

Maintains



Research supporting social services to adapt to shocks

SYNTHESIS REPORT

Authors: Rodolfo Beazley, Jana Bischler, and Alexandra Doyle


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Towards shock-responsive social protection: lessons from the COVID-19 response in six countries



Garment workers wear face masks as they walk home during the COVID-19 pandemic in Dhaka, Bangladesh.
Photo: Zabed Hasnain Chowdhury



A group of women wearing colorful headscarves and face masks walking on a bridge. The background shows a metal structure of the bridge and some greenery. A green text box is overlaid on the image.

Providing social protection systems with the flexibility required for responding to shocks is crucial: preparedness not only requires contingency planning, but also ensuring the system has the flexibility required to respond through small tweaks and investments. COVID-19 has demonstrated that highly severe and widespread shocks may require a more flexible approach; that is, a system — not just a single programme — with features that allow flexing to respond to unforeseen circumstances.

About Maintains

This five-year (2018–2023) operational research programme is building a strong evidence base on how health, education, nutrition, and social protection systems can respond more quickly, reliably, and effectively to changing needs during and after shocks, while also maintaining existing services. Maintains is working in six focal countries—Bangladesh, Ethiopia, Kenya, Pakistan, Sierra Leone, and Uganda—undertaking research to build evidence and providing technical assistance to support practical implementation. Lessons from this work will be used to inform policy and practice at both national and global levels.

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The Team Leader for this assignment is Rodolfo Beazley. The project manager for this assignment is Alexandra Doyle. The remaining team members are Madhumitha Hebbar, Solaiman Muhit, Jana Bischler, Nivea Ikutwa, Tanya Lone, Maheen Shakeel, Karin Seyfert, Yasmina Yusuf, Nabil Hudda, and Marta Marzi.

The key contact point at Oxford Policy Management is Alexandra Doyle (alexandra.doyle@opml.co.uk). The key client contact point is Ciara Silke (ciara.silke@fcdo.gov.uk).

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Contacts

✉ maintains@opml.co.uk

🐦 [@MaintainsProg](https://twitter.com/MaintainsProg)

🌐 www.linkedin.com/company/maintains

[Maintains Webpage](#)

Key messages

The COVID-19 pandemic has triggered an unprecedented use of social protection programmes and systems worldwide. We documented the way in which social protection programmes, processes, and delivery systems have been used to respond to the COVID-19 crisis in six countries—**Bangladesh, Ethiopia, Kenya, Pakistan, Sierra Leone, and Uganda**. This report presents a cross-country analysis of these social protection responses to identify common enabling and constraining factors for shock-responsive social protection, best practices, and areas for future investments. A summary of the recommendations is presented in Annex A. We highlight the key messages from this research below.

- 1. All of the countries in which Maintains is active announced or implemented social protection responses to COVID-19.** All six countries took measures to minimise disruptions to routine service delivery, including through implementing hygiene and social distancing measures for payment (**all**); making advance lump-sum payments to cover several payment cycles (**Bangladesh, Ethiopia, and Uganda**); temporarily suspending public works requirements (**Ethiopia**); or adapting the modality of delivery (**Kenya and Uganda**). To reach new individuals/households, most countries opted to implement new programmes that targeted groups of people not targeted by routine social assistance programmes, rather than horizontally expanding existing programmes. **Almost all countries** also implemented vertical expansions to temporarily increase support to existing programme recipients in light of greater needs. Despite vertical expansions being relatively easier to implement, these were less prominent than new programmes in recognition of the fact that those expected to be most affected by the social and economic implications of COVID-19 have different characteristics to households supported by routine social assistance programmes.
- 2. All countries faced a trade-off between coverage, adequacy, and comprehensiveness due to financial constraints and the scale of the shock. Estimations from simulations indicate that all responses are likely to have a limited effect on offsetting the pandemic's expected impact on poverty rates.** This is not to say that social protection is not effective in responding to shocks; on the contrary, responses fell short compared to the scale of the shock. When launching response programmes, governments faced a trade-off between adequacy and coverage, and opted to reach larger segments of the population with smaller transfer values. Further, despite evidence to suggest that vulnerable populations have faced multiple risks due to the crisis (e.g. violence against women and girls), almost all responses were limited to subsistence support, without layering or linking vulnerable groups of people to complementary services.
- 3. The design of the delivery mechanism affects the inclusion of vulnerable populations in social protection responses.** Some programmes and expansions explicitly targeted poor women and other

When launching response programmes, governments faced a trade-off between adequacy and coverage, and opted to reach larger segments of the population with smaller transfer values.

vulnerable groups, but several major responses did not factor gender considerations into their eligibility criteria. We also find that some delivery mechanisms may put vulnerable groups, including women, at risk of exclusion. For example, where there is reliance on mobile technology for enrolment and payments or requirements to have a national ID card to enrol, women, migrants and minority groups may face exclusion due to lower levels of access to mobile phones or national ID cards among these groups.

- 4. Political leadership was one of the main enabling or constraining factors of the responses reviewed.** While the capacity of the social protection systems has undoubtedly been a key factor in supporting an effective response, the experiences have shown that leadership and commitment to social protection makes a crucial difference. Strong leadership translated into making more resources available for the response, coordinating the support of partners more effectively, aligning the various support strategies within governments, and innovative approaches to service delivery, among other factors. Although the importance of political leadership is probably not a new finding, it does pose a challenge to those working in the sector: how can leaders be supported *today* so they can respond better *tomorrow*?
- 5. The capacity to mobilise domestic resources and leverage pre-existing external financial mechanisms was a key enabler.** The ability to use domestic resources was a function of the commitment to social protection and the leadership of the response. For external financing, the experiences have shown that it is important to design development support programmes (i.e. loans and budget support programmes) with the flexibility required to reorientate the funds when a crisis hits by defining key parameters that determine when resources can be reallocated (i.e. triggers) and how (i.e. contingency plans). However, such mechanisms should be complemented with commitments to ensure that the reallocation of resources does not come at the expense of financing routine social protection programmes in the future.
- 6. Providing social protection systems with the flexibility required for responding to shocks is crucial: preparedness not only requires contingency planning, but also ensuring the system has the flexibility required to respond.** We found that responses in **Ethiopia, Kenya, and Uganda**, countries that are often regarded as adopting best practice for shock preparedness (i.e. having scalability frameworks in place), were disappointing. One reason for this is that investments in scalability frameworks, and the financial commitments behind these, were mostly designed at the programme level and to respond to specific shocks (i.e. droughts). This approach is rational, since droughts are recurrent in these countries and can be reasonably well predicted. However, COVID-19 has demonstrated that highly severe and widespread shocks may require a more flexible approach; that is, a system—not just a single programme—with features that allow flexing to respond to unforeseen circumstances. Such flexibility can be enhanced even with small tweaks and investments such as adequate mandates and roles, Memoranda of Understanding

Preparedness not only requires contingency planning, but also ensuring the system has the flexibility required to respond to a range of shocks.

(MoUs) for data sharing, adapting the Management Information Systems (MIS) in advance, and establishing stand-by agreements with service providers for scale-ups.

7. While there is much enthusiasm in global debates about the role of social registries in informing shock responses, the experiences of these countries call for curbing these expectations in some contexts.

It is true that countries with registries with fairly high coverage managed to respond faster—on average—to the pandemic (Beazley, Marzi, and Steller, 2021). However, the only case study country where social registry data at least partially enabled the social protection response was **Pakistan**, although the data, which were significantly outdated, had to be complemented using additional data sources. The case study experiences call for limiting the expectations about the use of social registries in responses to shocks. This is partially because developing and maintaining such registries is very expensive and cumbersome and, for them to be sustainable, requires broad consensus (beyond the social protection sector) and long-term investments. The development of social registries is an endeavour that exceeds shock-responsive social protection and one that depends on many contextual factors and policy priorities (Barca and Beazley, 2019). More importantly, having a social registry in place is not a prerequisite for responding to large-scale shocks.

8. Technology can improve service delivery in terms of its timeliness and transparency, as well as reduce the cost of delivery. However, it can also lead to exclusion of the most vulnerable groups of society, who tend to have less access to such technologies. New approaches to service delivery should therefore be designed according to the needs and preferences of all programme recipients, including the most vulnerable. This does not mean denying the benefits of mobile money, enrolment via web portals, or communications via SMS, for example, but there may be a need to combine traditional approaches to service delivery with tech-based approaches.

9. The responses studied in this report focused largely on two service delivery processes: targeting and payments, with limited investment in accountability mechanisms. Grievance redress mechanisms were largely absent or quite ineffective, as were case management and monitoring and evaluation (M&E) mechanisms. The investment in foundational accountability mechanisms and the development of more detailed protocols for their use during shock response may help to prevent a situation in which responding with urgency comes at the cost of accountability.

10. The proliferation of uncoordinated responses and initiatives by governments and non-government actors challenged the effectiveness of the support provided. Weak coordination mechanisms and leadership during the crisis, in addition to lack of contingency planning and preparedness, led to multiple responses being implemented without adequate coordination and coherence and to some initiatives being seriously delayed or not implemented at all.

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List of abbreviations

BDT	Bangladesh Taka	NUSAF	Northern Uganda Social Assistance Fund
BISP	Benazir Income Support Programme	OPM	Oxford Policy Management
DRM	Disaster Risk Management	PKR	Pakistani Rupee
EEC	Ehsaas Emergency Cash	PSNP	Productive Safety Net Programme
ETB	Ethiopian Birr	PWD	People With Disabilities
EU	European Union	PWDLH	People with Disability Lockdown Handout
FCDO	UK Foreign, Commonwealth and Development Office	RPSNP	Rural Productive Safety Net Programme
FFP	Food Friendly Programme	SCG	Senior Citizens' Grant
GBV	Gender-Based Violence	SLL	Sierra Leonean Leone
GDP	Gross Domestic Product	SOP	Standard Operating Procedures
GESI	Gender Equality and Social Inclusion	SPACE	Social Protection Approaches to COVID-19 Expert Advice
HFA	Humanitarian Food Assistance	SSN	Social Safety Net
HSNP	Hunger Safety Net Programme	SSNP	Social Safety Net Programme
IPC-IG	International Policy Centre for Inclusive Growth	UCWP	Urban Cash for Work Programme
KES	Kenyan Shilling	UGX	Uganda Shilling
M&E	Monitoring and Evaluation	UNHCR	United Nations High Commissioner for Refugees
MIS	Management Information System	UNICEF	United Nations Children's Fund
MoLSA	Ministry of Labour and Social Affairs	UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
MoU	Memorandum of Understanding	UPSNP	Urban Productive Safety Net Programme
NaCSA	National Commission for Social Action	WFP	World Food Programme
NADRA	National Database and Registration Authority		
NDRMC	National Disaster Risk Management Commission		

1 Introduction



In Uganda, Red Cross volunteers have established handwashing stations in public places. Photo: Uganda Red Cross Society

1.1 Purpose of this study

The COVID-19 pandemic has triggered an unprecedented expansion of social protection programmes and systems worldwide. The vast majority of countries have adapted their social protection systems in order to support households and mitigate the economic impact of the pandemic and the containment measures. The ways in which social protection systems have been adapted have differed widely and have included both the development of new social protection programmes and the expansion and adaptation of existing programmes (Gentilini *et al.*, 2021).

The pandemic has also led to innovation in relation to how social protection is delivered during crises. The current crisis has unique characteristics: it is global, it is protracted, and it affects large segments of the population. In addition, containment measures and mobility restrictions have challenged the delivery of social protection. In this context, many countries have broken new ground in relation to delivery of shock-responsive social protection, particularly for enrolment and payments (International Policy Centre for Inclusive Growth (IPC-IG), 2021).

The current crisis has unique characteristics: it is global, it is protracted, and it affects large segments of the population.

The current crisis presents a unique opportunity to learn about different ways in which social protection can respond to large-scale shocks, as well as about factors enabling and constraining success to draw policy implications for making systems more responsive. This study contributes to the literature on shock-responsive social protection and builds on the evidence and conceptual approaches of studies conducted prior to the pandemic, with a focus on responses to disasters (for example, O'Brien *et al.*, 2018 and Bowen *et al.*, 2020).

All of the countries in which Maintains is active—Bangladesh, Ethiopia, Kenya, Pakistan, Sierra Leone, and Uganda—have announced and/or implemented social protection responses to COVID-19, albeit of varying degrees of effectiveness. These experiences have been documented by Maintains in six country case studies.¹ These country research reports document the way in which social protection programmes, processes, and delivery systems have been used to respond to the COVID-19 crisis; they provide an assessment of the effectiveness of these responses; and they help better understand the factors that have enabled successful responses, as well as the factors that have constrained them.

This report presents the findings from a cross-country analysis of the social protection response to COVID-19, drawing on the findings from the six Maintains case studies. The objective of this synthesis report is to identify common enabling and constraining factors for shock-responsive social protection, best practices, and areas for future investment.

¹ All country case studies, policy briefs and microsimulation reports from the Maintains study *Towards shock-responsive social protection* are available here: <https://maintainsprogramme.org/towards-shock-responsive-social-protection/>

1.2 Methodology

1.2.1 Conceptual framework

To answer the question ‘How was the social protection system used to respond to a large-scale shock (i.e. COVID-19) and what factors enabled and constrained a successful response?’, we developed a **conceptual framework** (Beazley *et al.*, 2020), graphically depicted in Figure 1. Our framework outlines the options for response, the ways in which responses were operationalised, and the outcomes of the response. Our framework builds on and aligns with previous research and frameworks developed by Oxford Policy Management (OPM) (O’Brien *et al.*, 2018), Social Protection across the Humanitarian-Development Nexus², TRANSFORM (2020), and Social Protection Approaches to COVID-19 Expert Advice (SPACE) (2020).³

Broadly, this framework focuses the analysis of shock-responsive social protection on three dimensions. First, we look at the **response type**, depicted at the top of Figure 1, to understand how the social protection system responded to the pandemic, focusing on three broad options for response:

- **systems resilience:** undertaking measures to minimise disruptions to routine delivery of benefits and services;
- **system adaptation:** including adapting routine programmes through vertical expansion (i.e. increasing the value of support provided to existing recipients), and/or horizontal expansion (i.e. enrolling new individuals/households in existing programmes), and/or launching temporary new programmes using social protection systems; and
- **humanitarian assistance** that piggybacks on, or aligns with, the social protection system, focusing on responses that are implemented in the humanitarian or disaster response sectors but that interact, in some way, with the social protection sector and response.

Second, our framework focuses on the **outcomes of the response** to understand how well it was designed to mitigate the effects of the pandemic. For this assessment, we focus on the adequacy of the support to address new needs; coverage of individuals/households made vulnerable by the crisis; comprehensiveness of the response in terms of addressing additional risks; timeliness of delivery in relation to when needs were greatest; and inclusion of marginalised and particularly vulnerable groups in the response.

