COVID-19 prevention measures aimed at people with disabilities, including two videos with sign language (ESCWA 2020).
Local actors and community engagement are just as vital to the dissemination of accurate information as they are to the implementation of safety net measures (IASC 2020). In Sudan, for example, UNDP has established more than 150 local networks, including management committees, peace committees, volunteer groups, and farming and water management groups, with the aim of ensuring the delivery of personal protective equipment, hygiene supplies and accurate information (UNDP 2020). The NGO Concern also mobilised community volunteers in Sudan who were previously helping to screen for malnutrition to work also on COVID-19 awareness in their villages, using megaphones and theatre to spread information on how to protect against the disease (Harper 2020). In Egypt, UNHCR trained volunteers and community leaders to deliver psychological first aid and non-specialised psychosocial support, as a rise in anxiety and depression among refugees had been observed (UNHCR 2020d). In India, women’s self-help groups mobilised on their own to disseminate information about the pandemic through training of trainers sessions through WhatsApp, as well as door-to-door visits for especially vulnerable groups such as elderly people (Mathew 2020). In other Asian countries, CSOs were essential in providing information to hard-to-reach indigenous and rural communities (Nixon 2020). Finally, in Paraguay, social workers known as family guides who regularly coach beneficiary families were part of newly formed WhatsApp-driven campaign known as ‘Tekopara Accompanies You’. Each family guide provided the beneficiaries they are responsible for with the digital content of the campaign, which aimed to overcome literacy barriers by including text, audio clips, images and short animated videos on themes of food, nutrition, health and self-care (De Miranda, Heisecke, and Royg 2021).

Grievance redressal mechanisms

GRMs should be another key component of the communication structure of SP programmes, as they not only allow people to complain in case of wrongful exclusion or any misconduct on the part of programme staff but also help enhance programme design by resolving any problems encountered during implementation. In Jordan, the Jordan Payments and Clearing Company (JoPACC), which operates the country’s mobile payment system, managed and oversaw part of the GRM and call centre for the Daily Wage Worker Emergency Cash Assistance Programme. Consequently, it communicated solutions to all mobile money providers regarding technical problems faced by beneficiaries (Al Salhi et al. 2020). In Morocco, the Ministry of Family, Solidarity, Equality and Social Development created a specific email address to receive grievances from people with disabilities or their families (Ahdath 2020).

Furthermore, grievances can be submitted either remotely or in person to the Philippines emergency subsidy programme either by filing an appeal with local Social Welfare and Development Offices within three days of assistance delivery or by calling the Central Department of Social Welfare and Development’s 24/7 hotline number (ABS 2020). In the emergency SP COVID-19 response project to be implemented in the West Bank, very detailed GRM operating instructions have been laid out in its Stakeholder Engagement Plan, including the channels through which beneficiaries can file their complaints, documentation procedures and response steps (World Bank 2020f), which can be seen in Figure 4.15.
Figure 4.15 Grievance redressal mechanism for the West Bank’s emergency social protection project

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<td>Models of contact:</td>
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<td>• Project offices</td>
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<td>• GRM e-mail</td>
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<td>• Eletronic grievance form</td>
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<td>• Telephone and mobile numbers</td>
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<td>Anonymous complaint reporting processes is possible</td>
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Models of contact:
- Project offices
- GRM e-mail
- Electronic grievance form
- Telephone and mobile numbers
- Anonymous complaint reporting processes is possible

The following is recorded:
- Reference number
- Date of receipt
- Name of complainant
- Complaint acknowledgement
- Description
- Details of internal and external communication
- Action taken
- Date of finalization

Investigation steps:
- Validity verification
- Ask for further information if needed
- Referral to relevant department
- Actions are recommended for corrective measures and avoiding reoccurrence
- Information is logged

Notification is provided in writing, by phone or via text message. Information to be communicated should include:
- Summary of the initial
- Reason for the decisions taken

Complaints are closed:
- Where the solution is accepted by the complainant
- If the complaint is not related to the project
- If the complaint is being heard by the judiciary
- In cases of malicious complaints

If the complainant is not satisfied with the redress options proposed, they should be advised of their right to legal recourse

Source: Authors’ elaboration based on World Bank (2020f).

