

## WORKING PAPER

CSP Working Paper 021

March 2022

# **Social Assistance in Response to Covid-19: Reaching the Furthest Behind First?**

Keetie Roelen and Becky Carter

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CSP WP021

CSP Working Paper series editor: Stephen Devereux



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Working Paper Volume 2022

CSP Working Paper 021

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First published by the Institute of Development Studies in March 2022

ISBN: 978-1-78118-954-2

DOI: [10.19088/IDS.2022.007](https://doi.org/10.19088/IDS.2022.007)

Suggested citation: 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](https://doi.org/10.19088/IDS.2022.007)

A catalogue record for this publication is available from the British Library.

This paper has been produced thanks to funding by Irish Aid from the Government of Ireland. The opinions expressed here belong to the authors, and do not necessarily reflect those of Irish Aid or IDS.



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Charity Registration Number 306371

Charitable Company Number 877338

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## Summary

Social assistance has proven a vital component of the response to the unprecedented global crisis of Covid-19. Almost all countries across the world implemented some form of social assistance to provide a buffer against the pandemic's socioeconomic consequences. Vulnerable populations received more extensive support, and groups previously excluded were covered by new or expanded measures. Yet limited information is available about the extent to which social assistance in response to Covid-19 was inclusive of those most marginalised, and whether interventions reached 'the furthest behind first'. This paper assesses coverage of various vulnerable groups and identifies factors contributing to their in- or exclusion. We find that the rapid and extensive rollout of measures offered support to many vulnerable and marginalised individuals, including those who were not covered prior to the pandemic. Experiences do differ considerably across countries, contexts, and populations with some groups having received heightened attention while others being excluded or finding it difficult to access assistance that they are eligible for. Overall, the degree of inclusiveness of social assistance implemented in the wake of Covid-19 was highly dependent on how inclusive measures were prior to the pandemic. Factors playing into in- or exclusion include availability of data of those most vulnerable; use of digital tools for identification, assessment and payment; identification requirements; employment of social registries; adequacy of vulnerability and targeting criteria; and existence of effective grievance and safeguarding procedures. These findings provide important lessons for how to promote the inclusivity of future social assistance interventions and wider social protection systems.

## Keywords

Covid-19; social assistance; social protection; humanitarian assistance; inclusion; vulnerability; inequality.

## Authors

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# Executive Summary

With millions around the world having lost lives and livelihoods, the Covid-19 pandemic has presented a global crisis like no other. Social assistance has been an important component of the response to buffer against the crisis' socioeconomic consequences, with almost all countries across the world having implemented one or more interventions. The rapid scale-up of support has resulted in coverage of populations that were deemed especially vulnerable to the fallout of Covid-19, some of which were previously overlooked and excluded from social assistance, such as informal workers.

Yet little information is available about the extent to which especially vulnerable and marginalised groups such as persons with disabilities, older people, or displaced populations were included in these new or expanded measures. The focus on rapid rollout raises concerns about the inclusion of those hardest-to-reach. Gaining an understanding of the extent to which social assistance as part of the Covid-19 response managed to include 'the furthest behind first' is vital for improving future programming, especially in response to shocks. Based on an extensive literature review and key informant interviews (KIIs), this paper contributes to filling this knowledge gap.

First, we assess the extent to which social assistance was inclusive of various vulnerable groups, including informal workers and urban residents; women; persons with disabilities; older people; minority groups based on religious, ethnic, and gender identity; and migrants and displaced populations. Findings regarding inclusiveness are very mixed. While some groups received heightened attention, such as persons with disabilities or older people, individuals still faced considerable practical difficulties in accessing support. Others, including women, those with diverse sexual orientations, gender identities, gender expressions, and sex characteristics (SOGIESC) and minority ethnic and religious groups, appeared often overlooked. Migrants and displaced populations also experienced exclusion, especially when falling between the cracks of national social protection systems and humanitarian assistance.

Second, we consider key factors playing into in- or exclusion from support. In general, the higher the degree of inclusiveness prior to the pandemic, the more inclusive the interventions in response to Covid-19. Availability of pre-existing data on those most vulnerable as well as access to disaggregated information on emerging needs and coverage during the crisis response aided the inclusion of vulnerable groups. Factors that put vulnerable groups at risk of exclusion include strong reliance on digital tools for assessment and payment, stringent identification requirements, use of social registries as the sole mechanism for rolling out support, use of standardised and household-level eligibility criteria,

inadequate grievance mechanisms and safeguarding protocols, and abrupt discontinuation of emergency support.

Third, we identify lessons learned and formulate policy recommendations to make social assistance in response to future shocks and social protection systems at large more inclusive. Conducting regular contextual and disaggregated analysis and changing eligibility criteria in light of emerging needs, expansion of local-level ownership and autonomy, meaningful engagement with and of grass-roots organisations, encouragement of collective action and establishment of multistakeholder platforms, clear communication, and strong outreach are among the mechanisms through which support can be extended to those most in need.

# Contents

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<b>Executive Summary</b>	<b>6</b>
<b>Acknowledgements</b>	<b>10</b>
<b>Acronyms</b>	<b>11</b>
<b>1. Introduction</b>	<b>12</b>
<b>2. Background to the research</b>	<b>14</b>
2.1 Research questions and framework	15
2.2 Research design	16
<b>3. Findings – inclusion of vulnerable groups</b>	<b>26</b>
3.1 Informal workers and urban residents	26
3.2 Women and girls	28
3.3 Persons with disabilities	30
3.4 Older people	31
3.5 Diverse sexual orientation, gender identity and expression, and sex characteristics (SOGIESC)	32
3.6 Religious and ethnic minority groups	32
3.7 Migrants and displaced groups	33
<b>4. Findings – factors for in- or exclusion</b>	<b>34</b>
4.1 Identification and registration of potential beneficiaries	34
4.2 Eligibility determination and enrolment	39
4.3 Payments	44
4.4 Accountability and monitoring	46
<b>5. Conclusion and policy implications</b>	<b>50</b>
5.1 Conclusion	50
5.2 Policy implications	53
<b>References</b>	<b>56</b>

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**Boxes**

Box 4.1 Pakistan – widening eligibility criteria and local level engagement	38
Box 4.2 Indonesia – local level autonomy in identification and enrolment of beneficiaries	43
Box 4.3 South Africa – institutional mechanisms for accountability	48

**Figures**

Figure 3.1 Proportion of respondents indicating to have received transfers	27
Figure 3.2 Number of measures with explicit mention of or provision for persons with disabilities	30

**Tables**

Table 2.1 Overview of key informants	17
Table 2.2 Overview of intervention case studies included in the study	18
Table 3.1 Operational definitions of gender-sensitive social protection	29

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# Acknowledgements

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

We would like to thank all respondents who have kindly shared their views for this research. We also thank Becky Faith (IDS) and Florian Juergens-Grant (WIEGO) for their review and helpful comments.