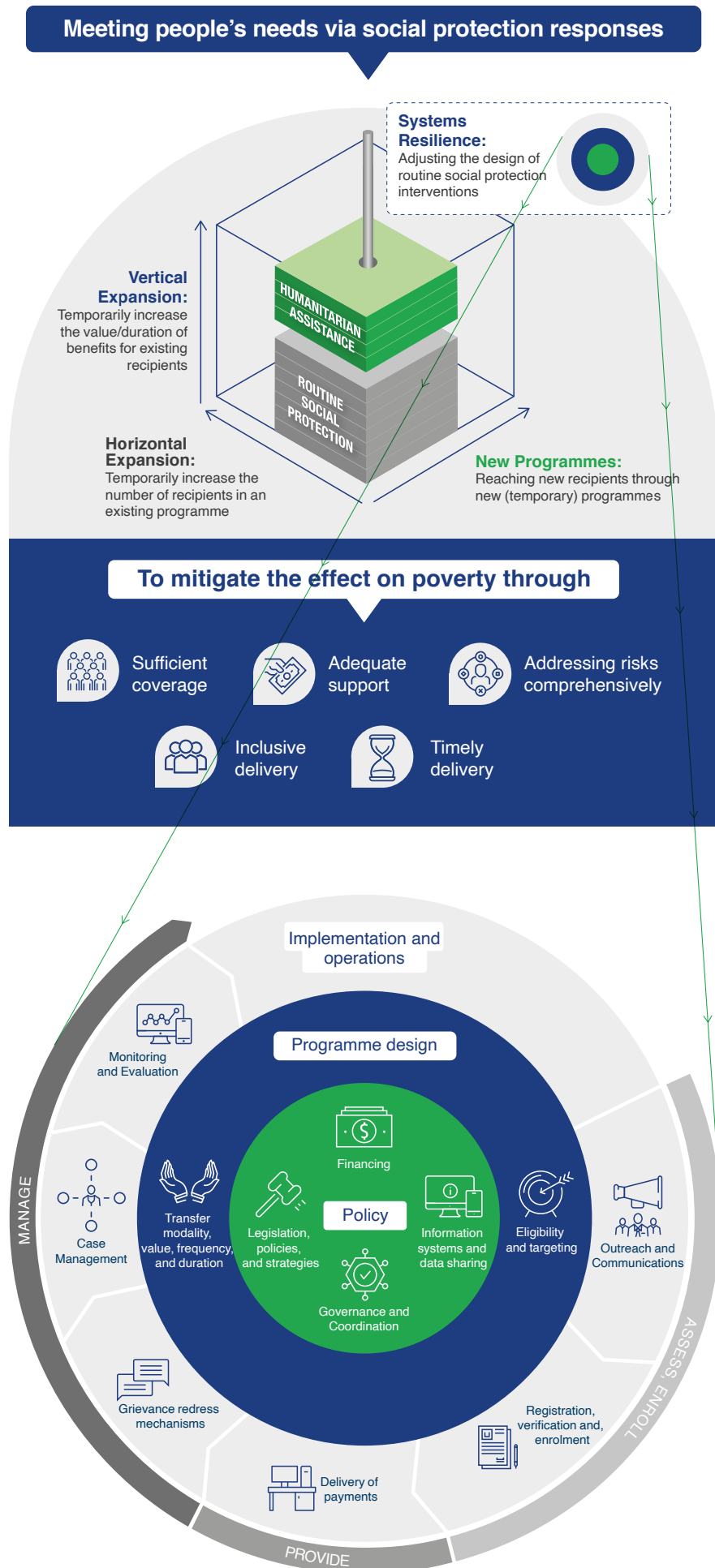
Finally, we look at the **policies, design features, and operational procedures** behind the social protection responses to understand how the chosen response was operationalised. This is shown in the circular diagram

² The European Commission created the [Guidance Package](#) on Social Protection across the Humanitarian-Development Nexus.

³ Our conceptual framework has also informed the SPACE note ‘Guidance for framing case studies on social protection responses to COVID-19’. Available at <https://socialprotection.org/discover/publications/space-guidance-framing-case-studies-social-protection-responses-covid-19>.

Figure 1: Conceptual framework for studying social protection responses to COVID-19

Source: graphic adapted from SPACE (2021a; 2021b) and O'Brien *et al.* (2018)



at the bottom of Figure 1. This examines how the policies, systems, and operational procedures used along the delivery chain were developed and/or adjusted for the implementation of the responses, to understand how effective the response was in practice and which factors enabled or constrained it.

Although social insurance, labour market or employment policies, and social assistance programmes are covered by this framework, our focus is on the latter (which includes both in-kind and cash transfers) and where the response interacts in some way with the social protection system.⁴ This is because most social protection responses to large-scale shocks prior to the pandemic (O'Brien *et al.*, 2018) and to the pandemic (Gentilini *et al.*, 2021) consisted of social assistance responses.



Providing support to a community affected by flooding in Kisumu, Kenya has been made difficult by COVID-19. Photo: © IFRC, KRCS, DRC

⁴ Social assistance responses that are entirely implemented in parallel to the government's social protection system are beyond the scope of this study.

1.2.2 Methodology

Using this conceptual framework, we developed a detailed set of [research questions](#). These were used to guide the research to answer the overarching research question in each of the study countries, and to ensure that data collection across countries was consistent. The conceptual framework and detailed research questions provide a comprehensive framework to guide the assessment.

In each country, data collection comprised a literature review and key informant interviews. First, we mapped the social protection sector in general and the social protection responses to COVID-19 in particular, drawing on literature including laws, key policy documents, government orders, research studies, news media, and online media such as blogs and webinars. In order to gather more in-depth information, we also conducted a series of key informant interviews with national-level government officials and development partners involved in the COVID-19 response. Due to widespread travel restrictions, we were not able to conduct in-country primary data collection at the household level and in depth interviews with programme implementers. Therefore, this study does not assess fully how these social protection responses were implemented in practice (nor does it look at the household-level impact of the response), but rather focuses on the design features of the chosen response options and – as far as possible – the reasons for choosing a given response.

To assess the adequacy, coverage, and comprehensiveness of the response, we conducted a microsimulation based on a partial-equilibrium modelling framework. To do this, we used nationally representative household-level data in **Bangladesh, Pakistan, and Sierra Leone** to simulate the impact of the pandemic on poverty and inequality, as well as the effect of social protection policies that can mitigate negative effects on people's wellbeing. This approach provides estimates of the effects of the pandemic on poverty using a set of assumptions, rather than evidence on what has happened to poverty rates *ex post*, which was not available at the time of writing. The full methodology note for the microsimulations can be found [here](#). While we had initially planned to conduct the microsimulation in all six countries ourselves, the methodology used by other organisations in **Ethiopia** (Wylde, 2020), **Kenya** (World Bank, 2020b), and **Uganda** (Younger *et al.*, 2020) was very close to our own; therefore, in the interests of time and efficiency and to reduce duplication, we draw on their findings in this report.

Once data collection and analysis was complete in each country, we developed an analysis matrix to compare the social protection responses across the six Maintains countries. The matrix was organised according to the conceptual framework with cells related to response type, response outcomes and policies, design features, and operational procedures that enabled or constrained an effective response. The matrix was populated using data from the six country research reports, and enabling and constraining factors were coded to indicate where a design or system feature had facilitated or hindered the response. This matrix formed the basis of our cross-country analysis, allowing us to identify similarities and differences across responses, as well as enabling and constraining factors.

2 Background to the response



Migrants like Izzy, from Sierra Leone, are facing increased hardships during the pandemic. Photo: © Victor Lacken, Red Cross Red Crescent magazine

2.1 The social assistance landscape in the six countries

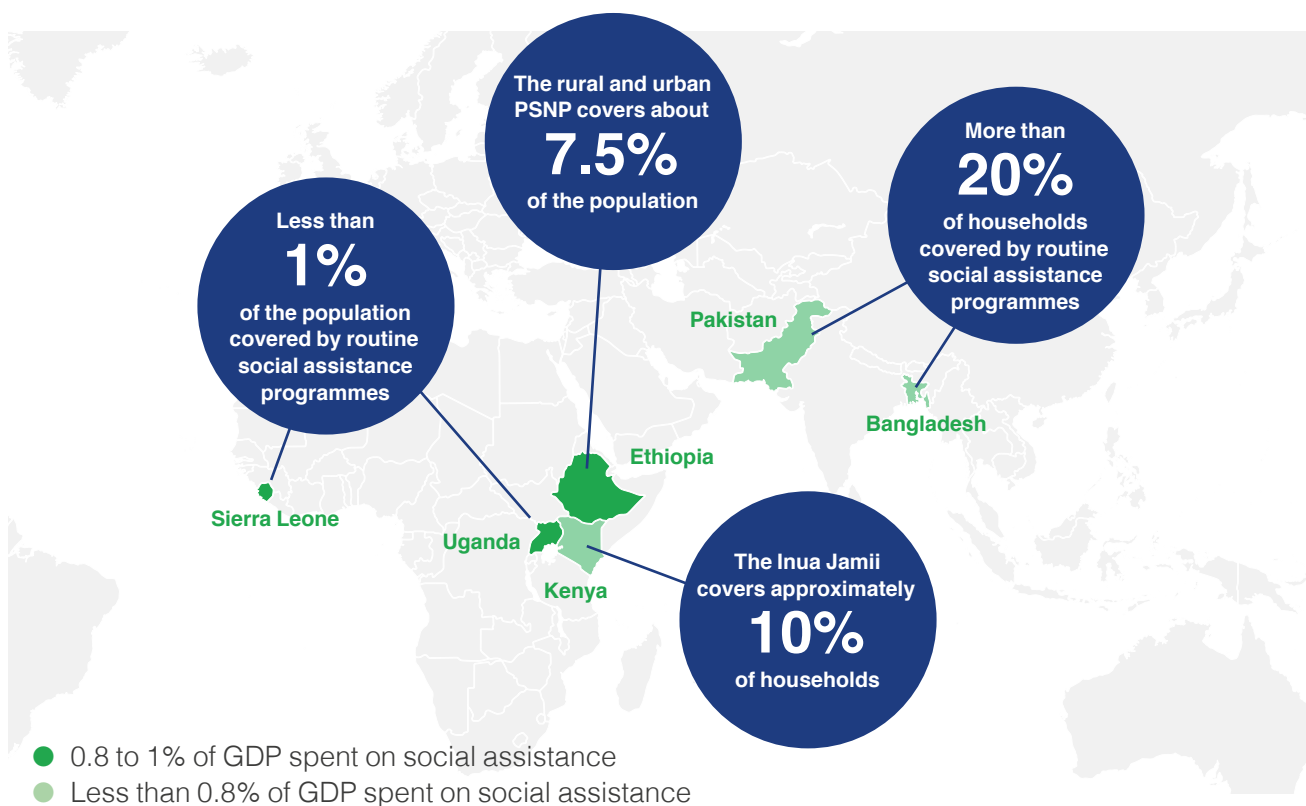
In this section, we briefly describe the social assistance landscape across the six countries prior to the pandemic. Before discussing how the social protection systems were adapted (Section 3), it is important to consider what systems and programmes were in place in each country to understand the options for shock response and to situate the enabling and constraining factors to the response discussed in Section 5.

All countries (apart from Sierra Leone) implement long-term routine social assistance programmes. Kenya, Pakistan, and Uganda implement categorically targeted cash transfer programmes including the Inua Jamii,⁵ the Benazir Income Support Programme (BISP), and the Senior Citizens' Grant (SCG) respectively. In Ethiopia and Uganda, the Productive Safety Net Programme (PSNP)⁶ and the Northern Uganda Social Assistance Fund (NUSAF) provide support to predominantly rural households through public works programmes and unconditional support to labour-constrained households. In contrast, the social assistance landscape in Bangladesh is fragmented and comprises over 40 core Social Safety Net Programmes (SSNPs), including categorical programmes, conditional cash transfers, public works programmes, and graduation programmes, predominantly in rural areas. Finally, Sierra Leone's cash transfer programme, the Social Safety Net (SSN), is implemented on a project basis, with the last round of payments ending in December 2019. At the time of the COVID-19 crisis, the next phase of the project was being designed, but no households were receiving routine support.

⁵ This includes the Older Persons Cash Transfer, which is slowly being replaced by the cash transfer for those aged 70+; the Cash Transfer for Orphans and Vulnerable Children; and the Persons with Severe Disabilities Cash Transfer. The Hunger Safety Net Programme (HSNP) is the fourth Government of Kenya cash transfer, which is implemented by the National Drought Management Authority in the four northern counties.

⁶ We use the term 'PSNP' to refer to both the RPSNP and UPSNP, which are two separate public works programmes. In some instances, it is useful to distinguish between the RPSNP and UPSNP due to differing design features. For example, the RPSNP had a scalable component at the time of this research.

Figure 2: Overview of social assistance coverage and spending in six countries



Coverage of routine social assistance varies across countries and regions.

In **Uganda**, direct income support programmes covered just 1% of the population in 2018/19 (Ministry of Gender, Labour and Social Development, 2019), while in **Sierra Leone**, coverage of routine social assistance programmes was less than 1% of the population in 2020 as the new phase of the SSN was being designed (Sandford *et al.*, 2020). This is extremely low by regional and international standards; in comparison, the rural PSNP (RPSNP) and urban PSNP (UPSNP) combined in **Ethiopia** cover about 7.5% of the population,⁷ while the Inua Jamii in **Kenya** covers approximately 10% of households (Gardner *et al.*, 2020). The BISP in **Pakistan** and a range of SSNPs in **Bangladesh** provide routine social assistance to more than 20% of households (World Bank, 2019).

All countries in this study spent less than the developing country average of 1.5% of gross domestic product (GDP) (in 2016) on social assistance programmes, with cross-country variation in the proportion of spending that was government-funded or donor-funded. Of the six countries, **Ethiopia**, **Sierra Leone**, and **Uganda** spent the largest proportion of GDP on SSNs in 2016, at 1%, 0.9%, and 0.8% of GDP respectively. Although the percentage of GDP spent on safety nets was highest in these countries, the donor-funded share of safety net spending was greater than 80% of total

1.5%

All countries in this study spent less than the developing country average of 1.5% of GDP (in 2016) on social assistance programmes.

⁷ Based on the authors' calculations, 2020 population projections and target caseloads of about 8 million and 0.6 million, respectively (Government of Ethiopia, 2014; World Bank, 2015).

spending in all three countries. On the other hand, Kenya (0.4%), Pakistan (0.6%), and Bangladesh (0.7%) spent the lowest proportion of GDP, although a relatively larger proportion of SSNs are funded by the government in these countries (World Bank, 2018).

All countries also have experience of using social assistance programmes to respond to shocks, although the extent to which this is institutionalised differs. Ethiopia, Kenya, and Uganda have developed programme-level scalability frameworks as part of the RPSNP, HSNP, and NUSAF respectively, which stipulate the triggers and protocols for scale-up (vertical or horizontal) to drought-related and other climatic shocks. **Pakistan** and **Sierra Leone** have experience responding to shocks, although this has been on an *ad hoc* basis. In **Pakistan**, response to climatic and conflict-related shocks have taken place at the national and federal level through vertical or horizontal expansion of the BISP or implementing new programmes (Ahmad and Seyfert, 2020), while **Sierra Leone** has used the SSN to provide emergency cash transfers in response to health-related shocks (e.g. the Ebola outbreak in 2014) and climatic shocks (e.g. landslides/flooding in Freetown in 2017). This experience led the government to reform the SSN into a shock-responsive safety net, introducing a US\$4 million contingency budget into the programme (Sandford *et al.*, 2020). Finally, in **Bangladesh**, the social protection system is closely linked to disaster response, with 21% of the SSNP budget going towards protecting citizens against covariate risks related to natural hazards, seasonal unemployment due to agricultural seasonality, and the attendant food price inflation (Government of Bangladesh, 2019).