In the case of Lebanon’s Emergency Crisis and COVID-19 Response Social Safety Net Project, an outsourced firm is expected to be contracted to set up the GRM system at the national level. This system will be linked to the programme’s management information system, which should then be used to manage and record all the feedback received via the GRM. The proposed GRM organisational structure involves not only the government ministries involved in the project but also United Nations agencies involved in the project, such as the World Food Programme and UNHCR. The system is also being set up to receive and handle complaints of gender-based violence (GBV) and sexual exploitation/harassment (World Bank 2020e).

Mobile technologies have also been very useful in providing remote data collection and fine-tuning the GRM process. In Pakistan, Mercy Corps partnered with mobile network operators to identify cell towers in areas where people had lower account balances, to invite them to access the NGO’s hotline (Hamilton 2021).

Local actors have also been instrumental in carrying out GRMs. Local administrators in the state of Andhra Pradesh in India proactively collected beneficiary feedback by mobile phone to ensure satisfaction, address complaints and monitor the quality of cash delivery systems (Bill & Melinda Gates Foundation et al. 2020).
4.3.4 Case management and referral services

The COVID-19 crisis has not only increased households’ need for cash and in-kind transfers but has also led to an increase in psychosocial distress and domestic violence due to added stress caused by economic hardship, school closures and movement restrictions. Research on past crises has already shown how they disrupt existing protective structures and exacerbate risk factors for violence, abuse and exploitation (Landis 2020). Research into COVID-19 by Save the Children on a sample of 13,477 children and 31,683 caregivers from over 46 countries found that double the amount of violence was reported by children when schools were closed than when they were open (Ritz and O’Hare 2020). While some country reports signalled an alarming surge in cases of GBV, other countries noted fewer survivors of violence reaching out to support services compared to pre-pandemic times (UNICEF 2020). This is because movement restrictions have made it much harder for those affected by violence to leave their households and seek help. The discrepancy in numbers of ‘registered/reported’ cases of violence belies the fact that a ‘shadow pandemic’ of violence has indeed coincided with the virus (UNICEF 2020; Landis 2020). Against this background, referring families to other programmes and services, including those outside the SP sphere, such as health or child protection, remained key during the pandemic.

Many countries have had to adapt their case management systems to be able to continue to provide often essential services while complying with social distancing rules. In Brazil, UNICEF and the National Council of Municipal Social Assistance Managers (Congemas) (2020) have recently published a guideline for the preparation of national Social Assistance Centres (CRASs), whose responsibilities include registering families in the Single Registry, in the context of disasters and emergencies. To understand how the centres dealt with the pandemic, 1,026 municipalities were interviewed. The survey showed that the main strategy adopted by CRASs to ensure the continuity of services during the period of social isolation was to open with predefined opening hours to minimise crowds (adopted in two thirds of the municipalities).

Case management and social workers are often key for ‘Cash Plus’ initiatives, which are cash transfers that are combined with one or more types of complementary support. This can be done by linking beneficiary households of a cash transfer programme to externally provided services or by providing multiple interventions (e.g. cash and training) within a cash transfer programme. SPACE has developed a note on the programming options for Cash Plus initiatives during the COVID-19 crisis (McLean et al. 2020). As a first step, it is recommended to identify and map the most immediate needs of the target population group and refer them to existing interventions. Relatively quick and simple complementary interventions can include community awareness, sensitisation, labelling, messaging, GBV and protection services to address the very high risks in this crisis, automatic enrolment in health, and fee waivers.

A good example of an innovative Cash Plus initiative implemented during COVID-19 is the use of low-tech signal alerts (i.e. a coloured cloth) by survivors of GBV when retrieving social assistance manually or accessing social services such as health or water, to activate GBV service provision (Erskine 2020). Lower levels of resources would be required to provide information to cash transfer recipients to
access these services (e.g. supporting contact, enrolment or registration). Another option is to mobilise existing trained staff to provide relevant referrals. Referral will be easier where linkages between the different services already exist; if they do not, simple coordination mechanisms need to be established through, for example, Terms of Reference between actors, a Memorandum of Understanding or Standard Operating Procedures.

