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# COVID-19 and social protection in the Gulf Region: Analysis and lessons learned on shock-responsive and child-sensitive systems

Maya Hammad, International Policy Centre for Inclusive Growth (IPC-IG)



Research Report No. 86

**COVID-19 and social protection in the Gulf Region: Analysis and lessons learned on shock-responsive and child-sensitive systems**

By Maya Hammad

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United Nations Development Programme and the United Nations Children's Fund

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CHILD-SENSITIVE SYSTEMS**

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## ACRONYMS AND ABBREVIATIONS

<b>GCC</b>	Gulf Cooperation Council
<b>GDP</b>	Gross domestic product
<b>HIC group</b>	High-income comparison group
<b>IPC-IG</b>	International Policy Centre for Inclusive Growth
<b>MENA</b>	Middle East and North Africa
<b>NGO</b>	Non-governmental organisation
<b>OECD</b>	Organisation for Economic Co-operation and Development
<b>PPP</b>	Purchasing power parity
<b>SRSP</b>	Shock-responsive social protection
<b>UAE</b>	United Arab Emirates
<b>UNICEF</b>	United Nations Children's Fund

# CONTENTS

<b>ACKNOWLEDGMENTS</b>	<b>4</b>
<b>ACRONYMS AND ABBREVIATIONS</b>	<b>5</b>
<b>1. INTRODUCTION</b>	<b>11</b>
Methodology	11
<b>2. SOCIO-ECONOMIC IMPACT OF COVID-19</b>	<b>12</b>
<b>3. SOCIAL PROTECTION RESPONSES TO COVID-19 IN FOUR OF THE GCC COUNTRIES</b>	<b>15</b>
3.1 Number and types of measures implemented	15
3.2 Target groups	17
3.3 Financing	18
3.4 Management and coordination	21
3.5 Design aspects	21
3.6 Country profiles	22
Bahrain social protection policy response	22
Kingdom of Saudi Arabia social protection policy response	23
Kuwait social protection policy response	24
UAE social protection policy response	25
<b>4. OVERVIEW OF PERFORMANCE ON SRSP INDICATORS</b>	<b>27</b>
4.1 Defining SRSP	27
4.2 Timeliness	28
4.3 Coverage	29
4.4 Adequacy	30

# CONTENTS

<b>5. OVERVIEW OF CHILD-SENSITIVENESS</b>	<b>32</b>
5.1 Defining child-sensitiveness	32
5.2 Targeting children	36
5.3 Increasing benefit values	37
5.4 Supporting education	37
5.5 Supporting health	38
5.6 Supporting nutrition	39
<b>6. BRIEF COMPARISON OF THE GCC COVID-19 RESPONSE TO THAT OF HIGH-INCOME COMMODITY-BASED COUNTRIES</b>	<b>39</b>
6.1 Countries chosen	39
6.2 Comparison of social protection response	40
6.3 Comparison on SRSP	43
Timeliness	43
Coverage	44
Adequacy	45
6.4 Comparison on child-sensitiveness	46
Targeting children	50
Increasing benefit values	50
Supporting education	51
Supporting nutrition	51
<b>7. CONCLUSION AND LESSONS LEARNED</b>	<b>52</b>
<b>REFERENCES</b>	<b>56</b>
<b>ANNEX 1. FINANCING BY PROGRAMME</b>	<b>64</b>
<b>ANNEX 2. SOCIAL PROTECTION MEASURES TARGETING CHILDREN IN HICS</b>	<b>65</b>

## LIST OF BOXES

<b>Box 1.</b> Summary of policies implemented to protect persons with disabilities	26
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## LIST OF FIGURES

<b>Figure 1.</b> General government gross debt as a percentage of GDP	13
<b>Figure 2.</b> Number of measures implemented by social protection component	15
<b>Figure 3.</b> Types of measures implemented across the four countries by component and number of times they were implemented	16
<b>Figure 4.</b> Type of implementation change	16
<b>Figure 5.</b> Source of financing for the social protection response by GCC country and the MENA region	18
<b>Figure 6.</b> Amount of financing for social assistance and all social protection measures (USD PPP)	19
<b>Figure 7.</b> Source of public financing for the social protection response by GCC country	20
<b>Figure 8.</b> Type of identification mechanism for all social protection measures	22
<b>Figure 9.</b> Number of weeks between stay-at-home measures in the country and announcement of the response (for cash and in-kind support only)	28
<b>Figure 10.</b> Coverage of selected social assistance programmes in the four GCC countries as a percentage of total population (citizens and residents)	29
<b>Figure 11.</b> Coverage of horizontally and vertically expanded social assistance measures in the MENA region (March 2020 to 2021)	30
<b>Figure 12.</b> Value of benefits for selected social assistance measures (USD PPP)	31
<b>Figure 13.</b> Adequacy rate of selected social assistance mechanisms in the MENA region (benefit as a percentage of monthly household income or expenditure)	31
<b>Figure 14.</b> Number of child-sensitive social protection measures by GCC country	33
<b>Figure 15.</b> Number of child-sensitive social assistance measures by GCC country	33
<b>Figure 16.</b> Number of child-sensitive measures by social protection component and instrument in the four GCC countries	34

<b>Figure 17.</b> Proportion of all social protection components and social assistance measures with child-sensitive design features in the four GCC countries	35
<b>Figure 18.</b> Number of all social protection measures with child-sensitive design features by criterion (GCC countries)	35
<b>Figure 19.</b> Number of social assistance measures with child-sensitive design features by criterion (GCC countries)	36
<b>Figure 20.</b> Number of social protection measures implemented by component by the four GCC countries and the HIC group	41
<b>Figure 21.</b> Types of measures implemented across the four GCC countries and the HIC group by component and number of times they were implemented	41
<b>Figure 22.</b> Type of implementation change for the HIC group	43
<b>Figure 23.</b> Number of weeks between stay-at-home measures enforced in countries and the announcement of the response (for cash and in-kind support only) in the HIC group and four GCC countries	44
<b>Figure 24.</b> Coverage of selected social assistance mechanisms in the four GCC countries studied and the HIC group	45
<b>Figure 25.</b> Benefits for selected social assistance measures in the four GCC countries and the HIC group (USD PPP)	46
<b>Figure 26.</b> Percentage of child-sensitive social assistance and social protection measures for the four GCC countries and HIC group	47
<b>Figure 27.</b> Number of child-sensitive and non-child-sensitive social assistance measures by GCC country and HIC group	47
<b>Figure 28.</b> Number of child-sensitive and non-child-sensitive social protection measures by GCC country and HIC group	48
<b>Figure 29.</b> Number of child-sensitive measures by social protection component and instrument	48
<b>Figure 30.</b> Number of social protection measures with child-sensitive design features by criterion for the four GCC countries and HIC group	49
<b>Figure 31.</b> Number of social assistance measures with child-sensitive design features by criterion for the four GCC countries and HIC group	49

## LIST OF TABLES

<b>Table 1.</b> Four GCC countries' oil and gas sectors (2014)	12
<b>Table 2.</b> Target groups per measure and country for social assistance responses	17
<b>Table 3.</b> Summary of social protection responses in Bahrain by component and type of implementation change	23
<b>Table 4.</b> Summary of social protection responses in Saudi Arabia by component and type of implementation change	24
<b>Table 5.</b> Summary of social protection responses in Kuwait by component and type of implementation change	25
<b>Table 6.</b> Summary of social protection responses in UAE by component and type of implementation change	27
<b>Table 7.</b> Child-sensitiveness criteria for shock-responsive social protection measures	32
<b>Table 8.</b> Child-sensitive social protection measures targeting children, by component and category of children targeted (GCC countries)	37
<b>Table 9.</b> Child-sensitive social protection measures with increasing benefit values	37
<b>Table 10.</b> Child-sensitive social protection measures supporting children's access to education, by country and social protection component	38
<b>Table 11.</b> Child-sensitive social assistance measures supporting children's access to nutrition	39
<b>Table 12.</b> Key aspects of the high-income comparison group and the four GCC countries	40
<b>Table 13.</b> Summary of social protection responses by country and component	42
<b>Table 14.</b> Duration and frequency of the four GCC countries' and HIC group's measures	46
<b>Table 15.</b> Child-sensitive social protection measures with increasing benefit values, by country, social protection component and basis for increased values	50
<b>Table 16.</b> Child-sensitive social protection measures supporting children's access to education, by country and social protection component	51
<b>Table 17.</b> Child-sensitive social assistance measures supporting children's access to nutrition in the HIC group	51
<b>Table 18.</b> Recommendations for improving shock-responsiveness of social protection systems and performance on SRSP indicators	53
<b>Table 19.</b> Recommendations for improving child-sensitiveness	55

# 1. INTRODUCTION

The COVID-19 pandemic has severely impacted the global and each national economy, and also people's well-being and individual livelihoods. Vulnerable groups have been hit particularly hard, given their often precarious and dependent financial situation coupled with inadequate social protection coverage. The fuel-exporting countries of the Gulf Cooperation Council (GCC) experienced the pandemic as a 'double crisis', as lockdown measures and a halt in business operations coincided with a significant drop in oil prices (OECD 2020a). Consequently, social protection responses implemented by GCC governments in the areas of social insurance, labour market measures and social assistance are key to addressing the pandemic's adverse consequences. Assessments of the pre-COVID-19 social protection systems in GCC countries indicate that they tend to be fragmented and display high access barriers, particularly to certain vulnerable groups—notably migrants and non-nationals (UN ESCWA, UNHCR, and ILO 2020). While social insurance coverage is higher than in other countries in the region, social assistance adopts categorical targeting and has limited coverage.

The following report will seek to answer several questions about the social protection responses of four countries in the GCC: Bahrain, Kuwait, Saudi Arabia and the United Arab Emirates (UAE). The questions to be answered in the sections to follow are:

- What are the social protection responses, particularly the **social assistance measures**, implemented by the four GCC countries?<sup>1</sup>
- What are the **lessons learned on the shock-responsiveness of social protection systems** in the countries chosen and their performance on key shock-responsive social protection (SRSP) indicators?
- To what extent were the SRSP measures implemented, particularly the social assistance measures, **child-sensitive**?
- How does the response of the four GCC countries compare to other **high-income commodity-reliant countries**?

After this introduction, the socio-economic impact of COVID-19 on the four GCC countries will be discussed in Section 2. Section 3 then offers an overview of the conceptual model adopted—i.e. SRSP and child-sensitiveness based on UNICEF's Guiding Framework on SRPS and a new assessment of the child-sensitiveness of the social assistance response in the Middle East and North Africa (MENA) by Bilo, Dytz, and Sato (2022). Section 4 provides an overview of the responses implemented in terms of number and types of measures, the financing mechanisms used and certain design aspects. An analysis of the responses against certain SRSP and child-sensitive indicators are provided in sections 5 and 6, respectively. Section 7 includes a brief comparison of the shock-responsiveness and child-sensitiveness of GCC measures and those of selected high-income countries. Finally, Section 8 provides some lessons learned for the four GCC countries in terms of how to design better SRSP responses and systems and how to improve their child-sensitiveness.

## Methodology

The report looks at social protection responses, focusing primarily on social assistance measures. It relied primarily on a **desk-based review** of information available online such as government publications and news articles, as well as two notable mappings: the IPC-IG's 'Social Protection Responses to COVID-19 crises around the world' and the

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1. References to 'GCC countries and/or measures' throughout the report refer specifically to Bahrain, Kuwait, Saudi Arabia and the UAE, which are studied in this report.

May 2021 version of Gentilini et al.'s 'Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures'. It is important to note that the IPC-IG dashboard was updated until March 2021, which is why the May 2021 version of Gentilini et al.'s work was chosen over the more recent version from December 2021. The IPC-IG dashboard covering the global South was used for the GCC and MENA countries cited throughout the paper, as well as Brunei Darussalam, whereas Gentilini et al. (2021) was used for measures implemented by the high-income commodity-dependent countries chosen for the sample. Additional measures found for the GCC and the high-income countries not found in either mapping were also added by the author and assessed.

## 2. SOCIO-ECONOMIC IMPACT OF COVID-19

COVID-19 hit GCC countries as a “double-crisis” (OECD 2020a), combining the economic shock emanating directly from lockdowns and a sudden fall in oil prices. GCC countries remain heavily dependent on oil exports and hydrocarbons (fossil fuels, electrofuel, peat, biofuel) for government budgets (Shehabi 2022), as shown in Table 1. The limited economic diversification is also mirrored in the nature of the labour market, which showcases inflated public administration apparatuses or State-owned enterprises and a large informal sector, often characterised by migrant workers in sectors such as construction, care or domestic work (ibid.). This section provides an overview of the socio-economic impact of COVID-19 generally, and on the four GCC countries in particular when information is available. The section focuses on vulnerable groups such as children, women, persons with disabilities, and migrant workers. Since national data are not available on the effect of COVID-19 on the livelihoods of various vulnerable groups, this information has been extrapolated from global research on similar contexts.

**Table 1. Four GCC countries' oil and gas sectors (2014)<sup>2</sup>**

Country	Share of energy sectors (%)	
	Exports (includes re-exports)	Government revenue
Bahrain	69	83
Kuwait	91	91
Saudi Arabia	80	88
UAE	78	60

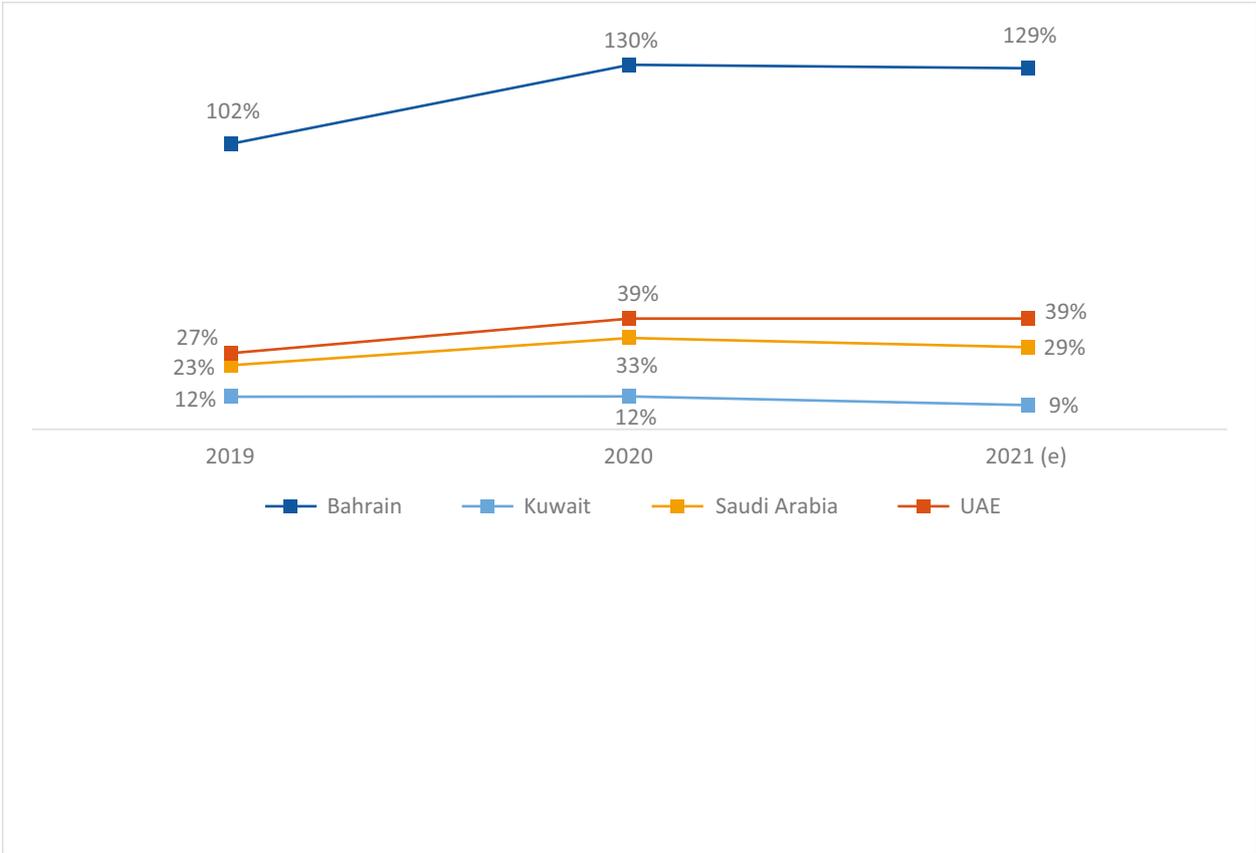
Source: Adaptations based on Shehabi (2022).

At the macroeconomic level, the gross domestic product (GDP) and public debt-to-GDP ratio of all the four GCC countries was negatively impacted, as shown in Figure 1. Bahrain's GDP contracted by 5.4 per cent in 2020, and the country experienced a worsening of the national fiscal deficit, as the public debt-to-GDP ratio rose to 130 per cent in 2020 compared to 101 per cent in 2019 (World Bank 2021d; IMF 2022). Similarly in Kuwait, GDP experienced an 8.9 per cent contraction in 2020, while the public debt-to-GDP ratio only increased to 11.7 per cent in 2020 from 11.6 per cent in 2019 (IMF 2022). Saudi Arabia's GDP also witnessed a negative real growth rate of 4.1 per cent between 2019 and 2020 (Abraham, Sato, and Dytz 2022), and its debt-to-GDP ratio rose by 42 per cent between 2019 and 2020 to reach 32.5 per cent (Alhusaini 2022). Moreover, in the UAE, GDP contracted by 6.1 per cent (World Bank n.d.), which partly contributed to a 45 per cent increase in its debt-to-GDP ratio in 2020, reaching 39.4 per cent of GDP (IMF 2021b). The debt-to-GDP ratio also increased by 8.5 per cent in Abu Dhabi and 3.8 per cent in Dubai (ibid.). Furthermore, the countries also experienced some increase in unemployment, particularly for migrant workers. In Saudi Arabia, for example, unemployment rose by 30 per cent between the first and second quarters (Q1 and Q2) of 2020, reaching 15.4 per cent (General Authority for Statistics 2020), an unprecedented rate over the past two

2. The table relies on data from before the oil price collapse in mid-2014, since the collapse resulted in artificially shrinking the share of energy sectors without a similar structural change. Relying on data from after 2014 would inflate the size of the non-oil sectors (Shehabi 2022).

decades, as shown by statistics from 1999 to 2019 (General Authority for Statistics 2016; 2020). In the UAE, official numbers are not available for the unemployment of migrants, but it is estimated that many have lost their jobs or work visas (United Nations 2020), with migrant-sending countries noting job losses for their citizens in the thousands (Cornwell, Barrington, and De Beni 2020).

**Figure 1. General government gross debt as a percentage of GDP**



Source: Author’s elaboration based on IMF (2022; 2021b); MOF Saudi Arabia (2022).

Research on Member States of the Organisation for Economic Co-operation and Development (OECD) and other high-income countries, excluding the GCC, indicates that COVID-19 has had a severe impact on **child poverty and well-being**, encompassing livelihoods, nutrition and access to basic social services such health and education (Richardson et al. 2020). While data on monetary poverty or child-related indicators are not available for the four GCC countries studied, it is likely that children in those countries might experience similar effects of COVID-19 to those experienced in other high-income countries.

Furthermore, analysis at the global level indicates a significant loss of educational attainment caused by the shift to digital learning and/or a lack of access to online learning portals (UNICEF 2021a). It is for this reason that COVID-19 responses supporting children’s access to education are necessary. All four countries implemented school closures either fully or partially and transitioned to online learning for children of primary and secondary age. Interestingly, Kuwait, Saudi Arabia and the UAE were among the top 15 countries with the longest school closure periods across the world (171 days) (UNICEF 2021b).<sup>3</sup> UNICEF estimates indicate that 6.8 million Saudi children missed at least

3. On average across the three countries.

three quarters of lessons from March 2020 to September 2021 (UNICEF 2021a). Information available on Saudi Arabia's digital experience indicate a more successful experience for older students than younger ones (Blom, Boni, and Gregory 2022), and sufficient access to tools for online learning among public school students (Al-Kahtani 2021). However, without sufficient data, it remains difficult to satisfactorily assess GCC students' access to online learning and its effect on their educational attainment.

Another vulnerable group hit particularly hard by the pandemic and its impact on daily life were women. COVID-19 exacerbated pre-existing rigid social structures and challenges that women face in the MENA region. Prior to COVID-19, the MENA region had the lowest rate of female labour force participation and the highest female-to-male ratio of time spent on unpaid care work in the world (ILO 2018; 2019). Furthermore, women in the MENA region as a whole, especially migrant women, frequently work informally and/or in front-line jobs and are subject to systematic discrimination (Roger 2020). Additionally, Krafft et al. (2022) find in their analysis of data from a selection of Middle Eastern countries<sup>4</sup> that women were more likely to exit work during the pandemic and experience an increase in unpaid care work. The comparatively long school closures across three of the GCC countries (excluding Bahrain) (UNICEF 2021b) and the extended shutdown of the early childhood education sector<sup>5</sup> suggest that the care burden for women also increased in the countries being studied. Indeed, a newspaper article featuring interviews with working women in Kuwait showcased that the return to office/onsite work several months before the reopening of nurseries led to women quitting their jobs and accepting lower pay to work remotely, and generally threatened their job stability, as they were required to take long holidays and many days off to care for their children (Al-Muhayed 2021). Similar findings on the negative consequences of COVID-19 for women's employment and increases in care work have been found in high-income countries such as Canada, Spain, the Netherlands, Germany, the United States and the United Kingdom (Alon et al. 2021; Collins et al. 2021; Hipp and Bünning 2021; Hupkau and Petrongolo 2020).

Migrant workers—both male and female—frequently work in the informal sector, often in front-line jobs, and lack basic social protection coverage. Livelihoods of this group are characterised by precarious working conditions and a lack of alternative income sources, despite representing a large proportion of the total population in most GCC countries (UN ESCWA, UNHCR, and ILO 2020). Just before the onset of the pandemic, 53 per cent of the total GCC population were non-nationals, including 88 per cent of the UAE's population; Saudi Arabia displayed the lowest proportion of migrant inhabitants at 38 per cent (Bel-Air, Shah, and Fargues 2021). Migrant workers are particularly important in health care, nursing, transport and the agriculture sector in this region—jobs that exposed them to heightened risks during the pandemic (OECD 2020a; UN ESCWA, UNHCR, and ILO 2020). A particular problem for migrant workers in non-essential sectors during the COVID-19 pandemic was not only the risk of being laid off, but also reduced hours and pay. This may have presented a larger threat, since contract terminations usually incur end-of-service benefit payments, which firms were seeking to avoid due to liquidity constraints (El-Saharty et al. 2020). As a consequence, insufficient income and working hours may have left migrant workers unable to cover basic living expenses (ibid.). In the UAE, the diplomatic missions of India, Pakistan and other countries sending migrants to the UAE indicated that around 200,000 workers had left as of July 2020 (Cornwell, Barrington, and De Beni 2020). The International Organization for Migration has indicated that COVID-19 resulted in a 73 per cent reduction in migration from the Horn of Africa to GCC countries (IOM 2021).