2.2 The effect of COVID-19 in six countries

In this section, we provide a brief overview of some of the effects of COVID-19 in the six countries. This is important as the design of responses to COVID-19 were based on country-specific impacts and the emerging needs of those expected to be impacted by containment measures and economic slowdown. The timeline graphic (Figure 3) shows the trajectory of COVID-19 cases between January and December 2020 in each country, the first confirmed case of COVID-19, and the duration of the containment measures.

It is estimated that the crisis is pushing millions of people into poverty in all six countries, while also impacting the national economies more widely. Table 1 shows that, **in all countries**, GDP growth forecasts for 2020/21 have been revised downwards, with some economies contracting in 2020. The poverty headcount is expected to rise (in contexts with already high rates of poverty and vulnerability), with results from the microsimulations suggesting that urban populations (at least in the early stages of the crisis) are likely to be affected most acutely (i.e. those facing the greatest needs as a result of the shock).⁸

⁸ We are aware that research has found that, due to the duration of the COVID-19 crisis, the socioeconomic impact of the pandemic is likely to be quite uniform across urban and rural areas in many countries. For example, see World Bank (2020c).

Table 1: Impact of COVID-19 in 2020 in six countries

Country	Poverty estimate (new poor) ^a	Estimated percentage point change in poverty ^a	Impact on GDP ^b
Bangladesh	46 million people	27.5	2.4% real GDP growth in FY20, compared to 8.2% in FY19
Ethiopia	15 million people	14.7	6.1% real GDP growth in FY20, compared to average of 9.4% in FY10–19
Kenya	2 million people	4	-0.4% real GDP growth in Jan–Jun 2020, compared to 5.4% in Jan–Jun 2019
Pakistan	60 million people	33.2	-1.5% real GDP growth in FY20, compared to 1.9% in FY19
Sierra Leone	1.3 million people	25	-2.3% real GDP growth in 2020, against forecast of 5.4%
Uganda	3.3 million people	7.9	2.9% real GDP growth in FY20, compared to 6.8% in FY19

Source: ^a Bangladesh, Pakistan, Sierra Leone: authors' own calculations; Uganda: Younger *et al.* (2020); Kenya: World Bank (2020b); Ethiopia: Wylde (2020); ^b World Bank Economic Updates

The socioeconomic impacts of the COVID-19 crisis in all six countries are expected to be severe and prolonged (World Bank, 2020b; World Bank, 2020d). In **all countries**, households have been affected by the shock in multiple ways with income from labour and remittances decreasing because of reduced economic activity. Households' purchasing power was reduced by rising prices which has had particularly adverse effects on poor and vulnerable households, reducing their expenditure and negatively affecting food security (Integrated Food Security Phase Classification, 2020; World Bank, 2020c).

Across all six countries, COVID-19 has had gendered impacts, which are felt most acutely by women and girls. The incidence of gender-based violence (GBV) has increased in **all countries**, particularly during the most stringent lockdown periods (UN Women, 2020; Bourgault *et al.*, 2021). Research from **Kenya** and **Ethiopia** showed that women are disproportionately affected by a loss and reduction in income (World Bank, 2020a; 2020b), and in **Ethiopia** and **Uganda** school closures have led to higher dropout rates for girls, more teenage pregnancies, and an increased risk of child marriage (New Vision, 2020; Jones *et al.*, 2020; Harris *et al.*, 2020).



In Uganda, Red Cross volunteers are carrying out screening against COVID-19. Photo: Uganda Red Cross Society

Alongside the COVID-19 crisis, some countries included in this study have been dealing with additional covariate shocks. Ethiopia, Kenya, and Uganda saw the worst desert locust crisis in the region in almost 25 years during 2020, posing a serious threat to pasture, crops, and food security. In addition, severe flooding in April and May 2020 displaced more than 500,000 people in the region and damaged infrastructure and crops (UNOCHA, 2020). The internal conflict in the Tigray region in **Ethiopia** has also resulted in significant internal displacement of people and damage to infrastructure (International Organisation for Migration, 2021). Further, **Bangladesh** was hit by the devastating Cyclone Amphan in May 2020, and by monsoon floods soon after in July.

3 Overview of social assistance responses to COVID-19



Kenya Red Cross Society is distributing hand sanitisers in Manyatta informal settlement in Kisumu County, Kenya. Photo: © John Bundi, Kenya Red Cross Society

This section provides an overview of the main social assistance responses implemented in the six case study countries in response to the COVID-19 pandemic. Following our conceptual framework, these are described in terms of three broad response types: systems resilience (Section 3.1); adaptation of social assistance (Section 3.2); and humanitarian assistance that leverages social protection systems, and *vice versa* (Section 3.3). Figure 3, at the end of this section, provides a summary of the main measures implemented in each country against a timeline indicating when the containment measures were in place and how daily cases of COVID-19 evolved between January and December 2020. Figure 3 also provides an indication of the timeliness of the response vis-à-vis the index case and introduction of COVID-19 containment measures.

The social assistance response took place in the context of a wider response. Additional social protection responses in each country are documented in the case study reports, published on the Maintains [website](#), and further information is also presented in Annex B.

3.1 Systems resilience

Systems resilience refers to strategies that aim to minimise the disruption to routine programmes due to the shock and to ensure the safe and timely delivery of routine benefits to social assistance recipients. In the context of a global public health crisis such as COVID-19, these strategies focus on processes that minimise in-person interaction and/or facilitate remote engagement to avoid exposing recipients to infection risks through their interaction with programmes.

The most common systems resilience measure implemented in all six Maintains countries was the dissemination of information on COVID-19 prevention and hygiene measures, as well as the provision for social distancing and hand-washing at payment points. In some countries, programme recipients and staff also received free hand sanitiser and face coverings. Most countries were quick (see Figure 3) to issue standard operating procedures (SOPs) with guidance for programme implementers on such measures, leading to minimal disruption of routine programmes. However, in **Uganda**, the development of the COVID-19 SOPs took almost three months and payments to existing recipients of the SCG were paused between March and June 2020. This delay was caused by the need to draft new SOPs followed by complex approval processes between government agencies and partners before the SOPs could be implemented. Uniquely among the six countries, **Kenya's** SOPs integrated mobile money into the Inua Jamii payment mechanism to facilitate cashless transactions and reduce person-to-person contact. This adaptation allowed recipients to request that banks automatically forward their payments to their mobile money account.





Kenya's SOPs integrated mobile money into the Inua Jamii payment mechanism to facilitate cashless transactions and reduce person-to-person contact.

Another common measure was to group payments of routine benefits. In **Bangladesh, Ethiopia, and Uganda**, recipients of routine social assistance programmes received lump-sum payments, combining several payment cycles in one (including arrears in **Uganda**) to reduce the number of

transactions and the need for physical contact when collecting payments and to ensure that recipients would have access to several months' worth of support at once during the peak of the movement restrictions.

Finally, other programme components were adapted. In **Ethiopia**, the PSNP suspended the programme's public works conditionality for three months so that recipients received their cash transfer without having to work during this time to minimise the risk of physical contact. In **Uganda**, the mentoring component of the Girls Empowering Girls initiative (a small cash plus mentoring programme implemented by the Kampala Capital City Authority) was implemented virtually, which was possible as all programme recipients had been provided with mobile phones through the programme.

Table 2: Overview of systems resilience measures in the six Maintains countries

		Bangladesh	Ethiopia	Kenya	Pakistan	Uganda	Sierra Leone
Hygiene protocols and social distancing measures		✓	✓	✓	✓	✓	✓
Lump-sum payments		✓	✓			✓	
Integrating mobile phones for remote programming				✓		✓	
Suspension of conditionalities			✓				

3.2 Adaptations to address new vulnerabilities

The second dimension considered is the adaptation of the social assistance system to respond to new vulnerabilities created by the shock. This can be done via the creation of new programmes; increasing the benefit value for existing recipients (vertical expansion); and enrolling additional individuals/households in existing programmes (horizontal expansion).

3.2.1 New programmes

In Bangladesh, Kenya, Pakistan, and Sierra Leone, the government designed and implemented new social assistance programmes to extend coverage to new individuals/households in response to COVID-19. In **Ethiopia**, a new programme for temporary income support for informal urban workers was designed but never implemented due to difficulties in raising the necessary funds. While **Uganda's** Urban Cash for Work Programme (UCWP) was designed to extend support to those most in need as a result of COVID-19 in urban areas, it had neither been piloted nor rolled out at the time of writing (May 2021) as programme funds from the Ministry of Finance, Economic Development and Planning had neither been approved nor released.

These new programmes sought to reach and support groups of people who are not routinely targeted by (and therefore ineligible for) routine social assistance programmes, but who had the greatest needs as a result of COVID-19. In **Uganda, Sierra Leone, and Bangladesh**, some new programmes were geographically targeted at urban areas, which were initially expected to be disproportionately affected by COVID-19 in the early stages of the crisis and where coverage of routine social protection tends to be lacking (Ministry of Gender, Labour and Social Development, 2019; Government of Bangladesh, 2019). In **Bangladesh, Kenya, Pakistan, and Sierra Leone**, some new programmes targeted casual labourers or small business owners working in the informal sector whose economic prospects were disrupted by COVID-19. In **Kenya and Sierra Leone**, some new programmes also targeted particularly vulnerable groups, such as people with disabilities (PWD), who were not receiving any routine social assistance.

New programmes mostly involved temporary (or time-bound) unconditional cash transfers, providing support to new individuals/households for up to four months. Transfers were often made in one-off payments to reduce the need for physical contact.

3.2.2 Horizontal expansions

Horizontal expansions of existing social assistance programmes were not common in the six countries studied. Only **Bangladesh and Pakistan** extended support to new individuals/households by enrolling additional people onto existing programmes. In **Bangladesh**, budget was made available to expand three allowances (for old age, for widows and deserted and destitute women, and for PWD) to include over one million additional eligible individuals in the poorest 112 subdistricts. In **Pakistan**, the existing

structures of the country's flagship social protection programme, the BISP, were temporarily used to enrol an additional 11.9 million families into the Ehsaas Emergency Cash (EEC) to receive a one-off payment covering four months of needs between March and June 2020.

Experiences from the case studies showed that many governments opted for implementing new programmes to reach new individuals/households rather than horizontal expansions, in line with global trends (Gentilini *et al.*, 2021). There were several reasons for this. In **Kenya**, there was a perception that the implementing agency of the Inua Jamii may not have the capacity to handle an increased caseload. In **Sierra Leone**, there was no ongoing routine programme to expand. In **Uganda**, stakeholders reported concerns that it would be politically difficult to communicate to new recipients that such support would only be temporarily provided through a routine programme (i.e. permanent and ongoing after COVID-19) such as the SCG.

Governments opted for implementing new programmes to reach new individuals/households rather than horizontal expansions.

3.2.3 Vertical expansions

In Bangladesh, Ethiopia, Kenya, Pakistan, and Uganda, the transfer values of several existing social assistance programmes were temporarily increased to provide additional support to existing recipients in response to COVID-19. In **Ethiopia, Kenya**, and Uganda, these vertical expansions were mostly funded by development partners, while in **Pakistan** and **Bangladesh**, this was predominantly funded by government.

In most cases, benefit values were increased for a duration of one to six months in recognition of existing recipients' increased vulnerability and need during the pandemic (Section 2.2). While some vertical expansions were delivered to all recipients of a given programme (e.g. the Food Friendly Programme in **Bangladesh**), in other countries the expansion targeted subgroups of a particular programme. In **Ethiopia, Kenya**, and **Uganda**, vertical expansions targeted especially vulnerable population groups such as labour-constrained households, households with young children, or pregnant and lactating women. In **Pakistan**, poverty score cut-offs and exclusion criteria based on observable indicators of wealth were used to identify households based on their economic condition. A similar attempt was made in **Ethiopia**, but instead of using poverty and wealth indicators, the country's traditional food insecurity classification system was used to target households in food insecure districts for a vertical expansion of the RPSNP.

3.3 Humanitarian assistance that leverages social protection systems, and *vice versa*

The third dimension of the response we explore is how humanitarian assistance was used to respond to the new vulnerabilities arising from COVID-19.

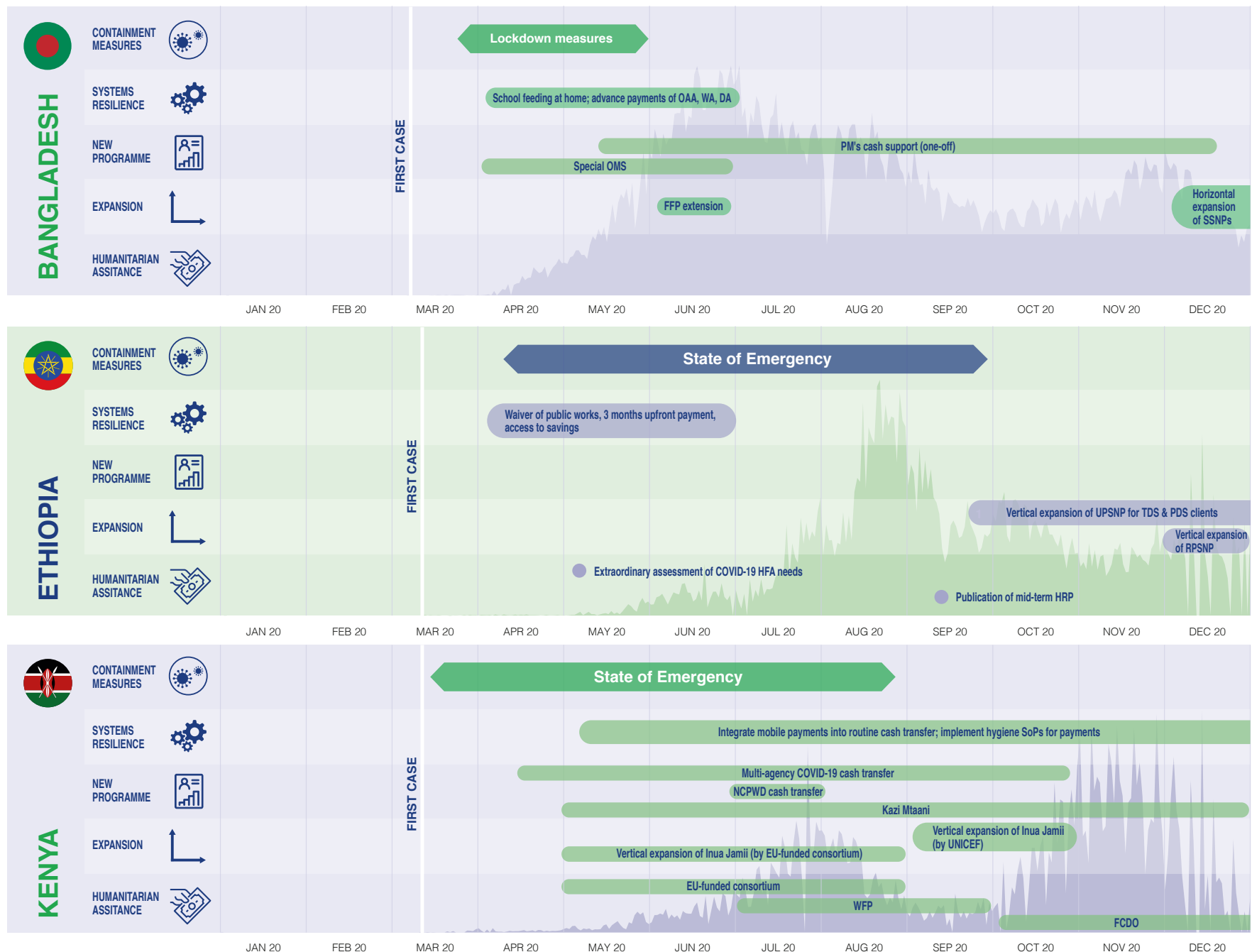
In Kenya and Pakistan, a number of emergency, time-bound cash-based interventions were implemented by non-state actors in order to complement the government's social protection responses. Some of those interventions, such as a European Union (EU)-funded cash transfer for vulnerable households in informal settlements in **Kenya**, piggybacked on the existing social protection system by drawing on data from the Single Registry⁹ to check that there was no overlap, but otherwise used separate processes for delivery (Section 3.2.3). Several other responses—including the United Nations Children's Fund (UNICEF)-funded and UK Foreign, Commonwealth and Development Office (FCDO)-funded cash transfers in **Kenya** and a United Nations High Commissioner for Refugees (UNHCR)-funded cash transfer for Afghan refugees in **Pakistan**—aligned their transfer values with those of government flagship programmes.