## Acronyms

BLT-DD	Village Cash Transfer Programme (Indonesia)
CSG	Child Support Grant (South Africa)
CSO	civil society organisation
DRC	Democratic Republic of Congo
EEC	Ehsaas Emergency Cash (Pakistan)
EK	Ehsaas Kafaalat (Pakistan)
hh	household
ID	identification
ILO	International Labour Organization
KII	key informant interview
LGBTIQ+	lesbian, gay, bisexual, transgender/transsexual, intersex, and queer
LMICs	low- and middle-income countries
NEDLAC	National Economic Development and Labour Council
NGO	non-governmental organisation
NIRA	National Identification and Registration Authority (Uganda)
NSER	National Socioeconomic Registry (Pakistan)
PASD-PE	Post Emergency Direct Social Support Programme (Mozambique)
PASP	Productive Social Action Programme (Mozambique)
PMJDY	Pradhan Mantri Jan Dhan Yojana
PSNP	Productive Safety Net Programme (Ethiopia)
PSSB	Basic Social Subsidy Programme (Mozambique)
PWDLH	People with Disability Lockdown Handout (Sierra Leone)
SOGIESC	sexual orientations, gender identities, gender expressions, and sex characteristics
SRD	Social Relief of Distress (South Africa)
UN	United Nations
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNPRPD	United Nations Partnership on the Rights of Persons with Disabilities
WIEGO	Women in Informal Employment: Globalizing and Organizing

# 1. Introduction

The Covid-19 pandemic has presented a global crisis like no other. With a total of more than 352 million confirmed cases and a death toll of 5.6 million worldwide by January 2022 (WHO 2022), no country has been left unaffected. In addition to devastating health impacts, the pandemic has led to widespread disruption of livelihoods and loss of income with 97 million more people in poverty over the course of 2020 (Mahler *et al.* 2021). The pandemic has also laid bare and reinforced inequalities that existed prior to Covid-19: women shouldered a disproportionate amount of the increased care burden and were at heightened risk of domestic abuse; persons with disabilities and older people were more likely to be exposed to health risks, loss of income and food insecurity; indigenous groups and displaced populations witnessed exclusion from health-care services and disproportionate loss of income due to reliance on the informal sector (Rohwerder 2020). Inequalities often intersect: a recent report found older female informal workers to be especially vulnerable yet often overlooked in the event of shocks, such as Covid-19 (Horstead 2021).

Social assistance has been an important component of the Covid-19 response to buffer against the crisis' socioeconomic consequences. In December 2020, 870 social assistance measures had been put in place across 193 countries, almost half of which consisted of cash transfers (Gentilini, Almenfi and Dale 2020). In February 2022, this amounted to 3,856 social protection measures that were planned or implemented in 223 countries (Gentilini *et al.* 2022). In low- and middle-income countries (LMICs), social assistance accounted for two-thirds of all social protection measures (*ibid.*). Interventions included existing programmes having been expanded to new populations, or new schemes having been established.

The rapid scale-up of social assistance has resulted in coverage of populations that were deemed especially vulnerable to the fallout of the Covid-19 pandemic, some of which were previously overlooked and excluded from social assistance (Bastagli and Lowe 2021). Informal workers, especially in urban areas, are a case in point. With social assistance traditionally targeted at non-working poor and vulnerable groups, such as children or older persons, and social insurance mostly limited to the formal workforce, informal workers have fallen through the cracks of social protection systems in LMICs (Devereux *et al.* 2020). However, given the heightened vulnerability to both health and socioeconomic consequences of Covid-19 of informal workers, especially in urban areas, they were more widely included in social assistance in response to the pandemic (Roelen, Archibald and Lowe 2021).

However, little information is available about the extent to which especially vulnerable and marginalised groups such as persons with disabilities, older people, or displaced populations were included in these new or expanded social assistance programmes. The focus on rapid rollout, in some cases with strong reliance on existing but outdated databases or new and untested digital technologies (Lowe, McCord and Beazley 2021), raises concerns about the inclusion of those hardest to reach. Gaining an understanding of the extent to which social assistance as part of the Covid-19 response managed to include those most vulnerable and marginal is vital for improving future programming, especially in response to shocks.

In this paper, we shed light on the extent to which various vulnerable groups were included in social assistance and identify factors that contributed to their in- or exclusion. We do so in recognition of the fact that interventions are not static, with design and implementation having been and continuing to be adapted to changing realities and emerging lessons about their impact. Drawing on an extensive literature review, key informant interviews (KIIs) and in-depth case studies, this paper provides insight into whether new and extended measures managed to reach the ‘furthest behind first’ and thereby challenged pre-existing inequalities. Findings offer vital learnings about how to make social interventions and social protection systems at large more inclusive, especially in the face of large-scale shocks.

## 2. Background to the research

The rapid extension of social assistance in response to Covid-19, either through horizontally expanding coverage of existing interventions to new groups of beneficiaries, vertically expanding through increased benefits to existing beneficiaries, or by implementing new programmes, has given rise to a wave of excitement and speculation about whether this may mark a turning point. Will the way in which the crisis exposed the global need for social assistance and lessons learned about its implementation and impact pave the way to more extensive and stronger systems? In particular, will the experiences since early 2020 have contributed to a more inclusive approach, with previously under- and unserved populations now more firmly included in social assistance?

Since the onset of the pandemic in early 2020, international organisations, non-governmental organisations (NGOs) and scholars have raised concerns about the trade-off between scaling up social assistance at speed and the risk of missing out those most vulnerable as a result. Agencies such as the United Nations (UN) Children's Fund (UNICEF) (ECLAC-UNICEF 2020), NGOs including HelpAge International (Juergens and Galvani 2021) and Women in Informal Employment: Globalizing and Organizing (WIEGO) (Roever and Rogan 2020), and the UN Special Rapporteur on Extreme Poverty and Human Rights (De Schutter 2020) all published reports that highlight the risks of exclusion for children, older people, informal workers, and marginalised groups such as undocumented migrants, ethnic and indigenous groups, and displaced populations. Studies of the social protection response to Covid-19 have also highlighted the diverse and uneven approaches to coverage and inclusion, with some countries casting the net wide and adopting more universal measures and others implementing more narrowly targeted interventions (Bastagli and Lowe 2021).

