

Maintains



Research supporting social
services to adapt to shocks

Rapid Literature Review: Social Protection

COVID-19 Series

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About Maintains

Maintains aims to save lives and reduce suffering for people in developing countries affected by shocks such as pandemics, floods, droughts and population displacement. This 5-year programme, spanning 2018-2023, will build a strong evidence base on how health, education, nutrition and social protection can respond more quickly, reliably and effectively to changing needs during and after shocks, whilst also maintaining existing services. Maintains will gather evidence from six focal countries — Bangladesh, Ethiopia, Kenya, Pakistan, Sierra Leone, and Uganda — to inform policy and practice globally. It will also provide technical assistance to support practical implementation.

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1 Introduction

Beyond the immediate health impacts, the COVID-19 pandemic represents an economic crisis of global proportions.¹ Early estimates suggest that 49 million people will be pushed into extreme poverty due to COVID-19, of which 77% are likely to be in Sub-Saharan Africa and South Asia.² Households face the multi-faceted impact of the disease itself, which reduces household incomes, increases expenses for health, and increases prices due to disruption of markets, whilst confinement measures result in loss of income and jobs, especially for those in the informal economy. The negative impacts will be disproportionately higher, and last longer, for poor and vulnerable households, including women, children, the elderly, and the chronically ill,³ groups made vulnerable by recent or ongoing crises such as the forcibly displaced, migrants, and those recovering from humanitarian situations, will be at greater risk.⁴

National governments have the primary responsibility for responding to the needs of crisis affected populations, and many are currently scaling up social protection measures to cope with the economic impacts of the pandemic, but much more is needed.

As of 23 April 2020,⁵ a total of 151 countries have planned, introduced or adapted 684 social protection measures in response to COVID-19. Whilst this represents important progress by governments, crucially many low- and middle-income countries (including much of Africa) have proposed little or no activity in terms of measures to ensure income security of affected populations. The window of opportunity is small for urgent pre-emptive action.

The international community has made important global commitments to develop social protection systems to address poverty, vulnerability, and social exclusion.⁶ The Grand Bargain's⁷ cash workstream subgroup on linking humanitarian cash and social protection,⁸ is calling on governments, donors, development and humanitarian partners, and private sector stakeholders to use all means at their disposal to increase provision of cash assistance, where

¹ As noted by UNHRP; UNSC letter to the G20; ODI blog; ILO position; SPIAC B.

² Mahler et al., (2020)

³ The elderly, those with disabilities and the chronically ill will be among the worst affected by the direct health impacts. Low wage workers, poor households with limited access to savings, and those without access to sick pay and job security will be some of the worst affected by loss of income earning activities. There will be a gender disparity in how the pandemic affects men and women. Women are over-represented in the affected sectors and in occupations that are at the front line of dealing with the pandemic and bear a disproportionate burden in the care economy, in the case of closure of schools or care systems (ILO; UN HRP).

⁴ Poverty can fuel contagion, but contagion can also create or deepen impoverishment
<https://www.odi.org/blogs/16754-pandemics-poverty-implications-coronavirus-furthest-behind>);
<https://www.theguardian.com/global-development/2020/mar/25/coronavirus-threatens-to-turn-aid-crises-into-humanitarian-catastrophes>

⁵ Gentilini et al., 23 April 2020

⁶ Among numerous global, regional and national commitments, governments across the world have signed up to establish “nationally appropriate social protection floors”, as set out in the Sustainable Development Goals, Target 1.3. Others include commitments from the International Labour Conference, Sustainable Development Goals, World Humanitarian Summit, New York declaration on refugees and migrants and the 2016 political declaration on HIV and AIDS.

⁷https://interagencystandingcommittee.org/system/files/emergency_social_safety_net_and_the_grand_bargain_-_wfp_document_-_pg_nyn_-_ns.pdf

⁸ The group is composed of representatives of donors, UN agencies, the Red Cross Movement and International Non-Governmental Organisations. It was set up in 2019 with the aim of establishing a central point of discussion and engagement to define, coordinate, advocate for stronger links between humanitarian cash and social protection in preparedness and response across the humanitarian sector.

appropriate, as part of a multi-sectoral response to help populations directly⁹ or indirectly¹⁰ affected by the COVID-19 pandemic. The goal is to ensure timely, efficient and effective interventions to consciously build the humanitarian response on, and align it with national social protection systems to mitigate the socio-economic impacts of COVID-19 on the poorest and most vulnerable.¹¹ As the UN Secretary-General said, 'The 2008 financial crisis demonstrated that countries with robust social protection systems suffered the least and recovered most quickly from its impact.'⁹

The ongoing COVID-19 pandemic will place significant pressure on national social protection mechanisms, especially those non-contributory social transfers that are targeted at the poorest and most vulnerable members of society. Whilst there is no precedent for COVID-19, it is clear that this pandemic will both expand the need for social protection for many individuals, whilst simultaneously undermining the capacity of the social protection delivery systems by affecting staff or damaging systems. Social protection programmes will have an integral role in mitigating the welfare impacts of this global shock. Against this backdrop, this literature review examines the use of social protection in addressing previous epidemics, i.e., SARS, H1N1 Influenza, Ebola, MERS, Zika, the 2008 global economic crisis, and the early responses to the COVID-19 pandemic.