In Ethiopia, prior to 2021, a recurring humanitarian assistance pipeline was used to provide food assistance to households that were not covered by the RPSNP and facing food insecurity. The RPSNP and the humanitarian assistance pipeline operated under a common scalability framework (Ministry of Agriculture, 2014). In May 2020, **Ethiopia's** National Disaster Risk Management Commission (NDRMC), which is responsible for conducting biannual assessments of humanitarian food assistance (HFA) needs, identified an additional 4.9 million people in need of HFA as a result of COVID-19. However, it is likely that only a small fraction of them actually received assistance in practice, as the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) financial tracker suggests only 14.2% of the COVID-19-related HFA needs were funded in 2020.¹⁰

⁹ The Single Registry is a platform designed to manage and provide oversight of cash transfer programmes in Kenya. It draws on and consolidates data from the programme MIS of each of the five principal programmes. Aside from in the four counties covered by the HSNP, the Single Registry does not contain data on non-beneficiaries.

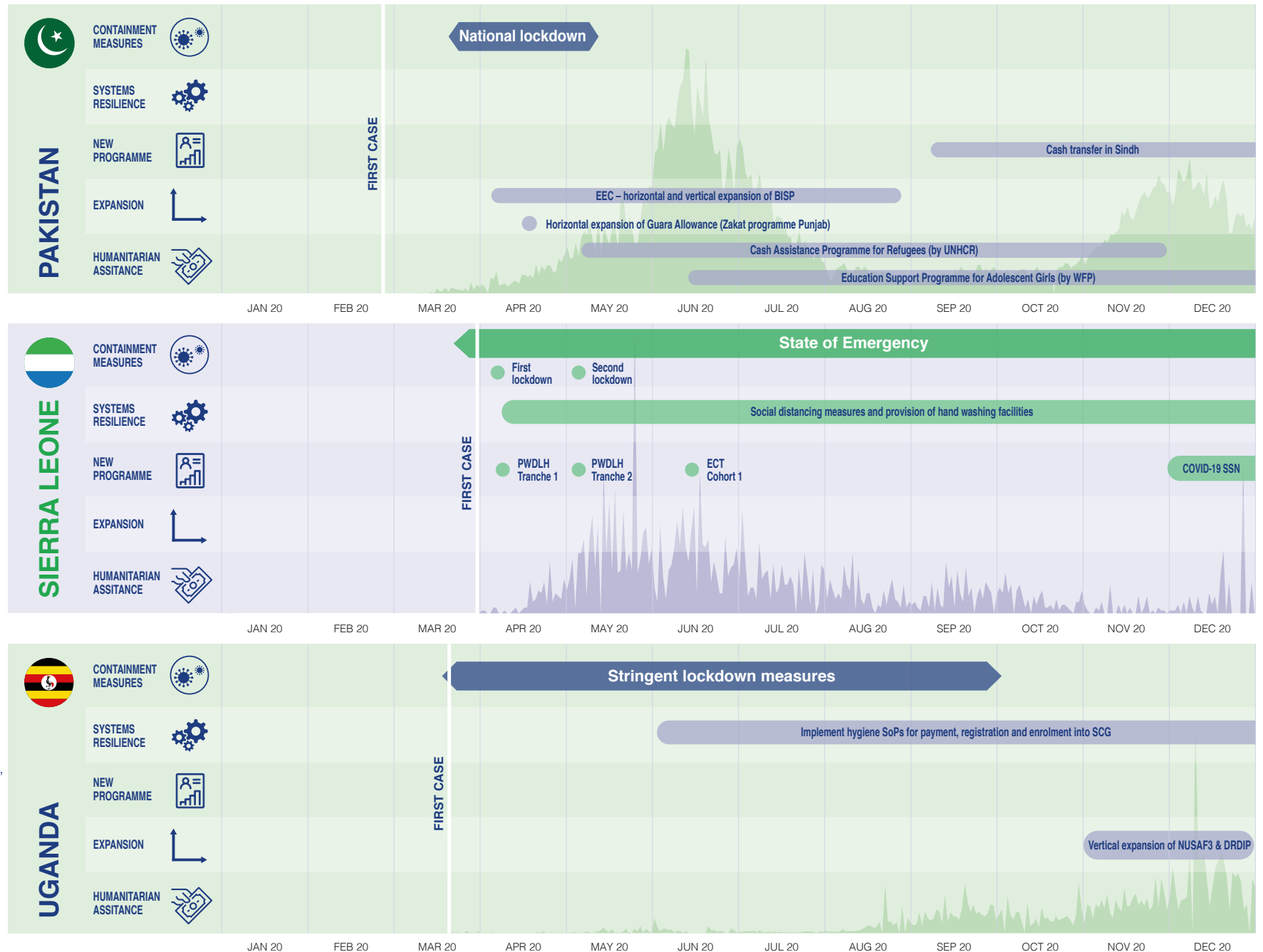
¹⁰ See <https://fts.unocha.org/appeals/936/summary> [accessed 19 May 2021].

Figure 3:
Timeline of
COVID-19
responses in
six countries



Note: new COVID-19 cases per day are not depicted using the same scale across countries. The purpose is to indicate the case trajectory in each country, and corresponding peaks and troughs, in relation to the timing of the social assistance measures implemented, but should not be used to make cross-country comparisons of cases.

Figure 3:
Timeline of
COVID-19
responses in
six countries
 continued...



Note: new COVID-19 cases per day are not depicted using the same scale across countries. The purpose is to indicate the case trajectory in each country, and corresponding peaks and troughs, in relation to the timing of the social assistance measures implemented, but should not be used to make cross-country comparisons of cases.

4 Assessment of the response

Red Crescent volunteers in Bangladesh are helping with the country's vaccination campaign.
Photo: © IFRC



Shock-responsive social protection ideally involves expanding **coverage** to those made vulnerable by the crisis; **adequacy** of benefit levels that will address the new needs; and **comprehensiveness** of benefits linked to longer-term rehabilitation and recovery. However, given resource constraints to meet the scale and range of needs, it is important to acknowledge that no single response is likely to meet all three criteria simultaneously while guaranteeing **inclusion** and **timeliness**, resulting in difficult trade-offs in designing programmes to mitigate the **effect on poverty**.

4.1 Coverage

To estimate the coverage of the response in each country, we compare the target caseload (as specified at the design stage) for the largest COVID-19 response programme in each country¹¹ with the overall population (Table 3). In other words, we consider the number of households planned to be reached by the flagship response programme. To assess the extent to which the responses to COVID-19 represented an expansion of social assistance coverage, we also include an indicator comparing the number of households supported by the response that did not receive routine social assistance prior to the pandemic (i.e. new recipients) with the overall population.

There is variation across countries in terms of coverage achieved by the responses, with **Pakistan** and **Bangladesh** achieving impressive coverage rates relative to their overall populations. **Pakistan's** EEC reached almost half the country's population. This included just over one-third of the population who received support via the EEC but who do not receive cash assistance via the BISP in normal times. **Bangladesh's** Prime Minister's cash support scheme provided assistance to about 13% of all households in the country. In addition to the flagship programme, a range of other social and humanitarian assistance programmes achieved significant coverage of the population, including the Gratuitous Relief programme, which provided emergency cash and food assistance to over 75 million people (45% of the population) between March and June 2020. In contrast, the flagship response programmes in **Ethiopia, Kenya, Sierra Leone,** and **Uganda** planned to reach about 3%–6% of all households through expanding coverage (in **Kenya, Uganda,** and **Sierra Leone**) or vertically expanding to already-existing recipients (in **Ethiopia**).

50%

Pakistan's EEC reached almost half the country's population

¹¹ A comparison by programme is available in each country report.

Table 3: Coverage rates of main social assistance intervention of the response

Country	Flagship COVID-19 response	Coverage of overall households ¹²	Coverage of households (new recipients only)
Bangladesh	Prime Minister's cash support scheme	13%	13%
Ethiopia	RPSNP and UPSNP vertical expansions	3%	0%
Kenya	Multi-agency COVID-19 cash transfer	6%	6%
Pakistan	EEC	50%	36%
Sierra Leone	COVID-19 SSN	5%	5%
Uganda	UCWP (urban component)	5%	5%

4.2 Adequacy

To assess adequacy, we compare the annualised value of the flagship social assistance response (either provided through new programmes, horizontal expansions, or vertical expansions)¹³ **with the national poverty line and with the consumption expenditure at baseline for the bottom 25% of the population in rural and urban areas.** We use annualised values for comparability purposes and because much of the impact of COVID-19 has been felt throughout 2020 (and beyond).

¹² This excludes households covered by routine social assistance programmes only. While routine social assistance is important in building resilience to shocks, it is designed with different objectives in mind. Therefore, we consider only coverage of social assistance responses that are in addition to routine social assistance provision (either in terms of reaching new recipients or providing additional support to existing recipients).

¹³ For the vertical expansion in Ethiopia, this refers to the value and duration of the 'top-up' only.

Table 4: Adequacy of main social assistance intervention of the response

Country	Programme	Total annual value (GBP)	% of annual national poverty line (household-level)	% of annual consumption expenditure of bottom 25% household at baseline	
				Urban	Rural
Bangladesh	Prime Minister's cash support scheme	£22	2%	–	–
Pakistan	EEC	£18–£55	1%–3%	1%–4%	2%–5%
Sierra Leone	COVID-19 SSN	£196	12.5%	23%	23%
Uganda	UCWP	£31	8%	9%	12%

Source: author's own calculations (Bangladesh, Pakistan, Sierra Leone) and Younger *et al.* (2020) (Uganda).

In responding to the crisis, countries faced a trade-off between reaching a greater number of individuals/households (coverage) and providing more meaningful support (adequacy) due to fiscal space constraints.

While **Pakistan** and **Bangladesh** achieved impressive coverage rates, the transfer value covers only a small proportion of annual consumption needs. On the other hand, while **Sierra Leone's** COVID-19 SSN will reach only 5% of households, the programme provides a relatively generous annual transfer.

While there are no comparable results from microsimulations available for Kenya or Ethiopia, we assess adequacy against other benchmarks.

The multi-agency cash transfer and Kazi Mtaani (Phase 1) in **Kenya** both offered generous benefit levels (of £104 and £87 per household respectively) compared to routine cash transfers (200%+ of the Inua Jamii transfer value). However, both cover less than 35% of an urban household's monthly needs (measured by the minimum expenditure basket). Research in **Ethiopia** found that the regular RPSNP benefit value was effective in cushioning clients against food insecurity and using negative coping strategies in light of the economic impact of COVID-19 (Abay *et al.*, 2020). A vertical expansion of the RPSNP implies additional months of support rather than top-up payments during the months of regular support. However, the RPSNP's vertical scale-up only provided two months of additional support instead of the five months that were initially discussed.

Given the prolonged nature of the crisis, it is highly likely that the adequacy of the transfer values was insufficient when considered on an annual basis.

In all countries, almost all responses were either designed as one-off or time-bound transfers, which is likely to reduce the mitigating effect of the transfer on poverty. For example, in **Uganda**, while the planned UCWP is designed to be relatively generous, covering 52% of the monthly consumption needs of the bottom 25% of households in urban areas, the annual transfer is estimated to meet just 9% of annual consumption expenditure for the same households.

23%

The COVID-19 SSN in Sierra Leone will cover 23% of annual consumption expenditure of the bottom 25% of households.

4.3 Comprehensiveness

Comprehensiveness refers to the extent to which the social assistance responses addressed and mitigated the full range of risks that vulnerable populations might have faced as a result of the pandemic. This might involve a sequencing or layering of additional measures as well as linkages to other (social) services (Sabates-Wheeler and Devereux, 2008; Newton, 2016). It may also include livelihood opportunities to enable longer term rehabilitation and recovery.

Even though research highlighted that in most countries the risks faced by vulnerable populations were multifaceted (e.g. GBV, childcare, women's safety, etc.), responses were mostly limited to subsistence support in all six countries. While in some countries flagship social assistance programmes were adjusted to transmit important communications about health and hygiene, most government responses did not link programme recipients systematically to other social services that might address other emergent needs such as health needs or psychosocial support, especially for vulnerable women and girls facing sexual and GBV (for example). In **Ethiopia**, government social workers supported some safety net clients in accessing other social services, such as healthcare. However, the small number of social workers means these are unlikely to address social risks comprehensively.



COVID-19 prevention information is shared by the Chair of the Funkia Market Women's Association in Sierra Leone. Photo: Jonathan Bundu / Trócaire

4.4 Gender and inclusion

The extent to which countries and programmes considered gender and inclusion issues when designing the eligibility criteria and operational frameworks of the social assistance responses is mixed. While some programmes and expansions explicitly targeted women and other vulnerable groups (e.g. the horizontal expansion of the Allowances for Widows, Deserted

and Destitute Women, Old Age Allowance, and Disability Allowance in **Bangladesh**; the vertical expansion for existing UPSNP Permanent Direct Support and Temporary Direct Support clients in **Ethiopia**; and the transfers to PWD in **Kenya** and **Sierra Leone**), others targeted them implicitly (e.g. cash assistance to laid-off workers in the ready-made garment sector in **Bangladesh**, where a considerable share of workers are women). In **Uganda**, the UCWP is designed to reach at least 50% women recipients and 20% refugees. While positive, the fact that women are disproportionately impacted by the crisis may mean that a larger quota is needed to better offset the impacts of the pandemic.

However, several of the major responses did not factor gender considerations into their eligibility criteria (e.g. the Prime Minister's cash support scheme in **Bangladesh** and the vertical expansion of the RPSNP in **Ethiopia**). This can be problematic, especially when the programme is targeted at the household level. For example, in **Kenya**, the multi-agency cash transfer registered the household head as the main recipient; given the structure of households in the country, this approach could lead to male recipients being predominately enrolled in the programme. In **Pakistan**, the EEC was also targeted at the household level even though, in the routine operations of the BISP, all recipients are female.

Especially when not targeted explicitly or implicitly, some design features and operational modalities may put vulnerable groups, including poor women, at risk of exclusion. In **Kenya**, **Bangladesh**, and **Pakistan**, the ownership of a mobile phone and mobile financial services accounts were instrumental to becoming enrolled in the flagship programmes and accessing the benefits. At the same time, in all three countries, there is a narrowing but persistent mobile gender gap, meaning that women are less likely to be able to gain access to some programmes (Table 5).