Emerging evidence on inclusion of vulnerable groups shows that social assistance measures in response to Covid-19 may have done little to address pre-existing inequalities, such as in relation to gender (Holmes 2021) or persons with diverse sexual orientations, gender identities, gender expressions, and sex characteristics (SOGIESC) that are at present non-normative in some contexts (such as those of LGBTIQ+ people) (Edge Effect 2021). Lack of inclusion plays out in terms of limited to no provision having been made for needs of vulnerable populations in programme design and implementation as well as in monitoring and accountability mechanisms. This paper adds to this emerging evidence base by pulling together evidence on experiences across selected vulnerable groups in LMICs (as opposed to zooming in on a single population) and by identifying factors contributing to inclusion of such groups in the social assistance response.

## 2.1 Research questions and framework

In this paper we seek to assess whether schemes that were either expanded or established in the wake of the pandemic were inclusive of vulnerable groups and what may have served as main challenges or opportunities for inclusion. After 18 months of interventions having been planned and implemented and more information becoming available about reach and impact, this is an opportune time to look at how things played out and how inclusion may be improved in future.

This study addresses the following overarching research question: **Did social assistance in response to Covid-19 reach the ‘furthest behind first’?**

In doing so, we considered whether vulnerable and marginalised groups were included by ‘design’ and by ‘implementation’. In other words, did schemes have a focus on reaching marginalised populations, and were eligibility criteria explicitly inclusive of vulnerable groups? And were the ways in which schemes were implemented – both those targeted at vulnerable groups and schemes more universal in nature – responsive to needs and vulnerabilities of disadvantaged groups, or did they cause certain populations to fall through the cracks in the implementation process? We also looked at what accountability mechanisms were in place and what role they played in identifying issues of exclusion, and addressing them.

Note that we primarily look at access to or inclusion in programmes. Where relevant and emergent as a specific issue of concern, we also consider adequacy and whether the level of assistance responds to specific needs and vulnerabilities (e.g. whether schemes take account for higher living costs for people with disabilities). Also note that this study zooms in on social assistance, and specifically considers cash-based assistance.

In order to frame our analysis, we consider the four critical stages of the delivery chain as set out by Lindert *et al.* (2020). The first stage is ‘assess’ and refers to assessment and identification (ID) of eligible beneficiaries, the second stage is ‘enrol’ and entails determination of eligibility and enrolment of beneficiaries, the third stage is ‘provide’ and refers to how payment is made and support is delivered, and the fourth stage is ‘manage’ and pertains to monitoring and accountability processes. Programme design and implementation at each stage of the chain can affect whether the most vulnerable people are included or excluded. We therefore looked for and analysed the evidence on the inclusivity of social assistance Covid-19 responses across the delivery chain. It should be noted that phases of identification, registration, eligibility determination, and enrolment may be switched in order, combined, or carried out virtually simultaneously, varying by programme (*ibid.*: 10–11).

## 2.2 Research design

The research design is based on three strands: (1) literature review, (2) KIIs, and (3) in-depth case studies. Within each of these strands, we identified evidence across rural settings, (newer) urban settings and fragile/conflict-affected settings. Using this multi-pronged research design, we aim to gain an understanding of what happened across contexts and vulnerable groups, allowing to pull out specific lessons learned and identify cross-cutting issues.

In terms of types of measures covered by this study, we primarily focus on cash transfers, as these constitute the majority of social assistance measures in response to Covid-19 (Gentilini *et al.* 2021), and on government-led interventions (with the exception of a UN High Commissioner for Refugees (UNHCR) and INTERSOS scheme in the Democratic Republic of Congo – DRC). We include interventions rolled out since the onset of the pandemic in March 2020, considering experiences and lessons learned until roughly May–June 2021.

The literature review was based on an extensive search within generic search engines (e.g. Google, Google Scholar) as well as relevant platforms (e.g. socialprotection.org). It also relied on snowballing, building on available reference lists and following up on recommendations provided by key informants.

Key informants were selected to gain insight into experiences across different vulnerable groups and – to the best extent possible – across regions and contexts. The snowballing technique was the primary mechanism for inviting key informants into the study, building on existing contacts and reaching out to new contacts when appropriate. Table 2.1 provides an overview of key informants by type of informant, listing their geographical and population expertise (if appropriate).



## Table 2.1 Overview of key informants

Type of key informant	Geographical expertise	Population expertise	Respondent code
Researcher/consultant	Global South	Persons with disabilities	KII2
	Global South	Gender	KII3
	Uganda	Cross-cutting	KII6
	Pakistan	Gender	KII9
	Global South	Cross-cutting	KII14
Development partner representative	Indonesia	Persons with disabilities	KII8
Donor representative	Uganda	Cross-cutting	KII1
International NGOs/UN	Global South	Older persons	KII4
	Global South	Persons with disabilities	KII5
	Indonesia	Cross-cutting	KII11
Civil society	South Africa	Gender; persons with disabilities	KII10
	Global South	Informal workers	KII12
	Indonesia	Cross-cutting	KII13

Source: Authors' own.

Case studies were selected to ensure regional spread and – to the best extent possible – cover rural, urban, and fragile contexts. Considering the many measures implemented across almost all countries in the world, selection was also informed by availability of information on implementation and impact of social assistance interventions. Table 2.2 provides an overview of case studies; a more detailed overview can be found in the appendix (including information on the targeting criteria for beneficiaries; the intended number of beneficiaries; and the size and frequency of transfers).

Responses constitute new programmes, or horizontal and/or vertical expansion of existing schemes. Horizontal expansion refers to an increase in beneficiaries (e.g. by expanding to new locations, and/or to previously unprotected groups such as non-poor urban informal workers). Vertical expansion is an increase in the value or duration of transfers. It can be complicated to define a programme as 'new' as some schemes use existing programme systems, processes, and infrastructure; align with existing interventions in terms of transfer amount or payment modality; or are an extension of an existing social safety-net project (Roelen *et al.* 2021: 12). For the purposes of this summary, we identified programmes as 'new' if launched in response to Covid-19 and involving transfers to beneficiaries identified through a new or altered set of eligibility criteria (which may include beneficiaries of existing schemes and/or on waiting lists for existing schemes).

