

COVID-19 and Social Protection in the Gulf Region: Analysis and Lessons Learned on Shock-Responsive and Child-Sensitive Systems¹

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The countries of the Gulf Cooperation Council (GCC) experienced the pandemic as a ‘double crisis’, as lockdown measures coincided with an already ongoing drop in oil prices. Social protection responses implemented by governments of GCC countries in the areas of social insurance, labour market measures and social assistance were key to addressing the pandemic’s adverse consequences and provide important lessons learned for building stronger, more shock-responsive and child-sensitive systems in future.

The four countries studied implemented 35 social protection measures in response to COVID-19, most of which were in the field of social assistance. Subsidies comprised the most prevalent social assistance measure, followed by free health care and emergency in-kind transfers, mostly food parcels. The most common approach was to implement vertical expansions of existing programmes through top-ups of regular cash assistance.

Shock-responsive social protection and child-sensitiveness

An assessment of the shock-responsiveness of GCC measures is hindered by the lack of available information. Data on **coverage** was available for only five measures. Notably, Kuwait’s emergency cash and in-kind assistance targeting vulnerable families and migrant workers covered about 43 per cent of the population. However, it was only paid once, hence limiting its ability to provide support to those most affected by the pandemic. As for pre-existing measures with available data that were topped up in GCC countries, their coverage rates were less than the average coverage for other measures that were topped up in countries in the Middle East and North Africa (MENA): 7.5 per cent in GCC countries and 18 per cent in the MENA region. Notably, the **adequacy** rates of the top-ups implemented indicate that the values of benefits distributed in the GCC countries (USD2,397 purchasing power parity—PPP) were higher than the average monthly cash transfer values in both the MENA region and globally (USD237 PPP and USD200 PPP, respectively).

The report also studied child-sensitiveness through six criteria:

(i) targeting children directly; (ii) supporting children’s access to nutrition; (iii) to health and water, sanitation and hygiene (WASH) services; (iv) to education; (v) or to child protection services; and (vi) increasing the benefit value per child or by household size. Seven of the 18 measures implemented were considered child-sensitive, and the most prevalent child-sensitive feature was targeting children directly or indirectly, followed by supporting children’s access to nutrition and increasing benefits with the number of children. None of the measures mapped supported children’s access to child protection services (although measures with this objective may have been implemented in practice but not publicised).

Comparison with other high-income commodity-reliant countries

When compared to **Singapore, Australia and Brunei Darussalam**, the GCC countries implemented half as many measures as the subset of high-income countries (HICs), and with a shorter duration and lower frequency of payment disbursement. In terms of **timeliness**, the HIC group announced their response measures on average three weeks before the introduction of lockdown measures, unlike the GCC countries. The **coverage** of social assistance measures in the selected HIC countries was almost three times that of the GCC countries. As for **adequacy**, the benefit values delivered by the GCC countries were almost six times those of the HIC group, but the interventions were also shorter in duration. Fifty per cent of the social assistance measures in the HIC group were child-sensitive, compared to 39 per cent in the GCC countries.

Lessons learned

Notable responses include the *Faza’a Kuwait* campaign in Kuwait, which showcased strong coordination and collaboration between government agencies and the non-governmental sector; the ‘Education Uninterrupted’ measure in the United Arab Emirates, which supported children’s access to education; Bahrain’s *Tamkeen* Wage Subsidy, which supported informal workers, including those working in the early childhood education sector; and Saudi Arabia’s extension of free COVID-19 testing and treatment to non-nationals, regardless of their migratory status.

Some recommendations to improve the shock-responsiveness and child-sensitiveness of social protection in the GCC countries include: increasing financial and technological capacities to implement horizontal expansion of existing social assistance measures to be used in times of future crises; studying the feasibility of more inclusive social protection response measures for migrants; ensuring that emergency frameworks or laws include ‘social protection’ as part of the national response to particular crises; increasing transparency in the reporting of shock-responsive social protection measures to allow for better evaluation; considering disbursing lower benefit values with longer duration, instead of one-off payments; ensuring that emergency measures target children of different ages—i.e. new-borns, pre-primary-aged children, primary-aged children and youth; removing the cap on per capita benefits to accommodate the large household sizes in GCC countries; and ensuring that emergency measures support access to private early childhood education in GCC countries.

Reference:

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Note:

1. This *One Pager* is based on Hammad (2022). All references can be found in the full report.