Discussing the intersection of children's vulnerabilities with immigration status is particularly relevant. **Migrant children** in the MENA region encounter particular difficulty in accessing protection, food, sanitation, health care and education (UN ESCWA, UNHCR, and ILO 2020). While such data are not available for the GCC, information on the MENA region shows that migrant children often suffered from an acute risk of being separated from their parents, limited access to social care workers to ensure their well-being, and increased vulnerability to exploitation, violence,

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4. Excluding the GCC countries studied.

5. Nurseries in Bahrain closed from late February (Anadolu Agency 2020) until October 2020 (Al-Watan News 2020). Nurseries in Kuwait closed from mid-March 2020 until June 2021 (Al-Muhayed 2021). Nurseries in the UAE closed from early March 2020 (UAE Governmental Portal 2021b) until October 2020.

trafficking and exclusion from basic services if they were unregistered during the course of the pandemic (ibid.). Contrary to most children with citizenship, migrant children suffer from greater technological barriers in accessing educational material and remote platforms (ibid.).

In sum, while data are not available on the impacts of COVID-19 specifically on the GCC countries studied, global and more regional research indicates significant impacts on the livelihoods and well-being of vulnerable groups such as children, women and migrants. As such, social protection responses were vital to address the risks faced by these vulnerable groups, and child-sensitive social protection was particularly important in alleviating the impact of COVID-19 on children. Therefore, the following sections present the responses implemented in Bahrain, Kuwait, Saudi Arabia and the UAE and assess their shock-responsiveness and child-sensitiveness.

### 3. SOCIAL PROTECTION RESPONSES TO COVID-19 IN FOUR OF THE GCC COUNTRIES

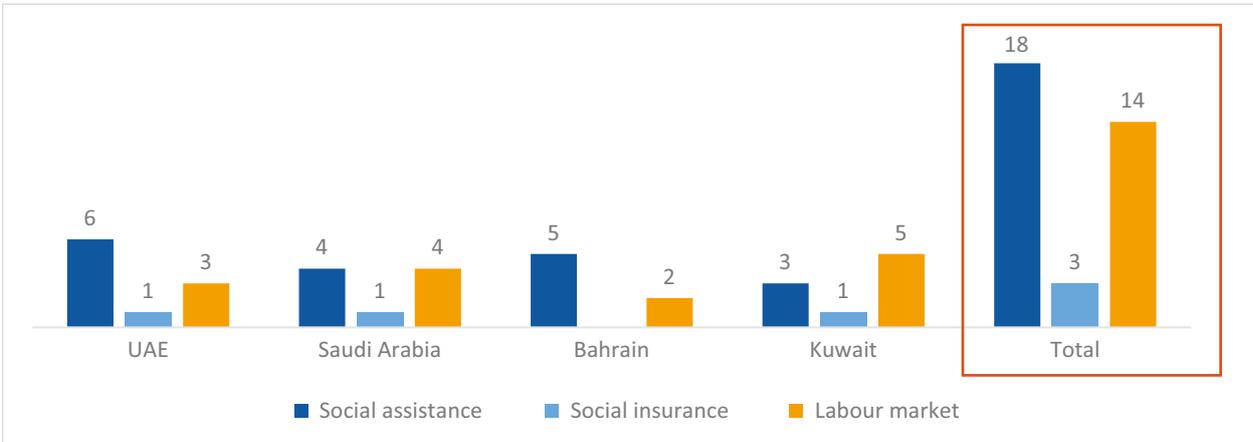
This section will provide an overview of the social protection responses implemented by the four GCC countries and then provide details of each country’s response.

#### 3.1 Number and types of measures implemented

The four countries implemented a total of 35 social protection measures. Most of the countries studied implemented social assistance measures (18), followed by labour market measures (14), as shown in Figure 2. Within the area of social assistance, the most prevalent measure was subsidies, which all countries except Kuwait implemented. Regarding labour market measures, the most common measure was wage subsidies for private-sector workers, which were largely restricted to nationals, as shown in Figure 3.

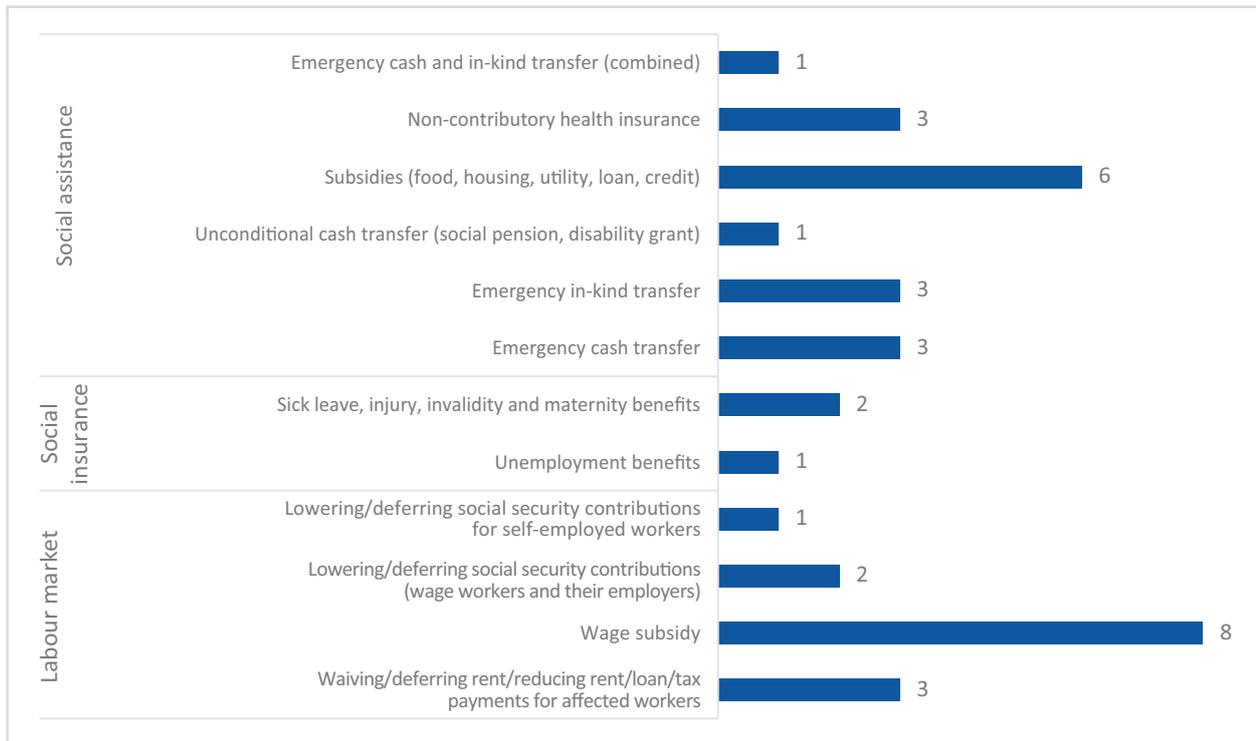
As mentioned above, the largest share of social assistance measures implemented were subsidies. Of the remaining measures implemented, most were either vertical expansions of existing programmes (through top-ups to regular cash assistance programmes) or horizontal expansions through new programmes, as shown in Figure 4. The extension of free medical treatment for COVID-19 patients was the only measure categorised as a horizontal expansion of an existing programme. It is thus important to highlight that, according to the information available, none of the countries studied sought to expand the number of beneficiaries of any of their existing cash assistance programmes.

**Figure 2.** Number of measures implemented by social protection component



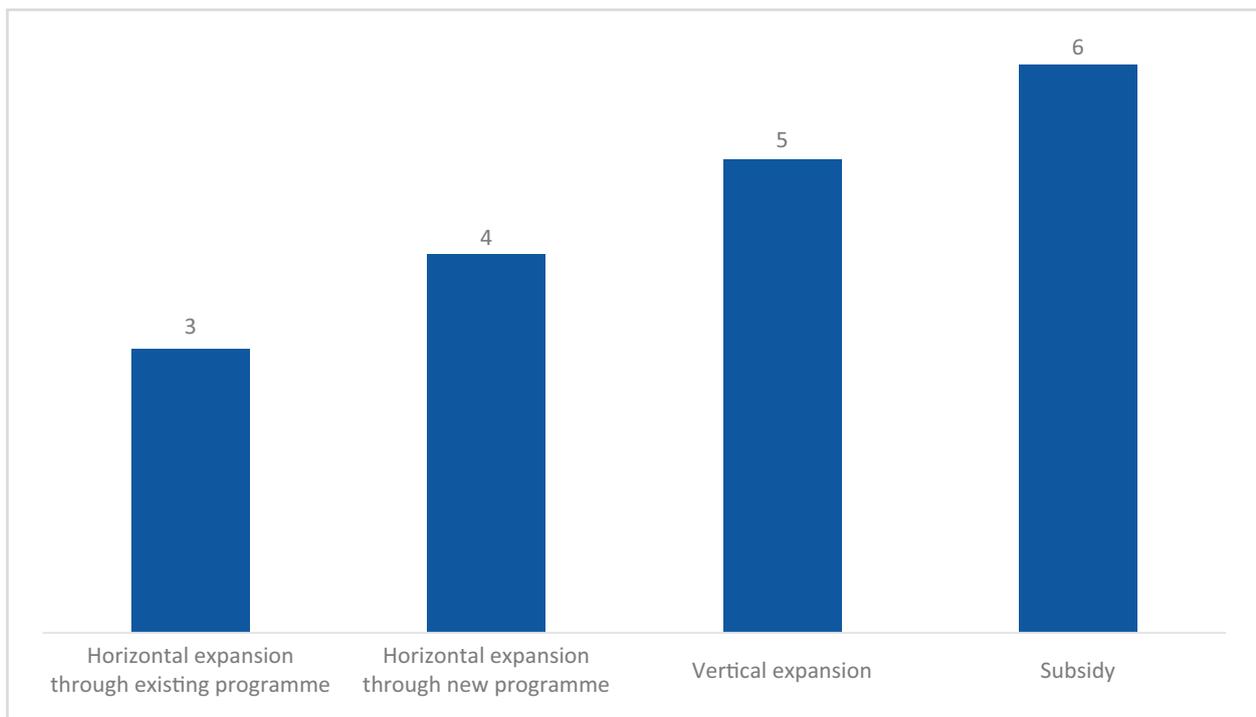
Source: Author’s elaboration based on IPC-IG (2021b).

**Figure 3.** Types of measures implemented across the four countries by component and number of times they were implemented



Source: Author's elaboration based on IPC-IG (2021b).

**Figure 4.** Type of implementation change



Source: Author's elaboration based on IPC-IG (2021b).

### 3.2 Target groups

Seven of the social assistance measures directly targeted children—those categorised as ‘orphans’ for four of the measures, which were cash assistance programmes that were vertically expanded, and ‘students from low-income households’ for one of the measures, which was an emergency programme focused on continuing education.

Section 6 will examine the child-sensitiveness of the response. Notably, **seven measures targeted migrants and stateless persons**, as shown in Table 2, but mostly through the extension of health coverage or subsidies rather than direct income support. Labour market and social insurance measures mostly targeted formal workers in the private and public sectors, focusing particularly on GCC nationals rather than migrants.

**Table 2. Target groups per measure and country for social assistance responses**

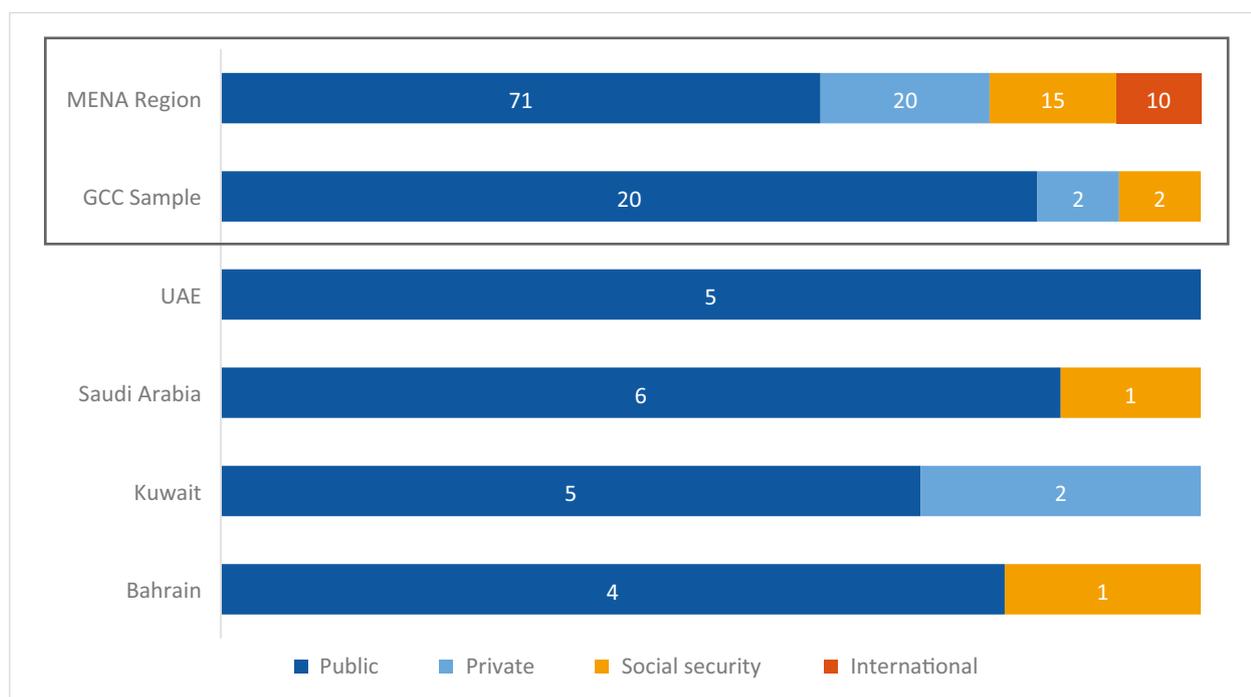
Country	Measure	Target group						
		Children	Persons with disabilities	Elderly people	Low-income households	Female-headed households	Migrants/stateless persons	All nationals
Total		7	6	5	7	5	7	7
Bahrain	Top-up social security assistance	Y		Y	Y	Y		
	Top-up disability allowance		Y					
	Water subsidies						Y	Y
	Postponement of loan repayments							Y
	Free testing/treatment of COVID-19 patients						Y	Y
Kuwait	Top-up for Zakat Fund beneficiaries	Y	Y	Y	Y	Y		
	Food support to persons with disabilities living in shelters		Y					
	Faza'a Kuwait campaign	Y			Y		Y	
Saudi Arabia	Free testing/treatment of COVID-19 patients						Y	Y
	Ramadan top-up social security assistance	Y	Y	Y	Y	Y		
	Our Food is One	Y	Y	Y	Y	Y		
	Exemptions from repayments of housing development loans for social security beneficiaries		Y	Y	Y	Y		
UAE	Water and electricity subsidy Abu Dhabi						Y	Y
	Water and electricity subsidy Dubai						Y	Y
	Water and electricity subsidy Sharjah							Y
	Al-Meer initiative	Y			Y		Y	
	Education Uninterrupted	Y						
	Free testing/treatment of COVID-19 patients						Y	Y

Source: IPC-IG Dashboard (2022).

### 3.3 Financing

The financing of the social protection response in the four GCC countries is dominated by public financing, which is somewhat similar to the MENA region as a whole, where countries also used private financing and relied on extra-budgetary funds and Zakat Funds. It is important to note that regional averages often mask significant disparities and that the financing of the response differs by each country context. The region's conflict-ridden countries, for example, relied on international sources of financing, which were completely absent from the four high-income GCC countries, as shown in Figure 5.

**Figure 5. Source of financing for the social protection response by GCC country and the MENA region**



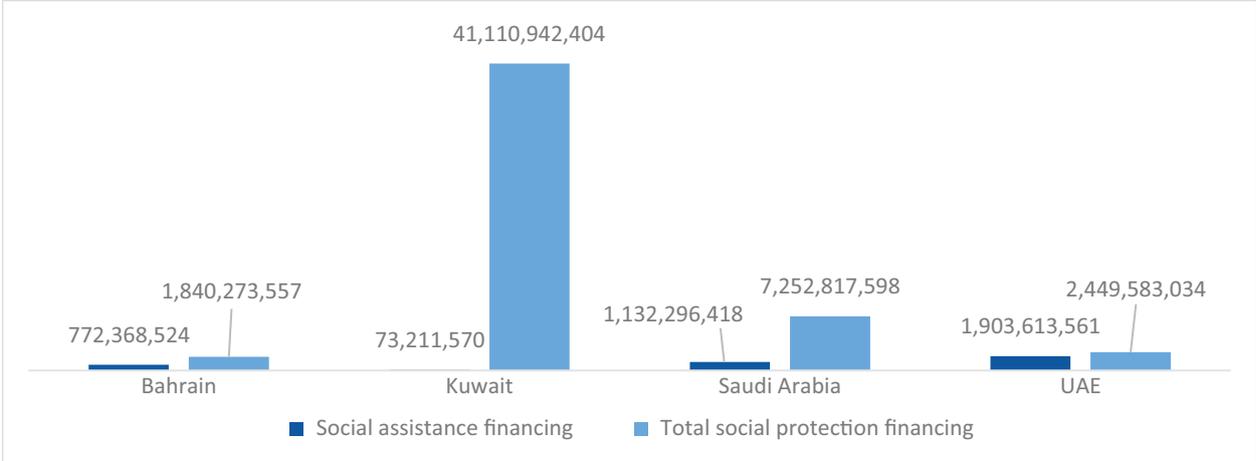
Note: Measures can have more than one source of financing. Financing data are not available for 11 of the 23 social protection measures, including social assistance, social insurance and labour market interventions.

Source: Author's elaboration based on IPC-IG (2021b).

Looking at public sources of financing for the four GCC countries reveals that the majority of measures (20) were funded directly from government budgets, two measures were financed through extra-budgetary COVID-19 funds, and two through budget reallocation, as shown in Figure 5. It is important to keep in mind that measures which were known to be funded by the State were classified as 'state budget', which means that the number of measures financed from the state budget might be inflated, as many of them might have different public-sector sources such as contingency funds or central banks, but the lack of transparency hindered accurate classification. Based on the available information, all countries allocated more to labour market interventions than social assistance, as shown in Figure 6. Kuwait had the largest expenditure (USD41 billion purchasing power parity—PPP), but this may be attributed to the availability of more information on financing for Kuwait than for other countries. Furthermore, while social assistance financing was the highest in the UAE, it encompassed two utility subsidies,<sup>6</sup> and while it was the lowest in Kuwait, it encompassed a vertical top-up and a new emergency programme targeting migrants.

6. For which information is available.

**Figure 6.** Amount of financing for social assistance and all social protection measures (USD PPP)



Note: Numbers are not directly comparable, as some countries provided data on financing as 'budgeted expenditure', whereas others reported 'actual expenditure'. For the amount of financing by programme, see Annex 1.

Source: Author's elaboration based on (IPC-IG 2021b).

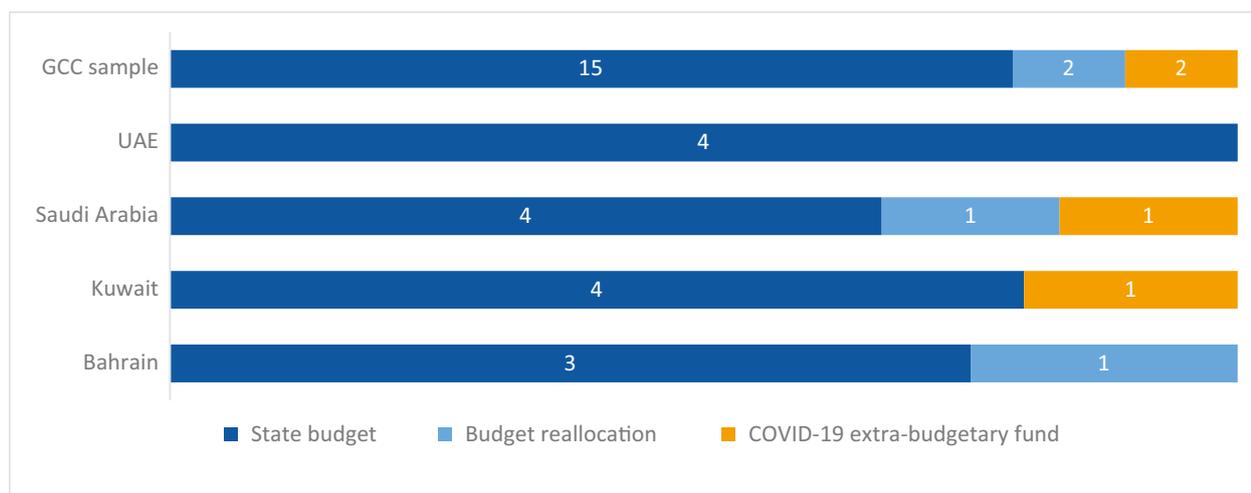
**Extra-budgetary funds** are resources and government transactions that are not in the annual state budget or subject to the same strict requirements of reporting, regulation or audit as other public resources (Open Budget Initiative 2011; Allen and Radev 2006). These funds often differ in their degree of integration with the state budgeting process, with some being fully integrated into the public financial management system (on-budget), others that are completely separate (off-budget), and some that use regular public financial channels but are not fully integrated. Furthermore, extra-budgetary funds can combine public and private sources of financing (including private donations and international funding). As such, extra-budgetary funds are useful in times of crisis, as they permit the pooling of funding from different sources and often allow the bypassing of some formal budgeting, spending or procurement processes that are normally followed, which makes them a faster mechanism for funding emergency responses than supplementary budget laws, for example (Rahim et al. 2020). Countries such as Jordan and Morocco, which established extra-budgetary funds for the particular purpose of financing the social assistance response, were found to have delivered emergency assistance incredibly quickly (Hammad et al. 2021). Mappings of extra-budgetary funds established in the very early stages of the pandemic indicate that there were more than 40 funds worldwide dedicated to financing different parts of the response from health to social protection. Some developed high-income countries which relied on such funds for the response include France, Italy and Austria (Rahim et al. 2020). Nonetheless, most OECD countries relied on contingency reserves to finance their response (OECD 2020b), which was not the case in the four GCC countries, based on the information available (see Figure 7).

Extra-budgetary funds were used in both **Saudi Arabia** and **Kuwait** for financing but also for managing and coordinating the response. Saudi Arabia established the Community Fund, a partnership between the Ministry of Human Resource Development, the General Authority for Awqaf,<sup>7</sup> the Council of NGOs and the Council of Foundations. The Fund aimed to: (i) provide services as well as financial and in-kind donations to those affected by COVID-19; (ii) coordinate social efforts to respond to the pandemic; and (iii) fund various community projects. It targeted vulnerable families, street vendors, unemployed persons and migrants (HRSD n.d.). The Fund is an off-budget fund which received donations from a variety of sectors, including banking, the private sector, government agencies, foundations and individuals. The Fund was mandated to support two main social assistance measures: the 'Our Food is One' campaign and the distribution of Ramadan meals. However, no information is available on the amount of funding received by the Fund and how much was channelled into the two measures it sought to support.