In addition, having a national ID was often a pre-requisite for registration and enrolment, increasing the risk of exclusion of vulnerable and minority groups (Table 5). In **Pakistan** and **Kenya**, individuals/households could only be enrolled if they were able to show a national ID. However, marginalised ethnic groups and women and girls face greater exclusions from the national ID system in Kenya (Caribou Digital, 2019). Moreover, in both **Pakistan** and **Sierra Leone**, the identification and targeting processes relied on social registries, other existing lists, and/or pre-identification processes. This risks excluding marginalised populations who are less likely to be included in the social registry and are typically weakly connected to existing support mechanisms and structures. Further, disability assessments in **Sierra Leone** were based on a visual assessment, which likely excluded people whose disabilities are not immediately obvious.

There were also some examples of design features that aimed to be more inclusive. In **Uganda**, the UCWP was designed to facilitate women's access to the programme by requiring fewer paid work hours from women than from men in order to account for the fact that women undertake the major proportion of unpaid care and domestic work.

50%

While the UCWP in Uganda is designed to reach at least 50% women recipients, not all responses in the six countries target women explicitly.

Table 5: Access to foundational systems, by gender

	Bangladesh	Ethiopia	Kenya	Pakistan	Sierra Leone	Uganda
% of adults without proof of identity ^a	8%	38%	4%	19%	20%	24%
% women	n/a	n/a	6%	28%	21%	n/a
% men	n/a	n/a	2%	11%	19%	n/a
% who own a mobile phone ^b	74%		89%	66%	n/a%^d	76%
% women	61%	n/a	86%	50%	45%	69%
% men	86%		91%	81%	65%	84%
% who have a mobile money account ^c	21%	0%	73%	7%	11%	51%
% women	10%	0%	69%	1%	9%	43%
% men	32%	1%	77%	13%	14%	59%

Source: ^a World Bank (2018b); ^b GSMA (2020); ^c World Bank (2017); ^d Statistics Sierra Leone (2017)

4.5 Timeliness

In this section, we look at the timeliness of implementation of the main government social assistance responses in the six Maintains countries (Table 6). Measuring timeliness is not straightforward and is often a function of various factors (Beazley, Marzi and Steller, 2021). While the date of first payment relative to the start of the containment measures may serve as a proxy for how timely the response was, this proxy alone risks underestimating the actual response time needed to achieve sizeable coverage (speed).

The extent to which countries were able to design and roll out their social assistance responses swiftly was mixed and generally depended on the capacity of existing administrative/delivery systems and on the ability to mobilise funds (see Section 5). In **Bangladesh, Kenya, and Pakistan**, flagship social assistance programmes were announced and designed most quickly, generally within a month after the start of containment measures. The first payments to recipients followed shortly afterwards. In all three countries, this was facilitated by strong policy and government commitment to using social assistance in the response to COVID-19.

However, in terms of speed of roll-out, it took several months in all three countries for the programmes to reach all recipients. Generally, faster roll-outs were held up by the need to engage in time-consuming registration, targeting, and enrolment activities. The fastest in terms of roll-out was **Pakistan**. Within a week of the programme's announcement, over 7 million people were enrolled onto the EEC, with payment following shortly afterwards

(Khan, 2020). By August 2020, the EEC had reached about 95% of its final coverage of 14.8 million families (see Section 5). In contrast, by the same month, the Prime Minister's cash support scheme in **Bangladesh** had covered only about two-thirds of target households (5 million) and **Kenya's** multi-agency COVID-19 cash transfer had reached just over 50% of the 669,000 households targeted by the programme.

The small scale response in Sierra Leone allowed a significantly less mature social protection system to respond quickly. The People with Disability Lockdown Handout (PWDLH) disbursed transfers in just a few days to coincide with the two national lockdowns, reaching just under 10,000 people. However, Sierra Leone's main response, the COVID-19 SSN which sought to reach 65,000 households, only delivered its first payments in December 2020, eight months after the start of the state of emergency.

On the other hand, Ethiopia, which has considerable experience in scaling up the RPSNP in response to shocks, faced severe challenges in rolling out its response in a timely manner. The first funds only reached recipients about six to nine months after the onset of the pandemic, and only after the end of the six-month-long state of emergency. As the response in **Ethiopia** only involved a vertical expansion, no new registration or enrolment activities had to be undertaken. However, difficulties in raising and channelling finances as well as rudimentary beneficiary registries and payroll systems led to significant delays (see Section 5.1.4). Finally, **Uganda** was not able to implement its new programme designed to respond to COVID-19 at all in 2020, and implementation had not yet started by May 2021.

7 days

Within a week of the programme's announcement, over 7 million people were enrolled onto the EEC in Pakistan

Table 6: Timeliness of main social assistance intervention of the response

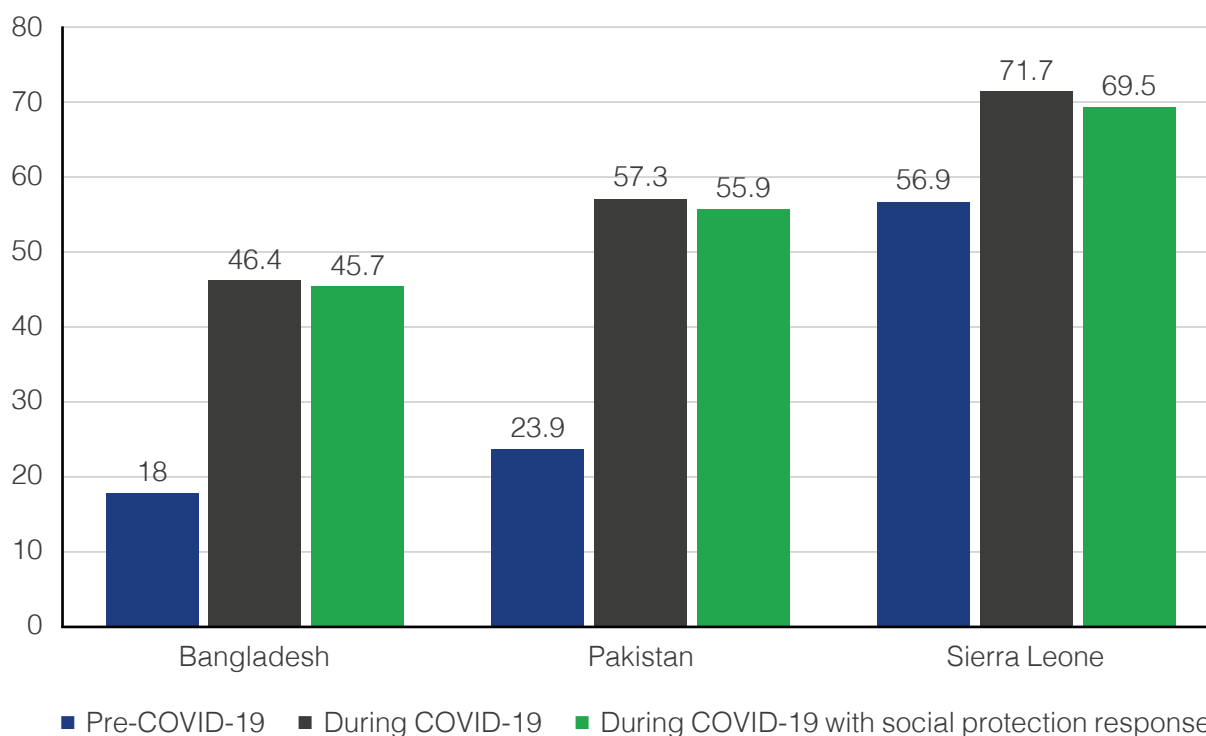
Country	Flagship COVID-19 response	Target caseload	Number of months between start of containment measures and:	
			First payment	Reaching 50% of target caseload
Bangladesh	Prime Minister's cash support scheme	5 million households	< 1 month	~3 months
Ethiopia	RPSNP and UPSNP vertical expansions	3 million individuals	6–8 months	6–8 months
Kenya	Multi-agency COVID-19 cash transfer	669,000 households	1 month	~5 months
Pakistan	EEC	16.9 million families	< 1 month	< 1 month
Sierra Leone	COVID-19 SSN	65,000 households	8 months	8 months
Uganda	UCWP (urban component)	462,000 households	Pending	Pending

4.6 Effect on poverty

Our assessment shows that the social assistance response in all six Maintains countries was not sufficient (in terms of coverage, adequacy, or both) to significantly offset the pandemic's expected impact on poverty rates.¹⁴ In **Bangladesh, Pakistan, and Sierra Leone**, our microsimulations estimated the impact of COVID-19 as well as the mitigating effect of the social assistance response on poverty. In **all countries**, the expected impact of the social assistance response is likely to be minimal (Figure 4). In **Bangladesh and Pakistan**, although programme coverage was relatively high, the low transfer value and one-off or time-bound nature of the transfers mean that the overall impact on poverty is likely to be minimal. In **Sierra Leone**, while the COVID-19 SSN transfer value is relatively generous, low programme coverage has equally led to only a small estimated impact on poverty.

The social assistance response in all six Maintains countries was not sufficient (in terms of coverage, adequacy, or both) to significantly offset the pandemic's expected impact on poverty rates.

Figure 4: Percentage of population living in poverty



Note: We present headcount poverty at the national poverty line as a percentage of the population using the 'short-term' impact scenario. This scenario adopts the most dramatic assumption on the impact of the pandemic, based on the expected impact of lockdown and restriction measures, and on the likely impact on the most affected sectors of the economy.

¹⁴ Our model relies on household-level income and consumption estimates and is therefore not suitable for investigating issues of intra-household dynamics. This implies that the results cannot provide answers on the gender-specific impact of the pandemic.

Similarly, microsimulations by Younger *et al.* (2020) estimate that, in Uganda, the UCWP could decrease the post-COVID-19 poverty headcount by 0.3 percentage points, with (as expected, given the urban focus of the programme) a stronger impact in Kampala (2 percentage points) and other urban areas (1.3 percentage points) than in rural areas.

In Ethiopia, microsimulations by Wylde *et al.* (2020) estimate that an additional 15 million people will be pushed below the poverty line. While routine social assistance payments (Abay *et al.*, 2020) and the vertical expansion of **Ethiopia's** PSNP were important to cushion some already-existing poor recipients against the economic shock of the pandemic, there has been no expansion in coverage to households pushed into poverty as a result of the pandemic. Hence, it is likely that only a small proportion of the poverty impact of COVID-19 has been mitigated by the response.

Finally, in Kenya, the World Bank (2020b) estimated that 2 million people are likely to fall into poverty as a result of COVID-19. While the coverage of the flagship social assistance response (combined with several others implemented by government and non-government actors) was impressive, the mitigating effect on poverty is likely to be undermined by the national (rather than geographically targeted) coverage of these programmes. The World Bank's (2020b) microsimulations indicate that geographically-targeted cash transfers could be more efficient at offsetting the poverty increases caused by COVID-19, by reaching those pushed into poverty by COVID-19.



Food distribution to poor families by Al Mustafa Welfare Trust during the COVID-19 pandemic in Pakistan.
Photo: Tariq Hassan

5 Enabling and constraining factors



Red Crescent volunteers working with the government in Bangladesh to roll-out COVID-19 vaccines.
Photo: © Sajid Hasan, IFRC

This section presents our cross-country analysis of the common factors that have enabled or constrained an effective social assistance response to COVID-19, as assessed in Chapter 4. This chapter focuses specifically on the policies (Section 5.1), design features (Section 5.2), and implementation and operations (Section 5.3) that have supported or constrained an effective response.

5.1 Policy

This section focuses on policy relating to financing, legislation and strategies, governance and coordination, and systems for data sharing, and the extent to which these enabled or constrained the response.

5.1.1 Financing

The ability to mobilise domestic resources enabled relatively quicker responses. While **all countries** in this study faced fiscal constraints, their capacity to mobilise domestic resources depended on both the ability to find new financing sources and the political commitment to social protection. **Pakistan, Kenya, Bangladesh,** and **Sierra Leone** (albeit on a small scale) managed to reallocate domestic resources relatively quickly, which allowed them to fund—at least partially—some social assistance responses to the pandemic. In **Kenya** and **Pakistan**, this was enabled by clear commitments to social protection (and cash transfers in particular) made by the President and the Prime Minister, respectively. **Pakistan's** financing of the responses was also enabled by the ability to create new financing sources: the Prime Minister's COVID-19 Relief Fund was designed to match donor contributions with federal funding.

In Kenya and Pakistan, the ability to mobilise domestic resources was enabled by clear commitments to social protection made by the President and the Prime Minister, respectively.

Some governments also managed to leverage pre-existing external financing. These strategies entailed reorientating budget support programmes (i.e. the EU's programme in **Bangladesh**), increasing lending amounts (i.e. ADB's loan in **Bangladesh**), or simply benefiting from pre-existing credit lines that were flexible enough to accommodate new circumstances (i.e. the World Bank's loan in **Sierra Leone**). However, reallocating funds earmarked for future routine social protection (e.g. **Sierra Leone's** SSN) could have adverse effects on routine social protection programming if funds are not compensated. The extent to which routine social protection programmes will suffer future resource constraints as a result of the COVID-19 response remains an area for future research.¹⁵

Contingency budget lines and protocols that can be activated in the event of shocks can facilitate the channelling of external resources. Based on **Sierra Leone's** experience of responding to the Ebola outbreak and to climatic shocks, the most recent phase of the SSN included a contingency

¹⁵ See [forthcoming research](#) from the Centre for Disaster Protection.

budget line that could be triggered by the declaration of a state of emergency and released once an emergency response manual had been produced (in the case of COVID-19, the requirement to produce a manual caused some delay in releasing the funds). While **Ethiopia**, **Uganda**, and **Kenya** also have funding mechanisms in place linked to their scalability frameworks, these mechanisms are designed to respond mostly to droughts and are attached to a single programme, making them less useful for emergencies such as COVID-19 outside of programme coverage.

Lengthy negotiations with donors undermined the timeliness of some responses. Both the governments in **Uganda** and **Ethiopia** engaged in slow and drawn-out negotiations with international banks and agencies to fund some of their planned responses. In **Uganda**, the need to secure Ministry of Finance, Planning and Economic Development's approval for the World Bank funding to be released to the Ministry of Gender, Labour and Social Development stalled the implementation of the UCWP. In **Ethiopia**, the existence of a contingency budget line in the RPSNP was not sufficient to prevent delays caused by challenges in targeting, in negotiating with donors for funding, and in transferring funds from donors to the Ministry of Finance and from the Ministry of Finance to the regions. In **Sierra Leone**, the European Commission funding for the second cohort of emergency cash transfer recipients was also slow because there was no pre-agreed mechanism in place for channelling and administering the funds, in line with donor requirements, to the National Commission for Social Action (NaCSA).

5.1.2 Legislation, policy, and strategies

The lack of policy frameworks for sector-wide shock-responsive social protection was also one of the main constraining factors, although some countries managed to overcome this barrier. In **Kenya**, the absence of frameworks that establish clear roles and objectives resulted in response programmes being implemented by non-social protection ministries/agencies (Section 5.1.3), and also contributed to the proliferation of programmes (government-led and non-government-led) that provided differing levels of support even when targeting the same people. In **Pakistan**, the response was implemented by the federal government, while social protection is ordinarily a provincial function.

The lack of policy frameworks for sector-wide shock-responsive social protection was also one of the main constraining factors.