**Table 2.2 Overview of intervention case studies included in the study**

Country	Programme		Type of intervention	New, expanded or conditions adjusted	Targeting criteria for beneficiaries and estimated scale	Estimated scale
<b>DRC</b> (Source: Bance, Bermeo and Kabemba 2021; UNHCR, n.d.-b)	UNHCR and INTERSOS mobile money cash assistance	Urban	Unconditional cash transfer	New	Internally displaced persons, North Kivu	Nearly 6,000 IDPs
	DRC Social Fund – Solidarité par Transferts Économiques contre la Pauvreté à Kinshasa (STEP-KIN)	Urban	Unconditional cash transfer	New	Poor and vulnerable in poor neighbourhoods	100,000 beneficiaries, expanding to 250,000
<b>Ethiopia</b> (Source: Bischler, Asheber and Hobson 2021)	Rural Productive Safety Net Programme	National	Conditional (public works) and unconditional cash or food transfers	Vertical expansion and public works suspended	42% of food insecure clients	2.9 million clients
	Urban Productive Safety Net Programme	Urban	Conditional (public works) and unconditional cash transfers	Vertical expansion and public works suspended	People with disabilities, elderly, orphans or vulnerable women, pregnant and lactating women (permanent and temporary direct support clients)	Over 100,000 beneficiaries

Country	Programme		Type of intervention	New, expanded or conditions adjusted	Targeting criteria for beneficiaries and estimated scale	Estimated scale
<b>Indonesia</b> (Source: The Fiscal Policy Agency and UNICEF Indonesia 2021; UNICEF <i>et al.</i> 2021; Roelen <i>et al.</i> 2021; Ministry of Social Affairs, Republic of Indonesia 2020)	Program Keluarga Harapan (Family Hope Programme)	National	Conditional cash transfer	Vertical and horizontal expansion. Conditions (school attendance and health facility visits) relaxed	Households (hhs) with pregnant women, school-age children, infants, and elderly, in the social registry	800,000 additional beneficiaries, total 10 million hhs
	Kartu Sembako	National	Food assistance	Vertical and horizontal expansion	Families in the social registry.	Expanded from 15.6 million to 20 million hhs
	Sembako Jabodetabek	Urban	Food assistance	New	Hhs in Jakarta not enrolled in other programmes.	1.9 million hhs
	Non-Jabodetabek	National	Unconditional cash transfer	New	Hhs outside Jakarta in social registry not enrolled in other programmes	9 million hhs
	Bantuan Sosial Tunai (Cash Social Assistance)	National	Unconditional cash transfer	New	Poor hhs not in existing programmes	10 million hhs
	Bantuan Langsung Tunai – Dana Desa (Village Cash Transfer Programme – BLT-DD)	National	Unconditional cash transfer	New	Rural poor hhs	11 million hhs

Country	Programme		Type of intervention	New, expanded or conditions adjusted	Targeting criteria for beneficiaries and estimated scale	Estimated scale
<b>Mozambique</b>  (Source: Arruda 2018; de Lima Vieira, Vicente Andrés and Monteiro 2020; Gentilini <i>et al.</i> 2021; Saute <i>et al.</i> 2020)	Basic Social Subsidy Programme (PSSB)	National	Unconditional cash transfer	Vertical expansion	Elderly, people with disabilities, or people with chronic degenerative diseases in hhs with no working capacity	PSSB and PASP combined: 566,642 hhs
	Productive Social Action Programme (PASAP)	National	Conditional cash transfer (public works)	Vertical expansion	Vulnerable households with one or more members with working capacity	
	Covid-19 Post Emergency Direct Social Support Programme (PASD-PE)	Urban	Unconditional cash transfer	New	Urban, peri-urban, border: social assistance waiting lists; registered low-income self-employed workers; hhs with increased vulnerability meeting gender, age, disability, displacement, income criteria	1,102,825 new hhs (35% of poor urban population)

Country	Programme		Type of intervention	New, expanded or conditions adjusted	Targeting criteria for beneficiaries and estimated scale	Estimated scale
<b>Pakistan</b>  (Source: Lone, Shakeel and Bischler 2020) <sup>1</sup>	Ehsaas Emergency Cash programme	National	Unconditional cash transfer	New	Poor and vulnerable hhs. Existing Kafaalat beneficiaries (women only) and new beneficiaries (men, women, transgender individuals). Later categories: labourers with livelihood loss; other poor hhs (previously over threshold number of beneficiaries)	16.9 million families: additional benefits to 5 million existing beneficiaries; 11.9 million new beneficiaries
<b>Peru</b>  (Source: Lowe <i>et al.</i> 2021; Roelen <i>et al.</i> 2021)	Juntos	National	Conditional cash transfer	Vertical expansion. Health and education conditions suspended, all received base payment and top-up payment	Beneficiaries of Juntos programme and in national social register: poor households (district poverty rates over 40%, below poverty threshold)	740,000 hhs (8.5% of total hhs, total population 33 million)
	Bono 'Yo Me Quedo en Casa' ('I Stay at Home' subsidy)	Urban	Unconditional cash transfer	New	Poor urban households, high health vulnerability	2.73m hhs (31% of total hhs)

<sup>1</sup> See Ehsaas Emergency Cash.

Country	Programme		Type of intervention	New, expanded or conditions adjusted	Targeting criteria for beneficiaries and estimated scale	Estimated scale
	Bono Independiente	Primarily urban	Unconditional cash transfer	New	In social registry as non-poor, areas with high health vulnerability, not received earlier Covid-19 social assistance or other transfers; no hh member in formal employment and below minimum level hh income	773,000 hhs (9% of total hhs)
	Bono Rural	National	Unconditional cash transfer	New	In social registry as poor; not received earlier Covid-19 social assistance or other transfers; no hh member in formal employment	980,000 hhs (11% of total hhs)
	Bono Familiar Universal	National	Unconditional cash transfer	New	Combined caseloads from earlier emergency transfer schemes with new beneficiaries: no hh member in formal employment and below minimum level hh income	8.6 million hhs (68.4% population)

Country	Programme		Type of intervention	New, expanded or conditions adjusted	Targeting criteria for beneficiaries and estimated scale	Estimated scale
<b>Sierra Leone</b>  (Source: Yusuf <i>et al.</i> 2021; Vaughan Bowen 2021)	People with Disability Lockdown Handout (PWLH)	Urban	Unconditional cash and in-kind transfers	New	1st tranche: hhs with persons with disabilities; 2nd tranche: hhs with persons with disabilities, with albinism, poor and destitute people, orphans in institutions, children with mental disabilities	First tranche: 3,367 hhs; second tranche: 7,616 hhs
	Emergency Cash Transfer	Urban	Unconditional cash transfer	New	Informal workers, low-wage service industry employees, workers in small and micro enterprises in five cities	29,000 hhs; 38,700 additional hhs planned
	Covid-19 Social Safety Net	National	Unconditional cash transfer	New (adaptation of existing social safety net)	Extremely poor people, affected by Covid-19, hhs with people with disabilities	65,000 hhs
<b>South Africa</b>  (Source: Bhorat, Oosthuizen and Stanwix 2021; Holmes and Hunt 2021; Gentilini <i>et al.</i> 2021; ILO, UNICEF and UNPRPD 2021) <sup>2</sup>	Old Age Grant	National	Unconditional cash transfer	Vertical expansion	People over 60 with income and asset thresholds	5 million beneficiaries
	Disability Grant and Care Dependency Grant	National	Unconditional cash transfer	Vertical expansion	People with disabilities and people on a social grant who need care	
	Grant for hhs with children with disabilities, foster children	National	Unconditional cash transfer	Vertical expansion	Hh with child with severe disability and in need of full-time and special care, or with foster children	