<sup>7</sup>. A form of Islamic endowment.

Such a lack of transparency in the operations of extra-budgetary funds is one of the reasons why they can be a risky financing mechanism (Rahim et al. 2020). Furthermore, while most extra-budgetary funds are closed after they serve their purpose, Saudi Arabia’s Community Fund has evolved and remains operational today, pooling funds from different sectors to support the Ministry of Human Resource Development in responding to various issues. Most recently, the Fund announced a new measure to support certain regions of the country cope with the upcoming cold winter (Al-Mustadi 2022). Such an evolution may be positive, provided that the Fund is implementing appropriate degrees of financial transparency and has a clear audit trail to ensure no misuse of funds occurs.

**Figure 7. Source of public financing for the social protection response by GCC country**



Note: Measures can have more than one source of financing.

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

In **Kuwait**, an off-budget extra-budgetary fund was created by the Ministry of Social Affairs, the Zakat Fund and a group of more than 50 non-governmental organisations (NGOs) under the name *Faza’a Kuwait*. The campaign was a positive effort to create and bring together both a coordinated donation mechanism and a unified application mechanism (Hammad et al. 2021). It financed the distribution of in-kind benefits such as hot meals and hygiene kits, as well as cash assistance. However, after initial posts on social media about the amount of financing received and the amount of assistance distributed (MOSA1\_KW 2020), the *Faza’a Kuwait* campaign became a lot less transparent, and it is unknown when or how the last few funds were spent and whether or not its account was closed.

**Zakat Funds** are pinnacles of social protection provision in most of the Arab and Muslim world, especially for the GCC sample. The institutionalisation of *Zakat* differs slightly for the four countries of the sample. While State-led Zakat Funds exist in Bahrain, Kuwait and the UAE, the payment of *Zakat* by individuals to these funds is voluntary. In Saudi Arabia, however, *Zakat* is obligatory for ‘profit-making activity’—i.e., corporations or self-employed workers—and is paid to the General Authority for Zakat and Tax. The *Zakat* collected is then transferred in its entirety to the Ministry of Human Resource Development to finance the social security cash assistance programme for vulnerable groups (Hammad 2022). Measures financed by state funding are categorised as ‘private’ sources of financing, since the funding comes from the donations made by individuals or corporations. Only three GCC measures were ‘privately’ financed, and only one of those used *Zakat*. In Kuwait, Zakat Fund beneficiaries received a top-up in addition to their normal benefit. The Zakat Fund in that country was also a partner in the *Faza’a Kuwait* campaign and supported it financially. It is important to note that the limited data-sharing by Zakat Funds may obscure the information provided in this report on their participation in the response. For example, the UAE’s ‘Education Uninterrupted’ social assistance measure had a ‘Zakat-compliant’ donation campaign (Dubai Cares 2020), but there is no information available on whether the measure was entirely financed by donations or with some government funding; therefore, it has not been included in the calculations.

### 3.4 Management and coordination

The COVID-19 pandemic saw the emergence of new, innovative public policymaking processes, either through the creation of committees to facilitate unprecedented degrees of horizontal coordination, or by including non-governmental agencies such as NGOs and the private sector in planning the response (Hammad et al. 2021). Similar to the financing mechanisms of the response, publicly available information on internal coordination and management structures responsible for the COVID-19 emergency policy response is limited.

Notably, in Kuwait, the UAE and Saudi Arabia, specific committees were created to manage their respective governments' responses. The committee in Kuwait was in charge of enacting stimulus measures to mitigate the pandemic's impacts on the country's economy (IMF 2021a). Further decision-making was concentrated in the Council of Ministers and was later carried out by a Civil Service Commission. Social assistance in particular was planned and coordinated by the *Faza'a Kuwait* campaign—a partnership between the Ministry of Social Affairs, the Zakat Fund and around 50 NGOs that provides an interesting example of a participatory process in both design and implementation.

In the UAE, the National Emergency Crisis and Disasters Management Authority instated the Crisis Recovery Management and Governance Committee (NCEMA n.d.), which is subordinate to the National Supreme Security Council. The committee's purpose was to ensure an efficient and coordinated response for businesses and to aid in the distribution of support. It was also charged with identifying financial and economic means to promote recovery from COVID-19 (UAE Governmental Portal 2021a). The committee included members from 12 ministries and public offices, such as the ministries of presidential affairs, interior, defence, health and finance, as well as the Abu Dhabi National Oil Company, regional executive councils and the Emirates Development Bank (ibid.). The committee was also charged with identifying key stakeholders, defining performance indicators and linking indicators to online statistics. Within the UAE, another important body was the Abu Dhabi Emergency Crisis and Disasters Committee for COVID-19 (Abu Dhabi Government Media Office n.d.). Given the federal structure of the UAE, this constitutes a notable subnational institution.

In Saudi Arabia, the National Emergency Response Committee, presided over by the Ministry of Health, was set up to develop key policy responses (Khan et al. 2020). The committee oversaw limiting COVID-19 case numbers, facilitating repatriations, ensuring adequate stocks of health supplies and conducting risk assessments. The COVID-19 Monitoring Committee, with the participation of representatives of government ministries, was charged with regularly reviewing the available evidence (MOH 2022). However, it is unclear whether a separate committee was created to plan and implement social protection responses.

Finally, information on structures in Bahrain remains limited. A majority of measures appear to have been instated by the Government Executive Committee directly (FCCIB n.d.).

### 3.5 Design aspects

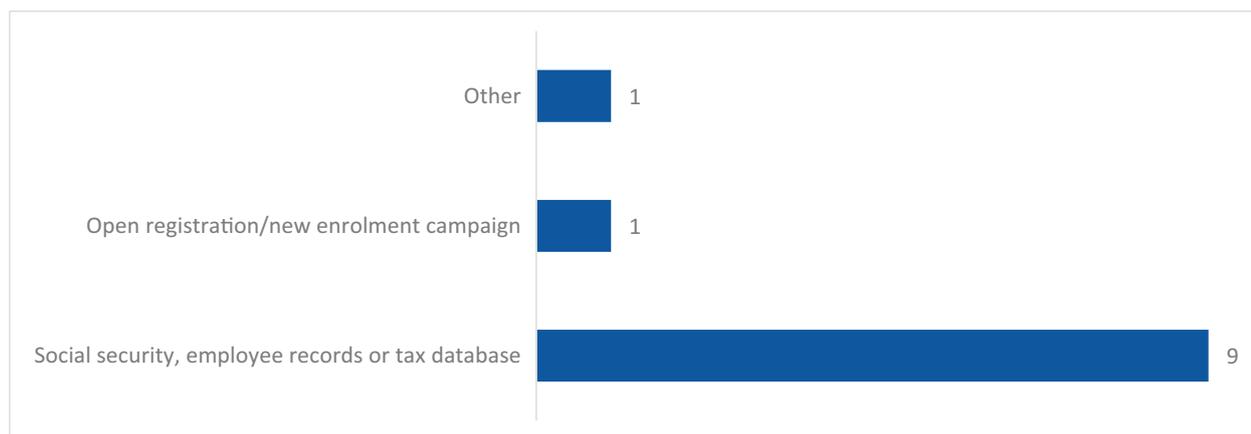
Identification and registration of new beneficiaries relied primarily on social security, employee records or tax databases across the four countries of the sample, due to the availability of information on labour market measures in the form of wage subsidies, as shown in Figure 8. Social assistance measures implemented as subsidies had no identification requirements. As for the seven social assistance measures that were expanded to cover new beneficiaries, three were related to the provision of health care services and thus required no identification or registration mechanism, and the four remaining were newly established programmes.<sup>8</sup> Information on the registration and identification of beneficiaries for those programmes is only available for one measure, the *Faza'a Kuwait* campaign, which relied on an online portal. Data limitations impede our ability to reach any clear conclusion on the extent to which these online mechanisms were inclusive of vulnerable groups.

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8. Kuwait: *Faza'a Kuwait* campaign; Saudi Arabia: 'Our Food is One'; UAE: Al-Meer initiative and 'Education Uninterrupted'.

Additionally, when looking at the entire social protection response, including social assistance, social insurance and labour market measures, it can be seen that the most prevalent registration mechanism, **across all social protection measures**, are online portals, implemented for five measures by the four countries, followed by four measures relying on mobile platforms. In general, online registration mechanisms can be exclusionary for elderly persons and those with disabilities, due to their lower rates of digital literacy and access to appropriate technology. They could also be exclusionary for migrants if the portal requires the entry of a national identification number into the application form.

**Figure 8. Type of identification mechanism for all social protection measures**



Note: Identification information is not available for three measures, and not applicable to 20 measures which were either subsidies or vertical expansions.

Source: Author's elaboration based on IPC-IG (2021b).

Furthermore, an important design aspect that renders social protection systems more shock-responsive is the payment modality used to deliver assistance, with digital modalities preferred as the fastest. Information on payments is available for only four social protection mechanisms across the four GCC countries: three of them delivered assistance via bank transfers, and only one, Kuwait's emergency one-off and in-kind distribution campaign, did so manually (IPC-IG 2021b). The choice of manual delivery is related to the target group of this measure, which is vulnerable families, but also migrant workers, workers whose visas had expired and stateless persons. While there is no clear evidence of this, it is possible that all three groups have limited access to personal banking services, making manual delivery the most accessible option.

### 3.6 Country profiles

The following section provides details on each country's social protection response. It also briefly touches upon some of the actions taken to safeguard the rights of persons with disabilities (see Box 1). While these were not strictly regarded as shock-responsive social protection within the categories of social assistance, social insurance and labour market policy it does however factor into wider social policy actions taken by governments to ensure vulnerable groups are cared for during the pandemic.

#### Bahrain social protection policy response

The Bahraini government implemented seven measures in response to the pandemic, mostly in social assistance, as shown in Table 4. It premised its **social assistance response** on subsidies and vertically expanding two of its existing programmes implemented by the Ministry of Labour and Social Development: the social security programme and the disability allowance. Existing beneficiaries (17,000 and 12,000, respectively) received top-up payments of an additional 100 per cent of the usual benefit value. Social security assistance takes the form of reduced electricity and water

fees, with the final amount waived varying by household composition and size. Citizens and residents alike could also access free COVID-19 testing and treatment (IPC-IG 2021b). Furthermore, Bahrain introduced two **subsidies**: a water subsidy for individuals and businesses, and an interest-free postponement of loan repayments for Bahraini nationals. The water subsidy was delivered in two separate payments and covered a period of nine months after being extended once; it benefited 135,000 individuals and corporations.

As for **labour market responses**, Bahrain implemented a stimulus package equalling USD11.4 billion which mainly provided salary payments for roughly 100,000 Bahraini citizens in the private sector until June 2020 (El-Saharty et al. 2020). The wage subsidy was reduced over time from all private-sector workers to hard-hit sectors only (IPC-IG 2021b). Another wage subsidy through the *Tamkeen* programme was directed at informal workers such as drivers, and workers in the early childhood education sector (ibid.).

**Table 3. Summary of social protection responses in Bahrain by component and type of implementation change**

Measure	Type of implementation change
<b>Social assistance</b>	
Social security assistance top-up	Vertical expansion
Disability allowance top-up	Vertical expansion
Water subsidies for individuals and businesses	Subsidy
Postponement of loan repayments	Subsidy
Free testing/treatment for COVID-19 patients	Horizontal expansion through existing programme
<b>Labour market</b>	
<i>Tamkeen</i> Labour Fund	Horizontal expansion through existing programme
Payment of private-sector workers' salaries	Horizontal expansion through new programme

Source: IPC-IG (2021b).

### Kingdom of Saudi Arabia social protection policy response

Saudi Arabia is the largest of the four GCC countries examined in this report, in terms of both population and geographic size. Its government enacted a USD18.7 billion stimulus package which included policy measures targeting health, continued wage payments, subsidies and business support. Saudi Arabia implemented nine social protection responses, as summarised in Table 5.

Within **social assistance**, a Ramadan aid top-up was provided to existing beneficiaries of the social security programme which covers Saudi orphans, persons with disabilities and elderly people, among other vulnerable groups (IPC-IG 2021b). A key implementation change to the social security programme was the halting of the reverification of beneficiaries, even if they no longer fulfilled eligibility conditions. Free COVID-19 testing included migrant workers, regardless of their migration status, and children through the *Sehaty* app (UN ESCWA, UNHCR, and ILO 2020). An in-kind emergency transfer, also including migrants, was set up under the name 'Our Food is One' by the Ministry of Human Resource Development, but no information is available on how beneficiaries were identified, how they registered or how they received the in-kind donation.

Notably, workers in hard-hit private industries benefited from continued salary payments. The SANED fund provided an exemption for private-sector workers whereby employers could apply to the social insurance organisation GOSI

rather than terminating work contracts (among other provisions)<sup>9</sup> and receive a wage subsidy of 60 per cent. This was also possible through a mobile portal and benefited an estimated 1.2 million workers (IPC-IG 2021b). Additional employment support was facilitated through the Human Resource Development Fund (HRDF) initiative in the form of a wage subsidy that paid between 30 per cent and 50 per cent of monthly wages for formal-sector workers (ibid.). The subsidy was paid to businesses, which were then required to pay their employees. The measure benefited an estimated 80,000 workers. The government, moreover, instated a requirement that employers in the private sector offer paid sick leave for vulnerable groups such as pregnant women or those with pre-existing conditions, which also applied during periods under quarantine (IBC-SP 2020). Such paid leave was not to be counted against contractual sick leave and could be accessed through mobile registration (ibid.). Self-employed drivers could also receive a wage subsidy for three months provided that they had a valid registration with the Public Transport Authority and used their operating card to apply online for support (IPC-IG Dashboard 2022). These support schemes were limited to formal Saudi Arabian workers only and included a direct financial disbursement to employees as their key payment modality.

**Table 4. Summary of social protection responses in Saudi Arabia by component and type of implementation change**

Measure	Type of implementation change
<b>Social assistance</b>	
Free testing/treatment of COVID-19 patients	Horizontal expansion through existing programme
Ramadan social security programme	Vertical expansion
'Our Food is One' campaign	Horizontal expansion through new programme
Exemption from the payment of housing development benefits	Implementation change
<b>Social insurance</b>	
Sick leave for vulnerable groups	Horizontal expansion through new programme
<b>Labour market</b>	
SANED support	Horizontal expansion through new programme
Employment support (Human Resources Development Fund)	Horizontal expansion through new programme
Postponement of loan repayments	Implementation change
Support for self-employed drivers	Horizontal expansion through new programme

Source: IPC-IG (2021b).

### Kuwait social protection policy response

At the onset of COVID-19, Kuwait suffered an economic decline that it had not experienced since the Iraqi invasion of the country in 1990 (Al-Zoubi 2020). It responded with a USD16.5 billion stimulus package, including numerous policy measures mostly designed to cover public-sector wages, and in July 2020 private-sector wages for 77,000 workers (Menthar 2021). The country implemented nine measures in response to the pandemic, mostly labour market measures, as summarised in Table 3.

Within **social assistance**, Zakat House beneficiaries received an extra payment, which constitutes a vertical expansion of the existing programme (IPC-IG 2021b). As an additional support measure, the *Faza'a Kuwait* campaign,<sup>10</sup> implemented by the Ministry of Social Affairs in collaboration with a number of NGOs, collected donations

9. For more details, see Arabian Business (2020).

10. For more details, see Alqabas (2020).

and provided in-kind and cash assistance to vulnerable groups, such as migrants, low-income families and stateless persons. Registration was possible via WhatsApp during a partial lockdown, which represents a key inclusiveness criterion. Payments were made in cash and reached up to 312,000 beneficiary households (ibid.). Another programme provided food support to persons with disabilities. No application was necessary, and benefits were available to all those living in sheltered accommodation. Interestingly, no subsidies were identified, which constitutes a key contrast to the other three countries examined in this report.

Within the **labour market sector**, the government allowed employees, employers and self-employed workers to postpone their pension contribution payments for six months (IBC-SP 2020). The postponement of pension contributions was limited to Kuwaiti employees and self-employed workers registered for social security. They were required to apply online. For private-sector employees, the Public Authority for Manpower first examined whether employees had been retained and received their salaries in full. If these criteria were met, the postponement of contributions applied to the employees and their employer. The benefit amount varied by profession, and payments were made monthly. Furthermore, public-sector workers could obtain paid leave as a form of wage subsidy in early 2020 (IPC-IG 2021b).

**Table 5. Summary of social protection responses in Kuwait by component and type of implementation change**

Measure	Type of implementation change
<b>Social assistance</b>	
Financial aid to Zakat Fund beneficiaries	Vertical expansion
Food support for persons with disabilities living in sheltered accommodation	Horizontal expansion through new programme
Emergency cash and in-kind assistance through the Faza'a Kuwait campaign	Horizontal expansion through new programme
<b>Social insurance</b>	
Unemployment insurance	Implementation change
<b>Labour market</b>	
Paid leave for all public-sector workers	Horizontal expansion through new programme
Postponement of employees' pension contributions	Implementation change
Postponement of self-employed workers' pension contributions	Implementation change
Wage subsidy for self-employed workers	Horizontal expansion through new programme
Wage subsidy for Kuwaiti private-sector employees	Horizontal expansion through new programme

Source: IPC-IG Dashboard (2022).

## UAE social protection policy response

The UAE federal government and respective emirates implemented a series of COVID-19 response policies, most notably financed through a fund of AED16 billion (1.2 per cent of GDP) launched by the Cabinet, including payment deferrals, subsidies and extended tax deadlines. In addition, the Central Bank announced the AED256 billion (19.5 per cent of GDP) Targeted Economic Support Scheme, providing interest-free loans to banks for deferrals and new loans to small and micro enterprises, among other measures (Central Bank UAE 2022; IMF 2021b). Most of the packages implemented in the UAE targeted businesses, especially those in hard-hit sectors, providing them with rent relief and customs reimbursement, freezing government service fees and reducing business set-up fees (IMF 2021b). The size and components of packages varied across the emirates, with the highest spending reported in Dubai and Abu Dhabi (OECD 2020a; El-Saharty et al. 2020). When looking at social protection in particular, the UAE implemented a total of 10 social protection responses, mostly in social assistance, reflected in the number of subsidies implemented across the different emirates, as shown in Table 6.

With regards to social assistance measures, the *Al-Meer* initiative by the Ministry of Community Development and the Ministry of Economy aimed to support 12,000 vulnerable families and foreign workers. It provided families with essential food supplies (IPC-IG 2021b). Health services provided free testing and health care for COVID-19-related issues, as well as treatment during infection and support during quarantines. This extended to all residents of the UAE (IPC-IG 2021b; IBC-SP 2020). Furthermore, the Ministry of Education, in collaboration with the Dubai Cares organisation, launched the 'Education Uninterrupted' campaign to provide laptops and tablets to students from low-income households across the country (Dubai Cares 2020). Additionally, subsidies played a key role and accounted for a large proportion of the federal government's stimulus package. Most notably, water and electricity costs were subsidised, at different levels in each emirate and over time (IPC-IG 2021b).

### **Box 1. Summary of policies implemented to protect persons with disabilities**

#### **UAE**

The UAE's different emirates implemented online learning for persons with disabilities and at-home COVID-19 tests (ESCWA 2020). The country also implemented a nationwide campaign under the name 'Rest Assured' to support persons with disabilities, their carers and their parents. The campaign consisted of five main branches:

- psychological aid at home for persons with disabilities, especially to inform parents on how to deal and interact with their children, given the negative effects of lockdown on their behaviour;
- targeting children with mental disabilities and autism in particular with stories to support them through periods of quarantine;
- training social workers supporting families of persons with disabilities to raise awareness among parents and carers on how to deal with mental stress resulting from the pandemic;
- mental support for parents themselves (particularly mothers), especially regarding the challenges of dealing with their children; and
- communication material to raise awareness about the virus, social distancing etc.

The Ministry of Health also produced guidelines for parents on how to support children with disabilities through both lockdowns and quarantine whenever necessary (UAE Governmental Portal 2021c). As lockdown measures were eased, and students were returning to schools, the government implemented 'Rest Assured 2', focusing on supporting children with disabilities cope with the transition and the return to school (Yassine 2021).

#### **Saudi Arabia**

Saudi Arabia also ensured the continuity of services for persons with disabilities by collaborating with 63 NGOs specialised in service delivery for persons with disabilities. The country also replaced training sessions provided at day-care centres for persons with disabilities with online ones and ensured that regular cash assistance and equipment continued to be provided (Saudi Press Agency 2022). However, there is no information available on the level of use of these services.

#### **Kuwait**

In addition to making communication material inclusive of persons with disabilities, Kuwait supported parents by creating a special hotline for counselling sessions on how to address problems facing children with disabilities because of lockdowns (Sha'aban 2020). The counselling sessions were part of a campaign called 'We Are With You', implemented in partnership between the government and NGOs, with donations collected via fundraising (KUNA 2020).

Source: Author's elaboration.

Labour market measures included loan repayment deferrals for private-sector workers, as well as the suspension of rent payments and the cancellation of fines (IBC-SP 2020). Paid leave was also offered to married government employees in non-essential sectors, to enable them to take care of children below 16 years, dependents of any age with disabilities or spouses in self-isolation (IPC-IG 2021b). For social insurance, the pension contributions of nationals were postponed for six months without fines (ibid.).

**Table 6. Summary of social protection responses in UAE by component and type of implementation change**

Measure	Type of implementation change
<b>Social assistance</b>	
Water and electricity subsidy for citizens in Abu Dhabi	Subsidy
Water and electricity subsidy for citizens and residents in Dubai	Subsidy
Water and electricity subsidy in Sharjah	Subsidy
<i>Al-Meer</i> initiative	Horizontal expansion through new programme
Free testing and health care for people affected by COVID-19	Horizontal expansion through existing programme
'Education Uninterrupted' campaign	Horizontal expansion through new programme
<b>Social insurance</b>	
Postponement of retirement contribution payments	Implementation change
<b>Labour market</b>	
Paid leave for federal government employees	Vertical expansion
Economic stimulus package in Dubai	Implementation change
Postponement of housing loan repayments for private-sector workers	Implementation change

Source: IPC-IG (2021b).

## 4. OVERVIEW OF PERFORMANCE ON SRSP INDICATORS

### 4.1 Defining SRSP

An **SRSP system** is one that can respond flexibly in the event of covariate shocks affecting large numbers of people or communities simultaneously (Oxford Policy Management 2015). SRSP can be implemented through **horizontal or coverage expansion**—i.e. increasing the number of people protected—by either (i) scaling up an existing programme to new members of the population, thereby increasing the social protection system's coverage in the long term (if the expansion is meant to be permanent); or (ii) establishing a new programme targeting new groups (often temporary in nature).

SRSP can also occur through **vertical expansion**—i.e. increasing the value of the benefit received by beneficiaries of existing programmes. The COVID-19 pandemic revealed the importance of increasing coverage to groups such as the 'missing middle', and also the significance of implementing a comprehensive, wide-ranging response that addresses the variety of health and financial risks presented by the virus.