Box 1: Kenya case study

Context: Kenya had 172 confirmed cases on the 7th April, and with the densely populated informal settlements of Nairobi and Mombasa, combined with a public healthcare system that is already under pressure, Kenya could be facing a looming disaster. A McKinsey & Company analysis predicts a worse-case scenario GDP shrinkage of 5%, which would equate to losses of US\$3-10 billion, driven largely by a fall in domestic consumption demand.

The Government has announced a lockdown in urban areas and a ban on social gatherings. Essential services continue to operate but at a curtailed level. Whilst acknowledging the need for social distancing and self-quarantine, it is clear that the brunt of these measures falls on the poor. The informal sector employs 84% of the labour force. These workers have no stable income and are not covered by formal safety nets such as pensions, or any form of wage protection.

The government has announced the following measures:

- An additional US\$100 million for cash transfers to vulnerable groups across the country.
- Income tax waiver for low-income earners (taxpayers in the lowest segment with earnings up to US\$240).
- A reduction in corporate income tax rate from 30% to 25%.
- It will clear US\$130 million of pending bills to improve business liquidity.

Kenya's **National Safety Net Programme (NSNP)** covers nearly a million families. As this is a proven and trusted existing infrastructure, it would be an excellent mechanism to channel substantial amounts of additional international assistance, and rapidly expand coverage.

Source: Sujovit (Global development; public policy blog) (7th April), COVID-19 in Kenya: recovering from the economic crisis.

⁹ Those who have themselves been diagnosed with the virus or who have been in contact with people diagnosed with COVID-19 and been quarantined.

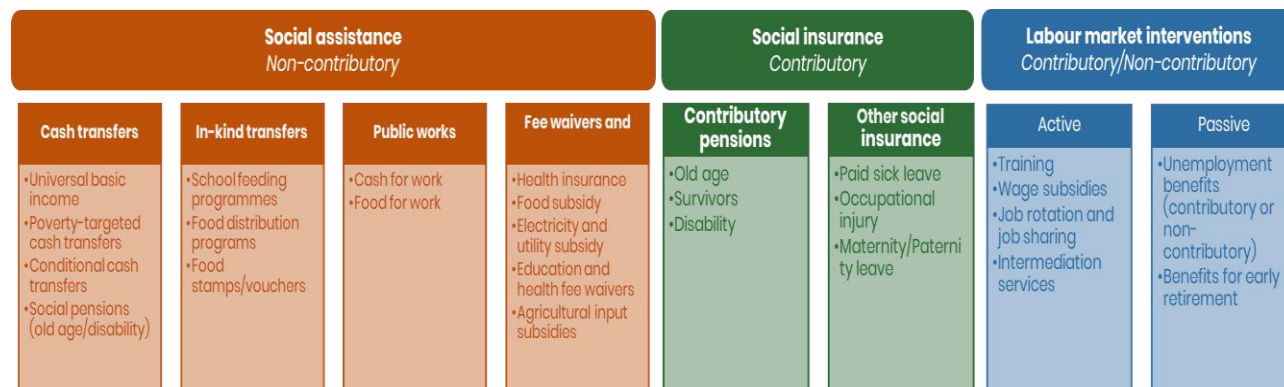
¹⁰ Those affected by measures taken by governments to prevent the spread of COVID-19 in the country.

¹¹ Grand Bargain Cash workstream subgroup (April 2020 pending release) Adapting and scaling up Social Protection for effective response to the COVID 19 pandemic in countries facing humanitarian crisis.

1.1 Framing the literature review

Figure 1 below outlines the range of social protection instruments. This literature review will focus primarily on non-contributory social assistance mechanisms.