Several organisations and governments have produced guidelines for case management in the context of the COVID-19 crisis, most of which focus on child protection. Yet there are many similarities to the case management of SP beneficiaries. In many countries, case management for SP beneficiaries is done by social workers who are in charge of referring to a variety social services, including health, social assistance, education, family counselling and violence prevention. Therefore, these guidelines can also be useful for SP programmes.

Save the Children (2020) has developed a detailed guideline on different aspects of child protection case management, including the need to train case workers on new hygiene guidelines and specific risks due to COVID-19 (e.g. higher risk of violence because of increased distress experienced by families), and the relevant services available to respond to them. Moreover, it is key to equip case workers with personal protective equipment before conducting home visits, for example. Similarly, several countries, including Lebanon (Social Service Workforce 2020), Ghana (Department of Social Welfare 2020), Cambodia (Ministry of Social Affairs, Veterans and Youth Rehabilitation 2020) and Myanmar (Canada, Save the Children, and UNICEF Myanmar 2020) have developed case management guidelines for social workers working on child protection. The guidelines suggest, among others, a risk assessment for the existing caseload to decide when phone or in-person visits are permissible in times of COVID-19. While the management of cases where the child is at low risk of any form of neglect or violence should be done preferably by telephone, in-person visits with the necessary precautionary measures need to continue for high-risks cases (unless there is an active case of COVID-19 in the family or close community). Digital technologies have also been leveraged for GBV case management; see Box 4 for further details.

**Box 4 Digital solutions for case management of gender-based violence**

Technology has been used during lockdown to ensure the continuation of GBV case management. One example is the newly developed Primero/GBVIMS+ database, which is a web application supporting humanitarian actors to collect, store, manage and share data on GBV for both case management and incident monitoring. There is also a mobile application that front-line workers can use to track GBV incidents and update the progress of survivors receiving case management services (UNICEF 2020).

5. Conclusions and recommendations: Practical steps
The socio-economic impacts of the COVID-19 crisis have been an enormous challenge for all countries. Informal workers in the Global South are at particular risk, not only because movement restrictions and decreased demand have had a direct impact on their ability to make a living, but also because they are usually not covered by any SP programmes, as those tend to focus on the poorest households (through social assistance) or those working in the formal sector (through social security). Other groups that are also particularly vulnerable include those living just above the poverty line, people with disabilities, elderly people, refugees, migrants and stateless individuals.

The world has witnessed a momentous increase in SP spending (Gentilini et al. 2021). Most notably, the unprecedented socio-economic impacts of the pandemic have caused a critical juncture in SP policymaking, leading to a window of opportunity. The focus on targeting the ‘missing middle’ and the increasing discussion around a universal or temporary basic income59 are some of the changes that have been facilitated by the pandemic.

Yet not all countries have responded in the same way, and there are several factors that can explain why some governments have responded faster and more comprehensively than others. One important factor is the status and maturity of the national SP system prior to the crisis; those with more consolidated systems were usually able to respond faster than those with lower SP coverage and less consolidated delivery systems. Moreover, fiscal space and political will are also key to understanding the speed and scale of governments’ responses. While the two are interlinked, the latter is more difficult to quantify and usually very context-specific, as it depends on political agenda and ideology but also the role of national leaders and key stakeholders in the country, thus requiring more country-specific analysis.

Nevertheless, the SP responses to COVID-19 in the Global South offer a lot of space for learning. Given the need to provide assistance quickly to those in need (often previously uncovered by SP) while complying with social distancing measures, countries had to be innovative in terms of the financing, design and implementation of SP measures. Countries have had to adopt technological innovations, implement changes to administrative processes related to SP and adapt institutional and governance structures overseeing SP decision-making. Given that the consequences of the crisis for at least the medium term will entail significant losses of government revenues, increased vulnerability and rising poverty rates in most countries in the Global South, the need for innovative and sustainable SP practices is more evident than ever.