Assessing the shock-responsiveness of measures requires looking at the indicators of timeliness, coverage and adequacy. First, **timeliness** refers to how quickly measures are implemented in relation to the crisis, answering the question of whether assistance was provided to beneficiaries when they needed it. The report will rely on the model developed by Beazley, Marzi and Steller (2021) for measuring timeliness in the COVID-19 response, which takes into account a number of proxies, such as: (i) the date when the pandemic was declared (11 March 2020); (ii) the date when each country reported its first case of COVID-19; and (iii) the date when strict lockdown

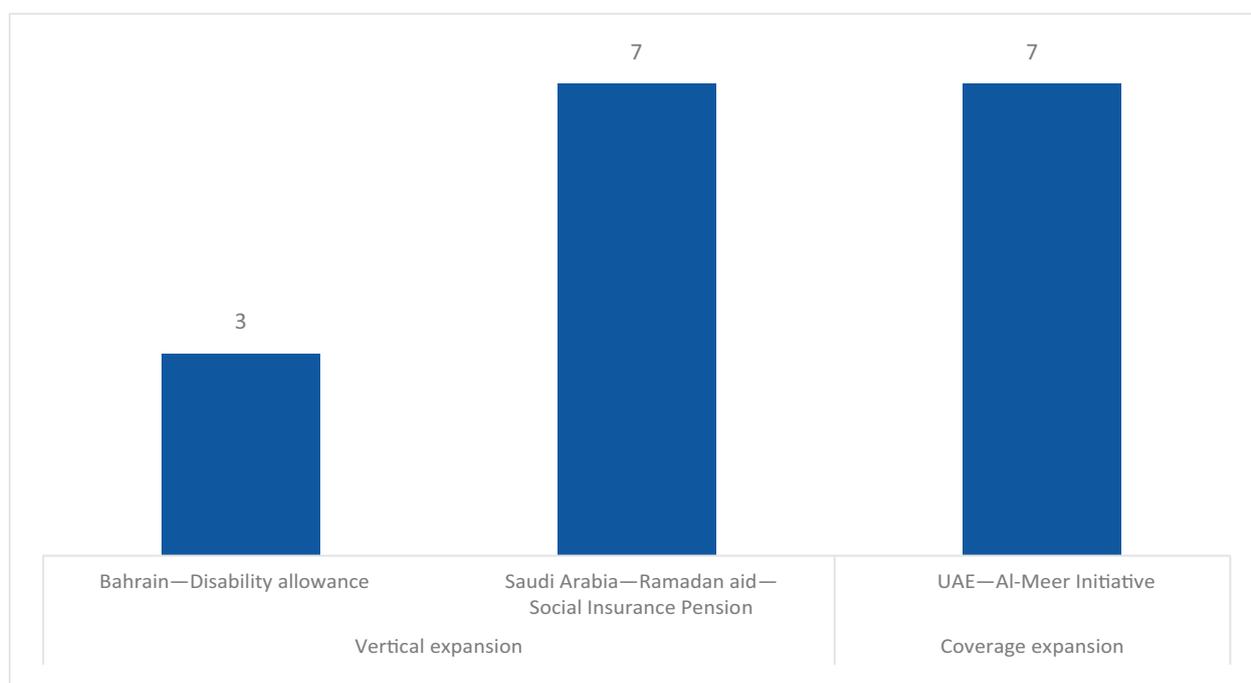
measures were enforced. Second, **coverage** looks at the percentage of the population benefiting from support; in the context of child-sensitive social protection, it is always important to consider the percentage of children receiving support. Finally, **adequacy** generally refers to whether the support was enough to address families' needs. It is usually measured by looking at the value of benefits as a share of household income/expenditure, or the size of labour market and social insurance measures as a share of average wages. However, an important consideration when looking at adequacy is also the frequency and duration of benefits provided, since a large, one-off benefit may not provide as much protection to a family as a monthly benefit.

The next subsections will examine the four GCC countries' performance on the three SRSP indicators. However, it is not possible to make a comprehensive assessment due to the lack of information available, such as beneficiary numbers. The following section will thus apply SRSP indicators to the small number of measures which do have available information.

## 4.2 Timeliness

Timeliness, in broad terms, looks at the extent to which assistance is provided when it is needed (Beazley, Marzi, and Steller 2021). However, different countries' populations may need assistance at different times, even in the context of a global pandemic. Given the available data from the GCC countries studied, the following subsection will focus particularly on the duration between when strict lockdowns were enforced and the **date of announcement of the measure**. Unfortunately, data on timeliness are available for only three social assistance measures in the four GCC countries, as shown in Figure 9. One important drawback of assessing timeliness in this way is that it does not account for significant delays in delivering the assistance to beneficiaries. For example, while the 'Education Uninterrupted' measure in the UAE was announced in early April, as distance learning was about to start, no online resource available had information on when students actually received the laptops and tablets that would facilitate their learning.

**Figure 9. Number of weeks between stay-at-home measures in the country and announcement of the response (for cash and in-kind support only)**

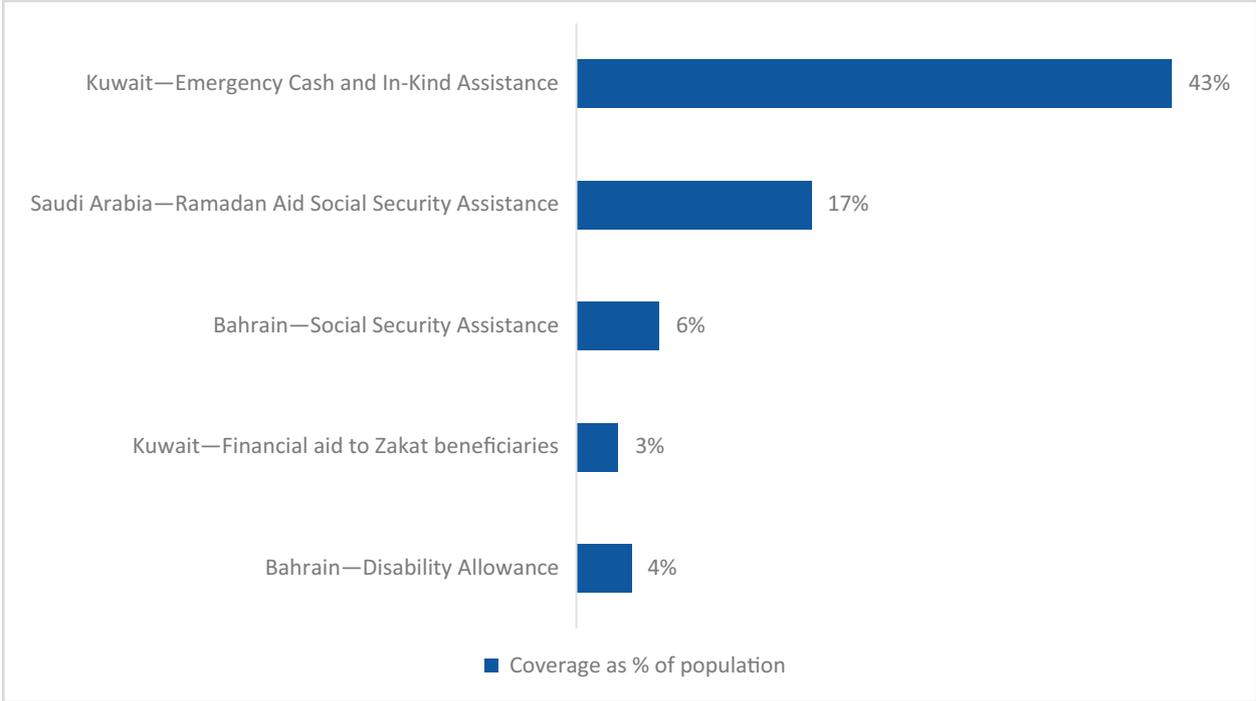


Source: Author's elaboration based on IPC-IG (2021b); Bilo, Dytz, and Sato (2022).

### 4.3 Coverage

Information on the coverage of social assistance programmes other than subsidies implemented by the GCC countries is available for only five measures, as shown in Figure 10. **Kuwait’s** emergency cash and in-kind assistance is the only measure of the five listed that consisted of covering new populations,<sup>11</sup> as the other four measures were existing permanent cash assistance programmes that were topped up. Coverage of new populations can occur either through the expansion of an existing programme to new populations, thereby providing them with long-term support, or through the establishment of a new programme that is usually implemented temporarily. Kuwait’s measure was a newly established temporary programme to respond to COVID-19 and had quite high coverage not only in comparison to the other programmes implemented by the four GCC countries but also when taking into account other MENA measures, given the average 15 per cent coverage rate of MENA social assistance measures that were also horizontally expanded through the establishment of new programmes (see Figure 11). One important consideration to keep in mind about Kuwait’s emergency cash and in-kind assistance is that it was a one-off programme targeted at vulnerable families and migrant workers. Furthermore, as there were no follow-up emergency measures introduced in Kuwait, it is highly likely that those groups initially supported by the measure, especially the migrant workers, found themselves in need without any appropriate support as the lockdown continued.

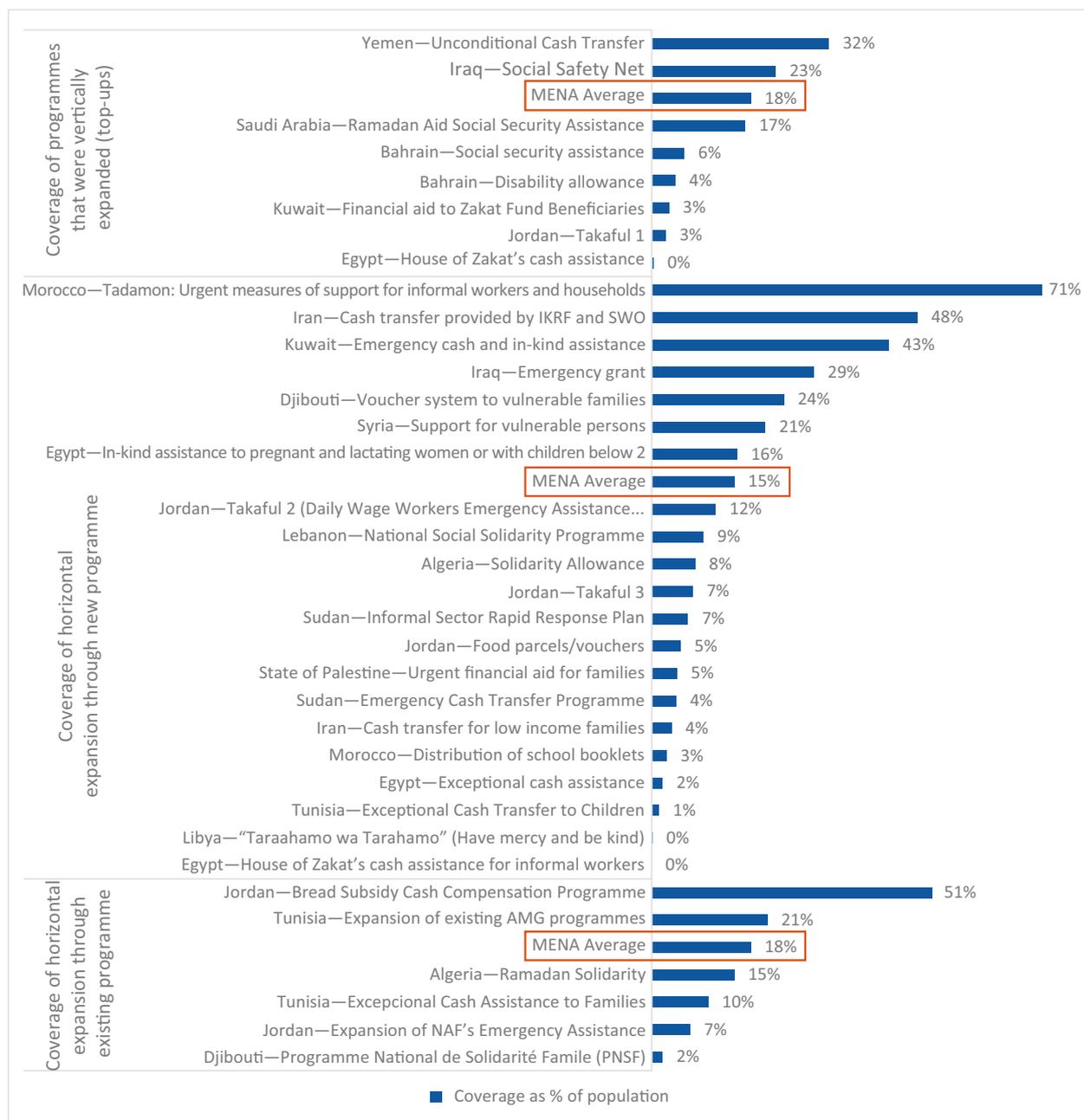
**Figure 10.** Coverage of selected social assistance programmes in the four GCC countries as a percentage of total population (citizens and residents)



Note: Selected social assistance measures exclude subsidies and measures with no data on beneficiary numbers. Coverage data are missing for four measures: the UAE’s ‘Education Uninterrupted’ and Al-Meer initiative, Saudi Arabia’s ‘Our Food is One’ campaign and Kuwait’s food parcels for persons with disabilities living in sheltered accommodation. Kuwait’s emergency cash and in-kind assistance included new beneficiaries, whereas the other four measures were top-ups to existing programmes. Source: Author’s elaboration based on IPC-IG (2021b).

11. Other social assistance measures that covered new populations include the UAE’s ‘Education Uninterrupted’ and Al-Meer initiative, as well as Saudi Arabia’s ‘Our Food is One’ campaign; however, information on beneficiary numbers is not available.

**Figure 11. Coverage of horizontally and vertically expanded social assistance measures in the MENA region (March 2020 to 2021)**



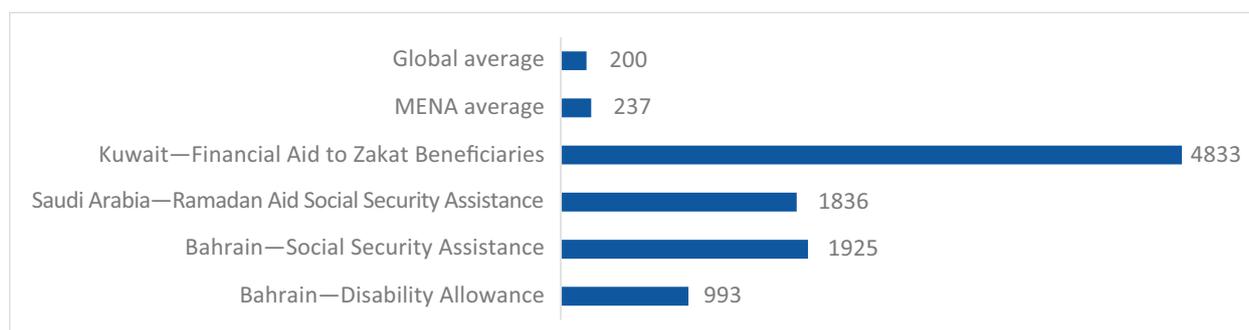
Note: The MENA average refers to the average coverage of all measures in the region with available data.

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

#### 4.4 Adequacy

Information on the adequacy of social assistance programmes was limited, with only four measures, implemented as top-ups, indicating the size of their benefits. However, the benefit data for the GCC measures studied in USD PPP are shown to be higher than the average monthly cash transfer value in USD PPP for both the MENA region and the world, as shown in Figure 12. Nonetheless, the high value of the benefits provided should be weighed against their temporary nature, since each of the four measures was a temporary, one-off top-up.

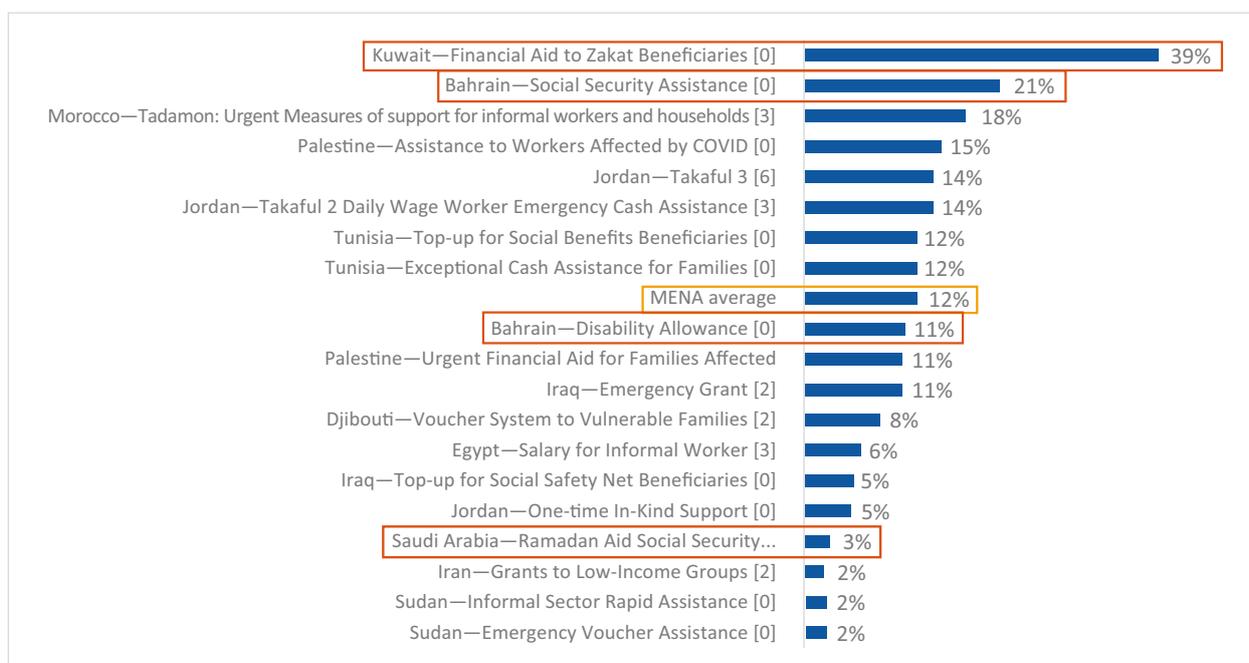
**Figure 12. Value of benefits for selected social assistance measures (USD PPP)**



Source: Author's elaboration based on IPC-IG (2021b).

It is also possible to look at the adequacy of benefits in relation to monthly income and expenditure in each country, but this does not provide an accurate comparison of benefit values, as the average income/expenditure may vary from one country context to the next. Kuwait's top-up to Zakat Fund beneficiaries has the highest adequacy rate considering the country's monthly income and expenditure and when compared to the other GCC measures. Furthermore, two measures in **Kuwait** and **Bahrain** had the highest shares of their countries' monthly income/expenditure, as shown in Figure 13. However, it is important to note that for both Kuwait and Bahrain the two benefits were provided as one-off top-ups to existing beneficiaries of social protection programmes, which in the long term might reduce inequality less than providing a more frequent payment or expanding coverage horizontally to other vulnerable groups, such as migrant workers. This issue becomes more pertinent when considering that those two countries reinstated strict lockdowns as new waves of COVID-19 occurred. Bahrain, for example, implemented a lockdown starting in May 2021 that required the full closure of many sectors, but to the author's knowledge no complementary social assistance mechanism was announced to offset its effects (MOH 2021).

**Figure 13. Adequacy rate of selected social assistance mechanisms in the MENA region (benefit as a percentage of monthly household income or expenditure)**



Note: Duration of measures in months indicated in brackets [ ]; one-off measures indicated with a zero [0].

Source: Author's elaboration based on IPC-IG (2021b).

## 5. OVERVIEW OF CHILD-SENSITIVENESS

### 5.1 Defining child-sensitiveness

The assessment of the child-sensitiveness of SRSP measures implemented in response to COVID-19 relies on a model developed by Bilo, Dytz and Sato (2022) in their report 'Social Protection Responses to COVID-19 in MENA: Design, Implementation and Child-Sensitiveness'. The model, displayed in Table 7, contains the following six criteria: (i) direct targeting of children; (ii) support for children's access to nutrition; (iii) support for children's access to health or water, sanitation and hygiene (WASH) services; (iv) support for children's access to education; (v) support for children's access to child protection services; and (vi) an increase in the benefit value per child or based on household size (per capita transfers). A measure is regarded as child-sensitive if it includes one or more of these criteria in its design. The report will focus primarily on the child-sensitiveness of social assistance measures, but, given the small number of social assistance measures in the four GCC countries and the lack of available information on those measures, the report will also look at the child-sensitiveness of the entire social protection response, including social assistance, social insurance and labour market measures. This choice was also made because the GCC countries studied implemented a response largely focused on businesses and workers, given that levels of poverty and vulnerability in all four countries are relatively low. By looking at all social protection measures, a more complete picture can be drawn about the child-sensitiveness of the responses in the four countries.

**Table 7. Child-sensitiveness criteria for shock-responsive social protection measures**

 <p>Targeting children</p>	<p>All programmes/responses that explicitly target children through at least one component (examples include cash transfers paid only to households with children or individual benefits for children, such as transfers to orphans or children with disabilities, or school feeding programmes). Programmes targeting lactating or pregnant women are also included here, as are programmes that target parents or caregivers of children to ensure care can continue in the context of COVID-19 quarantine rules. Programmes targeting households (poor or otherwise) without specifying children do not fall into this category.</p>
 <p>Cash benefits increase with the number of household members/children</p>	<p>This classification includes cash transfers whose structure allows for the benefit levels to increase with the number of children/members in the household (even if there is a cap), as well as programmes in which benefits are paid per child (i.e. individual transfers to children),<sup>12</sup> as well as programmes that do not necessarily provide per capita transfers but increase the benefit value particularly for 'larger families'.</p>
 <p>Supporting children's access to education</p>	<p>Responses that are designed to increase children's access to and/or continuation of education. In the case of the COVID-19 responses, this might include school-related in-kind transfers, such as books, or school feeding programmes (where schools were open). Also included would be labour market measures to ensure that education providers continue to operate by providing them with the necessary cash to survive.</p>
 <p>Supporting children's access to nutrition</p>	<p>This category includes responses that provide food items to children to ensure their food security, such as school feeding programmes, take-home rations or general food transfers targeting households with children.</p>
 <p>Supporting children's access to health/WASH</p>	<p>This category comprises all programmes that provide WASH or health services/benefits, such as hygiene kits, as well as programmes with health-related conditionalities or those that have a specific health component for children and/or pregnant or lactating women (i.e. health sessions) when they were expanded in response to the COVID-19 crisis.</p>
 <p>Supporting children's access to child protection services</p>	<p>Child protection and social protection are different but complementary policy fields, and often work with similar partners, especially social workers. This category includes responses which link benefits (mainly cash transfer programmes) with social services and family outreach or include relevant messaging.</p>

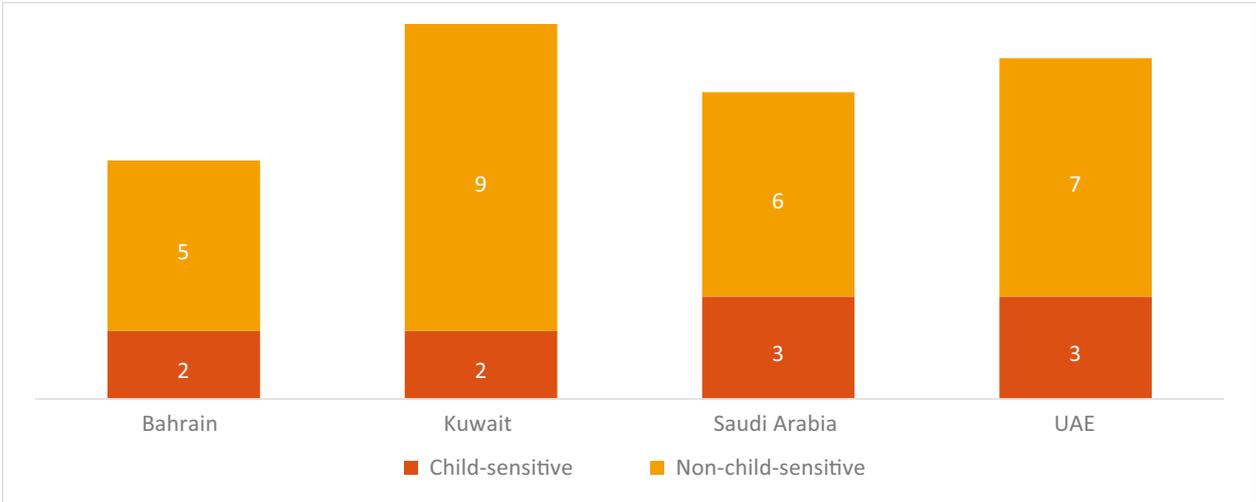
Source: Slight adaptation of Bilo, Dytz and Sato (2022).