Figure 1: Range of social protection instruments



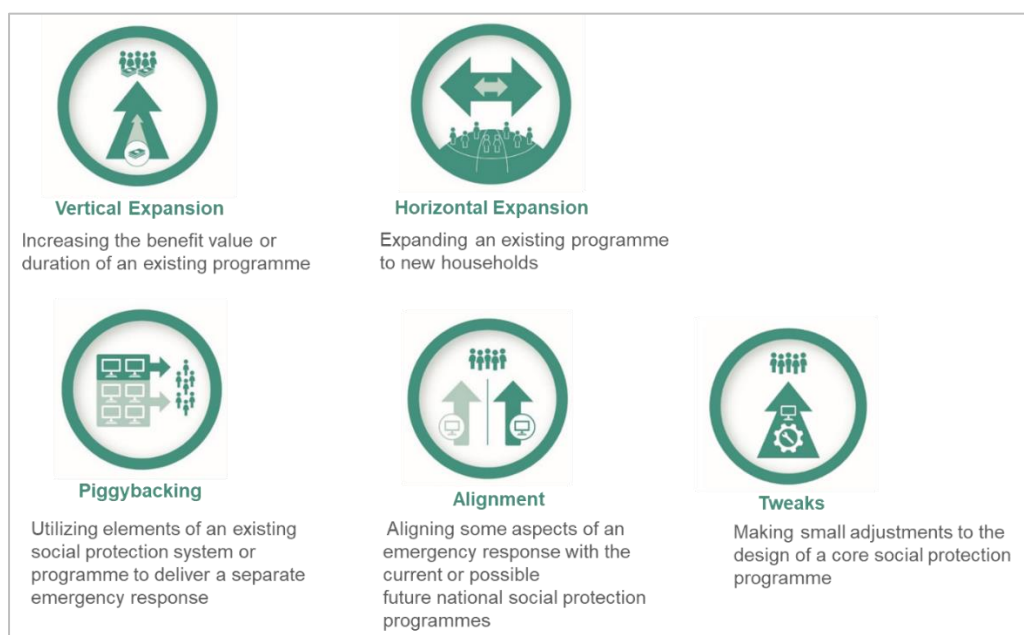
Source: Adapted based on (World Bank, 2018)

Shock responsive social protection focuses on leveraging national social protection programmes and their underlying systems to provide support in emergencies. The literature review is framed in terms of the two core aspects of shock-responsive social protection systems.¹²

1. **System resilience** implies adapting routine processes as needed to ensure continuity of services. The literature review will examine disruptions in the various processes underlying routine programmes and document adaptation strategies used by countries to overcome them (See Section 2).
2. **System response** refers to the ways in which existing social protection systems and programmes can be flexed to cover new needs arising from the crisis. Figure 2 describes the different types of responses that can be mobilised using social protection. The literature review will synthesise country examples activating these responses (Section 3), and the various operational strategies underpinning them (Section 4). Figure 2 outlines the typology for scaling up social protection for shock responsiveness.

¹² O'Brien et al., (2018); Barca, (2020).

Figure 2: Typology of scaling up social protection for shock response



Source: Adapted based on (O'Brien et al., 2018)

Going beyond the immediate response, Section 5 documents successful reforms in the social protection space following the previous epidemics. Section **Error! Reference source not found.** provides broad recommendations for the Maintains programme based on gaps in the literature.

1.2 Limitations

This literature review is limited by the following constraints:

- While social protection has been mobilised by many countries over the last decade, [these experiences](#) have been largely in the context of natural hazards, and to a limited extent, to address economic shocks following the global financial crisis in 2008. There is sparse documentation around the role played by social protection in addressing large-scale health shocks and their immediate economic impacts.
- COVID-19 is unparalleled in terms of the scale of impacts and speed of onset. Therefore, previous epidemics have limited lessons to offer.
- Given the unique nature of COVID-19, the literature review relies heavily on early documentation around COVID-19 itself (i.e., based on the first four weeks of country experiences since COVID-19 was declared a pandemic by the WHO). The effectiveness of many of the strategies described in the review will need to be examined after a sustained period of implementation.

2 Impacts on the delivery of routine services and adaptation strategies

The social distancing measures introduced to contain disease transmission can impede various administrative functions, underpinning the routine delivery of core services, particularly when they rely on human touchpoints. This section examines impacts on outreach, registration, and enrolment, and benefit payment/delivery. In terms of benefit delivery, three main types of non-contributory social assistance programmes are looked at: cash transfers, school feeding programmes, and public works. Finally, in some contexts, the scale of disruptions and increase in demand may overwhelm nascent national social protection systems, necessitating a parallel humanitarian response.

2.1 Outreach, registration, and enrolment

Outreach, registration, and enrolment functions underlying social protection programmes are affected as they typically involve physical interface between frontline service providers and potential beneficiaries. Following COVID-19, many developed countries – Ireland, Norway, Spain – have transitioned to digital channels after suspending front office operations. In LMIC's, the infrastructure may not yet be in place, but a government state of emergency may allow for the use of social registries and relaxed or fast-tracked admissions criteria to identify vulnerable households.

2.2 Delivery of benefits – Cash transfers

The last mile delivery of cash to existing beneficiaries is adversely affected by distancing restrictions, regardless of whether payments are made manually or electronically. For instance, social pensions in Odisha, East India, are traditionally disbursed manually through local government offices. The onset of COVID-19 has resulted in a transition towards home-based payments, due to a failure to observe distancing norms during the traditional payment process.¹³ (While electronic transfers are unaffected by the epidemic, the final cash-out at pay points (such as banks, ATMs, banking correspondents, etc.) is similarly impacted by containment measures. Most countries will need to adapt their delivery mechanisms to minimise crowding at pay points, comply with sanitary standards, and expand the density of pay points, while ensuring that costs to beneficiaries remain minimal.¹⁴ While mobile money presents a contactless alternative, evidence from Africa strongly suggests that mobile money transactions do not automatically translate into a reduction in the use of cash.¹⁵ The COVID-19 crisis could provide impetus to cashless payments in contexts where mobile money is widespread. For instance, the Government of Kenya has mandated waiving transaction fees by mobile money operators for three months – especially for small value transactions – to encourage contactless transactions and thereby reduce the risks of transmission during cash-out.¹⁶

¹³ [The New Indian Express, \(2020\)](#).