Against this background, this paper has looked at innovative practices which can be leveraged to build more inclusive SP systems in the medium and long term (the ‘next’ practices). ‘Innovative practices’ in this context are understood as practices that rapidly and effectively enhance the inclusion of those in need into SP systems, providing them with the support and services that aim to protect them against poverty, vulnerability and social

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59. See Molina and Ortiz-Juaréz (2020), Fajardo-Gonzalez et al. (2021), Montoya-Aguirre et al. (2021), ECLAC (2020) and Haag et al. (2021).
exclusion. Innovative practices are multidimensional (Hartley 2005) and include technological, process and governance innovations. They are also evaluated based on their ability to extend coverage, as opposed to their cost-efficiency (Moore and Hartley 2008). As this paper presents, the pandemic has shown that redundancies, while sometimes less efficient (i.e. a multiplicity of registration or payment mechanisms), are necessary to ensure that programmes are accessible and coverage is widespread and to account for unforeseen delays, challenges or flaws in implementation mechanisms. Furthermore, the continued implementation of innovative practices is also key to avoid falling behind on the SDG agenda and to achieve SDG Target 1.3 by 2030: “Implement nationally appropriate SP systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable.”

The following section summarises the key findings of the paper and provides forward-looking steps for financing, coordination and partnerships with non-governmental actors, beneficiary identification and registration, assistance delivery and communication.

**Financing**

The effort to expand SP coverage—both horizontally and vertically—required significant resources to fund responses. While the data for funding were limited, the IPC-IG’s mapping of national SP measures showed that the Global South relied on varied sources. The list below summarises some of the lessons that can be taken from the pandemic so far in terms of funding SP policies.

- As the debt burden of many developing countries was already high before the pandemic and has further increased as a result of it, countries should, whenever possible, explore alternatives that are either less expensive in terms of debt (for instance, concessional loans or social impact bonds) or that do not increase the debt level, such as reallocating budget or exploring community-based financing.

- While still limited to HICs and UMICs, social impact bonds are an interesting option to consider whenever possible, as they represent a way to fund SP with less financial risk for the public sector. It is important, however, to ensure adequate accountability and consider other risks associated with them.

- For the short term, the use of extrabudgetary funds, as in Colombia and Jordan, allows a quick response in moments of crisis. However, as they are potentially less accountable, the risk of mismanagement increases, and they should not be employed as a measure to fund long-term programmes. Moreover, they should have clearly defined rules and mandates.

- The reallocation of public expenditures should focus on replacing high-cost, low-impact investments with investments that are important in the context of this pandemic. It should not be carried out at the expense of
important investments that have developmental consequences in the medium and long term.

- Community-based financing represented an important funding source in some countries such as Egypt and Libya, allowing the coverage of vulnerable groups. As it is an option that might relieve the public burden and the fiscal deficit, it should be explored and facilitated. Thus, allowing digital modalities of collecting donations and making an effort to coordinate the collection of donations might facilitate this mechanism.

- Increasing tax revenue is a crucial long-term measure to make permanent SP expansion feasible. Countries in the Global South are more likely to be propelled by the pandemic to implement tax reforms than in normal times and should consequently focus their efforts on exploring innovative tax measures—mining and gas taxes, sin taxes, taxing the digital economy and a monotax—to ensure funding for their interventions. Countries with high informality levels, in particular, should consider the alternative of establishing a monotax as a measure to incentivise labour formalisation and cover part of their ‘missing middle’.

- Domestic resource mobilisation by increasing tax revenues should also be accompanied by long-term strategies for enhancing efficiency in public spending, as implementing such measures can generate resources equal to 3 per cent of GDP (Mullins, Gupta, and Liu 2020)

- Finally, the success of contingency funds in providing immediate financing for the response to COVID-19 in countries such as the Philippines points towards the necessity for all countries to set long-term disaster risk financing strategies that establish contingent budget lines in certain ministries, and to include routine risk assessments and forecasts of the financial costs of responding to them through the different components of the SP sector.