12. Also sometimes referred to as per capita transfers.

It is important to highlight that some of the measures in this mapping might in practice be child-sensitive but were not identified as such as a result of the reliance on online information about each, which may not be complete or exhaustive.

When looking at all 35 social protection responses, including social insurance and labour market measures, 10 were child-sensitive. Figure 14 shows that Saudi Arabia and the UAE have the highest number of child-sensitive measures. Also, only seven of the 18 social assistance measures mapped in the four GCC countries (39 per cent) were child-sensitive, because most of the social assistance measures were subsidies. As shown in Figure 15, the countries studied had very low numbers of child-sensitive social assistance measures. Kuwait and the UAE had the highest proportion of child-sensitiveness in their social assistance response, as two of their three social assistance measures were indeed child-sensitive.

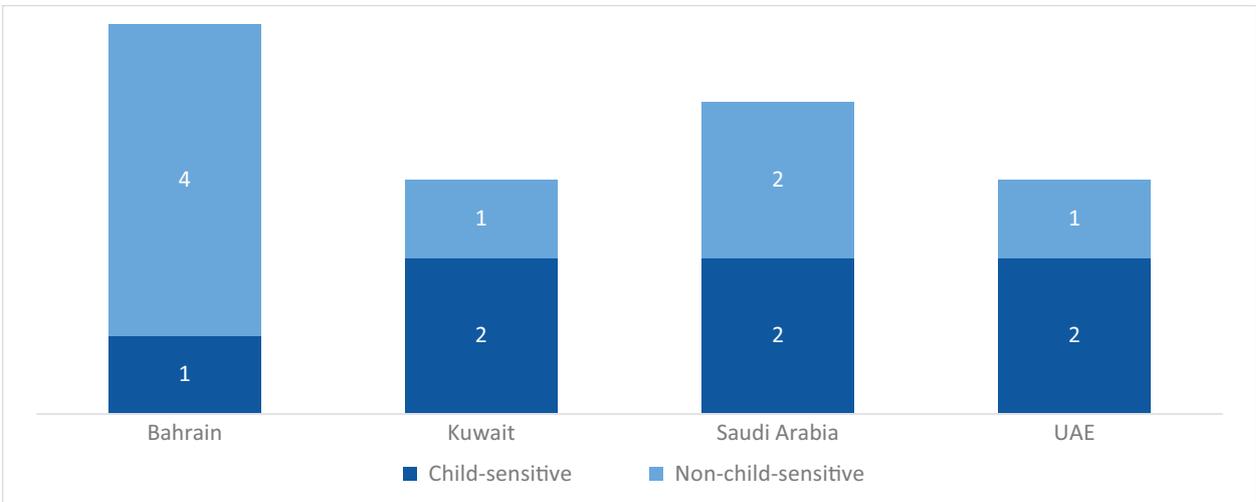
**Figure 14. Number of child-sensitive social protection measures by GCC country**



Note: Social protection measures include social assistance, social insurance and labour market measures.

Source: Author's elaboration based on IPC-IG (2021b).

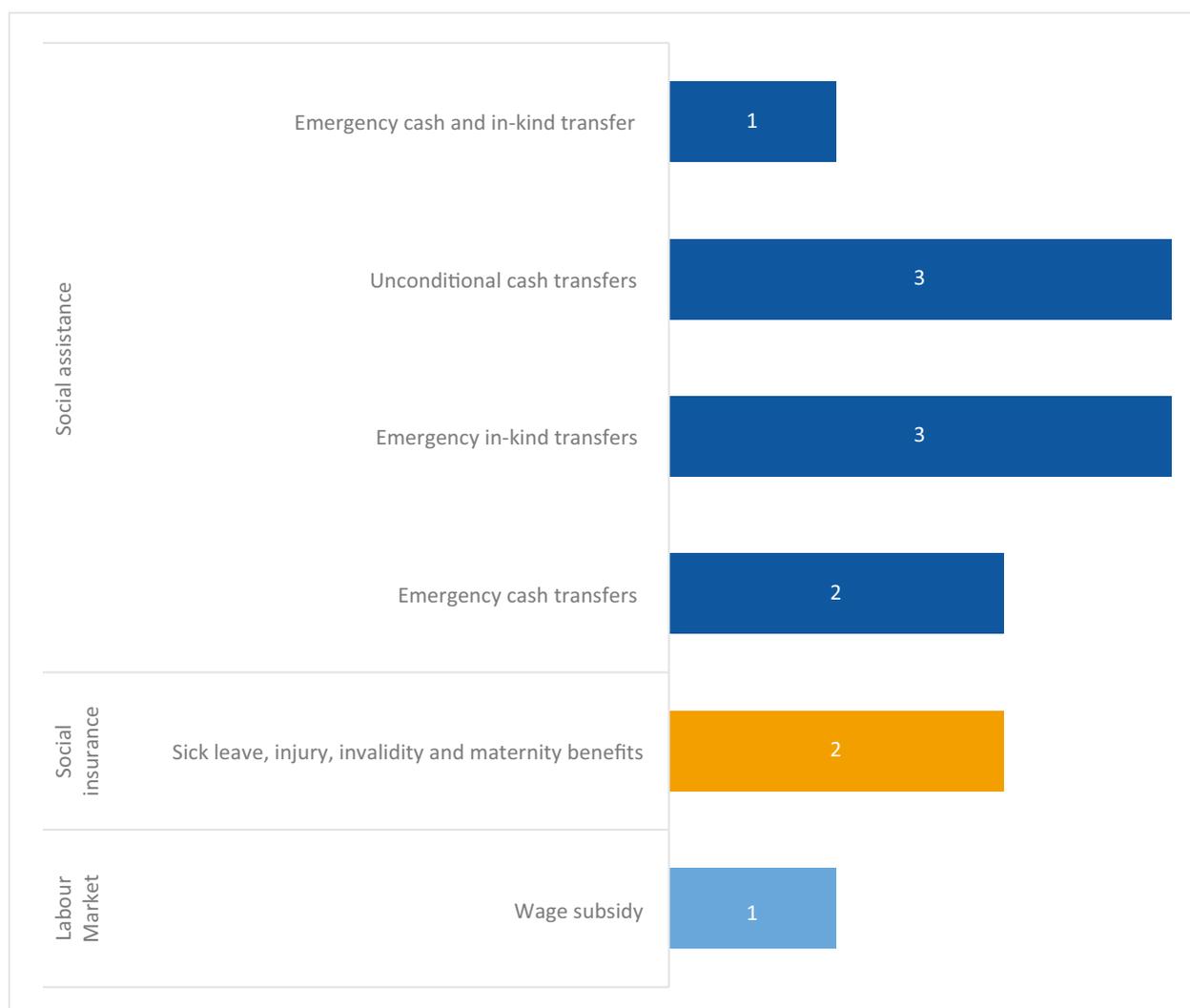
**Figure 15. Number of child-sensitive social assistance measures by GCC country**



Source: Author's elaboration based on IPC-IG (2021b).

The most common social assistance mechanisms targeting children, as shown in Figure 16, were emergency in-kind transfers and unconditional cash assistance, as Bahrain, Kuwait and Saudi Arabia all sought to top up the benefits of their existing social assistance programmes, which already had child-sensitive features, in response to COVID-19. The labour market and social insurance responses of the GCC countries studied interestingly also featured child-sensitive elements in their design. In terms of social insurance, paid leave was provided to workers with children or pregnant women in both Saudi Arabia and the UAE, while Bahrain offered a wage subsidy that indirectly supported early childhood education providers. Section 6.1 (below) will elaborate further on this feature.

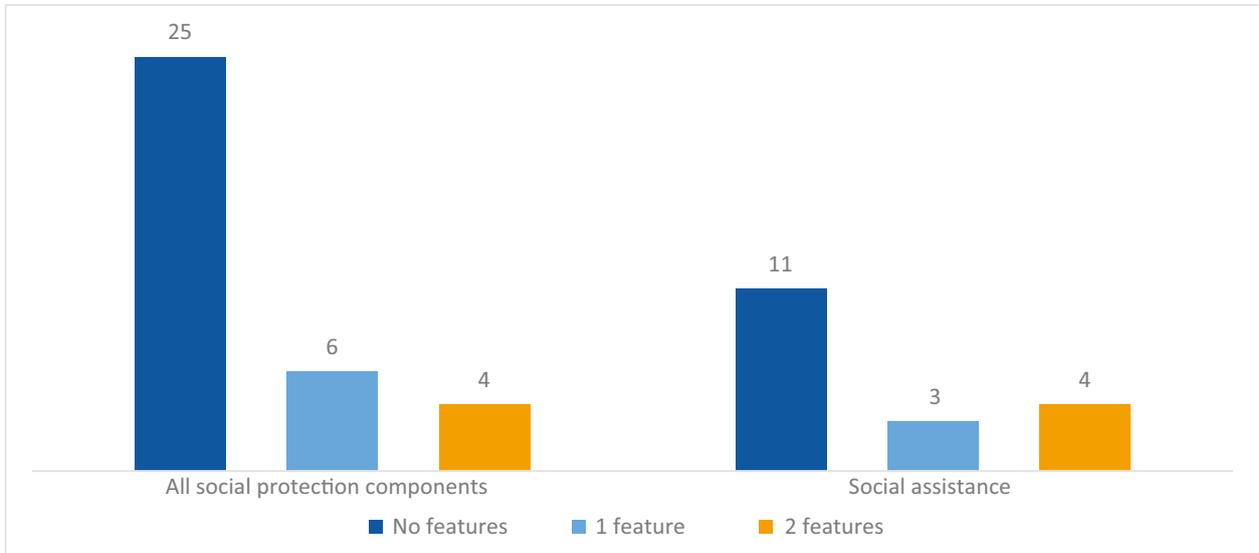
**Figure 16. Number of child-sensitive measures by social protection component and instrument in the four GCC countries**



Source: Author's elaboration based on IPC-IG (2021b).

Measures could contain more than one child-sensitive feature. In the countries studied, 26 per cent of social protection measures contained one feature, and 18 per cent contained two features, as shown in Figure 17. The same observation also applies when looking at the child-sensitive features of social assistance measures. This reflects the findings by Bilo, Dytz and Sato (2022), in which most measures had either one or two measures. Unlike the assessment conducted on the MENA region, the four GCC countries studied in this report did not have any measures with more than two child-sensitive features.

**Figure 17.** Proportion of all social protection components and social assistance measures with child-sensitive design features in the four GCC countries

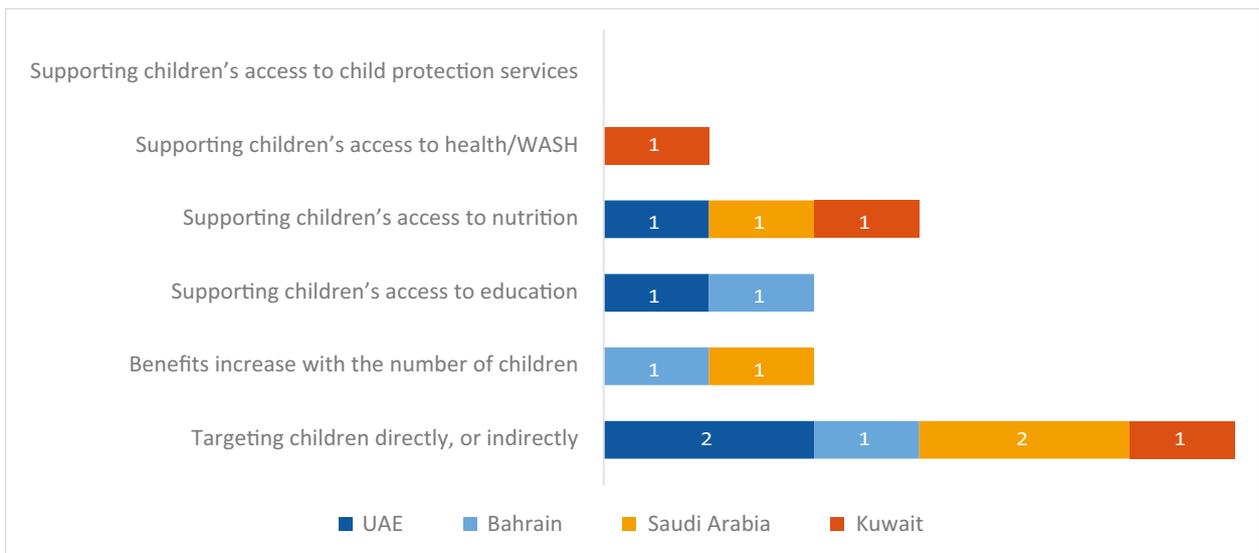


Note: Social protection components include social assistance, social insurance and labour market measures.

Source: Author's elaboration based on IPC-IG (2021b).

The child-sensitive feature most often implemented in both social assistance measures and all social protection measures was targeting children directly or indirectly, followed by supporting children's access to nutrition, and increasing benefits with the number of children, as shown in Figures 18 and 19. No measures were mapped supporting children's access to child protection services; however, this may have been implemented in practice but not publicised online.

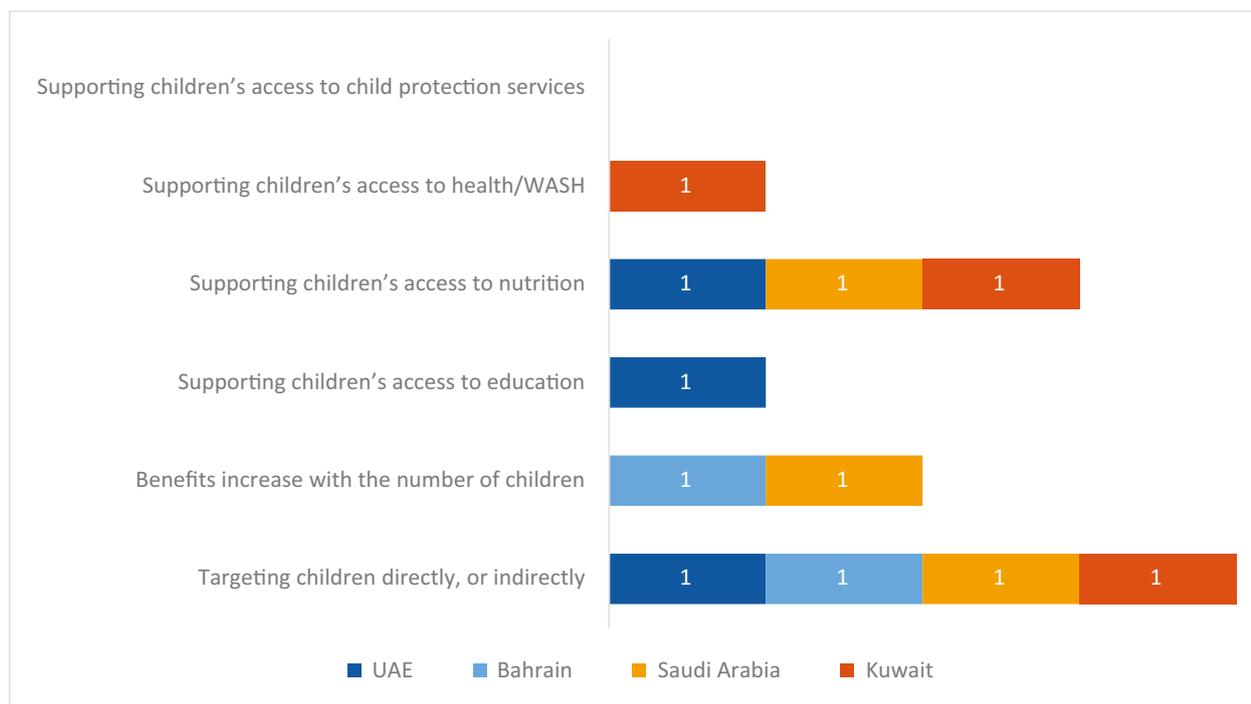
**Figure 18.** Number of all social protection measures with child-sensitive design features by criterion (GCC countries)



Note: Social protection components include social assistance, social insurance and labour market measures. Measures can have more than one child-sensitive feature.

Source: Author's elaboration based on IPC-IG (2021b).

**Figure 19.** Number of social assistance measures with child-sensitive design features by criterion (GCC countries)



Note: Measures can have more than one child-sensitive feature.

Source: Author's elaboration based on IPC-IG (2021b).

The sections that follow will look at each child-sensitive criterion in particular and elaborate on the measures that featured them.

## 5.2 Targeting children

As shown in Figure 18, six social protection responses targeted children directly or indirectly: four in the area of social assistance and two within social insurance (see Table 8 for a list of those measures by component, instrument and country). Three of the four social assistance measures that targeted children directly—i.e. the Social Security Assistance in **Bahrain**, Ramadan social assistance in **Saudi Arabia** and **Kuwait's** financial aid to Zakat Fund beneficiaries—were top-ups to existing social assistance programmes that target vulnerable families with children and orphans. The **UAE** was the only country to implement an emergency measure that only targets children, which is the 'Education Uninterrupted' programme that aimed to provide laptops and tablets to vulnerable children to ensure their access to online education.

In terms of labour market and social insurance measures, **Saudi Arabia's** sick leave for vulnerable groups targeted private-sector workers, including pregnant women and those with respiratory illness, to reduce their exposure to the virus and safeguard their health. The **UAE** also provided paid leave to federal government employees who must take care of children below the age of 16.

Generally, most of the measures targeting children focused on economically vulnerable children, followed by orphans. **Saudi Arabia** and the **UAE's** social insurance measures are the only ones to specifically target pregnant women and youth, respectively. Although alarming generally, the lack of measures targeting newborns and pregnant women in the four countries is not particularly worrying, given their free high-quality health care and high health insurance coverage.

**Table 8. Child-sensitive social protection measures targeting children, by component and category of children targeted (GCC countries)**

Country	Measure	Category of children targeted
<b>Social assistance</b>		
Bahrain	Top-up of social security assistance	Vulnerable children, orphans
Kuwait	Financial aid to Zakat Fund beneficiaries	Vulnerable children, orphans, migrant and stateless children
Saudi Arabia	Ramadan social security assistance top-up	Vulnerable children, orphans
UAE	'Education Uninterrupted'	Vulnerable children
<b>Social insurance</b>		
Saudi Arabia	Sick leave for vulnerable groups	Pregnant women
UAE	Paid leave for federal government employees	All children and youth

Source: Author's elaboration based on IPC-IG (2021b).

### 5.3 Increasing benefit values

Measures were considered child-sensitive if their benefit values increased per child or they provided larger households with increased benefits to accommodate their higher expenditure. Only two social assistance measures were considered child-sensitive within this category, out of seven child-sensitive social assistance measures and the total of 18 social assistance measures across the four countries. These measures were existing social protection programmes that were topped up during COVID-19: the social security assistance top-up in **Bahrain**, which doubled the normal benefit, and the Ramadan social security assistance top-up in **Saudi Arabia**. The design of both programmes stipulates an increase in benefit value with household size, or benefits for each child. In Bahrain, the social security assistance is BHD70 for one-person households, BHD120 for two-person households and BHD120 for households with three or more persons, with an additional BHD25 for each member other than the first two, and no upper limit on the number of children (Bujeiri 2021). In Saudi Arabia, the top-up was SAR1,000 for the head of the household and then SAR500 per additional member (HRSD 2020).

**Table 9. Child-sensitive social protection measures with increasing benefit values**

Country	Measure	Basis for increased values
<b>Social assistance</b>		
Bahrain	Top-up of social security assistance	Increase per child
Saudi Arabia	Ramadan social security assistance top-up	Standard benefit and increase per child

Source: Author's elaboration based on IPC-IG (2021b).

### 5.4 Supporting education

Measures that sought to support remote learning through the delivery of laptops or that provided support for educational institutions to continue operating were regarded as child-sensitive in this report. One social assistance measure was considered child-sensitive within this category, as shown in Table 10, out of seven child-sensitive social assistance measures, and the total of 18 social assistance measures across the four countries. Furthermore, one labour market measure was considered child-sensitive within this category, out of 10 child-sensitive social protection measures, and the total of 35 social protection measures for the sample. In the **UAE**, the 'Education Uninterrupted' campaign was implemented by the Ministry of Education in collaboration with NGOs and the private sector to deliver laptops and tablets to a targeted 40,000 vulnerable children across the country. A national campaign requesting donations of either money or actual laptops and tablets was created (Dubai Cares 2020). A private logistics and

delivery company was used to pick up donated tablets, sterilise them and deliver all computers to the homes of vulnerable school-aged children (Tawzea 2020). It is unclear how the identification of vulnerable children occurred. What is notable about the ‘Education Uninterrupted’ campaign is its timeliness when considered alongside the shift to online learning. As the pandemic hit the UAE in March 2020, the Ministry of Education announced a four-week early spring break starting on 8 March (UAE Governmental Portal 2020). The ‘Education Uninterrupted’ campaign was announced on 7 April—only one day before the start of distance learning in the third trimester of the 2019/2020 scholastic year—which means that students without tablets or laptops may have only missed out on a few weeks of the third semester, provided that the campaign was delivered quickly.<sup>13</sup>

Moreover, the *Tamkeen* Labour Fund is a very interesting child-sensitive social protection labour market measure implemented in **Bahrain**. The measure was implemented as a wage subsidy to support drivers, as well workers in kindergartens and nurseries who were not previously insured. The subsidy was provided directly to beneficiaries rather than businesses. Kindergarten and nursery teachers received 100 per cent of their salaries for the first three months and then half of their salaries for another three months. While nurseries and kindergartens were ordered to close towards late February (Anadolu Agency 2020), the *Tamkeen* Labour Fund programme may have indirectly supported children’s access to education, as it ensured that early childhood education providers did not go bankrupt and could continue operating and providing services in the long term after they were allowed to reopen in October 2020 (Al-Watan News 2020).