Strategies for shock-responsive social protection that exist at the programme level did not have sufficient flexibility to support the response to COVID-19. Although programme-level strategies can be effective in responding to predictable/high-frequency, localised events like droughts, they may not be sufficient for responding to harder to predict, geographically widespread events like the COVID-19 pandemic because the scale of the shock may exceed the capacities of a single programme. This is the case for **Uganda**'s NUSAF, **Ethiopia**'s RPSNP, and **Kenya**'s HSNP, which are all routine social protection programmes that can be scaled to respond to droughts. Scalable programmes in these countries are mostly implemented in rural areas and designed to respond to climatic shocks, incorporating triggers that indicate drought episodes and food insecurity. They were not designed or prepared to identify people affected by pandemics or other shocks. For

example, in **Ethiopia**, the targeting for the vertical expansion of RPSNP had to rely on the usual food insecurity hotspot classification system, and it is not clear whether this allowed it to reach households most in need as a result of the economic consequences of COVID-19.

The lack of scalability frameworks has not always hindered the use of programmes to respond to shocks. While the BISP programme in **Pakistan** and SSN in **Sierra Leone** do not have scalability frameworks (although there is a contingency budget line attached to the SSN), these programmes have been used for this purpose prior to and during the pandemic. Further, in **Ethiopia**, **Kenya** and **Uganda**, where small vertical expansions were implemented through the UPSNP, Inua Jamii and NUSAF, this was done as an *ad hoc* response, outside of a scalability framework and with support from development partners.

5.1.3 Governance and coordination

Governance mechanisms and strong leadership were key enablers of large-scale and timely responses. This was the case in **Pakistan**, where the Federal Government, including the Prime Minister, showed leadership on the EEC, which was underpinned by a ‘whole-of-government’ approach to implementing the programme across the country.

However, mandates for leading responses to shocks, and social protection ministries’ roles within these structures, are often ill-defined and this can obstruct well-coordinated responses resulting in proliferation. In **Ethiopia**, it is the responsibility of Ministry of Labour and Social Affairs (MoLSA) to coordinate the social protection sector, while disaster response is the mandate of the NDRMC. It is not clear where the mandate for shock-responsive social protection lies and coordination between MoLSA and the NDRMC is limited. In addition, capacity constraints at MoLSA and the lack of official endorsement from the Government of Ethiopia for it to take up its mandate for coordinating the sector mean that most social protection programmes, including the response to COVID-19, are managed along the lines of programmes rather than in a coordinated sectoral or multi-sectoral manner. In **Kenya**, although the Social Protection Secretariat is mandated with the coordination of social protection, it did not lead the response efforts. This was the result of multiple factors, including limited capacity and preparedness for this role and political tensions with other government entities. Ultimately, most coordination took place bilaterally between development partners and the respective government agency/ies, as well as on an *ad hoc* basis.

Similarly, a lack of governance mechanisms resulted in a proliferation of coordination bodies and working groups, contributing to piecemeal responses with limited effects on poverty alleviation. This was the case in **Kenya**, where—in the absence of the Social Protection Secretariat’s leadership—the Kenya Cash Working Group took responsibility for coordinating with non-state actors. However, without the government in the lead, responses were duplicated and transfer levels were not aligned, causing confusion for recipients and undermining the equity and effectiveness

of the overall response.¹⁶ In **Pakistan**, effective coordination between the BISP, provincial social protection departments, and disaster management authorities was hamstrung by the absence of institutionalised linkages and coordination arrangements. This contributed to duplication within the COVID-19 response: for example, some provinces (e.g. Punjab and Sindh) announced social protection responses to COVID-19 in parallel to the EEC Programme.

In the absence of pre-existing coordination mechanisms for shock-responsive social protection, a key strategy was to rely on existing structures from the social protection sector and beyond, as well as on previous experience. Pakistan's 'whole-of-government' approach to the implementation of the EEC Programme was widely regarded as a driver of the large-scale response. The BISP was the lead implementing agency for the EEC Programme. Under its guidance, the National Database and Registration Authority (NADRA) led the data management and analytics required for targeting, registration, and verification. Provincial and district governments and their security apparatus undertook payment site planning and logistics, and banks undertook payment disbursement. Both the BISP and NADRA have experience responding to previous crises. In **Sierra Leone**, NaCSA, a semi-autonomous government agency responsible for day-to-day implementation and coordination of social protection, was mandated to lead and coordinate the social protection response to COVID-19. NaCSA was able to draw on previous experience from the Ebola response in 2014. Other countries also leveraged structures from sectors beyond social protection: for example, the responses in **Kenya** were implemented by the State Department for the Interior and in the case of **Ethiopia** by the Ministry of Agriculture.

The effectiveness of partnerships with development and humanitarian actors seemed to depend largely on the strength of previous collaboration (including the role of government in such collaborations), and on pre-existing mechanisms. Unsurprisingly, less developed mechanisms or structures designed for other purposes (i.e. donor coordination only) were not very effective platforms for coordination and partnerships in the COVID-19 response. **Ethiopia's** RPSNP and **Pakistan's** BISP (and hence the EEC Programme) leveraged longstanding partnerships. In **Bangladesh**, the Humanitarian Coordination Task Team, established in 2012, has played an important role in coordinating humanitarian action and overseen responses to a range of disaster events. During the COVID-19 crisis, the Humanitarian Coordination Task Team played an integral role in joint needs assessment and the coordinated implementation of initiatives across the Ministry of Disaster Management and Relief and national and international non-governmental organisations.

¹⁶ Our research does not include responses that were not coordinated with the social protection sector at all, with the exception of Kenya, and therefore, we are unable to capture the issue of proliferation entirely in this report.

5.1.4 Information systems and data sharing

Social registry data did not play a strong role in the social protection response in these six countries, as opposed to experiences in other countries where leveraging such data enabled relatively timely and large scale responses (Beazley, Marzi and Steller, 2021 and Gentilini *et al.*, 2021). Only in **Pakistan** was this leveraged, where the National Socioeconomic Registry was used to verify the degree of vulnerability of households that registered for the horizontal expansion of the EEC. However, the data were significantly outdated, resulting in poverty scores and household identification data that were no longer accurate. Therefore, data from the registry were complemented by additional data sources. In **Bangladesh**, the National Household Database is not yet used to inform routine social protection (because of technical factors and political economy issues related to using a centralised system for targeting), nor was it used as part of the response to COVID-19. **Kenya, Ethiopia, Sierra Leone, and Uganda** did not have any social registries by the time the pandemic struck in 2020.

Social registry data did not play a strong role in the social protection response in these six countries.

Programme registries and integrated beneficiary registries can only be used to enable vertical expansions and facilitate de-duplication of responses if they are well-developed. For instance, in **Kenya**, the National Council for Persons with Disabilities and non-state actors used the Inua Jamii programme MISs (rather than the Single Registry due to operational difficulties) for de-duplication to ensure that their responses did not overlap with recipients of routine social protection programmes. On the other hand, **Ethiopia's** RPSNP and UPSNP still have rudimentary beneficiary registries in the form of payrolls and attendance sheets, and this delayed the timely delivery of the top-up payments. For example, the payroll system of the UPSNP did not have an option for making extraordinary payments such as the top-up under the vertical expansion and had to be updated by a system's engineer first, leading to additional weeks of delay in delivering payments. The MIS for both the UPSNP and RPSNP are not yet operational, creating a barrier to data sharing.

The use of other administrative databases to complement social protection data and inform identification, registration, and the delivery of payments was found to be a key enabling factor of effective social responses to COVID-19. The responses in **Pakistan** and **Bangladesh** leveraged administrative databases such as the national identity card system, tax and revenue registries, and databases shared by telecom companies. The large-scale social protection response in **Pakistan** was facilitated by NADRA's capacity to register new households, manage and share data, and verify eligibility based on other databases. In **Sierra Leone**, however, more rudimentary data had to be used to compile lists of potential recipients from databases held by a range of agencies and actors, raising concerns about issues of data quality and data protection.

The lack of interoperability mechanisms and protocols for data sharing was a constraining factor preventing a more effective response. The need to comply with data protection regulations limited the degree to which data could be shared. In **Kenya**, data protection legislation made data sharing

difficult and in the absence of a database to facilitate de-duplication between responses to COVID-19, cash-based actors had to create *ad hoc* ways to share data in compliance with existing laws.

5.2 Design

The way in which shock-responsive programmes are designed, including eligibility criteria and the modality, value, frequency, and duration of support provided, can be an important factor that enables or constrains an effective response.

5.2.1 Eligibility and targeting

Across responses and countries, it is not clear whether the eligibility criteria were always closely linked to an understanding of who would be most affected by COVID-19. In **Kenya**, the multi-agency cash transfer and National Council for Persons with Disabilities' cash transfer were both nationally targeted. However, microsimulations (World Bank, 2020b) suggest geographically targeted responses would be more likely to offset the poverty increases caused by COVID-19. In **Ethiopia**, the vertical expansion of the RPSNP was targeted at households located in food insecurity hotspot districts, but only in regions where the RPSNP is implemented. Therefore, it is not clear whether the response reached those most in need as a result of the pandemic or simply due to a host of other shocks such as the locust infestation and flooding. In **Sierra Leone**, while the one-off emergency cash transfer was urban-focused, the COVID-19 SSN (which provided significantly higher transfer levels) had national coverage, with a predominantly rural caseload.

5.2.2 Transfer modality, value, frequency, and duration

In most cases, the social protection instrument took account of the COVID-19 context and the need to avoid large gatherings. This resulted in most responses using unconditional cash transfers, paid electronically where possible. In fewer cases, unconditional support was provided using in-kind transfers. However, political sensitivities around the provision of unconditional support in **Uganda** meant the flagship emergency response was designed as a public works programme, which will be more difficult to implement than provision of cash, including due to social distancing requirements.

The transfer levels were designed in contexts of uncertainty and were typically not informed by evidence or reliable estimates of population needs. Given the widespread effects of the crisis and the speed at which it escalated, governments reacted based on the information available at the time. This meant there was not always a precise understanding of how and to what extent certain populations had been affected. As a result, transfer values were defined largely based on the budget available and the intended coverage rather than on estimates of needs. In the trade-off between coverage and adequacy, most governments of the countries studied opted for reaching more people (Section 4.6).

Almost all responses were designed as emergency programmes comprising one-off or time-bound transfers (Section 4.2). Despite greater certainty about the duration of the crisis, none of the countries in this study have extended the period of support to enhance adequacy, which also accounts for the limited mitigating effect on poverty.

Most responses targeted at households did not include adjustments for household size, which may also have limited the adequacy of the transfer. However, in **Uganda**, more than one household member was entitled to participate in the UCWP if the household had five or more members.



Cash transfer payments as part of a social assistance programme in northern Kenya. Photo: Colin Crowley

5.3 Implementation and operations

In general, programmes with high coverage and strong operational capacity offer more opportunities for responding to shocks (O'Brien *et al.*, 2018; Beazley *et al.*, 2019; Bowen *et al.*, 2020). In this section, we explore how effective responses were enabled and constrained by the operational capacity of existing programmes that were scaled up as part of the response and by operational choices made in the context of the implementation of new programmes.

Programmes with high coverage and strong operational capacity offer more opportunities for responding to shocks.

5.3.1 Registration, verification, and enrolment

Innovative approaches to registration enabled responses that were wide-reaching and facilitated timely implementation, while traditional approaches to registration took longer to implement. In **Pakistan**, registration to the EEC Programme occurred through two channels: a demand-driven self-registration system using mobile SMS services and a

web portal (developed for use in the BISP in 2019), combined with more time-consuming in-person and online registration through district authorities. Registration in **Sierra Leone** took place using pre-existing lists of vulnerable households gathered from multiple agencies as a starting point (rather than through door-to-door identification) to minimise gatherings and speed up the process of identification. In contrast, **Kenya** and **Bangladesh** followed more traditional registration approaches. In **Kenya**, registration took place in person, through community structures using paper-based data collection tools. This resulted in high rates of rejection due to poor data quality. In **Bangladesh**, most programmes undertook new registration (using door-to-door and on-demand approaches), verification, and enrolment of individuals/households in the absence of pre-existing data on potential recipients.

Rapidly designed and implemented approaches to registration and enrolment sometimes came at the cost of a more inclusive and transparent response. In **Kenya**, a lack of checks and balances left registration teams with a high degree of discretion in registering and enrolling the households they qualitatively assessed to be most affected by the pandemic. This can be problematic if registration teams lack diversity or where members have biased views regarding who is most deserving of assistance. In **Bangladesh**, interviewees acknowledged that robust verification of vulnerability for the Prime Minister’s cash support scheme was not feasible given the emphasis on timeliness. When combined with the limitations arising from lockdown restrictions, the lack of robust verification resulted in cases of nepotism and fraud. Further, in **Sierra Leone**, disability in the PWDLH was assessed visually, which likely excluded those whose disabilities were less visible.

Rapidly designed and implemented approaches to registration and enrolment sometimes came at the cost of a more inclusive and transparent response.

5.3.2 Delivery of payments

A strong enabling environment for banking, mobile money, and internet-enabled digital payments supported more timely delivery of cash. This finding is in line with global experiences (Beazley, Marzi and Steller, 2021). Although mobile money is not used in routine social protection in **Kenya**, well-developed infrastructure and the enabling environment (including fee waivers on low-value transactions using mobile money during COVID-19) supported the widespread adoption of mobile money in the response to the pandemic. Similarly, in **Bangladesh**, even though SSNPs have only recently begun to move towards direct electronic payments to recipients, the mobile financial services infrastructure was piggybacked upon at a remarkable pace to deliver cash payments through the Prime Minister’s cash support scheme and cash assistance to laid-off workers. In **Sierra Leone** and **Uganda**, the COVID-19 response was used as an opportunity to pilot electronic payments, given the urban focus of the emergency cash transfer and of UCWP respectively. However, limited mobile phone ownership and connectivity meant cash-in-hand was still used in Sierra Leone for the COVID-19 SSN (which had a rural focus), while rural recipients in **Pakistan** had to wait for hours due to limited internet connectivity.

Although digital payments can be advantageous in some respects, the risk of excluding the most vulnerable people (including women, elderly people, or PWD) may outweigh the benefits of faster implementation if access to mobile phones and/or mobile banking is limited (see Table 5 and Section 4.4).

5.3.3 Grievance redress mechanisms and case management

The accountability of responses was constrained by existing limitations in grievance redress mechanisms and case management under routine programmes. In **Pakistan**, the BISP case management mechanism was inactive and not linked to the EEC. Complaints and grievances were registered manually at payment sites: some were addressed locally and some centrally, but without a coherent and institutionalised system. In **Kenya**, it was not possible to use the routine grievance and case management mechanisms for the COVID-19 response, and an alternative mechanism was not set up. In **Bangladesh**, digital platforms (primarily hotlines) were set up for accountability purposes, but the effectiveness of these remains to be seen given that the existing grievance redress system (also a hotline) does not provide an effective platform for complaints resolution, even in normal times (Khan, 2020). In contrast, in **Sierra Leone**, NaCSA implemented all three COVID-19 responses in partnership with the Anti-corruption Commission, the agency responsible for delivery of the grievance mechanism as part of routine social protection.

5.3.4 M&E

Lack of adequate M&E has also constrained the effectiveness and transparency of responses. The BISP's routine monitoring was leveraged to monitor **Pakistan's** EEC, while **Bangladesh** has been tracking implementation progress for programmes even where there is no M&E system in place. Notably, in **Kenya**, despite large domestic reallocations to the social protection response, the final caseload (or any recipient-level data) of the multi-agency cash transfer remains unknown. Where donors were involved in implementation (e.g. the World Food Programme (WFP) and UNICEF in **Ethiopia** and UNHCR in **Pakistan**), post-payment monitoring processes have been implemented, led by the development partners themselves.