<sup>2</sup> See also **Social Grants for Coronavirus Covid-19, South African Government.**

Country	Programme		Type of intervention	New, expanded or conditions adjusted	Targeting criteria for beneficiaries and estimated scale	Estimated scale
	Child Support Grant	National	Unconditional cash transfer	Vertical expansion	Low income hhs with child(ren) under 18 years old	7 million parents/ caregivers, for 12.5 million children
	Caregiver Allowance	National	Unconditional cash transfer	New – adaptation to the CSG	Per caregiver (per hh) of Child Support Grant children	8 million beneficiaries
	Covid-19 Social Relief of Distress (SRG) grant	National	Unconditional cash transfer	New	Unemployed; ineligible for other grants, unemployment insurance, or other state benefit	6–8 million beneficiaries
<b>South Sudan</b>  (Source: Ministry of Gender, Child and Social Welfare 2021)	South Sudan Safety Net Project	National (started in Juba)	Unconditional and conditional cash transfers	Planned pre-Covid-19, started in 2021. Public works suspended	Poor and vulnerable. Unconditional support to hhs without able-bodied members; headed by females, children, older people, and people with disabilities	430,000 individuals in 65,000 hhs
<b>Sri Lanka</b>  (Source: Lowe <i>et al.</i> 2021; Kidd <i>et al.</i> 2020)	Covid-19 Rs. 5000 Emergency Cash Transfers	National	Unconditional cash transfer	New	On waiting list for social assistance, specified occupation groups (e.g. unemployed graduates, self-employed daily wage-earners, pre-school teachers, bus drivers)	5.7 million transfers in May 2020, reaching est. 66% hhs



Country	Programme		Type of intervention	New, expanded or conditions adjusted	Targeting criteria for beneficiaries and estimated scale	Estimated scale
	Senior Citizens' Allowance	National	Unconditional cash transfer	Vertical expansion	Existing beneficiaries (senior citizens over the age of 70)	
	Farmers' and Fishermen's Pensions	National	Unconditional cash transfer	Vertical expansion	Existing beneficiaries	
	Samurdhi	National	Unconditional cash transfer	Vertical expansion	Existing beneficiaries (low- income households)	
<b>Togo</b>  (Source: Lowe <i>et al.</i> 2021)	Novissi emergency cash transfer programme	Urban	Unconditional cash transfer	New	Togolese national residents, in lockdown areas, voter ID card, informal workers at risk of income loss due to Covid-19	580,000 beneficiaries (15% total adult population)

Source: Authors' own.

### 3. Findings – inclusion of vulnerable groups

Approaches to coverage and inclusion in Covid-19 social assistance measures varied across countries. While some adopted more universal approaches, others limited their support to clearly defined vulnerable groups. Indeed, the pandemic shed light on vulnerable groups that were previously overlooked, notably those living in urban areas and informal workers, which led to allocation of resources to these previously underserved populations (Roelen *et al.* 2021). At the same time, focus was on getting support out to as many people as quickly as possible, with limited evidence-based decision-making in relation to who might be more affected or at greater risk of exclusion. Especially in relation to establishment and rollout of new schemes in the wake of Covid-19, there was limited consideration of vulnerabilities at individual and household level that call for a more tailored response to ensure inclusion and adequacy of support [KII3]. Paradoxically, 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 [KII14].

In this paper, we zoom in on groups that were identified as especially vulnerable to the fallout of the pandemic in literature on Covid-19 and social protection (e.g. De Schutter 2020; Devereux *et al.* 2020; Rohwerder 2020). This includes informal workers and urban residents; women; persons with disabilities; older people; those of diverse SOGIESC; ethnic and religious minority groups; and migrants and displaced people. Analysing the inclusion of vulnerable or socially excluded groups, we also observe a divide in terms of amount of available information. Populations that are represented in the Sustainable Development Goals and have strong international agencies advocating on their behalf – notably women, persons with disabilities, and older people – are more visible in data and policy documentation. Other groups widely accepted as vulnerable or marginalised – such as those of diverse SOGIESC, ethnic minority or religious groups, or displaced populations – have received relatively less focus and advocacy and are therefore less visible. This inevitably biases our assessment with those most marginalised, including those experiencing multiple and intersecting inequalities, at risk of being un- or underrepresented in this study.

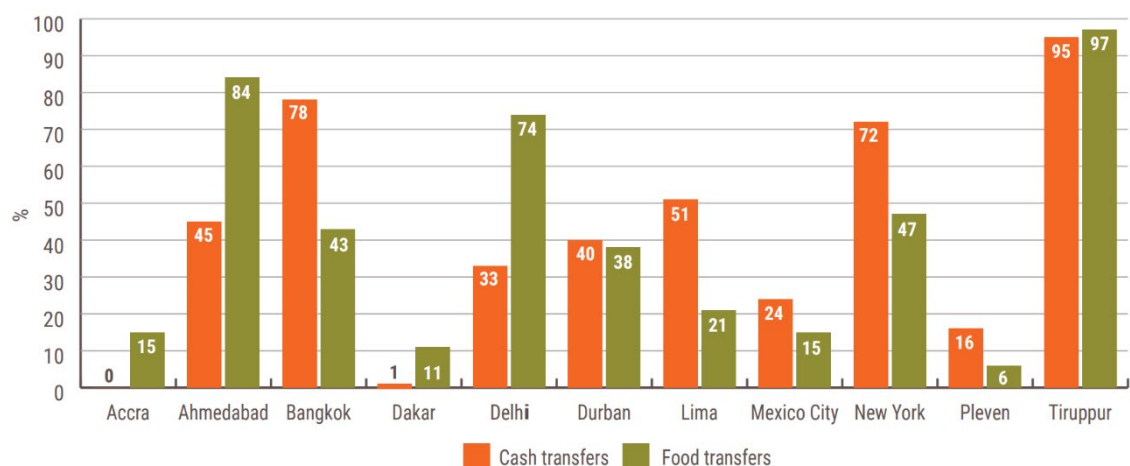
#### 3.1 Informal workers and urban residents

The pandemic put a spotlight on informal workers, especially in urban areas, highlighting their precarious living conditions. Nevertheless, coverage of this group proves fragmented. A study based on large-scale surveys among informal

workers in 11 cities worldwide found that ‘the promised expansion or scaling-up of relief measures to reach vulnerable households or individuals, and informal workers in particular, was generally not matched in reality’ (Chen *et al.* 2021: 28).