Nonetheless, given the limited availability of public early childhood education providers across all four countries of the sample, measures targeting business continuity in the child-care sector should have been prioritised by all four countries. Furthermore, it is important to ensure that the reopening of early childhood education providers coincides with requirements to return to office-based work, rather than remote work, to safeguard women’s participation in the workforce. Such timing discrepancies between the opening of nurseries and the return to office-based work has been a major challenge noted in Kuwait (Al-Muhayed 2021).

**Table 10. Child-sensitive social protection measures supporting children’s access to education, by country and social protection component**

Country	Measure
<b>Social assistance</b>	
UAE	‘Education Uninterrupted’
<b>Labour market</b>	
Bahrain	Tamkeen Labour Fund

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

## 5.5 Supporting health

Measures that supported children’s access to health or WASH services, particularly through the provision of hygiene kits in the context of COVID-19, were regarded as child-sensitive in this report. Only one social assistance measure was considered child-sensitive within this category, out of seven child-sensitive social assistance measures, and the total of 18 social assistance measures across the four countries. **Kuwait’s** emergency and in-kind assistance supported children by delivering hygiene kits and masks to vulnerable families across the country. However, very little information is available on this measure, thus the final number of families receiving hygiene kits is unknown, although one source indicates that 393,858 hygiene kits and sanitisers were delivered to places involved in the COVID-19 response and

13. Information on when the first delivery was made is not available, nor is there any information on the actual number of students who benefited.

vulnerable households (MOSA1\_KW 2020). It is important to remember that hygiene kits may have been delivered in the other three countries studied but not mentioned online, resulting in their unintentional omission from this report.

Research shows that women are less likely to seek maternal and post-natal services during pandemics, given their fear of exposure (Peterman et al. 2020). Initial estimations indicated that the COVID-19 pandemic would cause a 10 per cent decrease in the use of services related to pregnancy and newborn care (Riley et al. 2020). While such data are not available on the four countries studied, this phenomenon is worth considering in the design of future shock-responsive and child-sensitive responses.

## 5.6 Supporting nutrition

Measures that sought to provide food parcels to 'vulnerable families' were regarded as child-sensitive in this report. Three social assistance measures were considered child-sensitive within this category, out of seven child-sensitive social assistance measures, from the total of 18 social assistance measures across the four countries. All the countries of the sample, except for **Bahrain**, implemented a measure supporting children's access to nutrition, as shown in Table 11. These measures, all implemented on an ad hoc, one-off basis, included the emergency cash and in-kind assistance programme targeting vulnerable families and individual migrant workers with food parcels and hygiene kits in **Kuwait**, the *Al-Meer* initiative providing food parcels to vulnerable families in the **UAE**, and the 'Our Food is One' campaign implemented by the Ministry of Human Resource Development in **Saudi Arabia**. The identification mechanism for these three measures is only known for Kuwait, which used an online portal to register applicants. As the lockdown measures persisted, the four countries did not seek to support nutrition further through parcels for vulnerable families, according to the information available online.

**Table 11. Child-sensitive social assistance measures supporting children's access to nutrition**

Country	Measure
Kuwait	Emergency cash and in-kind assistance
UAE	<i>Al-Meer</i> initiative
Saudi Arabia	'Our Food is One'

Source: Author's elaboration based on IPC-IG (2021b).

# 6. BRIEF COMPARISON OF THE GCC COVID-19 RESPONSE TO THAT OF HIGH-INCOME COMMODITY-BASED COUNTRIES

## 6.1 Countries chosen

To understand the four GCC countries' response to COVID-19 in terms of shock-responsiveness and child-sensitiveness, it is important to compare them with other (i) **high-income countries**; (ii) developing countries; and (iii) countries that are reliant on commodity revenues, particularly from **fuel**. **Australia, Singapore and Brunei Darussalam** were selected for comparison. A summary of the countries in relation to the four GCC countries discussed in the report is provided in Table 12.

**Australia** qualifies as an interesting case for comparison due to its high average income and its reliance on **minerals** as a key commodity (UNCTAD 2021). Such minerals include in particular iron ore, coal and natural gas (COFACE 2022), which represent a substantial share of exports. Given the GCC sample's exposure to similar dependency, Australia's COVID-19 response constitutes an interesting comparison case. Another similarity can be found in territorial inequalities,

especially between the few large cities and rural areas. However, it is important to take into account that Australia is a federal State when looking at certain aspects of the response such as the number of measures.

Furthermore, **Brunei Darussalam** was chosen as it is a high-income country that remains dependent on oil and gas exports, like the four GCC countries (UNCTAD 2021). Oil and gas exports represented more than 60 per cent of all of the country's exports in 2018 and 2019 (ibid.). Furthermore, as a Muslim country, Brunei's social protection system exhibits a combination of State-financed and *Zakat*-financed social assistance, like all four countries of the sample. Given such structural similarities and high income levels, a comparison with the four GCC countries produces interesting results.

Finally, **Singapore** is an interesting case to compare with the four GCC countries, as it managed to shed its decades-long commodity reliance on fuel and oil exports by diversifying into the service economy (Chang 2014). With a per capita national income of USD54,530, the country remains one of the most competitive economies in the world (World Bank n.d.). Exports are centred on the service economy—in particular, financial services. This implies a key difference from the GCC countries under review. However, given the State's resources for tackling the COVID-19 crisis, the reliance on one sector for funding most public spending, and its population size, it still enables an insightful comparison.

**Table 12. Key aspects of the high-income comparison group and the four GCC countries**

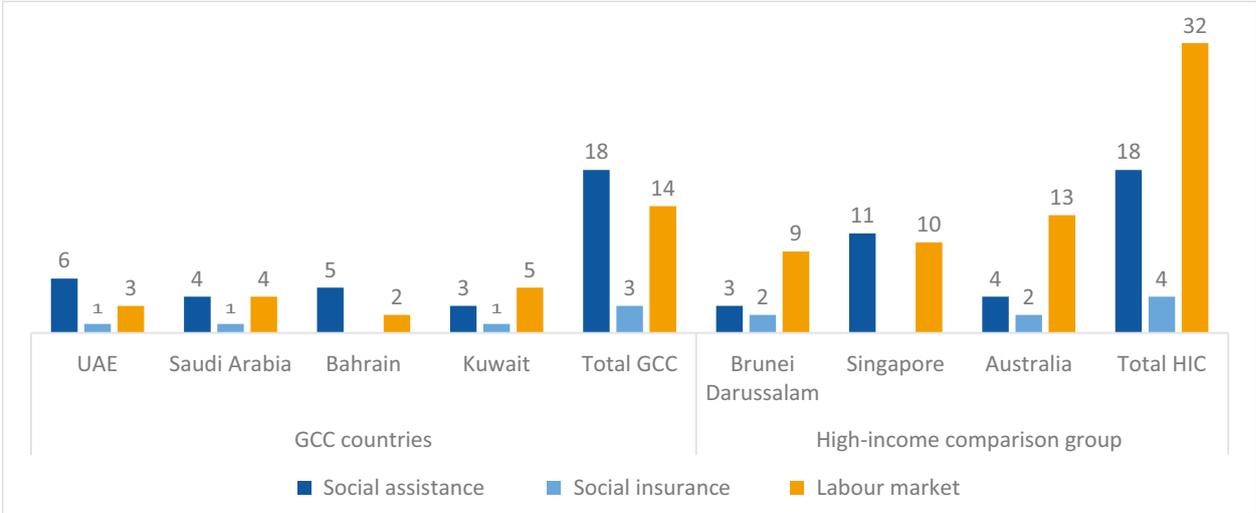
Country	Income classification	Categorisation	Commodity reliance	GDP per capita (USD PPP 2011)	Population size
<b>High-income comparison group</b>					
Australia	High income	Developed country	Minerals	46,601	25,365,745
Brunei Darussalam	High income	Developing country	Fuel	70,177	433,296
Singapore	High income	Developing country	Not applicable	90,080	5,703,569
<b>GCC countries</b>					
Bahrain	High income	Developing country	Fuel	44,465	1,641,172
Kuwait	High income	Developing country	Fuel	57,957	4,207,083
Saudi Arabia	High income	Developing country	Fuel	48,631	34,268,528
UAE	High income	Developing country	Fuel	60,618	9,770,529

Source: UNCTAD (2021); IPC-IG (2021a); World Bank (2019a; 2019b; 2019c); IMF (2019).

## 6.2 Comparison of social protection response

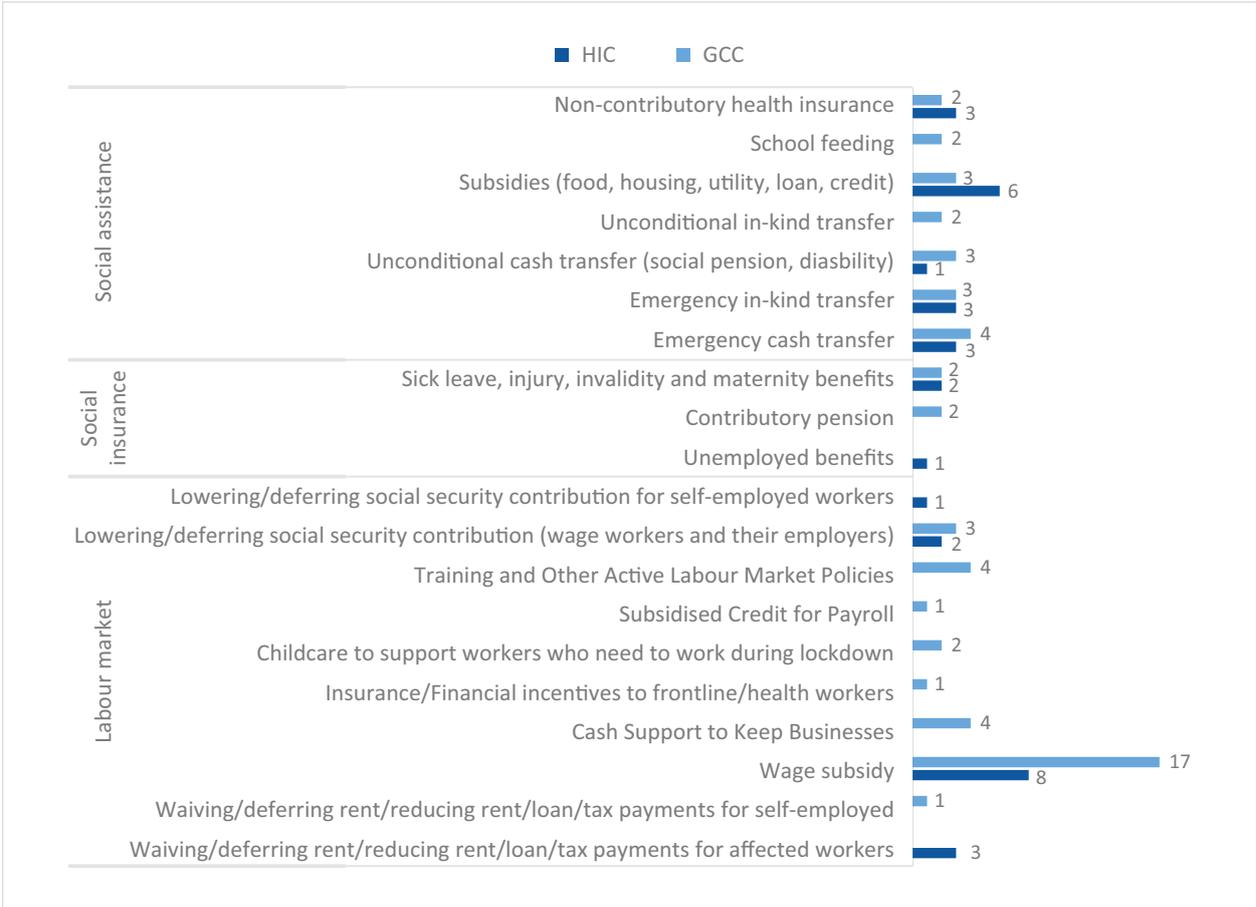
The selected high-income comparison (HIC) group implemented almost double the number of measures as the GCC sample. **Singapore** had the most measures (21), followed by 19 in **Australia** and 14 in **Brunei** (see Table 13 for a full list of measures by country). Unlike the GCC sample, labour market measures were more prevalent in the commodity-reliant countries of **Brunei Darussalam** and **Australia**, but social assistance measures were more dominant in Singapore, similar to the four GCC countries, as shown in Figure 20. Within the area of social assistance, the most prevalent measure within the HIC group were emergency cash transfers, as shown in Figure 21. Unlike the GCC sample, fewer subsidies were implemented by the HIC group, as a more varied mix of social assistance instruments was used, such as top-ups for unconditional cash and in-kind transfers, and school feeding programmes. In the area of labour market measures, the most prevalent measure was wage subsidies for private-sector workers, which were similar to those in the GCC countries but extended to self-employed workers.

**Figure 20.** Number of social protection measures implemented by component by the four GCC countries and the HIC group



Source: Author's elaboration based on IPC-IG (2021b), Gentilini et al. (2021) and the literature review.

**Figure 21.** Types of measures implemented across the four GCC countries and the HIC group by component and number of times they were implemented



Source: Author's elaboration based on IPC-IG (2021b), Gentilini et al. (2021) and the literature review.

Most of the social assistance measures implemented by the HIC group were horizontal expansions through new programmes, followed by vertical expansions of existing programmes (through top-ups for regular cash assistance programmes), as shown in Figure 22. Like the four GCC countries, the HIC group did not seek to horizontally expand any of its existing cash assistance programmes either, but rather relied on top-ups or new measures. The horizontal expansion through an existing programme was done by providing subsidised treatment for COVID-19 patients in Singapore and Brunei Darussalam. Furthermore, it is important to note that Australia adjusted the income threshold for many existing social assistance schemes at the start of the pandemic to increase their coverage (Arthur and Klapdor 2021). It was not possible to map a full list of these measures, hence the results on coverage expansion shown below have to be analysed with care, as they do not provide an accurate representation.

**Table 13. Summary of social protection responses by country and component**

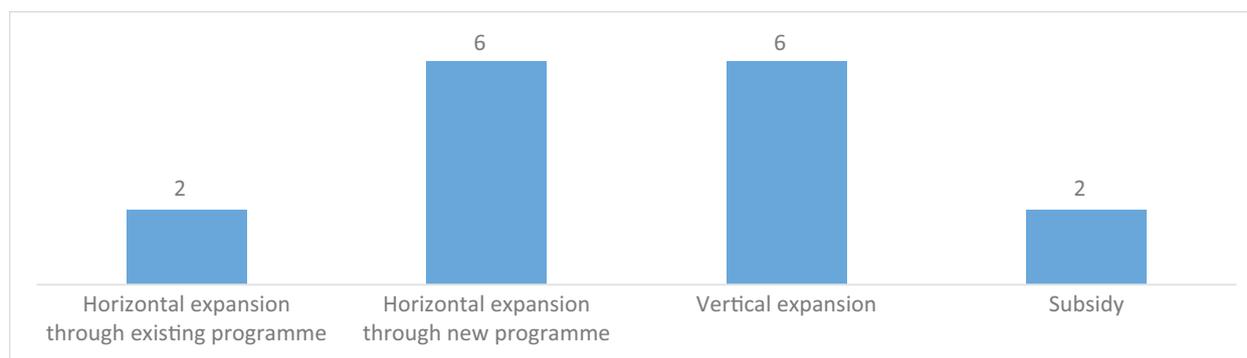
	Social assistance	Social insurance	Labour market
Australia	<ol style="list-style-type: none"> <li>1. Economic support top-up</li> <li>2. Coronavirus supplement</li> <li>3. New South Wales (NSW) State Energy Accounts Payment Assistance Vouchers</li> <li>4. Victoria (VIC) State Breakfast Clubs</li> </ol>	<ol style="list-style-type: none"> <li>1. Early release of superannuation programme</li> <li>2. Job-seeker payments</li> </ol>	<ol style="list-style-type: none"> <li>1. Higher Education Relief Package</li> <li>2. Paid sick leave for sole traders, self-employed workers and casual workers</li> <li>3. Pandemic leave disaster payment</li> <li>4. Early Childhood Education and Care Relief Package</li> <li>5. Job-matching for apprentices and trainees</li> <li>6. Wage subsidy for apprentices and trainees</li> <li>7. JobKeeper payment</li> <li>8. JobMaker hiring credit</li> <li>9. Australian Capital Territory (ACT) State COVID-19 Hardship Payment</li> <li>10. ACT COVID-19 business support grant</li> <li>11. Northern Territory (NT) State Arts and Culture COVID-19 Interruption Support Programme</li> <li>12. Queensland (QLD) State Small Business COVID-19 Adaptation Grant</li> <li>13. Western Australia (WA) State COVID-19 Business Assistance Package</li> </ol>
	Brunei Darussalam	<ol style="list-style-type: none"> <li>1. Provision of bandwidth and data to students</li> <li>2. Drive-through donation</li> <li>3. Free testing and treatment for COVID-19</li> </ol>	<ol style="list-style-type: none"> <li>1. Pensions</li> <li>2. Old-age pensions</li> </ol>



	Social assistance	Social insurance	Labour market
Singapore	1. The Courage Fund (relief for lower-income households directly affected by COVID-19)		1. The Courage Fund (education grant for children of health care and front-line workers)
	2. Grocery vouchers		2. Self-employed income relief scheme
	3. Passion Card top-up		3. Relief fund for market traders and vendors
	4. GST voucher (U-Save top-up)		4. Workfare special payment expansion
	5. Solidarity payment partial universal grant		5. Training allowance, traineeships
	6. Baby Bonus		6. Wage subsidy for hiring traineeship participants
	7. Solidarity utilities credit		7. Wage subsidy for aviation, food and beverages industries
	8. Subsidised treatment for COVID-19 patients		8. Aviation workforce retention grant
	9. Deferral of mortgage payments		9. Jobs support scheme
	10. Meal subsidies		10. COVID-19 recovery grant
	11. Care and support cash top-up		

Source: IPC-IG (2021b); Gentilini et al. (2021); author's literature review.

**Figure 22. Type of implementation change for the HIC group**



Source: Author's elaboration based on IPC-IG (2021b), Gentilini et al. (2021) and the literature review.

### 6.3 Comparison on SRSP

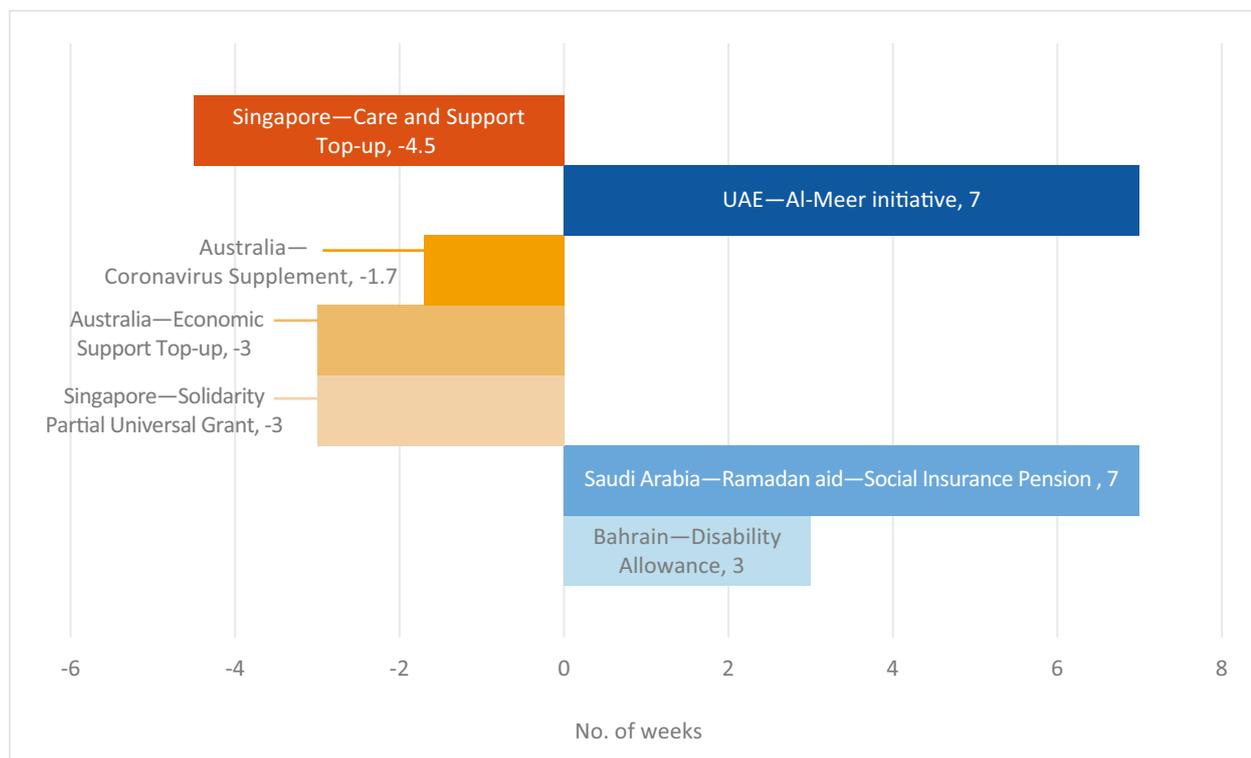
The following section will attempt a brief comparison between the four GCC countries' social assistance mechanisms and those of the HIC group by using three SRSP indicators: timeliness, coverage and adequacy.

#### Timeliness

Due to data constraints, the assessment of timeliness of social assistance measures in this report looks at the duration between stay-at-home orders and the announcement of measures. Using the data compiled on COVID-19 restrictions by Ritchie et al. (2020), the dates when stay-at-home orders came into force were used for both Australia and Singapore but not Brunei Darussalam, as they were not available. Comparing the dates of the announcement of measures and the requirement to stay at home for the HIC group (Australia and Singapore) and the four GCC countries (see Figure 23) indicates that the former announced responses ahead of the implementation of stay-at-

home orders. **Singapore's** Care and Support Top-up, for example, was announced in late March, almost 4.5 weeks **before** stay-at-home measures were enforced (Zhuo 2020). Nonetheless, it is important to look at the disparity in announcement dates between the HIC group and the four GCC countries with more nuance to understand the differences. As the COVID-19 pandemic originated in China, both Singapore and Australia were geographically closer to the virus's origin and thus at a higher risk than the GCC countries, which may have prompted their pre-emptive announcements.