¹⁴ CGAP and World Bank, (2020).

¹⁵ Hernandez, (2019)

¹⁶ Ng'weno, (2020).

2.3 Delivery of benefits – School feeding

School closures, implemented as part of containment efforts, affect the continuity of school feeding programmes. COVID-19 is already causing unparalleled disruption in school feeding programmes worldwide, as an estimated 369 million children across 195 countries are missing out on school meals due to school closures.¹⁷ The Ebola outbreak in Guinea, Liberia, and Sierra Leone halted school feeding programmes for six-eight months, affecting nearly five million children across three countries.¹⁸ Although school closures were introduced during the H1N1 pandemic, they were often individual schools for short periods, implying limited disruptions.¹⁹ Widespread school closures were instituted across China, Hong Kong, and Singapore at the peak of the SARS outbreak in 2003, but there is no literature on its effects on school meals.

H1N1, Ebola, and the ongoing COVID-19 crises provide examples of how school feeding programmes can be adapted to overcome constraints arising from these outbreaks. During the Ebola outbreak, food from the school feeding programme was reallocated to the overall emergency response to address vulnerable households, Ebola-affected households, and Ebola orphans living in host families.²⁰ Table 1 outlines how countries across the globe are making adjustments to ensure that child nutrition is unaffected by COVID-19. Some countries are choosing a combination of approaches to maximise implementation efficiency; for instance, in Uruguay, while beneficiaries of an existing targeted cash transfer programme receive a top-up amount for school meals, non-beneficiaries receive food vouchers.

Table 1: Adaptations to school feeding programmes in the context of COVID-19

Adaptation	Issues for consideration	Countries
Take-home ration at specific distribution sites	Safety of service providers Compliance with distancing and sanitary standards at distribution sites	Chile, Liberia, Jamaica, Argentina, Guatemala, Brazil
Take-home ration delivered to pupils' homes	Safety of service providers	Colombia, Kerala (India), Ireland, Belize, Bulgaria, Costa Rica
Cash transfer or vouchers in lieu of rations	Availability of essential goods Food price inflation	Bolivia, UK, Brazil, Uruguay

Source: Country examples compiled based on (Gentilini et al., 2020) and [IPC-IG](#).

2.4 Delivery of services – Public works programmes

Adaptation of public works programmes are emerging from the COVID-19 crisis; previous epidemics do not offer specific lessons given that their spread was negligible in LMICs (which are typically the ones to offer labour-intensive public works

¹⁷ WFP, (2020).

¹⁸ World Bank, (2015).

¹⁹ Public Health England, (2014).

²⁰ WFP and FAO, (2020).

programmes). While public works programmes are part of the fiscal response to address COVID-19 induced job losses in many LMICs, the pitfalls of public works, given transmission, risks is unclear. Some countries, such as India, have provisioned handwashing facilities and masks for workers, and mandated that each worksite be limited to five workers ensuring physical distancing of at least one metre between them.²¹ Other countries have waived off the work requirement altogether to avoid the risks of contagion. For example, beneficiaries of the Urban Productive Safety Net Project in Ethiopia will receive three months of advance wages while their public works obligations are suspended;²² and South Africa has suspended its Expanded Public Works Programme for the duration of the three-week national shutdown, with instructions that workers be paid by departments and contractors for this period.²³

2.5 Humanitarian cash transfer response

While many countries may be able to adapt their programmes, the case of Ebola in Liberia demonstrates that a humanitarian response may play a bigger role when national systems are still nascent. The social protection assistance was routed through 15 partners in Liberia because of the need for a speedy response, and because government capacity was stretched to its limits. The speed of response was negatively affected by the time and resources needed to modify the original grant agreement – which provided for food assistance – to make cash transfers instead, highlighting the importance of flexible funding arrangements. While WFP – a key humanitarian partner – had standard operating procedures that enabled a rapid response, its systems were less aligned with national systems, thus reinforcing parallel systems.²⁴

²¹ Government of India, (2020).

²² Gentilini et al., (2020).

²³ ILO, (2020).

²⁴ Gentilini et al., (2018).