Figure 3.1 provides an overview of the proportion of respondents having received cash and/or food transfers. Across all cities, 41 per cent of respondents reported having received a cash transfer and 42 per cent reported having received a food transfer. Coverage varies widely across cities, with 1 per cent of surveyed workers in Dakar, Senegal having received a cash transfer compared to almost all surveyed workers in Tiruppur, India. Coverage rates also differ across cash and food transfers, depending on the city under consideration. While informal workers were more likely to have received cash in cities such as Bangkok, Lima, and New York, food transfers were more widespread in Ahmedabad and Delhi.

**Figure 3.1 Proportion of respondents indicating to have received transfers**



Source: Chen *et al.* (2021: 28). © WIEGO, reproduced with permission.

Detailed analysis by Chen *et al.* (2021) also indicated that certain groups were more likely to be reached than others. In Dakar, Delhi, Durban, Lima, and Mexico City, coverage of relief measures was higher among women and workers with children. They also observed differences across occupations and sectors. In Ahmedabad in India, waste pickers were considered especially vulnerable and therefore more likely to receive both cash and food transfers. In Durban in South Africa, however, waste pickers had poor access to relief measures as most are homeless and difficult to reach. Overall, Chen *et al.* (2021: 28) concluded that access for informal workers ‘differed widely depending on the existing social protection infrastructure, the policy context, and the capacity of membership-based organizations (MBOs) of informal workers to provide “last mile” services connecting their members to the benefits on offer’.

## 3.2 Women and girls

While there has been some attention paid to addressing the impact of the pandemic on women and girls through social assistance responses, overall these appear inadequate (Holmes and Hunt 2021). Moreover, while there is (some) information on the extent to which and how social assistance design has been gender-sensitive, a lack of 'data on sufficiency and implementation of these measures' makes it 'difficult to assess their impact, including on women and girls' (O'Donnell *et al.* 2021).

In March 2021 the UN Women and UN Development Programme (UNDP) Gender Tracker reported that globally only 23 per cent of governments' social protection measures (306 out of 1,340 measures) in response to the pandemic were 'gender-sensitive' (UN Women and UNDP 2021). Measures are defined as gender-sensitive when they seek to directly address the risks and challenges faced by women and girls during the Covid-19 crisis, notably violence against women and girls, unpaid care work, and economic insecurity (*ibid.*). In terms of social protection, as listed in Table 3.1, this entails measures that support women's economic security through targeting women or prioritising them as main recipients, or that support unpaid care such as providing payment in case of school closures or strengthening services for populations with intense care needs. Holmes and Hunt (2021: 6) note that 'While the nuances of programme design and implementation are not captured in this measurement (e.g. operational components or variations in gender-sensitive design, going beyond targeting women), this still highlights a stark gender gap.'

An earlier rapid assessment of initial Covid-19 social protection responses also found limited gender sensitivity, noting (as of 3 April 2020) 'that, out of 418 social protection initiatives, only about 11 per cent show some (but limited) gender sensitivity' (Hidrobo *et al.* 2020: 2). This assessment considered programmes documented by Gentilini, Almenfi and Orton (2020) 'Social Protection and Job Responses' that target women for various criteria (including nutritional risk and lack of spouse among others) or pregnant women and women receiving maternity benefits. It also includes programmes that take into account or provide benefits for childcare, and those that target health-care workers (primarily women) or informal workers (likely to be disproportionately women). Hidrobo *et al.* (2020: 7) note that a more comprehensive investigation into policy details and system-level considerations of how programmes work together to address gender is needed.

### Table 3.1 Operational definitions of gender-sensitive social protection

Measures that support <b>women's economic security</b> are defined as:	Measures that support <b>unpaid care</b> are defined as:
<p>Measures aimed at putting resources in cash or kind directly in women's hands by:</p> <ul style="list-style-type: none"> <li>– Targeting women or specific groups of women (e.g. rural, indigenous, migrant, ethnic minority, pregnant/ lactating).</li> <li>– Prioritising women as the main recipients of household-level benefits.</li> <li>– Providing individual universal income support measures covering all citizens/residents.</li> <li>– Including quotas for women (e.g. public work programmes).</li> </ul>	<p>Measures aimed at addressing the rising demand for unpaid care by:</p> <ul style="list-style-type: none"> <li>– Compensating parents for schools/ childcare closures ('cash-for-care').</li> <li>– Providing paid leave for those with care responsibilities.</li> <li>– Strengthening services for populations with intense care needs (e.g. children, older persons, persons with disabilities).</li> </ul>

Source: de los Santos *et al.* (2021: 4). © UN Women and UNDP, reproduced with permission.

In contrast, a review of social protection operations launched by multilateral development banks<sup>3</sup> in response to impacts of the Covid-19 pandemic found that 'a substantial fraction... have included some form of gender-related indicators and/or targets' (Webster *et al.* 2021: 7). From a selected group of countries and for the period March to December 2020, the review identifies 64 programmes with social protection measures. Of these:

Fifty-two (81.3 per cent) were found to have at least one indicator focused on reaching or benefiting women and girls and 47 projects (73.4 per cent) included at least one gender-specific target. Only 29 projects utilized targets aiming for women's inclusion at or above parity with men (e.g. 'Number of persons receiving temporary unemployment benefits; of which 56% [are] women').  
*(ibid.: 2)*

<sup>3</sup> The review covers the African Development Bank, the Asian Development Bank, and the World Bank, looking at publicly available project appraisal documents (or equivalent).