Although digital payments can be advantageous in some respects, the risk of excluding the most vulnerable people may outweigh the benefits of faster implementation.

6 Towards shock-responsive social protection



An African woman wearing a face mask during the COVID-19 pandemic. Photo: Darren Baker

6.1 Discussion

Prior to the pandemic, most research and debate about shock-responsive social protection has focused largely on responses to natural hazards.¹⁷

The COVID-19 pandemic has placed the role of social protection in shock response at the forefront of the policy debate and triggered a wealth of studies documenting the experiences of countries across the globe.¹⁸ In this final section, before setting out the recommendations, we discuss the key findings from this cross-country study and place them in the context of the shock responsiveness literature and global debates. We also explain how these findings contribute to a greater understanding of the role of social protection in responding to large-scale covariate shocks such as COVID-19.

A key finding of the research is that responses, even those deemed most successful in terms of coverage and timeliness (e.g. Pakistan), are unlikely to significantly offset the pandemic's expected impact on poverty rates.

This is not to say that social protection is not effective in responding to shocks. On the contrary, responses fell short compared to the scale of the shock. The limited offsetting effect of responses on poverty rates was driven by the fact that the value and duration of transfers was largely inadequate. In the trade-off between adequacy and coverage, case study countries opted for reaching larger segments of the population with lower transfer values—although in some cases coverage remained limited. This decision was, in many cases, the result of political economy factors as well as of a limited understanding of how the crisis was going to unfold (i.e. governments did not expect the crisis to last so long). Future investments in shock-responsive social protection should identify ways to address this dilemma and balance this trade-off within fiscal constraints (which is also present in the provision of routine social protection) and ensure that people receive the support needed.

Preparedness requires not only contingency planning but also ensuring social protection systems have the flexibility required for responding to shocks.

One of the surprising findings of the research was that the responses in **Ethiopia, Kenya, and Uganda**—countries that are often regarded as adopting best practice in the shock-responsive social protection literature—were disappointing. As described above and in the country reports, there were many reasons for this. However, an important factor was that the investments in terms of shock responsiveness, i.e. the scalability frameworks and the financial commitments, were mostly designed at the programme level and to respond to specific shocks (i.e. droughts). In some sense this is rational, as droughts are recurrent in these countries and historic data can allow prediction of future drought events with a high degree of certainty, facilitating contingency planning and financial commitments. However, a truly shock-responsive system, capable of responding to a range of shocks, requires a more flexible approach; a social protection system—not just a

¹⁷ See, for example, [OPM's seminal work](#), [WFP's research in Latin America](#), [WFP's research in the Caribbean](#), and the [World Bank's book](#).

¹⁸ See [SPACE's living document](#) tracking relevant COVID-19 and social protection materials.

single programme—with inbuilt features to allow flexing and responses to unforeseen circumstances.

Political leadership was one of the main enabling or constraining factors (Section 5.1.3). While the capacity of the social protection system is undoubtedly a key factor in supporting an effective response, the case studies have shown that leadership and commitment to social protection makes a crucial difference. Such leadership has translated into making available more resources, coordinating the support of partners more effectively, aligning various strategies within government, and innovative approaches to service delivery, among other factors. Although the importance of political leadership is probably not a new finding, it does pose a challenge to those working in the sector: how can leaders be supported *today* so they can respond better *tomorrow*?

There is currently much enthusiasm in global debates about the role of social registries in informing shock responses, but having a social registry in place is not a prerequisite for responding to large-scale shocks. Our results suggest we should have more realistic expectations about the role of social registries in shock response and that having a social registry is not the only route to success. It is true that countries with registries with fairly high coverage managed to reach large segments of the population (Gentilini *et al.*, 2021) and to respond faster—on average—to the pandemic (Beazley, Marzi and Steller, 2021). However, many countries do not have such registries in place, or their registries are in their infancy or outdated. In the case of the countries covered by this study, only **Pakistan** had a social registry in use, and it was five years out of date by the time the pandemic struck necessitating the use of other administrative databases to complement social registry data. Consequently, the experiences of these countries call for curbing expectations about the role of social registries. This is partially because developing and maintaining such registries is very expensive and cumbersome, and they require broad consensus (beyond the social protection sector) and long-term investments to be sustainable. In addition, even the few countries with high-coverage social registries faced serious challenges ensuring that data were up-to-date, relevant, accurate, accessible, and complied in line with privacy and security laws and policies (Barca, 2017; Leite *et al.*, 2017). The development of social registries is an endeavour that exceeds shock-responsive social protection and one that depends on many contextual factors and policy priorities (Barca and Beazley, 2019).

Our results suggest we should have more realistic expectations about the role of social registries in shock response and that having a social registry is not the only route to success.

Demand-driven mechanisms to identify recipients were key in the case of Pakistan, and emerging literature shows this was the case in other countries too (Blofield *et al.*, 2020; Gentilini *et al.*, 2021; Barca, 2020). This can have important implications for the future of social assistance programmes, which are usually tied to annual budgets and rigid supply-driven approaches. Truly responsive systems may benefit from demand-driven approaches, allowing individuals to self-identify and apply for assistance.

Technology can improve service delivery, especially in terms of its timeliness, cost, and transparency, but it can also lead to the exclusion of the most vulnerable groups of society, who tend to have less access to such technologies.¹⁹

New approaches to service delivery should be designed according to the needs and preferences of all programme recipients, and of the most vulnerable people in particular. This does not mean denying the benefits of bank transfers, mobile money, and enrolment via web portals or communications via SMS, for example; however, such mechanisms might require combining traditional approaches to service delivery with technology-based approaches. Cost and ease should not come at the expense of marginalised groups—which are the groups most in need of assistance.

Technology can improve service delivery, especially in terms of its timeliness, cost, and transparency, but it can also lead to the exclusion of the most vulnerable groups of society, who tend to have less access to such technologies.

In a context of pressing financial needs, the capacity to quickly mobilise domestic resources and leverage pre-existing external financial mechanisms was important.

The ability to use domestic resources was a function of the fiscal space, the commitment to social protection, and the leadership of the response. In relation to external financing, an interesting lesson for the future is that it is important to design development support programmes (i.e. loans from international banks; budget support programmes from donors) with the flexibility required to reorientate the funds when a crisis hits. This implies defining key parameters that determine when resources can be reallocated (i.e. triggers) and how (i.e. detailed contingency plans or protocols, and firm arrangements with delivery partners). Moreover, such mechanisms should be complemented with commitments to ensure the reallocation of resources does not come at the expense of routine social protection programmes. The extent to which reallocation without compensation materialises is an area for ongoing and future research. Furthermore, preparedness of existing mechanisms should include developing the capacity to absorb additional funding from development partners in times of crisis.

The overall lack of accountability mechanisms, including in existing social protection systems, is a concern, and certainly an area of investment for future responses.

The responses studied in this report have focused largely on two service delivery processes: targeting and payments. Grievance redress mechanisms were largely absent or ineffective, as were case management and M&E mechanisms. The investment in foundational delivery mechanisms and the development of more detailed protocols for shock responsiveness will be key in preventing future trade-offs regarding timeliness and accountability. This is important, as a lack of accountability may undermine the inclusiveness of the social protection response. The social protection sector can learn from humanitarian actors and the disaster risk management (DRM) sector regarding the development of accountability mechanisms that can be scaled up when needed.

¹⁹ See Gelb and Mukherjee (2020) for a review of digital technologies in selected social protection responses, Gronbach (2020) for the increased use of digital payment in sub-Saharan Africa, and Masiero (2020) for details of some of the risks of digital social protection in the context of COVID-19.

6.2 Recommendations for policymakers

Throughout this report, we have sought to determine common factors enabling or constraining social protection responses and that may offer lessons and considerations for other countries in terms of policies and the design and delivery of shock-responsive social protection. The recommendations presented below focus on how to prepare social protection systems to be more responsive. Therefore, they are useful for policy practitioners beyond the Maintains counties. Country-specific recommendations are provided in the six country case studies published on the Maintains [website](#).

The distinction between routine social protection and shock-responsive social protection can be convenient in order to focus on the particularities of responding to large-scale shocks. However, at their core, both are intrinsically the same: they are meant to provide support to people in need, regardless of whether such need is the result of idiosyncratic or covariate shocks or is caused by structural conditions or by stages of the life cycle. For this reason, many of the recommendations for more responsive systems relate to strengthening the foundational aspects of social protection, particularly regarding delivery mechanisms. Detailed recommendations for strengthening core social protection, which will result in an increased capacity for shock response, are described in Annex A.

6.2.1 Enhancing the enabling environment

Financing

Pre-agreed financial commitments: Effective shock-responsive social protection planning, including for less predictable shocks like COVID-19, should be developed on the basis of pre-agreed financial commitments, triggers for activation, and a contingency plan to guide disbursement. Such commitments can include domestic and foreign resources and can combine different financing strategies and funding instruments relating to different types of shocks. When planning for high-frequency shocks, such commitments can be backed by contingency protocols that establish how and when social protection is going to respond. To provide the flexibility to respond to a range of shocks (including those that are less predictable) such commitments would be of a different nature—more flexible and based on broader triggers (e.g. the declaration of a state of emergency), since it is difficult to foresee the nature and scale of the crisis. This will help guard against the diversion of funds from routine programmes or other interventions to the response.

Disbursement mechanisms and protocols: Develop such mechanisms to ensure that funds can be channelled quickly through government and donor systems. This includes engaging donors and partners in the design of financing mechanisms to ensure they can use these mechanisms as channels for delivering financial support in line with their own requirements. Some of the experiences reviewed in this report have shown that, even when resources are available, inadequate disbursement mechanisms can obstruct response.

Legislation, policies, and strategies

Vulnerability of urban populations: The COVID-19 crisis has shown that national social protection policies and strategies should explicitly acknowledge the vulnerability of people living in urban areas to covariate shocks. There is thus a need to expand coverage of social protection programmes in urban areas. Depending on fiscal space, the existing social protection landscape, and the needs of poor and vulnerable urban households, this could be achieved through expanding existing social assistance programmes or introducing new programmes (including contributory programmes) designed specifically to meet the needs of urban populations.

Mainstreaming of shock-responsive social protection: There is a need to ensure that shock-responsive social protection is mainstreamed in social protection and DRM legislative frameworks, policies, and strategies. This includes a vision for the sector, as well as roles and mandates for different social protection actors within this broader framework, which should be endorsed by senior government. This would lay the foundation for ministries and programmes to develop their capacity to respond.

Shock-responsive institutional frameworks: The previous point must be supported through the development of a sector-wide shock-responsive institutional framework to facilitate swift decision making during times of shock. This should go beyond programme-level scalability frameworks and support harmonisation across scalable programmes. A sector-wide framework should define the processes for responding to future shocks, including both low-frequency, high-severity shocks like COVID-19 and high-frequency shocks such as drought. This framework should clearly outline the roles and responsibilities of social protection actors and actors in other ministries/agencies; detail triggers for response; outline financing mechanisms; articulate coordination structures; and lay out protocols and principles to guide alignment in the design and implementation of programmes. This should support timely and coordinated responses.

Comprehensiveness: To address broader social risks, such a framework could also detail strategies and systems to link vulnerable groups of people to social services. Shocks exacerbate social risks (such as GBV) and reduce access to basic services for vulnerable groups (such as PWD or older people). Predetermining linkages to other social services will support a more comprehensive response to shock by addressing other emergent needs, such as health needs or psychosocial support.

Governance and coordination

Strengthen coordination mechanisms: Such mechanisms should enhance coordination within the social sector; between social protection, DRM, and other sectors; among different administrative levels (i.e. federal and provincial); and between governments and development partners, humanitarian agencies, and civil society. These coordination mechanisms need to be active and working before shocks hit so they can also function smoothly during crises. A strong coordination mechanism will help to reduce

proliferation of responses which in turn is important for delivering a more equitable and efficient response.

It is common to see coordination mechanisms described as an area for further improvement in the social protection sector, but this is difficult to achieve in practice. This is why it is recommended to base the coordination mechanisms on:

- clear mandates and roles established by laws and policies (hence the importance of the previous recommendation);
- operational opportunities: finding areas of collaboration that benefit different actors, such as information sharing; and
- pre-agreed commitments about how to respond and the roles and responsibilities of each actor.

It is also recommended that coordination mechanisms for shock response should leverage existing social protection sector coordination structures and that these should always promote and be defined by government leadership.

Information systems and data sharing

Mechanisms for data collection, management, and sharing: Data can inform social protection and DRM preparedness and response actions; however, systems need to be developed accordingly to ensure that data in the registries are relevant, adequate, accurate, current, and secure, and have the coverage required (Barca and Beazley, 2019). Interoperability and data sharing can enable more informed, harmonised, and cost-effective responses. At the same time, it is key to develop strategies to avoid the exclusion of vulnerable groups (such as those without national ID or access to technology) and to enact policies for data privacy and protection. The country studies have shown that information systems are, overall, immature and that this is an area requiring a lot of investment. Information systems consist of three key components.

- **Registries or databases:** Registries should contain good quality data in terms of its coverage, relevance, accuracy, and currency. Registries need to include data on sources of marginalisation, including gender and disability status.
- **Software:** Ensure the different IT platforms allow processing and exchanging of data as intended.
- **Procedures and human resources:** Design protocols and processes that are fit for purpose to make data accessible as per the shock-responsive social protection actions envisioned, while also ensuring privacy and security. These protocols should enable timely access to data by a range of actors both within and outside of government. Roles and responsibilities, including for maintaining the database and updating the data, need to be articulated, with sufficient resources allocated to these tasks.

Useful data beyond social and beneficiary registries: In countries where registries are not complete or current, or where large investments to develop social registries are not feasible or desirable, social protection ministries should identify lists or administrative databases that could be used for the response. To facilitate swift access during times of shock, protocols and data sharing agreements should be set up in advance that specify how social protection actors can access this data and how data may be used to identify recipients or deliver payments. Agreements should be set up in line with the broader regulatory framework and considering citizens' rights in relation to data protection and privacy.

Learn from data collected in the response: It should be best practice for data collected as part of shock-responsive registration activities to be fed back into existing databases and IT infrastructure should allow for this. This will help increase the coverage of existing databases and will form a useful basis for future shock response. For this to be useful, there should be minimum quality standards for data collection.

6.2.2 Improving the design of shock-responsive programmes

Develop guidelines for new programmes/response: Such guidelines should outline design principles, key definitions, and agreements in place to facilitate response (as part of a broader shock-responsive framework discussed in Section 6.2.1). This research has shown that many countries have opted to design and implement new programmes in response to COVID-19 rather than adapt existing programmes, often on the basis of limited or imperfect information. To support this process in the future, and to ensure timeliness does not come at the cost of inclusion, adequacy, etc., these guidelines should include a number of design considerations and principles agreed with development partners and humanitarian agencies to facilitate alignment.

- **Identifying the appropriate target population:** Target populations should be as closely aligned as possible with the populations most in need as a result of the shock. Criteria for targeting should be transparent and implementable such that all those qualifying under the criteria can be included in the response.
- **Setting the benefit level and duration:** Depending on the type of shock and the contingency protocols, transfer values can be defined before shocks. Otherwise, it is important to agree on key principles or mechanisms for defining the amounts *ex post*. Key principles should involve linking the transfer value to a rationale around meeting individual or household needs and/or maintaining resilience during the shock. This will help ensure that the transfers are adequate in relation to their objectives. Consideration should also be given as to whether the benefit should be for an individual or for a household (and if the latter, who within the household is targeted), and the amount determined accordingly.

