

Social Assistance and Covid-19: Reaching the Furthest Behind First?

Social assistance has been a vital part of the response to the Covid-19 pandemic to buffer against the worst of its socioeconomic consequences. But it is not clear whether these measures were inclusive of the most marginalised individuals or reached the furthest behind first. This review of experiences across low- and middle-income countries shows that many vulnerable groups received support, including those who were previously excluded. However, experiences differ across countries, contexts, and populations. By identifying the factors that contributed to in- or exclusion, we can learn important lessons for future social assistance and wider social protection systems.

Key messages

- Experiences of social assistance during the pandemic varied across interventions, contexts, and populations: some vulnerable groups received heightened attention while others were overlooked.
- But, overall, social assistance did not adequately respond to the needs of the most marginalised individuals.
- Interventions were more inclusive if they already had an inclusive focus before the pandemic, and if they held accurate data on the most vulnerable and their needs.
- Risk factors for exclusion include an over-reliance on digital tools, use of standardised and household-level eligibility criteria, inadequate grievance mechanisms and safeguarding protocols, and abrupt discontinuation of emergency support.
- Successful interventions made use of local-level autonomy, flexible eligibility criteria, grass-roots engagement, and multi-stakeholder platforms.

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While some vulnerable groups received heightened attention, others were commonly overlooked. Overall, social assistance did not adequately meet their needs.

The Covid-19 response

Social assistance has been an important component of the Covid-19 response to buffer against the socioeconomic consequences of the crisis. In low- and middle-income countries (LMICs), social assistance accounted for two-thirds of all social protection measures put in place by governments and development partners in response to the pandemic. It was most commonly provided through cash transfers and delivered both by expanding existing programmes and establishing new schemes.

This rapid expansion of social assistance has given rise to a wave of speculation – and excitement – about whether it marks a turning point towards more extensive and stronger national social protection systems. However, evidence is limited about the extent to which vulnerable and marginalised groups were prioritised or included in these measures, and what factors may have aided or prohibited their inclusion.

Experiences of social assistance during this time, as presented in this review of policy reports and key informant interviews, offer vital lessons to inform how vulnerable and marginalised groups can be better included in social protection policy and programming in the future.

Which groups did assistance reach?

The degree to which the Covid-19 social assistance response was inclusive of the most vulnerable groups varied across countries and measures. Some governments adopted more universal approaches with a wide population coverage while others limited their support to clearly defined vulnerable groups, such as older people and persons with disabilities.

The pandemic shed light on populations that were previously overlooked in many social assistance programmes, such as urban residents and informal workers. These groups were typically considered to have greater access to income-generating opportunities, but, given their heightened vulnerability to pandemic restrictions, they were deliberately targeted in Covid-19 social assistance measures.

At the same time, many interventions focused on getting support out to as many people as quickly as possible. This often allowed little opportunity for evidence-based decision-making regarding who might be in greater need of support or at greater risk of exclusion. In particular, the new schemes set up in response to the pandemic showed limited consideration of vulnerabilities at individual and household level, such as care needs for children and other family members, which call for a more tailored response. Paradoxically, this means that measures that were more universal in nature were at risk of excluding the hardest-to-reach as no special provisions were made for identifying and including them.

Despite widespread evidence that women carried a disproportionate burden of the pandemic's socioeconomic consequences, and strong calls for social assistance to take this into account, many interventions lacked a gender-sensitive approach. It is also unclear whether emergency social assistance measures worked together with gender-based violence prevention and response services.

Interventions have mostly been blind to the needs of additional vulnerable groups, including those of diverse sexual orientations, gender identities, gender expressions, and sex characteristics (SOGIESC), ethnic minority or religious groups, and displaced populations (although the latter were the target of some donor-led programmes). Such needs include the ability to apply without formal identification (ID) documents and documentation translated into different languages. This invisibility is compounded for those experiencing multiple and intersecting inequalities.



The more that interventions had an inclusive approach prior to the pandemic, the more inclusive they were in response to Covid-19.

Even individuals in relatively well-served groups experienced barriers to inclusion due to how social assistance was implemented. Strict ID requirements and difficulties using digital technology are two common examples.

Inclusive design and exclusion risk factors

The more that interventions had an inclusive approach prior to the pandemic, the more inclusive they were in response to Covid-19. For example, if cash transfer schemes were already set up to ensure access for persons with disabilities, the expansion of such schemes or the establishment of new interventions alongside them were more likely to be inclusive of and sensitive to the needs of persons with disabilities.

Availability of pre-existing data on those most vulnerable, as well as access to disaggregated information on emerging needs as the crisis unfolded, also aided the inclusion of vulnerable groups.

On the other hand, various factors led to exclusion. Covid-19 health protection measures blocked access to social assistance for older people, for example, who were prevented from collecting their pensions due to bank closures. While a strong reliance on digital tools for assessment and payment facilitated rapid rollout, it also posed barriers to those without access to or with a lack of knowledge about digital technology; notably women, older people, or persons with disabilities.