3 Changes in demand for services due to a pandemic like COVID-19

The economic effects of previous epidemics were much smaller in magnitude as compared to COVID-19, and therefore, they did not considerably expand the need for social protection.²⁵ For instance, Hong Kong's social protection was fairly nascent at the time of SARS outbreak in 2003, and most people relied on the Comprehensive Social Security Assistance (CSSA) programme – a means-tested income maintenance programme. This led to a 23% increase in the number of unemployment cases receiving the CSSA, rising from 40,513 at end-2002 to 50,118 at end-2003.²⁶ In the case of Ebola, social assistance was mainly routed through humanitarian actors rather than government systems. In an alignment response by humanitarian agencies, over 62,000 households benefited from social protection initiatives implemented by donor agencies and civil society organisations (CSOs), including the Rapid Ebola Response Safety Net programme in Sierra Leone, which benefited 15,000 households to deal with the economic shocks of the crisis.²⁷ Whereas in Brazil, the government horizontally expanded the Continuous Cash Benefits Program (BCP) to include children born with microcephaly due to Zika virus. This led to an eight-fold increase in the uptake of the programme by children under 48 months of age, increasing from an average of 200 annual beneficiaries to 1,603 beneficiaries during the Zika outbreak in 2016.²⁸

Contrary to previous epidemics, emerging evidence suggests a large and unprecedented contraction in employment – equivalent to 195 million full-time jobs – as countries and economies lockdown to control the spread of COVID-19.²⁹ Figure summarises the distribution of three main types of response – social assistance, social insurance, and labour market interventions – by country income levels. Currently, social protection responses are concentrated in upper middle-income countries and high-income countries, spanning across the three types of instruments. While lower middle-income countries are catching up, their responses largely involve non-contributory social assistance programmes. The use of social protection as a response strategy remains nascent in low-income countries.

²⁵ For instance, in Hong Kong, while unemployment rate rose through the SARS outbreak from pre-SARS levels of 7.2% to a peak of 8.7%, the impact was mostly short-term and localised, as employment began recovering within four months of the outbreak.

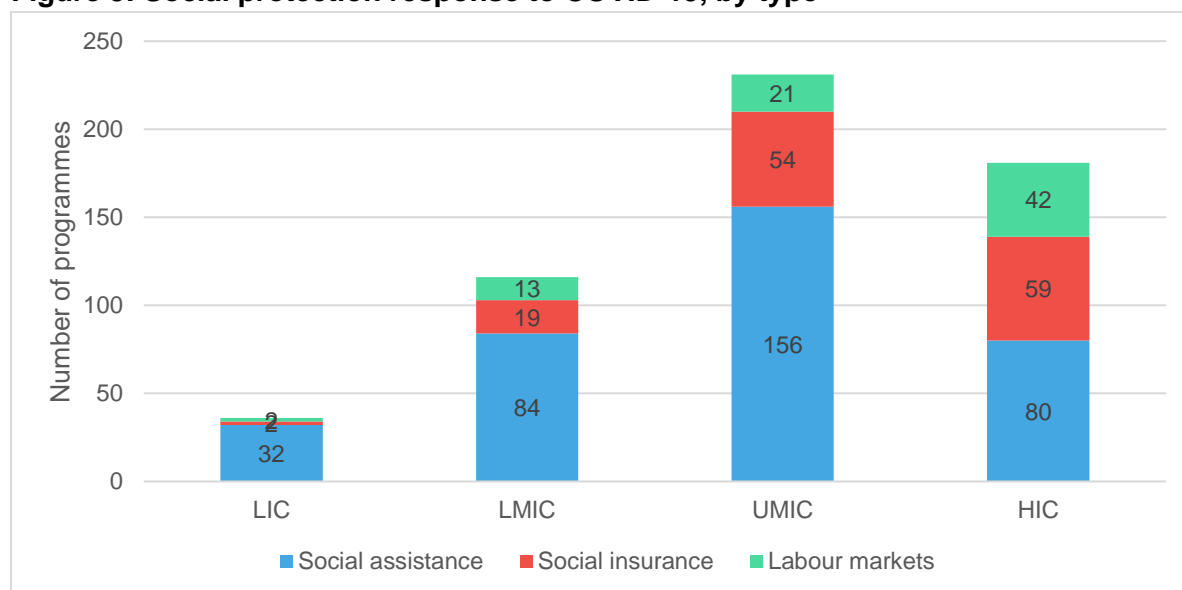
²⁶ Government of Hong Kong SAR, (2003).

²⁷ University of Pennsylvania, (2019).

²⁸ Pereira et al., (2017).

²⁹ ILO, (2020).

Figure 3: Social protection response to COVID-19, by type



Gentilini et al 2020. Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures (Version 5)

Notes: Includes both adaptations of existing programmes and introduction of new programmes

Within social assistance programmes, cash transfer programmes are the most widely used intervention. Of the 412 COVID-19 social assistance measures globally, 222 are cash-based programmes such as conditional cash transfers, unconditional cash transfers, social pensions, and cash for work. About half of these 222 measures are entirely new programmes announced specifically in response to COVID-19, whereas the remaining measures encompass adaptation: expanding coverage (horizontal scale-up), increasing benefits (vertical scale-up), and making administrative requirements simpler and more user-friendly.³⁰ Most programs have a duration of 3 months, with several monthly one-off schemes and some longer programmes in a few other cases.