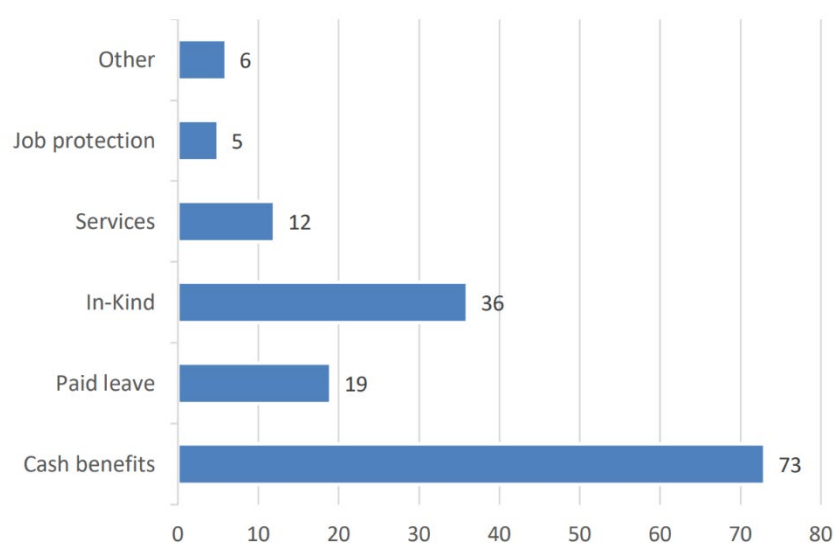
Such gender measures tended to be (1) more common in larger operations with higher loan values, and (2) considered in isolation, with few programmes disaggregating by other intersectional social characteristics such as migrant status, disability, or age (*ibid.*: 2–3, 7).

### 3.3 Persons with disabilities

The number of countries having announced relief measures with special reference to persons with disabilities increased over the course of the pandemic. However, as this took place against the backdrop of very low pre-pandemic coverage levels, coverage remained at low levels overall.

The International Labour Office (ILO 2021: 141) reports that fewer than half of the countries that adopted Covid-19 social protection responses in 2020 referred to people with disabilities, while ‘measures specifically directed at this group accounted for a mere 8.5 per cent of all measures announced’. Most relief measures were a form of social assistance, with only ten interventions linked to participation in contributory schemes (ILO *et al.* 2021: 8). As illustrated in Figure 3.2, the large majority consisted of cash transfers (73), followed by in-kind transfers (36), and provisions for paid leave (19) (*ibid.*).

**Figure 3.2 Number of measures with explicit mention of or provision for persons with disabilities**



Note: ‘Other’ includes waivers (e.g. for social security, tuition fees), adjustment to sick leave, and measures that were not possible to classify.’

Source: © ILO, UNICEF and UNPRPD (2021: 8). Reproduced with permission.

Among these interventions, vertical expansion – i.e. deepening of support to existing beneficiaries – was most common (29 out of 73 cash transfers), with most countries offering top-ups for up to three months and only a handful of countries providing top-ups for longer. Administrative adjustments took place in 24 out of 73 measures, with Saudi Arabia suspending mandatory medical visits for renewal and Armenia delivering payments at home. Finally, horizontal expansion was least common (17 out of 73) but included Sri Lanka where persons with disabilities who had been on the waiting list prior to the pandemic were included (ILO *et al.* 2021).

### 3.4 Older people

Experiences with access to Covid-19 relief measures among older people is mixed. A HelpAge survey undertaken among its staff and network members in 17 LMICs showed that older people faced ‘significant challenges’ in accessing Covid-19 related social assistance interventions (Juergens and Galvani 2021). Across LMICs, HelpAge International (2020b) counted 112 social assistance measures that specifically targeted older people. The majority (36) included an increase in pension amounts while other efforts included provision of in-kind support (19), emergency cash transfers (14), and expansion of pension coverage (10)<sup>4</sup> (*ibid.*).

Despite this range of targeted interventions, older people experienced considerable challenges in accessing and benefiting from Covid-19 relief measures. A particular issue affecting older people was lack of adequate information and communication, especially in light of the rapid rollout of many interventions. Juergens and Galvani (2021) noted that due to ‘the extensive use of technology and social media for information sharing, and widespread fake news and misinformation, many older people simply did not know what was happening, what was expected from them, and how they could access support’. These issues were compounded by heavy reliance on digital tools for registration and disbursement of transfers as literacy rates, mobile phone ownership, and digital skill levels are lower among older people (*ibid.*). Older women are disproportionately affected with even larger barriers to information and technology for receiving support.

Notwithstanding these challenges, older cohorts appeared to have greater access to Covid-19 relief measures than younger workers in some contexts. The informal workers’ survey by WIEGO showed that in cities where relief measures were available, older workers were more likely to benefit – 48 per cent of older workers vs 37 per cent of younger workers. In some cities, such as New York, this was attributed to older workers possessing the necessary documentation

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<sup>4</sup> The other measures were administrative adjustments to pensions including advance payments, access to pension savings, and safe pension delivery mechanisms.

while elsewhere, such as in South Africa, greater access by older workers was due to one of the relief measures being a top-up to the existing old-age pension. In Mexico City, older workers were especially targeted (Alfers *et al.* 2021: 6–7).

### **3.5 Diverse sexual orientation, gender identity and expression, and sex characteristics (SOGIESC)**

Policy measures, including social assistance, appear to have paid limited attention to those with diverse SOGIESC. The Edge Effect (2021: 7) scoping study reports that out of 3,112 policy measures recorded globally in the UN Women and UNDP Covid-19 Global Gender Response Tracker (as of March 2021), only eight make reference to diversity of SOGIESC. This includes some existing measures that did not consider new Covid-19 needs. Others concur that across the Covid-19 response ‘Governments, donors, and service providers have largely failed to acknowledge or address the specific needs of LGBTI people in response to Covid-19’ (Global Philanthropy Project 2021: 3). Having examined close to 4,500 resource flows, the Global Philanthropy Project found that none of the top five donors<sup>5</sup> made reference to the LGBTI community as an at-risk-population or priority group, or acknowledged their particular vulnerabilities.

Zooming in on social assistance, we observe some notable exceptions. In Honduras, for example, the World Food Programme (WFP) provided cash assistance vouchers to 800 LGBTI community members (Global Philanthropy Project 2021: 23). In the Philippines, a small number of local government units put in place measures that included LGBTIQ people, such as including them as recipients of cash grants if ineligible for the social amelioration programme (ASEAN SOGIE Caucus 2020). Yet initiatives like these go hand-in-hand with experiences of exclusion. In Brazil, trans people faced problems accessing support for informal workers as their legal name changes did not appear in the system, and they were therefore deemed ineligible (Ritholtz 2020).

### **3.6 Religious and ethnic minority groups**

Evidence with respect to access to support by marginalised groups based on religious or ethnic identity is scarce. Information that is available suggests that – by and large – needs and vulnerabilities of minority groups were not taken into account in the response to Covid-19.