Stringent ID requirements and the use of (often incomplete and outdated) social registries as the sole mechanism for rolling out support added to the exclusionary risks of those already marginalised, such as migrants, displaced populations, and those with diverse SOGIESC. In some contexts, lack of adequate training in carrying out disability assessments compounded the exclusion of persons with disabilities.

Standardised and household-level eligibility criteria enabled rapid implementation but undermined the identification of vulnerabilities at individual level. For example, one household member's formal employment could disqualify all other members from support. Additionally,

attempts to stop benefit 'double-dipping' (receipt of multiple types of support at the same time) penalised groups such as older people and women as it limited their access to other existing forms of assistance.

It is known that vulnerable people often cannot access mainstream communication channels such as radio, TV and social media, but there were few examples of sustained, tailored social assistance communications.

Inadequate grievance mechanisms and safeguarding protocols limited individuals' ability to contest being excluded from support. In many instances such mechanisms were not in place. In others, they failed to process complaints in an effective and transparent manner.

Finally, abrupt discontinuation of emergency measures left vulnerable people without support at a time of great need and when alternatives were unavailable or difficult to access.

Positive lessons learned

A range of design and implementation features made social assistance more inclusive. For example:

- In Pakistan, regular contextual and disaggregated analysis and changing eligibility criteria according to emerging needs allowed for marginalised groups to be included and their needs better met.
- In Indonesia, expanding local-level ownership and autonomy allowed those with close ties to the community to identify the households and individuals in greatest need.
- In Thailand, meaningful engagement with grass-roots organisations facilitated access to support by spreading knowledge and overcoming access barriers (such as digital illiteracy).
- In South Africa, encouragement of collective action and establishment of multi-stakeholder platforms helped to hold government to account.
- In Mozambique, clear communication and strong outreach was effective in reaching vulnerable and marginalised groups who are often excluded from mainstream channels.

Policy recommendations

- **Conduct regular contextual and disaggregated analysis of vulnerabilities, needs, and intersecting inequalities** to gain clear insights into the degree of inclusion or exclusion of different groups. This should be done before any crisis situation occurs, as well as during it.
- **Be flexible and respond to evolving needs** by expanding eligibility criteria, increasing the level of assistance provided, and/or extending temporary measures as needs evolve.
- **Give local-level government greater autonomy** in order to achieve a more inclusive and effective response.
- **Acknowledge and fund work by grass-roots organisations** to ensure the most marginalised are included and that more complex support is provided.
- **Consult with vulnerable people themselves** to understand what barriers they face and how to overcome them.
- **Implement digital tools with caution**, so that the rapid rollout of emergency support does not compound existing marginalisation or exclude newly vulnerable groups.
- **Establish a disability register** with meaningful information and appropriate safeguards to make it easier for future crisis responses to be disability-inclusive.
- **Formulate tailored outreach and communication plans** that employ mass and social media and both on- and offline channels. This will help information about available support to reach more vulnerable groups.
- **Provide well-functioning grievance mechanisms**, even in times of crisis.
- **Safeguard against gender-based and other types of violence** and, where possible, integrate linkages to relevant services.
- **Form or strengthen multi-stakeholder platforms** that hold government to account and support systematic change. These include councils with employer, employee, civil society, and government representatives.
- **Phase out any crisis response with care** to avoid leaving those with enduring needs, and those with more complex application or verification procedures, without support. ■

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Further reading

Bastagli, F. and Lowe, C. (2021) *Social Protection Response to Covid-19 and Beyond: Emerging Evidence and Learning for Future Crises*, ODI Working Paper, London: ODI

Gentilini, U. et al. (2022) *Social Protection and Jobs Responses to Covid-19: A Real-Time Review of Country Measures*, 'Living Paper', version 16 (2 February 2022), Washington DC: World Bank

Lowe, C.; McCord, A. and Beazley, R. (2021) *National Cash Transfer Responses to Covid-19: Operational Lessons Learned for Social Protection System-Strengthening and Future Shocks*, Working Paper, London: ODI

Roelen, K. and Carter, B. (2022) *Social Assistance in Response to Covid-19: Reaching the Furthest Behind First?*, Brighton: Institute of Development Studies, DOI: 10.19088/IDS.2022.007

This *Policy Briefing* was written by **Keetie Roelen** and **Becky Carter** and edited by **Natalie Pearson**. It was produced as part of the Programme Partnership between Irish Aid and IDS on Social Protection and Food Security and Nutrition.

The strategic partnership between Irish Aid and IDS focuses on social protection, food security and nutrition. The collaboration brings together research and capacity development with policy, programmatic and influencing know-how to support action that more effectively reduces poverty and injustice. The aim of the partnership is to combine cutting-edge evidence and learning to support implementation of Ireland's policy for international development, *A Better World*.

This briefing has been produced thanks to funding from the Government of Ireland. The opinions expressed here belong to the authors, and do not necessarily reflect those of Irish Aid or IDS. © Institute of Development Studies 2022.



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DOI: [10.19088/IDS.2022.021](https://doi.org/10.19088/IDS.2022.021)