While there are several different ways to mobilise the necessary funds, governments should consider the long-term sustainability of any strategy adopted. Financial sustainability is key to ensure that the country will be able to provide support for those in need for the duration of the pandemic—which is far from being over, especially in developing countries with limited access to vaccines—and to ensure that the increase in SP spending will not be followed by austerity measures, which could possibly affect SP policies themselves (Almenfi et al. 2020). Thus, for developing countries to be able to maintain the SP expansion prompted by the COVID-19 crisis, they must explore the mechanisms that allow them to increase SP revenues through taxes and contributions.

**Coordination and partnerships**

Governments across the world set up emergency committees or used existing disaster risk management institutions to plan, coordinate and implement their
countries’ SP measures. Such institutional arrangements played a pivotal role in enabling a quick response and facilitating multisectoral coordination, especially between national and international agencies. Some of the most important lessons learned from the COVID-19 response in terms of coordination and partnerships are listed below.

- Newly established Social Protection Emergency Response Committees have been vital for planning and implementing responses. However, their work must be streamlined into existing Disaster Risk Management Units to strengthen their shock-responsive SP components ahead of future crises. While the inclusion of local actors in such committees was a very welcome success, further efforts by national governments and international actors are needed to ensure further alignment and integration into the SP system.

- Policy design processes should be participatory, engaging different levels of government as well as private actors, workers unions, NGOs and civil society. Countries should ensure that the participatory process does not exclude traditionally marginalised groups such as migrants.

- Implementing responses should be done in partnership with the private sector, local actors and NGOs wherever possible, as they are most often faster and better equipped to reach those who are hardest to reach in society (Nampoothiri and Artuso 2021). Nevertheless, countries should consider creating such partnerships carefully, providing adequate compensation and taking into account existing and surge capacity. Countries should build on such partnerships to develop Standard Operating Procedures for future collaborative shock-responsive efforts.

**Beneficiary identification and registration**

The crisis has demonstrated the relevance of digitised IDs and social registries to facilitate the rapid identification and onboarding of new beneficiaries to social assistance programmes, as in Peru, Brazil and Pakistan. Online portals and mobile platforms were also essential in reaching previously uncovered groups, especially the ‘missing middle’ of informal workers, as was carried out in Egypt, Togo and Namibia. However, for more inclusive mechanisms of beneficiary identification and registration, practitioners should go beyond ‘techno-solutionism’ and also consider their complementarity with adapted manual systems (Barca et al. 2021). Some of the most important lessons learned from the COVID-19 response in terms of beneficiary identification and registration are listed below.

- Countries and their international partners should invest in digitised civil registration systems, disability registries and single registry development and database interoperability, as these are long-term strategies that are instrumental in facilitating SP expansion, as the rapid response to COVID-19 in Peru, Brazil and Pakistan has shown (Benni 2021). Efforts should be made to ensure that social registries include the relevant and
most up-to-date information and cover a significant proportion of the population, especially by including both nationals and non-nationals such as refugees and migrants, as was done in Djibouti during the pandemic.

- Beneficiary information collected through online and mobile registration mechanisms for emergency assistance programmes targeting informal workers, as in Jordan, and those targeting migrants and stateless individuals (Bidoon), as in Kuwait, can be leveraged in the near future, especially in the upcoming recovery period, as an opportunity to expand the social registry (Barca et al. 2021) and SP coverage by verifying the inclusion of some of those beneficiaries in recurrent social assistance programmes.

- While online and mobile registration portals have been essential in enabling rapid identification of beneficiaries, the role of local actors, complementary mechanisms such as telephone registration, and social workers should not be overlooked in future crises or normal times, as they, first, facilitate the identification of those who are hardest to reach, as was achieved by grass-roots organisations in Rwandan villages and local authority employees in Sri Lanka, and, second, enable the referral of households to benefit from more than one part of the SP system.

- Alternatives to ID-based registration, such as the use of the voter database, as in Togo, or employee IDs, as in Bangladesh, ought to be adopted in countries with limited ID coverage, to ensure that those without IDs can still be included (Beazley, Derban, and Barca 2020).

- Appropriate measures need to be taken in the collection of applicant data to increase the capacity of national systems against cyber attacks, to ensure that data protection is in place through updated privacy policies and clear regulations on what data are collected, and how and by whom they can be used, stored and disseminated.