Examples of these new interventions are outlined in Table 2 below, which highlights examples of proposed government social assistance due to COVID-19 in the six Maintains countries. Although these examples are evolving weekly, they are not atypical representations of the different approaches taken by LMIC governments, which reflect their prior experience and engagement in shock responsive social protection. For example, it is clear that Kenya and Ethiopia’s national shock-responsive social protection systems (HSNP and PSNP), and Sierra Leone and Pakistan’s prior emergency scale-ups to epidemics and natural disasters, have enabled their approach to date.

³⁰ Gentilini et al, 2020

Table 2: Examples of social assistance measures put in place due to COVID 19

Country	Type of Assistance	Mechanism	Activity
Kenya	Social assistance	Cash transfers	Utility and financial obligations support (waiver/postponement) The National Treasury appropriated Ksh10B (equivalent to US\$100M) for supporting the elderly, orphans, and other vulnerable members with cash transfers. Fee waivers on person-person mobile money transactions on M-PESA were approved. Plus, a 100% tax relief for persons earning less than Ksh.24,000 is planned.
Ethiopia	Social assistance	Public Works	Beneficiaries of the Urban Productive Safety Net Project (UPSNP) will receive advance three months payment while on leave from their public works obligations and can withdraw 50% of their savings to cover expenses arising out of the COVID-19 emergency. Low-income citizens who are currently not benefitting from UPSNP, will be covered by the Project and will receive three months advance payment
Uganda	Social assistance		No social assistance mechanisms proposed to date
Sierra Leone	Social assistance	In-kind food/vouchers schemes	The government distributed 25 kg bags of rice, 250,000 Leones (US\$25.77) to 1,891 individual and group beneficiaries and expect to reach approximately 10,000 PWD.
Pakistan	Social assistance	Cash Transfers	Launch of "Ehsaas Emergency Cash Programme" providing Rs12,000/family and benefitting 67 million individuals (10 million families). Three categories of beneficiaries: 4.5 million existing "Ehsaas Kafaalat" beneficiaries (all women) already getting Rs.2000 will get extra Rs.1000 emergency relief for the next four months; Three million affected households will be identified through the national socioeconomic database (eligibility threshold will be relaxed upwards); and those with income below Rs20,000. An SMS campaign will be launched to inform about the program.
Bangladesh	Social assistance	Cash transfers In-kind food/voucher schemes	Benefit under key safety net programs will be increased (amount not determined yet). Food subsidies would include selling rice at Tk5/kg through OMS, down from Tk30/kg

4 Operational strategies to address changes in demand

Early evidence from developed countries shows a sharp increase in demand in the first four weeks of distancing measures. On-demand registration systems (i.e. potential beneficiaries, can apply for benefits any time they become eligible) underlying these programmes have resulted in immediate impacts on programme uptake. This section discusses some of the operational strategies that have been used to address changes in demand, both due to increased uptake of existing benefits, as well as introduction of new benefits.

4.1 Multiple channels to enrol new beneficiaries

The surge in demand, and the limitations posed by containment measures, have resulted in countries using a mix of channels to enrol new beneficiaries. In the cash-based response to Ebola, local authorities and communities played a key role in the identification, enrolment, management of payments and monitoring.³¹ The massive demand following COVID-19, has seen many countries reconfigure the range and scale of enrolment channels. For instance, LMICs such as India and Brazil have shifted to digital channels, and registrations (either online or offline) are being facilitated by CSOs particularly for vulnerable communities with low-levels of literacy and internet access. Some countries are piggybacking on existing databases to proactively enrol beneficiaries.

4.2 Surge capacity to enrol new beneficiaries

The ability to rapidly ramp-up capacity to meet the surge in demand for social protection is crucial. The Department of Work and Pensions in the UK has moved 10,000 staff, and is currently recruiting for more staff to process the massive spike in claims. The speed of response is substantially undermined wherever surge capacity is absent.

4.3 Fast-track processing by waiving off processes or requirements

Some countries have tweaked administrative processes to address increased demand while ensuring timely response. For instance, Canada has waived off the verification requirement for its emergency benefit programme, with the intent to deduct benefits later if beneficiaries are found ineligible.

During the Zika epidemic, some procedures were adapted to help families with the administrative requirements in Brazil (e.g., scheduling of appointments and the provision of the medical report at the diagnosis centre instead of at the pension units), and priority was given to children with microcephaly in accessing the benefit.³² However, uptake of the Continuous Cash Benefits program was 65% less than microcephaly cases, indicating the

³¹ CaLP et al., (2020).