→ **Inclusivity of the response:** There is a need to outline principles to guide how sources of marginalisation (e.g. gender, ability, ethnicity) can be incorporated into the design of programmes, both in terms of who is targeted (e.g. household head, female household member, etc.) and in terms of how the programme is delivered.

6.2.3 Strengthening the delivery mechanisms

Communication and outreach: For transparency and accountability purposes, as well as to reduce exclusion, there is a need to communicate clear and consistent messaging relating to shock-responsive programmes, including on the enrolment methods and eligibility criteria. This should be done in advance of mass registration efforts. Governments should utilise a wide variety of communications channels (e.g. modern information and communication technologies such as the radio and internet in addition to traditional community structures) and include explicit strategies to ensure that the most disadvantaged communities, individuals, and households have access to information regarding programmes.

Registration, verification, and enrolment: Protocols for registration, verification, and enrolment of recipients during times of shock should be developed and documented. These should be based on tweaking existing processes used in routine social protection and drawing on previous experiences of responding to shock. They will need to be tailored to the circumstances of the shock but, where possible, they should include both remote and rapid strategies (e.g. via SMS or web-based platforms) and community-based/in-person identification of households in need. To strengthen accountability, this should be combined with protocols for verification (e.g. through cross-checks with national ID or mobile financial services databases), which should be supported by prearranged agreements for data sharing and validation protocols to reduce the extent to which registration efforts can be manipulated. Where disability assessments are conducted, even if rapid, they should be carried out by trained frontline workers or professionals following national and international assessment protocols.

Delivery of payments: The use of digital payment solutions should be expanded to support timely responses, while ensuring that payment mechanisms also include strategies to avoid the exclusion of vulnerable populations. Digital solutions are promising and were sometimes fundamental during responses to COVID-19 in contexts of mobility restrictions and social distancing, but they come with the risk of excluding vulnerable populations who may have limited access to mobile phones and/or mobile banking. Therefore, it is crucial to develop strategies to support vulnerable groups to register with digital payment providers and to ensure alternative payment modalities are available to those unable, or unwilling, to use mobile payment platforms.

The needs and voice of the most vulnerable should inform the design of digital mechanisms, and the development or expansion of such mechanisms should be based on the premise of more effective, transparent, and inclusive delivery rather than solely on the objectives of reducing costs and easing operations. Where digital payments (including mobile money) are not part of routine social

protection, pre-shock agreements with payment service providers should be developed to facilitate preparedness. These agreements should outline ways of working between mobile financial services providers and the government, as well as conditions for engagement (including provision for fee waivers or subsidies).

Grievance redressal: There is a need for better grievance redressal and accountability mechanisms both in routine programmes and for shock response. While technical platforms currently exist to facilitate complaints and appeals in many countries, a lack of information and access to these platforms (as well as resource constraints) imply limited opportunities for citizen engagement. Governments should develop a robust and systematic appeals and grievance mechanism that allows applicants and recipients to register complaints. It should also ensure that information regarding the mechanism is communicated openly and clearly to applicants and recipients. The systematic involvement of civil society organisations in shock-responsive implementation could help empower citizens and facilitate improved accountability.

M&E: While it may not be feasible or cost-effective to undertake a full evaluation of each shock response that takes place, a minimum level of monitoring should be undertaken, which must include reporting on recipient numbers disaggregated by gender. This information should be publicly available. The engagement of humanitarian agencies and civil society can help improve the development and readiness of M&E systems.

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Annex A Summary of recommendations

Table 7: Summary of core and shock-responsive social protection recommendations

Area	Core social protection	Shock-responsive social protection
Finance	<ul style="list-style-type: none"> → Ensure that social protection spending is adequate (against international standards) → Ensure that social protection spending is reliable, enshrined in the legislation, and based on wide consensus → Find a balance between domestic and foreign funding, with strategies for increasing the former progressively 	<ul style="list-style-type: none"> → Develop disaster risk financing mechanisms that combine and optimise different instruments based on the country risk profile (including recurrent localised shocks and non-localised/high-severity events); include provisions for shock-responsive social protection → Develop contingency social protection plans based on pre-agreed financial commitments → Develop disbursement mechanisms and protocols to ensure funds can be channelled quickly through government and donor systems for social protection responses → Engage donors and partners in the design of financing mechanisms to ensure they can use them as channels for delivering financial support
Legislation, policy, strategies	<ul style="list-style-type: none"> → Develop or update social protection national law, policy, and strategy → Ensure that social protection policies and strategies include gender equality and social inclusion (GESI) considerations → Ensure that national social protection policies explicitly acknowledge the vulnerability of people living in urban areas to covariate shocks and to falling into poverty 	<ul style="list-style-type: none"> → Mainstream shock-responsive social protection in DRM and social protection legislation and strategies → Develop shock-responsive social protection policies and strategies, including concrete roles for all social protection-related actors
Governance and coordination	<ul style="list-style-type: none"> → Ensure social protection ministries and agencies have the capacity, resources, and power to perform the tasks mandated (i.e. social protection delivery; social protection sectoral coordination) → Develop or improve social protection vertical and horizontal coordination mechanisms, ensuring that social protection programming is harmonised 	<ul style="list-style-type: none"> → Adjust the mandates of social protection ministries and agencies to enable performing shock-responsive social protection activities, if that is the vision in the country → Develop mechanisms for social protection and DRM coordination → Develop mechanisms for social protection partnerships with development partners and humanitarian agencies, based on existing collaboration → Build coordination mechanisms with government and non-government actors on the basis of operational procedures and opportunities (i.e. information sharing; joint M&E) → Develop partnerships with civil society organisations and local actors for effective and inclusive responses
Information systems and data sharing	<ul style="list-style-type: none"> → Develop digital registries, with effective strategies for data updating and sharing → Develop policies and protocols to ensure data protection and privacy → Develop effective measures to ensure that digital approaches to identification and registration do not lead to the exclusion of vulnerable populations and have a GESI lens throughout → Develop strategies and mechanisms for enhancing the interoperability within the social protection sector and beyond (i.e. MoUs, protocols, information technology capacity) 	<ul style="list-style-type: none"> → Develop mechanisms for data sharing between DRM and social protection → Identify other (non-social protection) registries or administrative databases that could be used for the response → Consider testing/scaling up innovative approaches to registration and data collection → Ensure data collected as part of shock-responsive registration activities feeds back into existing databases

Annex A Summary of recommendations, continued

Area	Core social protection	Shock-responsive social protection
Design	<ul style="list-style-type: none"> → Expand social protection coverage in line with international standards → Expand social protection coverage in urban settings → Ensure social protection programme design includes GESI considerations 	<ul style="list-style-type: none"> → Develop shock-responsive social protection contingency protocols based on the country risk profile → Develop mechanisms for defining the amount of cash responses (in agreement with humanitarian agencies), to ensure that transfers meet needs → Ensure the design of contingency protocols and responses include GESI considerations
Implementation and operations	<ul style="list-style-type: none"> → Where feasible, expand the use of digital payment solutions, making sure to complement them with strategies that avoid the exclusion of vulnerable populations → Strengthen grievance redressal and case management mechanisms 	<ul style="list-style-type: none"> → Develop operational mechanisms for the scale-up of support, including stand-by agreements with services providers (e.g. MoUs with payment providers) → Raise awareness about the importance of shock-responsive social protection → Include vulnerability and risk indicators in M&E frameworks → Use/develop digital payment solutions that allow scaling up (i.e. stand-by agreements with service providers), while ensuring that payment mechanisms also include strategies to avoid the exclusion of vulnerable populations → Develop outreach and communications strategies to support an inclusive response → Develop protocols for targeting new responses with adequate checks and balances in place → Set up protocols for data verification ahead of time, e.g. with national ID database, mobile money provider/banks → Consider learning from DRM and humanitarian sectors about how to implement effective accountability mechanisms when responding to shocks

Annex B Detailed overview of social protection responses in six countries

Table 8: Overview of new programmes to extend support to new individuals/households in response to COVID-19

Programme	Target caseload	Eligibility criteria	Benefit size
Bangladesh: Prime Minister's cash support scheme	5 million households	Informal workers made jobless by COVID-19 and not receiving other SSNPs	Bangladesh Taka (BDT) 2,500 (£22), one-off payment
Bangladesh: Cash assistance for laid-off workers	1 million workers (tentative)	Workers on the Feb 2020 payroll of eligible Ready-Made Garment, leather goods, and footwear industries still unemployed	BDT 3,000 (£27) per month up to a maximum of three months
Kenya: Multi-agency COVID-19 cash transfer	669,000 households (national)	Households not enrolled in the Inua Jamii and 'impacted by COVID-19' with vulnerable household members including the chronically sick, PWD, labourers, casual workers, etc.	KSH 1,000 (£7) per week for four months, or a total of KSH 16,000 (£104)
Kenya: National Council for Persons with Disabilities cash transfer	33,333 households (national)	Households not enrolled in the Inua Jamii and that have a member with a disability	KSH 2,000 (£13) per month for three months (in practice, this was paid as a one-off payment of KSH 6,000 or £39)
Kenya: Kazi Mtaani	Phase 1: 26,000 youths (in eight lockdown/urban counties)	Youths (aged 18 to 34) in selected informal settlements whose prospects for daily/casual work have been disrupted by COVID-19; household must not be part of any Government of Kenya cash transfer programme; one youth per household	Phase 1: KSH 600 (£4) per day for 22 days per month for one month, up to a total of KSH 13,400 (£87)
	Phase 2: 270,000 youths (in 34 counties)		KSH 455 (£3) per day for 11 days per month for one month, up to a total of KSH 5,005 (£33)
Pakistan: Ehsaas Ration programme	Not available	Not available	Pakistani Rupee (PKR) 3,000 (£14) or equivalent in food packs
Pakistan: Cash transfer in Sindh	Not available	Households economically affected by COVID-19	Cash assistance of unknown amount
Sierra Leone: PWDLH	10,983 households	Households with PWD, albinos, poor and destitute people, orphans in institutions, and children with mental disabilities	One-off transfer of Sierra Leonean Leones (SLL) 250,000 (£18) for all recipients; 25 kg rice and one bar of soap for recipients during first lockdown
Sierra Leone: Emergency urban cash transfer	29,000 households; 38,700 additional households planned	Informal workers, low-wage employees in services sector, workers in small and micro enterprises	One-off transfer of SLL 1,309,000 (£92)
Sierra Leone: COVID-19 social safety net	65,000 households	Extreme poor, households affected by COVID-19, households including PWD	Four payments: one of SLL 1,309,000 (£92), followed by three of SLL 450,000 (£32), plus a fifth payment of SLL 450,000 for households with a PWD
Uganda: UCWP	462,000 households	Ugandan citizens with a national ID affected by COVID-19: female-headed households with 4+ family members, one child under five, or a member who lost paid work; or the household faces eviction	Uganda Shilling (UGX) 6,500 (£1.26) per day for 12 days per month, two months per year (a total of UGX 78,000 or £30)

Table 9: Overview of horizontal expansions of existing programmes to extend support to new individuals/households in response to COVID-19

Programme	Target caseload	Eligibility criteria	Benefit size
Bangladesh: Horizontal expansion of Old Age Allowance	500,000 individuals	Expansion of the routine SSNP to cover all eligible individuals in the 112 poorest subdistricts	BDT 500 (£5) per month for one year
Bangladesh: Horizontal expansion of allowances for widows, deserted and destitute women	350,000 individuals		BDT 500 (£5) per month for one year
Kenya: Horizontal expansion of Disability Allowance	255,000 individuals		BDT 750 (£7) per month for one year
Kenya: EEC Programme	11.9 million temporary new recipients (families)	Poor families identified through the National Socioeconomic Registry and provincial and district administrations; labourers who have suffered income loss	PKR 12,000 (£55), one-time cash

Table 10: Overview of vertical expansions of existing programmes to provide additional support to existing recipients in response to COVID-19

Programme	Target caseload	Eligibility criteria	Benefit size
Bangladesh: FFP	5 million existing recipients	Poor families selected through local public representatives	One additional month (June) of subsidised food
Ethiopia: RPSNP	2.9 million existing recipients (42%)	RPSNP public works clients in hotspot <i>woredas</i> (severely food insecure districts)	Ethiopian Birr (ETB) 245–ETB 320 (~£5–£7) per person/month or 15kg of cereal per person/month for two months
Ethiopia: UPSNP	All 93,210 existing recipients	Permanent Direct Support clients: labour-constrained individuals (e.g. elderly, PWD, etc.)	ETB 360 (~£8) per household per month for a duration of six months
	All 17,460 existing recipients	Temporary Direct Support clients: pregnant and lactating women	ETB 360 (~£8) per individual per month for a duration of three to six months
Kenya: EU consortium top-up for Inua Jamii	1,966 existing recipients (households)	Inua Jamii recipients residing in informal settlements in Nairobi and Mombasa	KSH 5,668 (£40) per month for three months
Kenya: UNICEF top-up for Inua Jamii	9,700 households	Inua Jamii recipients with children under 10, residing in Garissa, Kajiado, Kilifi, Kakamega, or Migori	KSH 2,000 (~£14) per month for two months
Pakistan: EEC Programme	5 million existing recipients (families)	Existing Kafaalat recipients with poverty score below the cut-off and who pass the wealth profiling-based exclusion criteria	PKR 4,000 (£18) per month for four months (a total of PKR 12,000 or £72)
Uganda: WFP top-up	13,200 individuals	Pregnant and lactating women; children under the age of two	One-off transfer of UGX 144,000 (£29)

Table 11: Overview of humanitarian assistance to provide support to new individuals/households in response to COVID-19

Programme	Target caseload	Eligibility criteria	Benefit size	Link to social protection sector
Ethiopia: HFA	4.9 million	Households at risk of food insecurity (in both urban and rural areas) due to COVID-19	ETB 245–320 (~£5–£7) per person/month or 15kg of cereal per person/month for two months	In RPSNP <i>woredas</i> , benefit value is aligned to RPSNP value; shared targeting mechanism (food insecurity hotspot classifications)
Kenya: EU consortium	~30,000 households and 10,400 women and girls	Vulnerable households in urban settlements in Nairobi and Mombasa	KSH 7,668 (£50) per month for three months	De-duplication through Single Registry; use of the social protection system's harmonised targeting tool
Kenya: WFP	94,500 households	Vulnerable households in informal settlements	KSH 4,000 (£26) per month for three months	De-duplication through Single Registry
Kenya: UNICEF	2,000 households	Households with children with severe acute malnutrition	KSH 2,000 (£13) per month for two months	Alignment with transfer value of Inua Jamii
Kenya: FCDO	50,000 individuals	Residents of informal settlements	KSH 4,000 (£26) per month for three months	Alignment of transfer value with multi-agency cash transfer
Pakistan: UNHCR Cash Assistance for Refugee Families	75,000 families	Vulnerable Afghan refugee households	PKR 12,000 (£55) one-off cash transfer	Alignment of transfer value with EEC

Contacts

✉ maintains@opml.co.uk

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Cover photo: Selamawit (29) from Addis Ababa, Ethiopia is manufacturing masks in response to the COVID-19 pandemic. Photo: Barnaby Jaco Skinner

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