Importantly, the crisis highlighted the need to ensure that the SP system can quickly identify and reach all vulnerable groups in the population. As mentioned above, complementary mechanisms should be available to guarantee that different population groups are included in the response, regardless of their previous participation in pre-existing SP programmes. Thus, the expansion of SP systems during the pandemic might facilitate the rapid identification and registration of beneficiaries in the future, since many people who were not reached by programmes before have now been included.

**Payment delivery**

The safe and rapid delivery of assistance to beneficiaries would not have been possible without digital delivery modalities such as bank transfers and mobile money. COVID-19 has facilitated the financial inclusion of
millions of people across the globe (Kazzaz 2020), either by facilitating the opening of bank accounts, as in Colombia, or by easing KYC regulations for the use of mobile money, as in Jordan. However, the reliance on digital modalities to deliver assistance has inevitably emphasised the digital divide and excluded certain groups such as those living in extreme poverty, those who are scarcely literate, and women. Consequently, future crisis response and long-term SP expansion have to be made more inclusive by a number of short- and long-term recommendations, listed below.

- Countries and their international partners should encourage a continued shift towards digital payment modalities, especially through mobile money, wherever possible, as they facilitate long-term financial inclusion that has a better chance of penetrating the hardest-to-reach communities.

- Increased financial inclusion can be achieved by formalising and regulating the establishment of tiered accounts with mirrored tier-based customer due diligence mechanisms and eased KYC regulations (CGAP 2020a), as was implemented in Jordan and Colombia for forcibly displaced populations. In cases where eased KYC regulations are temporary, as in Ghana (Benni 2021), the duration of such a measure should be clearly indicated and communicated.

- Countries should simultaneously work on creating an enabling environment for digital payment modalities. This could include ensuring the wide coverage of CICO agents, and the availability of e-payments at merchants. In a crisis context such as a global pandemic, it is vital that CICO agents are categorised as essential services and that the agent commission fee waivers implemented should be accompanied by adequate compensation provided to agents, as was the case in India.

- While digital payment modalities are vital for financial inclusion, the ability to reach and benefit the most vulnerable groups requires complementing digital delivery modalities with non-digital ones, both in normal times and in times of crisis. Manual cash payments are better than digital modalities at reaching those living in extreme poverty and the most vulnerable, and local actors play a significant role in facilitating such delivery, especially when properly coordinated. The design and delivery of non-digital payments should thus be based on beneficiary characteristics (elderly people, nomadic populations, women), infrastructure considerations (Internet network) and geography (rural areas) (Barca 2020).

To summarise, redundancies in payment mechanisms are crucial to ensure that the SP system can adequately meet the demands of different groups during a crisis. However, regardless of the method chosen, payment mechanisms must be easy to access by vulnerable populations. Moreover, SP measures should be used to continue to enhance financial inclusion.
Communication, case management and grievance redressal mechanisms

Websites, call centres and local actors have been vital to the dissemination of information to potential beneficiaries and ensure the continuation of GRMs. Some of the lessons learned for better inclusion are listed below.

- Countries and their international partners must set out communication strategies that clearly indicate changes to eligibility criteria for existing social assistance programmes. The duration of such eligibility criteria should also be shared with the public.

- Given the digital divide, and disparate access to mobile phones and tablets, countries and their international partners must employ a variety of channels to communicate with the public in different languages, if needed. The communication strategy should use as many channels as possible to ensure that the information reaches everyone. These include, for instance, digital, telephone, WhatsApp, SMS messaging, TV, radio and printed communications.

- Such methods of communication should also be complemented by door-to-door or face-to-face methods carried out by local actors. However, the selection of appropriate local actors to mitigate the exclusion of vulnerable groups depends on the context. It is important that local actors receive the necessary training and capacity-building to ensure they are able to correctly disseminate the required information and deal with feedback.

- Countries should be ready and able to adapt their case management systems to ensure that the support provided to vulnerable families does not diminish during a crisis.

- Countries should take advantage of the multiple guidelines for case management produced during the pandemic to improve their SP programmes.

- Countries should work to ensure the continuation of GRM processes and their adaptation, especially through the use of multiple forms of contact, including helplines, email, mobile apps and highly regulated in-person visits, as in the Occupied Palestinian Territories.