³² Bachtold, (2019).

inadequacy of these measures, and the need for an effective integrated case management system as well an active search strategy.³³

4.4 Piggybacking on existing information systems

Countries are piggybacking on social registries, ID database, and database integration to target emergency support to new beneficiaries. For instance, Peru and Colombia are creating a database of beneficiaries for one-off emergency transfers by integrating their respective social registries with other sectoral programme databases (i.e., Finance, Health, etc.).³⁴ Namibia's one-off Emergency Income Grant integrates the national ID database and several programme databases to target support to unemployed workers in both formal and informal sectors.³⁵ Bolivia is also providing a one-off transfer to those on the national ID database who do not receive wages of any kind, or are beneficiaries of any existing state support.

4.5 Use digital payment delivery systems and expanding cash-out networks

Cash transfer programmes are taking advantage of modern Government-to-Person (G2P) payment systems that were not ubiquitously available during the previous epidemics and pandemics.³⁶ In Chile, the national ID-linked basic account – Cuenta Rut – which covers most low-income people will allow April payments of the “Bono COVID-19” directly into the bank accounts of more than two million vulnerable Chileans. In India, payments of INR 1500 have been made to women who hold a certain type of bank account created under a flagship financial inclusion programme. Countries are also managing the spike in volume at cash points through staggered payment schedules (Ecuador, India), relaxing the criteria for allowing agents to expand the network of distribution points (Ecuador), and assigning beneficiaries to specific bank branches (Peru).

³³ Pereira et al., (2017).

³⁴ World Bank and CGAP, (2020).

³⁵ Republic of Namibia, (2020).

³⁶ World Bank, (2020a).

5 Successful recovery and reform interventions after a crisis

A shock is an opportunity to build system resilience in the future. Learning from changes made during a crisis can be used to inform preparedness measures and strengthen the entire system for the future. A prominent example comes from China, where SARS revealed the weaknesses underlying the country's public health system. As part of the broader public health reforms post-SARS, China introduced comprehensive and affordable health insurance through the establishment of the New Cooperative Medical Scheme.³⁷

Post-Ebola, efforts to develop a robust social protection system in Sierra Leone have accelerated – with international donor support – including strengthening the social protection information system, providing income support, and streamlining delivery systems.³⁸ While cash was important during the immediate response phase of Ebola, it was alone not sufficient and needed to be linked to other complementary services to strengthen livelihoods and build resilience.³⁹ Public works could potentially have a role to play in the recovery phase of crisis as various systems begin to be rebuilt; for instance, the WFP used a public works programme to ensure faster decontamination and re-opening of schools for resuming the school feeding programme in Sierra Leone.⁴⁰

³⁷ Zhu, (2012).

³⁸ Government of Sierra Leone, (2015).

³⁹ CaLP et al., (2020).

⁴⁰ WFP, (2016).

6 Recommendations for further technical assistance for Maintains

Social protection, especially cash transfers, are an essential tool for meeting immediate needs and protecting income security.⁴¹ Social protection systems, particularly non-contributory schemes such as cash transfers, enable people to manage the negative impacts of crises. During the global financial crisis, previous epidemics, and a range of natural disasters, social protection measures have helped ensure access to healthcare, protect consumption, support protection or recovery of livelihoods, prevent a deepening of poverty, and sustain investments in human capital.⁴²

Following its recent focus on SRSP⁴³⁴⁴ actors, such as OPM under the framework of Maintains, are well positioned to bring national government and international humanitarian partners together, encourage joint working, support technical analysis and inputs, share information, and broker actions that bridge the humanitarian and development divide. All of the Maintains countries have a national non-contributory social protection mechanism which covers a proportion of the most vulnerable households with regular, predictable payments. However, with the increase in poverty rates caused by COVID-19, there is scope to expand or adapt the social transfer mechanisms using the mechanisms outlined in Figure 3. OPM is in a strong position to provide technical assistance to support this work under the umbrella of Maintains given its previous work on shock responsive social protection and systems-based approaches.

The Grand Bargain Social Protection and Humanitarian Cash Links working group⁴⁵ is actively engaged in highlighting good practice through a community of good practice and sharing lessons learned and opportunities for linking SP systems to humanitarian cash in a pandemic.⁴⁶ This work should inform any country level analysis and intervention.

6.1 Recommendations

Understand the extent of existing coverage for affected groups. It will be crucial to understand the overlap between affected groups and the current suite of social protection programmes in Maintains countries to inform specific medium-term social protection responses. Welfare losses are expected to transmit through four main channels: loss in labour income; loss in non-labour income; loss in consumption; and service disruptions. In addition

⁴¹ Grand Bargain Cash workstream subgroup (April 2020 pending release) Adapting and scaling up Social Protection for effective response to the COVID 19 pandemic in countries facing humanitarian crisis.

⁴² UN SG Letter to G20 'The 2008 financial crisis demonstrated that countries with robust social protection systems suffered the least and recovered most quickly from its impact': <https://www.un.org/sg/en/content/sg/note-correspondents/2018-11-28/note-correspondents-secretary-general%E2%80%99s-letter-g20-leaders>

⁴³ OPM, Barca, V., O'Brien, C., January 2018 'What role can social protection systems play in responding to humanitarian emergencies?'

