

Social protection responses to COVID-19 in MENA: Design, implementation and child-sensitivity

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COVID-19 has affected all countries in the Middle East and North Africa (MENA) region, and groups already vulnerable before the crisis, such as children, have been particularly affected. Estimates indicate that the pandemic sent almost 10 million more children into poverty, school closures caused about 100 million children to be out of school, and lockdowns increased the risk of violence against women and children (UNICEF 2021).

Social protection can promote children's well-being and reduce the negative impacts of crises on them, especially if their needs and vulnerabilities are taken into account. Against this background, the IPC-IG and UNICEF MENARO partnered to analyse the social protection responses to COVID-19 in MENA and assess the extent to which they took children's needs into account (Bilo, Dytz, and Sato 2022). For the assessment, social assistance responses implemented by the 20 countries in the region up to 31 March 2021 were considered, drawing mainly on the IPC-IG's 'Social protection responses to COVID-19 in the Global South' dashboard.¹ In addition, social assistance measures provided by United Nations agencies (UNICEF, the United Nations High Commissioner for Refugees, the United Nations Relief and Works Agency for Palestine Refugees in the Near East, and the World Food Programme) in nine countries facing humanitarian crisis situations were also analysed (Iran, Iraq, Jordan, Lebanon, Libya, State of Palestine, Sudan, Syria and Yemen).

The study is divided into two parts. The first provides an overview of the main design and implementation features of the responses implemented in the region. Up to the end of March 2021, the 20 countries had implemented a total of 77 social assistance responses. Food, fuel or public utility subsidies were the most common intervention, followed by emergency cash transfers. The primary strategy used by MENA governments was to expand coverage by creating new (mainly temporary) programmes. Vertical expansions (i.e. increased benefit values) were less common. Yet countries often faced challenges to quickly reach previously uncovered individuals, due to a lack of social protection registries. Other key limitations included low coverage and benefit values, as well as the prevalence of *ad hoc* benefits that often did not provide sustained support.

Ad hoc benefits were also prevalent among the 96 humanitarian measures mapped, most of which (55) provided in-kind transfers, such as food baskets. It is important to note that humanitarian social protection measures are not directly comparable to governmental ones, as they are by default often more *ad hoc* (in response to a crisis situation) and are usually much smaller in coverage.

The second part of the assessment focuses on the child-sensitivity of the cash, in-kind and school feeding responses (both governmental and humanitarian) in MENA. Out of 145 responses mapped, 109 were considered child-sensitive. Except for Algeria, Oman and Qatar, at least one child-sensitive response was mapped in all MENA countries.

The responses were considered child-sensitive if they met at least one of the following six criteria:

- Explicitly targeting children: This was the most common child-sensitive design feature, with at least 64 responses explicitly targeting children. Nevertheless, few responses explicitly targeted children with disabilities, newborns or younger children.
- Cash benefits increase with the number of household members/children: 17 responses were considered child-sensitive within this category.
- Supporting children's access to education: 22 social assistance measures were mapped in this category. Emergency in-kind distributions such as the provision of materials to facilitate e-learning or offline self-paced materials, led mainly by humanitarian actors, were essential interventions.
- Supporting children's access to nutrition: Most of the 48 responses identified here were ad hoc emergency in-kind transfers (e.g. food baskets and food vouchers). Converting school meals into take-home rations was another important strategy to ensure children's food security.
- Supporting children's access to health/water, sanitation and hygiene (WASH): 34 responses were mapped here; similarly to the responses supporting access to education, humanitarian ad hoc emergency in-kind transfers (mainly hygiene items) represented a significant share of these interventions.
- Supporting children's access to child protection services: Only three responses were mapped that linked social and child protection. A lack of available information is a possible reason for the small number of measures found in this category.

Overall, the assessment highlighted the need to strengthen important social protection system features, such as registries and coordination frameworks, as well as to identify and increase fiscal space and leverage humanitarian funding. Children's differentiated needs must be taken into account more, for both regular and emergency programmes. Not only do programmes need to be large enough to reach all children in need, but their benefits also need to be sufficient and regular to make a meaningful contribution. Moreover, linkages to education, nutrition, and health and child protection services should be created. Effective case management and a well-trained social service workforce are key. International partners, including United Nations agencies, can support countries in this regard.

References:

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

UNICEF. 2021. *Middle East & North Africa Region COVID-19 Situation Report*, No. 13. Amman: United Nations Children's Fund.

Note:

1. See: <<https://socialprotection.org/social-protection-responses-covid-19-global-south>>.