Similar to the argument made in the previous section, national SP systems should have a wide variety of communication methods available to them that can be employed to disseminate information. Since different vulnerable population groups might have access to different communication channels, this redundancy is necessary to ensure that relevant and accurate information reaches everyone. Otherwise, the people who are most in need might be excluded from programmes because their vulnerability also translates into a lack of access to information. GRMs should also be varied to enable the quick registration of complaints in case of wrongful exclusion. Additionally, the feedback from the public also facilitates the identification of programme design characteristics that should be improved.
## Annex 1.
### Categorisation of social protection instruments

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<tr>
<th>Social assistance</th>
<th>Social insurance</th>
<th>Labour market</th>
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<tbody>
<tr>
<td>Emergency cash transfers</td>
<td>Unemployment benefits</td>
<td>Waiving/deferring rent or reducing rent/loan/tax payments for affected workers</td>
</tr>
<tr>
<td>Emergency in-kind transfers</td>
<td>Sick leave, injury invalidity and maternity benefits</td>
<td>Wage subsidy (in the context of contract suspension, reduction in working hours and/or sick leave)—employment protection</td>
</tr>
<tr>
<td>Unconditional cash transfers (e.g. disability grants)</td>
<td>Health insurance</td>
<td>Lowering/deferring social security contributions (wage workers and their employers)—employment protection</td>
</tr>
<tr>
<td>Unconditional In-kind transfers</td>
<td>Contributory pensions</td>
<td>Subsidised credit for payroll—employment protection</td>
</tr>
<tr>
<td>Conditional cash transfers</td>
<td>Severance pay or other wage benefits (13th or 14th wage, family allowance)</td>
<td>Lowering/deferring social security contributions (for self-employed workers)</td>
</tr>
<tr>
<td>Conditional In-kind transfers</td>
<td>Other</td>
<td>Subsidised credit for workers</td>
</tr>
<tr>
<td>School feeding programmes</td>
<td></td>
<td>Wage subsidy (in the context of contract suspension, reduction in working hours and/or sick leave)—employment protection</td>
</tr>
<tr>
<td>Subsidies (food, housing, utilities)</td>
<td></td>
<td>Subsidised credit for workers</td>
</tr>
<tr>
<td>Non-contributory health insurance</td>
<td></td>
<td>Waiving/deferring/reducing rent/loan/tax payments for self-employed workers</td>
</tr>
<tr>
<td>Public works (cash for work or food for work)</td>
<td></td>
<td>Cash support to keep businesses open</td>
</tr>
<tr>
<td>Emergency cash and in-kind transfers (combined)</td>
<td></td>
<td>Training and other active labour market policies</td>
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<tr>
<td>Other (specify)</td>
<td></td>
<td>Childcare to support workers who need to work during lockdown</td>
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</tbody>
</table>

Source: IPC-IG (2021c).


ESCWA. 2020. Survey of National Measures to Protect Persons with Disability from COVID-19 and the Efforts to Inform Then and Raise Their Awareness through


Landis, D. 2020. “Gender-Based Violence (GBV) and COVID-19: The Complexities
of Responding to ‘the Shadow Pandemic.’” Policy Brief. Atlanta, GA: CARE USA
<https://insights.careinternational.org.uk/media/k2/attachments/CARE_gbva-and-

Assistance in a Pandemic: Experimental Evidence from Colombia.” IPA Working

Banking for the Poor: Rewards, Risks, and Regulation.” Focus Note, No. 38.
org/sites/default/files/CGAP-Focus-Notes-Use-of-Agents-in-Branchless-

of Social Protection: A Comparison between Jordan, Palestine and Sudan.”


Pandemic: The Adequacy of Ehsaas Emergency Cash and the Road Ahead.”

Beverages Reduce Health Risks and Expand Fiscal Space for Universal Health
org/health/taxes-tobacco-alcohol-and-sugar-sweetened-beverages-reduce-

against COVID-19 in India.” YourStory website, 1 October. <https://yourstory.com/
socialstory/2020/09/women-self-help-groups-shgs-fight-covid19-pandemic-