⁴⁴ OPM, O'Brian, C., (2018), Shock-Responsive Social Protection Systems Research Synthesis Report

⁴⁵ Update #03 (19 April 2020), GB Social Protection and Humanitarian Cash Links:

<https://dgroups.org/groups/calp/calp-en/discussions/m9c85gl5>

⁴⁶ https://socialprotection.org/sites/default/files/publications_files/Webinar%20Presentation%2016%2004%202020.pdf

to overall deepening of poverty, these impacts are likely to vary across groups depending on age, gender, socio-economic status, household composition, nature of employment (i.e., formal/informal, salaried/self-employed), sector of economic activity, and location (i.e., urban/rural).⁴⁷

Assess the strength of existing systems and capacities to scale-up social protection to newly vulnerable households. The strength of existing systems and extant capacity will define the options available for flexing social protection for COVID-19 response. This will involve an analysis of the political, technical, operational, and financial feasibility, of the country's cash based social transfer programme(s) to provide assistance to people affected by COVID-19. This will include looking at the relative strengths and weakness of the existing programmes vis-à-vis the affected groups; whether information systems and data integration capabilities are available to target support; understanding the different registration channels are feasible, especially in the context of literacy levels, infrastructure availability, and frontline capacity; and what the various delivery options are, considering the extent of access to markets and cash-out points.

Researching and proposing practical solutions to the problems faced in Maintains countries that would be applicable in across other similar contexts and regions. For example:

- Each of the countries have functioning social protection systems that currently transfer regular payments to vulnerable households. In Uganda, for example, these payments have been stopped to the elderly to reduce their risk of contracting COVID-19 when they go to the bank. Maintains could work with others to look at technical solutions to this problem so that these vulnerable households are not without their income.
- Each of the countries' social transfer programmes are targeted at certain groups i.e., the Kenya National Safety Net Programme is made up on orphan and vulnerable children and older person, people with severe disability, the huger safety net programme, and the urban food subsidy programme. Although there is a robust targeting mechanism, there is a relatively low-coverage of the population, and there are people who fit the criteria who do not have access to the programme as they do not have the correct documents. Maintains could look at the barriers to application, and work to support the government with a COVID-19 enrolment process for households who fit the criteria using reduced documentation criteria. For example, the village (or informal settlement) elder can verify the person's identity and credibility, and initial payments can be made until and this can be further verified at a later stage.
- Social transfer payments are not sufficient to protect livelihoods and these will need further mechanisms to prevent vulnerable livelihoods from selling valuable assets. Maintains could look at calculating a livelihoods minimum expenditure basket for support in the six countries and working with governments to look at mechanisms for targeting vulnerable livelihood sectors.

Consider solutions for scenarios where scaling-up of social protection is not an option. Many of the adjustments seen thus far have been possible because social protection programmes are in place and systems are more or less consolidated. This may not be the

⁴⁷ World Bank, (2020b).

case in some of the Maintains research countries. For instance, although social assistance programmes are common in LMICs, only 18% of those in the poorest quintile are covered by a social assistance scheme.⁴⁸ It will be important to consider alternative solutions – possibly humanitarian responses that align with national systems – for sections of the population that are largely unaccounted for.

Identifying entry points for long-term reform. Given the salience of social protection in COVID-19 response, the crisis will likely open the policy space for long-term reforms in social protection. For instance, many of the conditional cash transfers in East Asia, Latin America, and the Caribbean were institutionalised as a result of cracks in social protection provision revealed by the global financial crisis in 2008. It will be of crucial importance to synthesise gaps in existing coverage, current systems, and capacity, to identify entry points for longer term reform. IMF have developed a regularly updated policy tracking tool by will support country level policy related work.⁴⁹

Need for rapid adaptive learning. As COVID-19 is unparalleled by any of its predecessors, the evidence base to inform the design and adaptation of social protection programmes and systems remains slim. Therefore, Maintains will need to take an iterative approach in rapidly learning about effective approaches in each of the countries, and more importantly, play a pivotal role in engaging with the sector as the national social protection policy spaces open up following COVID-19. With a daily change in the situation globally, and by country, it will be important to monitor the important work being done by Ugo Gentilini⁵⁰ and the GB social protection and humanitarian cash transfers weekly update⁵¹ which includes country updates.⁵²

⁴⁸ World Bank, (2018).

⁴⁹ IMF Policy responses to COVID-19: https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19?utm_medium=email&utm_source=govdelivery#K

⁵⁰ Weekly Social Protection Links. SP Links April 3 — new update on country social protection responses to COVID-19: <http://www.ugogentilini.net/>

⁵¹ Update #03 (19 April 2020), GB Social Protection and Humanitarian Cash Links: <https://dgroups.org/groups/calp/calp-en/discussions/m9c85gl5>

⁵² <https://drive.google.com/file/d/14fd9FMcm9ueDsfmLLJPyPQRNk9MI0KpC/view>

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