**Figure 23.** Number of weeks between stay-at-home measures enforced in countries and the announcement of the response (for cash and in-kind support only) in the HIC group and four GCC countries



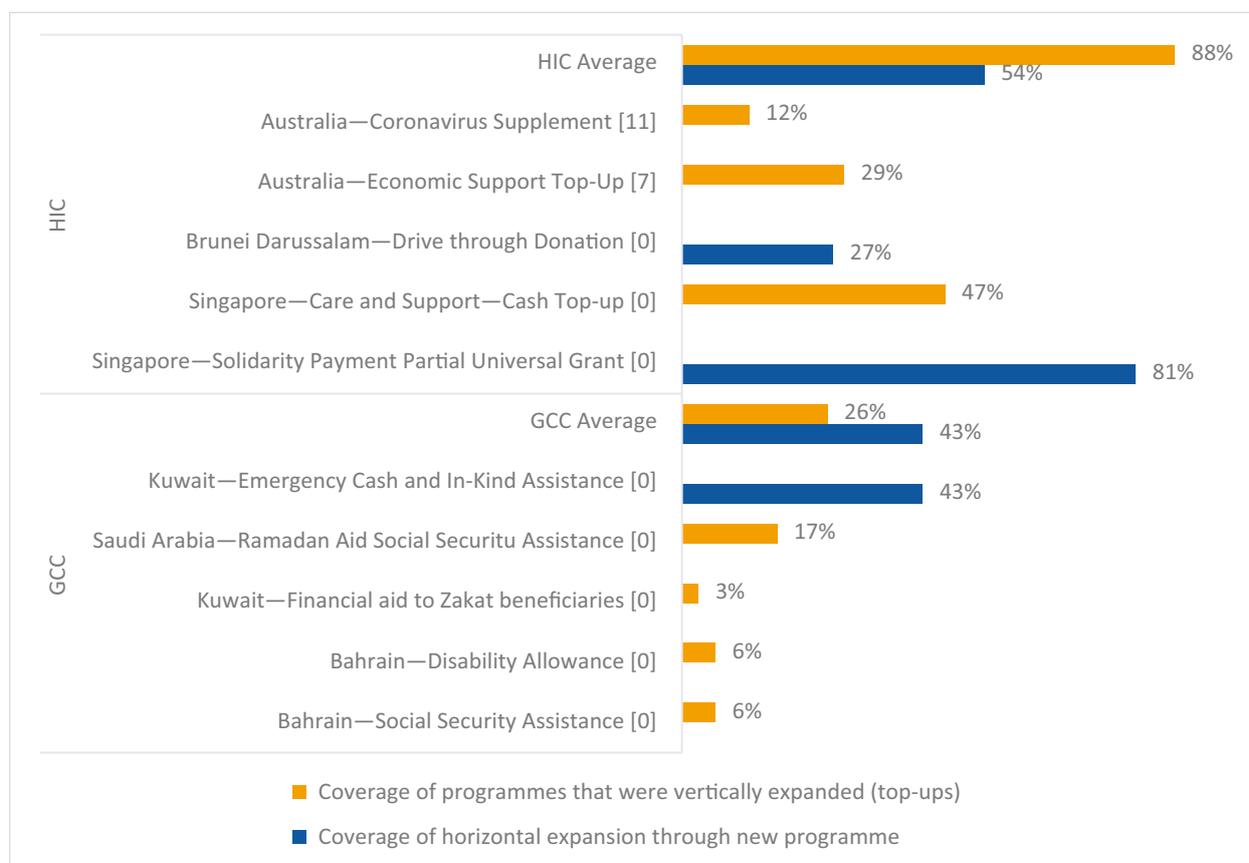
Source: Author's elaboration based on IPC-IG (2021b); Ritchie et al. (2020); Sin (2020); Zhuo (2020); Arthur and Klapdor (2021).

## Coverage

Generally, the rate of coverage of social assistance mechanisms implemented by the HIC group was higher than that of the four GCC countries, as shown in Figure 24. When it comes to the coverage of programmes that were vertically expanded, the HIC group's average coverage was 88 per cent, compared to 26 per cent in the GCC countries. The difference in coverage of newly established programmes was quite small, however: an average of 54 per cent in the HIC group and 43 per cent in the GCC countries.<sup>14</sup> Of the HIC group, the measure with the highest coverage rate was **Singapore's** solidarity payment grant, implemented as a partial universal grant targeting all Singaporean citizens above the age of 21. The grant is one of the measures with the highest coverage rates across the globe (Gentilini et al. 2021). However, the payment, like Kuwait's emergency cash and in-kind assistance, was a one-off benefit.

14. The GCC average for horizontal expansion through new programmes (coverage expansion) is based on Kuwait, as it is the only country to have data available on beneficiaries reached through horizontal expansion through new programmes.

**Figure 24.** Coverage of selected social assistance mechanisms in the four GCC countries studied and the HIC group



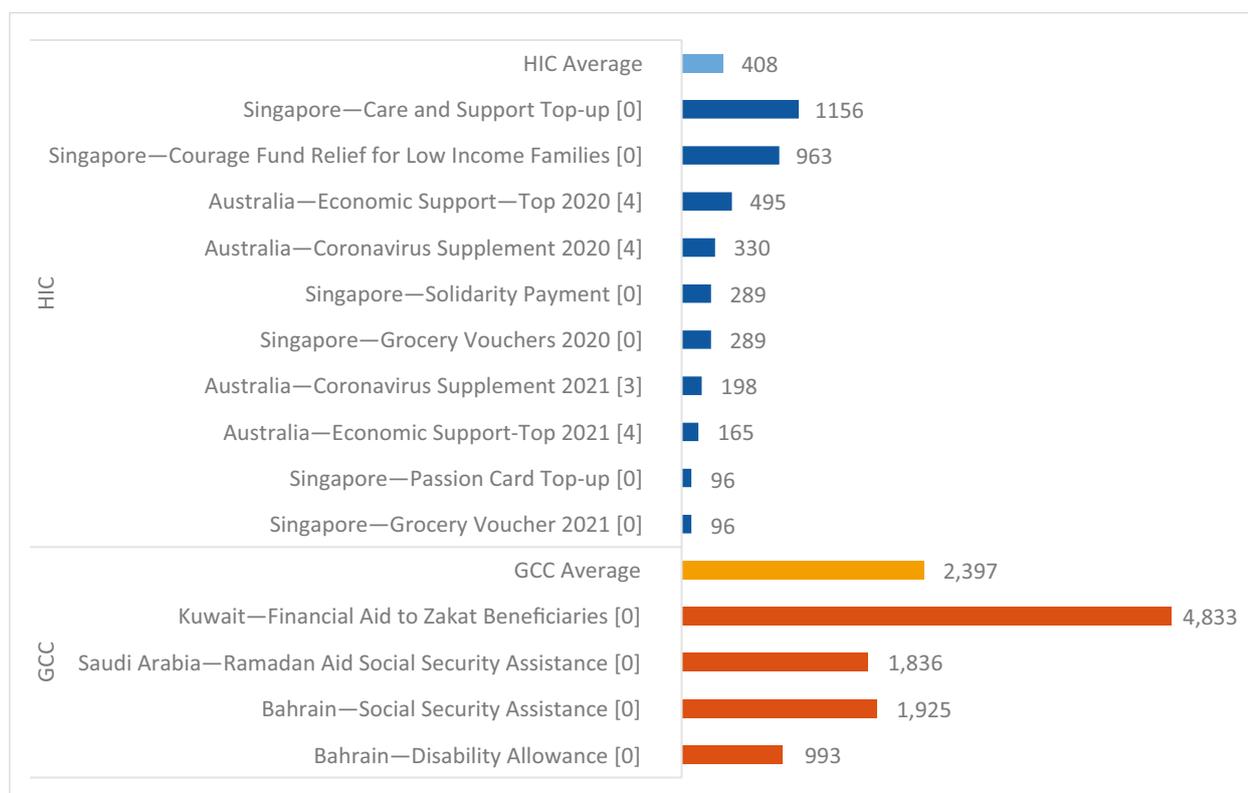
Note: Selected social assistance measures exclude subsidies and measures with no data on beneficiary numbers. Coverage data are missing for four measures from the GCC: the UAE's 'Education Uninterrupted' and Al-Meer initiative, Saudi Arabia's 'Our Food is One' campaign and Kuwait's food parcels for persons with disabilities living in sheltered accommodation. Coverage data are missing for eight measures from the HIC group: Brunei Darussalam's provision of bandwidth and data to students, Australia's NSW Energy Accounts Payment Assistance Vouchers and VIC Breakfast Clubs, and Singapore's grocery vouchers, Passion Card top-ups, GST voucher (U-Save top-up), Baby Bonus and meal subsidies. The regional averages refer to the average coverage of all measures with available data in the regions. The duration of measures in weeks is indicated in brackets [ ] next to the name of the measure; one-off measures are indicated as [0].

Source: IPC-IG (2021b); Gentilini et al. (2021); author's literature review.

## Adequacy

The average benefit value in the four GCC countries was almost six times as high as that in the HIC, as shown in Figure 25 (MOF 2021b; Veras Soares and Hammad unpublished). Nonetheless, GCC benefits were of shorter duration, as the five cash payments made by the four GCC countries were one-off measures with large benefits, whereas the average duration of cash assistance in the HIC group was four months, as shown in Table 14. **Australia's** economic support top-up was provided as a maximum of four payments, and 5 million of the 7.3 million beneficiaries received all four payments (Treasury 2022; Chen and Langwasser 2021). **Singapore's** Courage Relief Fund offered support of up to two payments for low-income families experiencing a loss of income due to being infected with COVID-19 (NCSS 2022). It is interesting to note that the social assistance support provided by the two HIC countries mentioned above was extended into 2021. The economic support top-up ended in March 2021 (Services Australia 2022b), while the Coronavirus Supplement was extended twice for an additional six months and ended the following month (Services Australia 2022a; Arthur and Klappdor 2021). Singapore's Courage Relief Fund's assistance is still running in 2022, albeit with some adjustments (NCSS 2022), and grocery vouchers were provided in both 2020 and 2021 (MOF 2021).

**Figure 25. Benefits for selected social assistance measures in the four GCC countries and the HIC group (USD PPP)**



Note: Duration of measures indicated in weeks between brackets [ ]. Measures that had different benefit values are included twice with the year indicated in the title. HIC and GCC averages calculated based on the measures listed with information available on their benefit values.

Source: Author's additions to IPC-IG (2021b); USD PPP benefit value calculations for the HIC group relied on the methodology used in IPC-IG (2021b), on inflation values from World Bank (2021b; 2021a; 2021c) and on individual consumption expenditure by households in USD PPP 2017 from the International Comparison Group (World Bank 2020).

**Table 14. Duration and frequency of the four GCC countries' and HIC group's measures**

			GCC	HIC
Average duration (months)			0	4
Cash assistance	Frequency	One-off	5	5
		Fortnightly		1
		Monthly		1
		Ad hoc		1

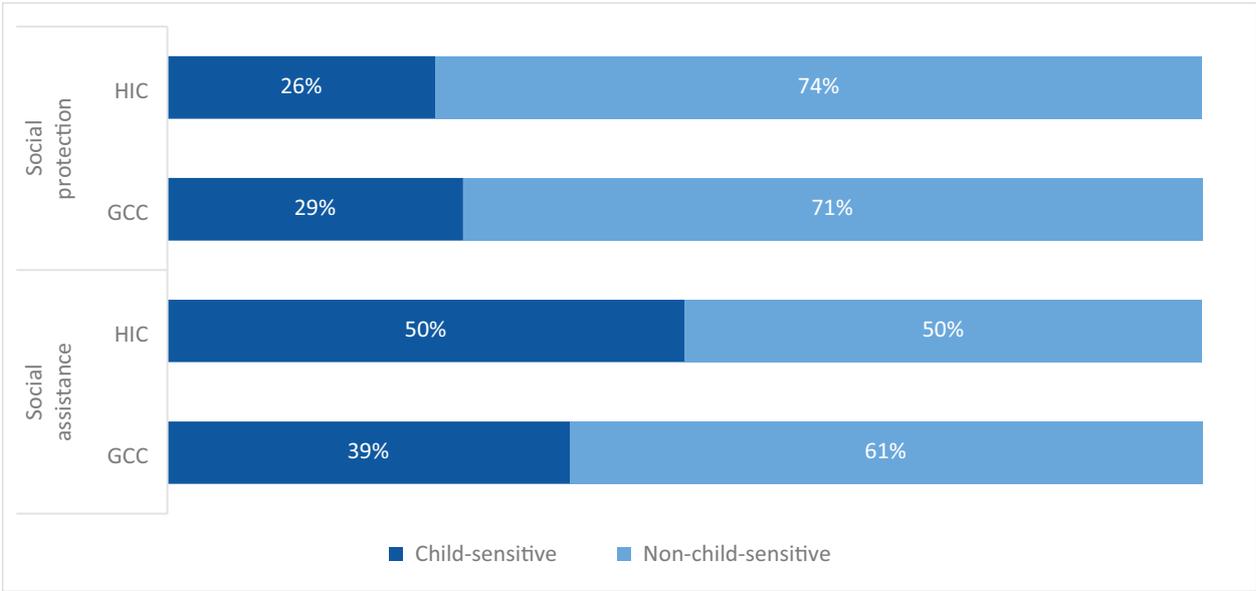
Source: Author's additions to IPC-IG (2021b).

## 6.4 Comparison on child-sensitiveness

When looking at all 54 social protection responses in the selected HICs, including social insurance and labour market measures, 14 were child-sensitive (26 per cent). Of the 18 social assistance measures mapped in the HIC group of three countries, nine measures (50 per cent) were child-sensitive—a higher rate than the GCC's 39 per cent, as shown in Figure 26. As shown in Figure 27, the countries in the HIC group had similarly low numbers of child-sensitive

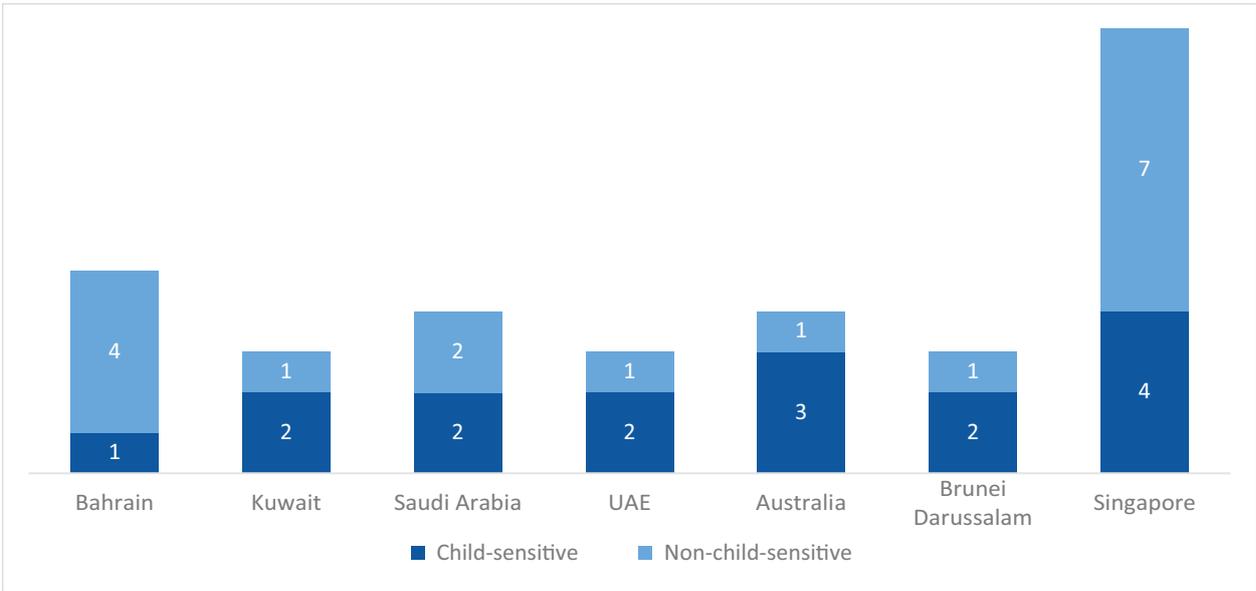
social assistance measures as the GCC countries studied. Brunei’s social assistance measures were the most child-sensitive, as both of them exhibited child-sensitive features. When looking at the child-sensitiveness of all social protection responses, Australia had the highest proportion of child-sensitive measures (see Figure 28). However, given the small size of the sample, it is not possible to make any strong conclusions about the relationship between child-sensitiveness and the type of commodity reliance for the HIC group and the GCC countries.

**Figure 26.** Percentage of child-sensitive social assistance and social protection measures for the four GCC countries and HIC group



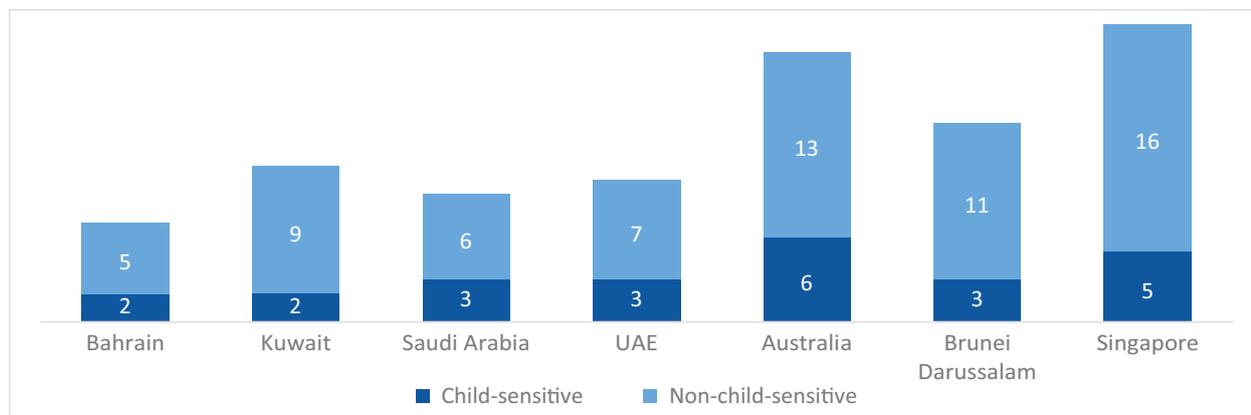
Source: IPC-IG (2021b); Gentilini et al. (2021); author’s literature review.

**Figure 27.** Number of child-sensitive and non-child-sensitive social assistance measures by GCC country and HIC group



Source: IPC-IG (2021b); Gentilini et al. (2021); author’s literature review.

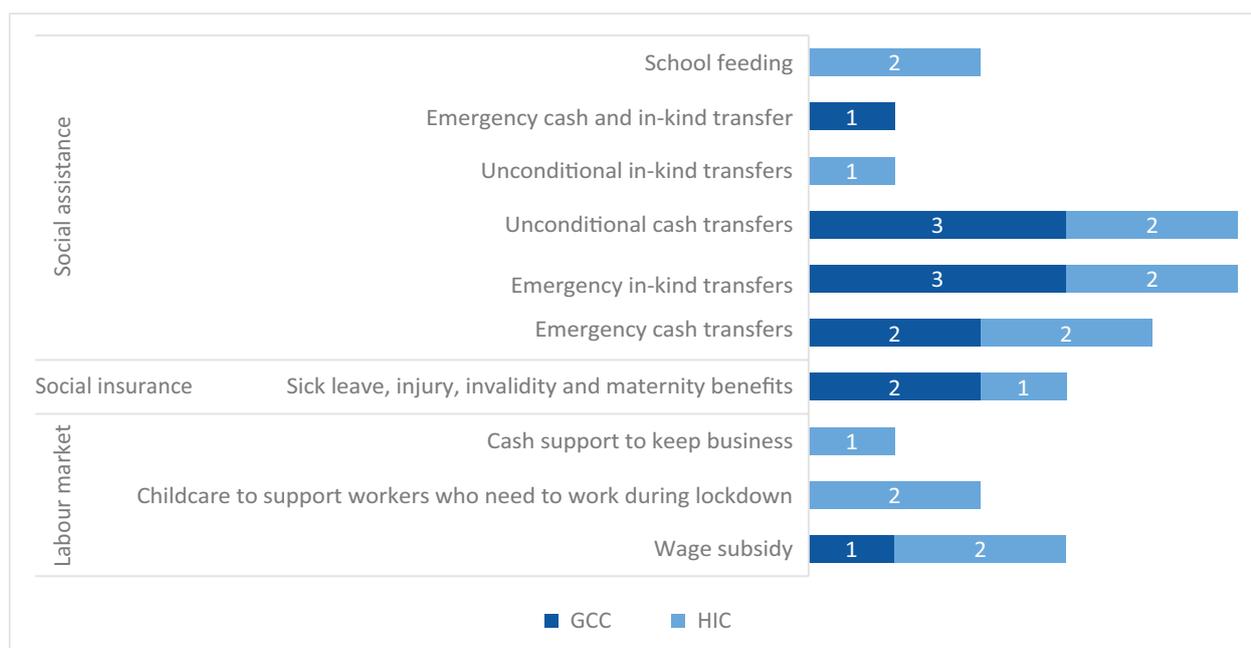
**Figure 28.** Number of child-sensitive and non-child-sensitive social protection measures by GCC country and HIC group



Source: IPC-IG (2021b); Gentilini et al. (2021); author's literature review.

A variety of social assistance mechanisms by the HIC group, such as school feeding programmes, unconditional cash transfers, and emergency cash and in-kind assistance mechanisms were child-sensitive, as shown in Figure 29. In terms of labour market measures, the HIC group, like Bahrain, implemented child-sensitive wage subsidies: **Australia's** pandemic leave disaster payment and **Brunei's** financial assistance to three groups of employees in the private sector. The former measure was given to those who could not earn an income because they themselves had to quarantine or support someone who was quarantining, including caring for children below 16 years (Services Australia 2022e). The measure in **Brunei** increased the benefit amounts for beneficiaries per child (MOFE n.d.). A point of difference between the child-sensitive labour market measures of the four GCC countries and the HIC group is that the latter also used cash support for businesses in the early childhood education and child-care sectors to support front-line workers and ensure the continuity of early childhood education.

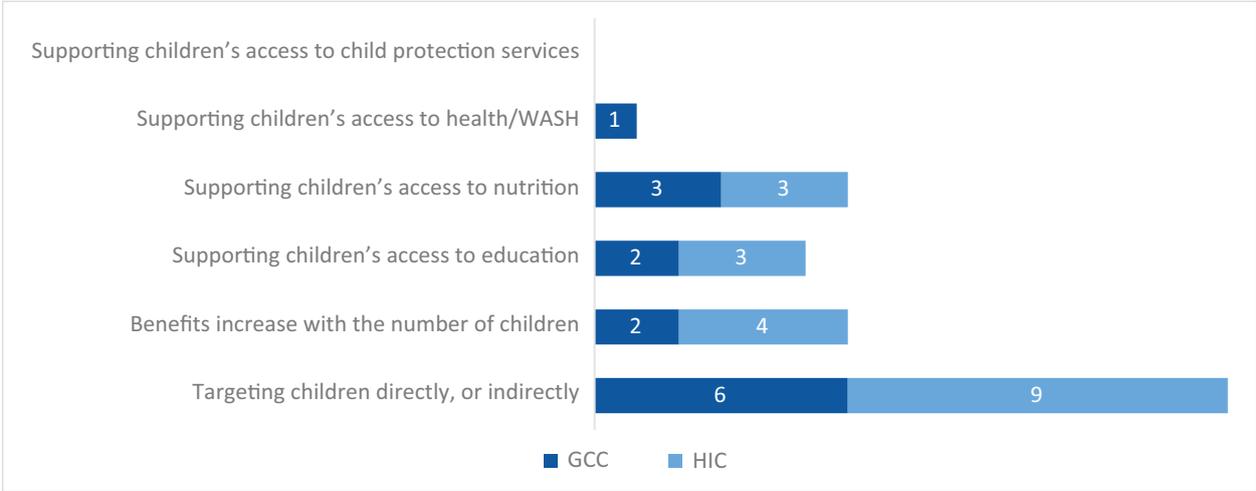
**Figure 29.** Number of child-sensitive measures by social protection component and instrument



Source: IPC-IG (2021b); Gentilini et al. (2021); authors' literature review.

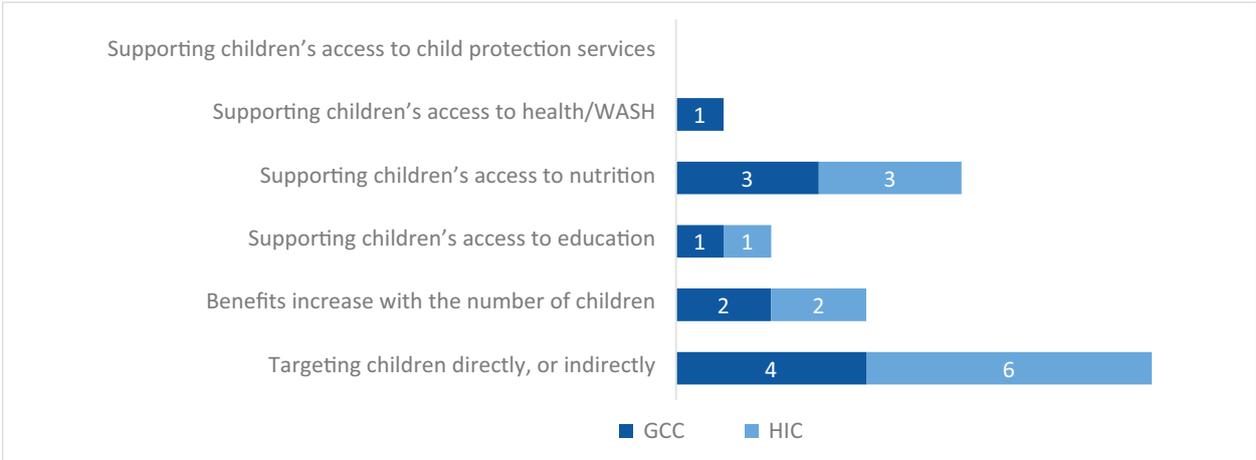
A point of similarity in the child-sensitiveness of the response of the HIC group and the four GCC countries is that both groups implemented measures with just one or two child-sensitive features. Additionally, like the GCC countries studied, the child-sensitive feature most often implemented across the HIC group's social protection response was targeting children directly, followed by increasing benefit values per child, as shown in Figure 30. A similar pattern is seen in the social assistance response, reflected, as shown in Figure 31. Notably, one social insurance measure, the JobSeeker payment, a form of unemployment insurance implemented in **Australia**, and one labour market measure, **Brunei Darussalam's** financial assistance for three groups of private-sector employees (discussed above) provided higher benefits for beneficiaries supporting children<sup>15</sup> or 'larger families' (Services Australia 2022d). Additionally, as in the four GCC countries, no measures were mapped in any of the HIC group supporting children's access to child protection services.

**Figure 30.** Number of social protection measures with child-sensitive design features by criterion for the four GCC countries and HIC group



Source: IPC-IG (2021b); Gentilini et al. (2021); author's literature review.

**Figure 31.** Number of social assistance measures with child-sensitive design features by criterion for the four GCC countries and HIC group



Source: IPC-IG (2021b); Gentilini et al. (2021); author's literature review.

15. Regardless of their number.

## Targeting children

As shown in Figure 31, nine social protection responses targeted children directly or indirectly—seven in the area of social assistance, and two labour market interventions (see Table 19 in Annex 2 for a list of those measures by component, instrument and country). Five of those measures also supported children’s access to education.

**Australia** is the only country to provide cash assistance and wage subsidies targeting children. The country’s economic support top-up was provided to beneficiaries of existing cash assistance programmes such as the Double Orphans Pension, the Carer Allowance, the Carer Payment and the Family Tax Benefit (Services Australia 2022c). The Coronavirus Supplement targeted another group of children, those whose families were already receiving the Parenting Allowance, and youth aged 16–17 receiving the youth allowance.

One important point of difference between the child-sensitive social protection responses targeting children in the HIC group and those of the GCC countries is that the former explicitly indicate children in their eligibility criteria, as demonstrated by the Australian examples. In the latter, most measures targeted ‘vulnerable families’ without explicitly indicating children as recipients. Another difference is that the HIC group created measures supporting early childhood education, which will be discussed more in the following sections.

## Increasing benefit values

Only four social protection measures were considered child-sensitive in this category, out of 14 child-sensitive measures in the HIC group. Two of those four were in social assistance and were similar to the GCC countries’ measures in design in that they were existing social protection programmes that already provided per capita benefits which were topped up during the COVID-19 pandemic. Unlike the GCC sample, Australia and Brunei Darussalam also implemented benefits that increased based on the number of children in the areas of social insurance and the labour market: Australia’s JobSeeker payment and Brunei’s financial assistance to employees (see Table 15).

**Table 15. Child-sensitive social protection measures with increasing benefit values, by country, social protection component and basis for increased values**

Country	Measure	Basis for increased values
<b>Social assistance</b>		
Singapore	GST voucher (U-Save top-up)	2.5 times increase in the amount of top-up for households with five or more members (Government of Singapore 2022)
Singapore	Care and support cash top-up	Flat additional payment of S\$300 if household has children
<b>Social insurance and labour market</b>		
Australia	JobSeeker payment	Increase if household has children (AU\$691 instead of AU\$642 base benefit), but not per capita; Larger benefit (AU\$880) for larger families and those supporting distance education (Services Australia 2022d)
Brunei Darussalam	Financial assistance to three groups of employees in the private sector	Additional B\$50 for each child, capped at four children (MOFE n.d.)

Source: IPC-IG (2021b); Gentilini et al. (2021); author’s literature review.

## Supporting education

Only three social protection measures were considered child-sensitive in this category, out of 14 child-sensitive measures in the HIC group, which is only one measure more than the number found in the GCC sample. Two of those three were implemented as labour market measures promoting access to education for children of front-line workers. In **Australia**, the Early Childhood Education and Care Relief Package provided early childhood education providers with 50 per cent of their revenue to incentivise them to remain open, provided they did not charge fees and prioritised services for children of front-line workers and socio-economically vulnerable children (Department of Education, Skills and Employment 2020). The package was found to have extremely positive results on keeping early childhood education providers financially viable (76 per cent), and enabling them to provide tuition-free education to children of essential workers and vulnerable children (97 per cent) (ibid.). The prioritisation of early childhood education providers in this way is an important lesson to be learned for the four GCC countries, where early childhood education is mostly private. In **Singapore**, the Courage Fund education grant for children of health care and front-line workers covered the educational and living expenses of children of health care workers affected by COVID-19 from pre-primary to tertiary level (NCSS n.d.).

One point of weakness across the HIC group is the lack of transparency regarding the number of children who benefited from measures supporting their access to education. The availability of such information is important when evaluating the measure and considering the need for remedial education sessions after the pandemic.

**Table 16.** Child-sensitive social protection measures supporting children’s access to education, by country and social protection component

Country	Measure
<b>Social assistance</b>	
Brunei Darussalam	Provision of bandwidth and data to students
<b>Labour market</b>	
Australia	Early Childhood Education and Care Relief Package
Singapore	The Courage Fund education grant for children of health care and front-line workers

Source: IPC-IG (2021b); Gentilini et al. (2021); author’s literature review.

## Supporting nutrition

Four social assistance measures were considered child-sensitive in this category, out of 14 child-sensitive measures in the HIC group, summarised in Table 16. One of those measures, **Brunei Darussalam’s** Drive-through Donation targeting vulnerable families and providing them with food and other necessities was implemented as emergency in-kind assistance, which is a similar modality to how the GCC child-sensitive measures supported nutrition. A point of difference for the HIC group is that two countries—**Australia** and **Singapore**—sought to support nutrition via the continuation of school feeding programmes (Government of Victoria 2022; Gentilini et al. 2020)

**Table 17.** Child-sensitive social assistance measures supporting children’s access to nutrition in the HIC group

Country	Measure	Implementation mechanism
<b>Social assistance</b>		
Australia	VIC Breakfast Club	School feeding
Brunei Darussalam	Drive-through Donation	Emergency in-kind transfer
Singapore	GST voucher (U-Save top-up)	Unconditional in-kind transfer
Singapore	Meal subsidies	School feeding

Source: Author’s elaboration.

## 7. CONCLUSION AND LESSONS LEARNED

This report sought to answer questions on: (i) the type of social protection response implemented by the GCC sample; (ii) the lessons learned on building better SRSP measures and systems; (iii) the degree of child-sensitiveness of those measures; and (iv) how the response of the four GCC countries compares to that of other high-income commodity-reliant countries. The following concluding section seeks to provide a summary of the main findings and the lessons learned.

Overall, across all four GCC countries, policy responses display certain similarities in both the types of programmes implemented and their limitations. Within the area of social assistance, the focus of public spending lay on subsidies, and three countries in the sample (Bahrain, Kuwait and Saudi Arabia) temporarily increased the value of cash assistance to existing beneficiaries, as opposed to using existing programmes and systems to expand coverage to new beneficiaries. Moreover, three of the countries (Bahrain, Saudi Arabia and the UAE) provided free testing and treatment of COVID-19 for nationals and migrants alike. The four GCC countries also displayed similar policies on easing loan repayment schedules, postponing tax payments and focusing on invigorating the private sector through wage subsidies targeted at nationals. Noteworthy responses include the *Faza'a Kuwait* campaign, which showcased strong coordination and collaboration between governmental agencies and the NGO sector, the 'Education Uninterrupted' measure in the UAE, supporting children's access to education, Bahrain's *Tamkeen* wage subsidy, supporting informal workers, including those working in the early childhood education sector, and Saudi Arabia's extension of free COVID-19 testing and treatment to non-nationals regardless of their migratory status.

A shortcoming of the emergency response policies seen in the four GCC countries is the **lack of publicly available information** on the number of beneficiaries, size of benefits, duration of measures etc. Furthermore, only seven of the 18 social assistance measures implemented across the four countries **were found to be child-sensitive**, and only seven **covered migrants**, mostly through the extension of free COVID-19 testing and health care and utility subsidies in Bahrain, Saudi Arabia and the UAE. Elderly people, those with disabilities and orphans were targeted through top-ups to countries' existing flagship programmes (i.e. the social security and disability allowance top-up in Bahrain, the social security top-up in Saudi Arabia and the top-up for Zakat Fund beneficiaries in Kuwait). Additionally, the emergency cash and in-kind programmes implemented that targeted vulnerable groups were **mostly one-off measures**, while subsidies had a longer duration.

Section 6 of the report analysed the shock-responsiveness of GCC countries' social assistance measures by looking at the indicators of timeliness, coverage and adequacy. Section 7 then used those findings to compare them briefly with the social assistance measures of the HIC group, including Australia, Brunei Darussalam and Singapore. **Generally, it is noted that the quality of analysis on SRSP indicators for the four GCC countries is hindered by the lack of available information.** For example, an accurate estimation of the timeliness of responses based on the time between the announcement of stay-at-home measures and dates of first payments was not possible due to the lack of such announcements. A similar lack of transparency is noted for the number of beneficiaries that actually received benefits. Thus, for the design and implementation of future shock-responsive measures, the following recommendations are suggested:

**Table 18. Recommendations for improving shock-responsiveness of social protection systems and performance on SRSP indicators**

	<p><b>Number and types of measures</b></p>
<p>Recommendations</p>	<ul style="list-style-type: none"> <li>• Increase capacities to implement horizontal expansion of existing social assistance measures to be used in times of crisis in the future. COVID-19 prompted the implementation of top-ups for existing programmes, but none of the countries studied attempted to provide protection to its population by increasing the coverage of existing programmes.</li> <li>• Create post-distribution monitoring tools to reach out to beneficiaries and understand whether the types and values of measures chosen are meeting their needs.</li> </ul>
	<p><b>Target groups</b></p>
<p>Recommendations</p>	<ul style="list-style-type: none"> <li>• Study the feasibility of more inclusive social protection, measures particularly for migrants. Most of the GCC countries studied provided top-ups to existing beneficiaries (i.e. nationals) and wage subsidy programmes to nationals, thereby leaving migrants financially unprotected.</li> </ul>
	<p><b>Financing</b></p>
<p>Recommendations</p>	<ul style="list-style-type: none"> <li>• Create <b>social protection contingency reserves</b> either at the state budget level or within the line ministries directly responsible for social protection. Such reserves can be a more transparent and efficient way of financing SRSP than extra-budgetary funds.</li> <li>• Ensure <b>greater transparency of extra-budgetary funds</b>, if they are the chosen mechanism for financing SRPS. Increasing the transparency of funds can be achieved by designing them to be on-budget rather than off-budget, creating a clear audit trail and hiring an external auditor, and developing publicly visible mechanisms to track the size of donations to and disbursements from the funds.</li> <li>• Ensure <b>greater transparency of Zakat Fund operations during crises</b>—either the size of donations made to the government response or the specific measures implemented to support existing or new beneficiaries.</li> </ul>
	<p><b>Management and coordination</b></p>
<p>Recommendations</p>	<ul style="list-style-type: none"> <li>• Ensure that <b>emergency frameworks or laws include social protection measures</b> as part of the national response to particular crises.</li> <li>• Indicate the <b>key entities responsible for social protection, particularly social assistance</b>, in emergency frameworks or laws wherever they exist.</li> <li>• Clarify <b>coordination mechanisms between different entities</b>, such as the Ministry of Finance financing the response, and the Ministry of Social Development or Labour implementing the response in question during times of crisis. Coordination mechanisms should also cover how Zakat Funds and the Ministry of Social Development will handle the social assistance response. Kuwait’s experience in the <i>Faza’a Kuwait</i> campaign, where the two entities collaborated to ensure a unified identification and targeting mechanism, is a good example in this regard.</li> <li>• Institutionalise <b>horizontal and vertical coordination mechanisms that emerged during the COVID-19 pandemic between line ministries, government agencies, NGOs and the private sector through standard operating procedures</b> to be leveraged in future crisis responses. For example, standard operating procedures could be developed in the UAE indicating that Tawzee, the private-sector logistics company which oversaw the distribution of laptops in the ‘Education Uninterrupted’ campaign, becomes the official national delivery partner in any future crisis.</li> <li>• Strengthen the <b>capacity of the Ministry of Social Development</b> to oversee the social assistance response to a future crisis.</li> <li>• Develop <b>risk monitoring tools and social assistance response scenarios related to particular shocks</b>. For example, Saudi Arabia’s Ministry of Human Resource Development could develop social assistance response scenarios to risks such as locust infestations, flash floods and other climate-related risks.</li> </ul>





### Design aspects

#### Recommendations

- Ensure that data on vulnerable individuals collected during the COVID-19 pandemic can be leveraged and used in the response to future crises. For example, the data on migrants, stateless persons and vulnerable families collected via an online application form for Kuwait's *Faza'a Kuwait* campaign could be stored and used to identify beneficiaries in future crises.
- Leverage post-distribution monitoring tools to understand any bottlenecks in the delivery chain.



### Timeliness

#### Recommendations

- Increase the transparency of announcements of shock-responsive measures by clearly indicating details such as estimated processing times for applications and target dates for the delivery of assistance.
- Communicate delays in delivery as they arise.
- Consider reinstating emergency programmes or extending them when shocks return or persist (e.g. to offset the effects of subsequent waves of COVID-19).



### Coverage

#### Recommendations

- Increase the transparency of both the targeted coverage of measures and also effective coverage after distributing benefits, to enable better post-distribution evaluations.
- Ensure that programme announcements contain clear justifications for the targeted number of beneficiaries. For example, the UAE's 'Education Uninterrupted' campaign targeted 40,000 students, but no justification was made for why this number of vulnerable students was chosen.
- Consider whether coverage of existing programmes is sufficient to meet the needs of the population as a result of the shock when deciding on implementing vertical expansions through top-ups.



### Adequacy

#### Recommendations

- Consider the implementation of smaller benefit values with longer durations instead of one-off, larger benefits. Only Kuwait implemented an emergency in-kind and cash assistance programme, and all four GCC countries studied implemented top-ups to existing cash assistance beneficiaries. All the programmes mentioned were one-off, with no extensions or adjustments as the pandemic's effects continued for longer than expected. Lessons learned from Australia and Singapore on the extension and adjustment of emergency programmes are important to note here.
- Assess the type of shock and the associated vulnerability it creates when deciding the value of benefits to be provided.

Regarding the child-sensitiveness of social assistance measures implemented by the GCC countries studied, seven (39 per cent) of 18 social assistance measures could be considered child-sensitive, whereas most of the measures (61 per cent) had no child-sensitive features. Most of the child-sensitive social assistance measures were implemented as emergency in-kind and unconditional cash transfers. When also looking at the social protection response, 10 measures (28 per cent) were found to be child-sensitive. No measures were implemented to support children's access to child protection services, and only one measure supported children's access to health care. The main recommendations regarding child-sensitiveness are as follows:

**Table 19. Recommendations for improving child-sensitiveness**

	<p><b>Measures targeting children</b></p>
<p>Recommendations</p>	<ul style="list-style-type: none"> <li>• Prioritise ‘families with children’ in emergency programmes.</li> <li>• Ensure that programmes target children in different age groups—i.e. newborns, pre-primary-aged children, primary-aged children and youth—as they are all affected by emergencies.</li> <li>• Study the feasibility of extending emergency programmes to migrant and stateless children.</li> </ul>
	<p><b>Cash benefits increase with the number of household members/children</b></p>
<p>Recommendations</p>	<ul style="list-style-type: none"> <li>• As only existing social assistance programmes that were topped up were considered child-sensitive in this category, it is important to consider per capita benefits, or greater benefits for larger households, whether cash or in-kind, for future emergency programmes.</li> <li>• Learning from Bahrain’s example, it is also very important that per capita benefits are not capped at a certain number of children, to accommodate the usually large household sizes in the GCC sample.<sup>16</sup></li> <li>• Learning from Australia and Brunei Darussalam, wage subsidies can also be implemented with a per capita benefit.</li> </ul>
	<p><b>Supporting children’s access to education</b></p>
<p>Recommendations</p>	<ul style="list-style-type: none"> <li>• Given that the average household size in the four countries tends to be large, not all children will be able to use the tablets or laptops available in the house, as there might be fewer tablets/laptops than children. It is thus important that in the context of future emergencies requiring distance learning, more programmes that deliver digital devices, such as the UAE’s ‘Education Uninterrupted’, are implemented and that such programmes guarantee devices for each child rather than for each household.</li> <li>• Since pre-primary education is mostly provided by the private sector across all four countries, more labour market measures are required to support early childhood education providers in a future crisis, such as Bahrain’s <i>Tamkeen</i> Labour Fund and Australia’s Early Childhood Education and Care Relief Package.</li> </ul>
	<p><b>Supporting children’s access to health/WASH</b></p>
<p>Recommendations</p>	<ul style="list-style-type: none"> <li>• Ensure the continuity of primary health services, including prenatal and post-natal care.</li> <li>• Link emergency cash and in-kind assistance programmes with incentives related to accessing health care in the context of emergencies such as pandemics that might result in fear and a decrease in use by mothers and young children.</li> <li>• Invest in the development of mental health care support to be provided in times of emergencies.</li> </ul>
	<p><b>Supporting children’s access to nutrition</b></p>
<p>Recommendations</p>	<ul style="list-style-type: none"> <li>• Consider GCC country-specific nutritional problems, such as high rates of overweight children and youth, in the design and implementation of emergency nutrition support programmes.</li> <li>• Adapt school feeding programmes, if existing, to ensure continued access for children who benefit from them.</li> </ul>

16. Average household size in Bahrain: 5.9, in Saudi Arabia: 5.6, in Kuwait: 5.8, in Emirate of Dubai (as data on the whole of the UAE are not available): 4.4 (IPC-IG 2021a).

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## ANNEX 1. FINANCING BY PROGRAMME

	Measure	Financing (USD PPP)
Bahrain	Social security assistance top-up	14,901,000
	Disability allowance top-up	12,417,500
	Water subsidies for individuals and businesses	745,050,023
	Postponement of loan repayments	NA
	Free testing/treatment for COVID-19 patients	NA
	Tamkeen Labour Fund	NA
	Payment of salaries of private-sector workers	1,067,905,033
Kuwait	Financial aid for Zakat Fund beneficiaries	40,883,949
	Food support for persons with disabilities living in sheltered accommodation	NA
	Emergency cash and in-kind assistance through the Faza'a Kuwait campaign	32,327,621
	Unemployment insurance	NA
	Paid leave for all public-sector workers	38,404,293,562
	Postponement of employees' contributions	NA
	Postponement of self-employed workers' contributions	NA
	Wage subsidy for self-employed workers	1,316,718,636
	Wage subsidy for private-sector employees	1,316,718,636
Saudi Arabia	Free testing/treatment for COVID-19 patients	NA
	Ramadan social security programme	1,132,296,418
	'Our Food is One' campaign	NA
	Exemption of housing development benefit repayments	NA
	Sick leave for vulnerable groups	NA
	SANED support	5,508,469,062
	Employment support (Human Resources Development Fund)	612,052,118
	Postponement of loan repayments	NA
	Support for self-employed drivers	NA
UAE	Water and electricity subsidy for citizens in Abu Dhabi	1,819,898,242
	Water and electricity subsidy for citizens and residents in Dubai	NA
	Water and electricity subsidy in Sharjah	83,715,319
	<i>Al-Meer</i> initiative	NA
	Free testing and health coverage for people affected by COVID-19	NA
	'Education Uninterrupted' campaign	NA
	Postponement of retirement subscription payments	NA
	Paid leave for federal government employees	NA
	Economic stimulus package in Dubai	545969473
	Postponement of housing loan repayments for private-sector workers	NA

## ANNEX 2. SOCIAL PROTECTION MEASURES TARGETING CHILDREN IN HICS

Country	Measure	Category of children targeted
<b>Social assistance</b>		
Australia	Economic support top-up	Vulnerable children (up to 19) (Services Australia 2022c), orphans, children cared for by persons other than their biological parents (Gentilini et al. 2021)
Australia	Coronavirus Supplement	Vulnerable children aged 8 and below (Services Australia 2022f), youth aged 16–17 (Services Australia 2022g)
Australia	VIC Breakfast Clubs	Vulnerable children
Brunei Darussalam	Provision of bandwidth and data to students	Vulnerable children (MOFE 2020)
Singapore	Baby Bonus	Pregnant women, newborns and infants
Singapore	Meal subsidies	Vulnerable children
<b>Labour market</b>		
Australia	Pandemic leave disaster payment	Children below 16 (Services Australia 2022e)
Australia	Early Childhood Education and Care Relief Package	Pre-primary-aged vulnerable children, children of front-line workers
Singapore	The Courage Fund education grant for children of health care and front-line workers	Pre-primary-aged children of front-line workers (MSF 2022)

Source: IPC-IG (2021c); Gentilini et al. (2021); author's literature review.



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