While studies suggest that the pandemic has exacerbated religious and other minority groups’ inequalities (IDS 2020), very little information is available about

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<sup>5</sup> The top five donors of Covid-19 humanitarian response funding (as of 11 November 2020) were the United States, Germany, Japan, the United Kingdom, and the EU Commission Humanitarian Aid and Civil Protection Department (Global Philanthropy Project 2021: 20).



the reach and impact of the Covid-19 response, including social assistance. Anecdotal evidence suggests that certain groups were excluded from support on the basis of their religion. In Pakistan, for example, authorities in some areas '**reportedly** refused to give food aid to Christians and Hindus, stating that assistance is reserved for Muslims' (Selsky 2020).

### 3.7 Migrants and displaced groups

Hosted primarily in LMICs with modest social protection coverage, displaced populations often face additional barriers to inclusion in national social assistance schemes (UNHCR n.d. - a). Some forms of support are exclusively for citizens, while refugees can face practical barriers due to identity or regulatory requirements that restrict access to mobile phones or bank accounts (Dempster *et al.* 2020: 23).

Some governments and international organisations have stepped up social assistance to refugees and displaced populations to alleviate the negative impacts of the Covid-19 impacts. UNHCR (n.d. - b) has supported over 65 new and/or expanded existing cash initiatives in response to the impacts of Covid-19. One example is UNHCR's launch (with partner INTERSOS) of cash transfers to nearly 6,000 internally displaced persons in North Kivu, the region in the Democratic Republic of Congo with the second highest number of Covid-19 cases after Kinshasa (UNHCR n.d. - b: 4). Meanwhile in India, subsidised food provided to low-income families was expanded to include 80 million migrant workers while in Latin America, non-nationals were explicitly eligible to benefit from new emergency cash transfers to respond to Covid-19 impacts in Colombia, Brazil, and Argentina (Andrade, Sato and Hammad 2021: 49).

However, despite some positive examples of inclusion (which typically tend to be 'a continuation of pre-pandemic policy'), 'Refugees residing in low- and middle-income countries have mostly been excluded from government social protection responses' (Hagen-Zanker and Both 2021 – executive summary). Moreover, where there have been food and cash transfer schemes targeted to refugees, not many have been 'explicitly aligned or integrated with government social protection responses' (*ibid.*). Nevertheless, Hagen-Zanker and Both (*ibid.*: 2) find 'there have been marginal changes that may lead to greater inclusion in the future, for example in removing certain barriers to access, in including refugees in socioeconomic surveys, and in intensifying interactions between international humanitarian and development actors and governments'.

## 4. Findings – factors for in- or exclusion

We explore factors contributing to or limiting inclusion along the four ‘critical stages of the delivery chain’ (Lindert *et al.* 2020). Various factors apply to multiple stages of the chain, but we provide examples for how they play out in each stage.

### 4.1 Identification and registration of potential beneficiaries

A first important factor in whether vulnerable groups were much more likely to be identified in need of social assistance was if there was **acknowledgement of their heightened vulnerability**. Many LMIC governments prioritised families and individuals considered at high risk of suffering from negative socioeconomic consequences because of the pandemic, leading to increased support to those already receiving assistance or extended coverage to new groups deemed uniquely vulnerable.

Examples of where existing beneficiaries were deemed highly vulnerable and therefore in need of greater support include Ethiopia and Sri Lanka. In Ethiopia, some of the existing beneficiaries of the Productive Safety Net Programme (PSNP) in both urban and rural areas received a temporary top-up to their transfers (Bischler *et al.* 2021; Roelen *et al.* 2021). The livelihoods of urban Direct Support recipients – already precarious prior to the pandemic – were considered especially volatile, with Permanent Direct Support beneficiaries receiving monthly top-ups and temporary direct beneficiaries receiving lump-sum payments to complement their existing transfers (Bischler *et al.* 2021: 25). In rural areas, top-up payments were made to all PSNP beneficiaries (Direct Support and Public Works) in so-called ‘Hotspot 1’ *woredas* or *woredas* falling into the IPC<sup>6</sup> Phase 3 or above, which were local areas identified at severe risk of food insecurity. Technically speaking this classification does not directly respond to vulnerability to consequences of Covid-19 as the system was developed for climate shocks such as drought. In Sri Lanka, recipients of the country’s poverty-targeted social assistance scheme Samurdhi and the Senior Citizens’ Allowance scheme received top-up payments as part of the government’s emergency cash transfer measures (Kidd *et al.* 2020). These two examples show that vulnerability to Covid-19 was tied up with pre-existing vulnerabilities, such as poverty and old age.

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<sup>6</sup> The international standard Integrated Food Security Phase Classifications.

Many countries also implemented new measures, extending coverage to new and often underserved groups. In Sri Lanka, horizontal expansion was the second prong in its two-tiered approach. Emergency payments were provided to those on the cash transfer waiting list and those on the Samurdhi database but previously deemed ineligible (Lowe *et al.* 2021), thereby recognising the heightened vulnerability of the near-poor. Cash transfers were also extended to all self-employed workers affected by the crisis (Kidd *et al.* 2020), in acknowledgement of their vulnerability to the pandemic's socioeconomic consequences. Pakistan is another example where eligibility criteria were widened to include groups traditionally excluded from receiving social assistance but negatively affected by the pandemic (Bourgault and O'Donnell 2020; Lone *et al.* 2021) – see Box 4.1, page 38.

There are many other examples of programmes specifically targeting vulnerable groups or prioritising those deemed especially vulnerable to the socioeconomic fallout of the pandemic. In Madagascar, Nigeria, and Togo, new cash transfer programmes were established in urban areas in recognition of the adverse effects of lockdown measures and mobility constraints on urban residents and informal workers (Lowe *et al.* 2021; Roelen *et al.* 2021). In Sierra Leone, a new measure for households including people with disabilities and other marginalised groups – the Persons with Disabilities Lockdown Handout (PWDLH) – was established (Yusuf *et al.* 2021). In Nigeria and Somalia, eligibility criteria prioritised persons with disability and women (Holmes 2021). In Tajikistan, persons with disability included in the social registry but without benefits were included in the second round of Covid-19 emergency support (Sammon *et al.* 2021; KII2).

The corollary also holds. A lack of consideration of pre-existing or new inequalities resulting from Covid-19 hampered inclusion of those with one or more intersecting vulnerabilities. In Ethiopia, as noted above, the rural PSNP was extended to existing beneficiaries using criteria previously used to assess food insecurity without consideration of gender equality or other social inclusion issues (Bischler *et al.* 2021). Overall, if vulnerabilities were not already considered in existing schemes, responses in the wake of Covid-19 were unlikely to take these into account [KII3; KII4].

Relatedly, the **identification of beneficiaries through household-level criteria** can obscure the actual level of vulnerability (affected by the number of dependents in a household, their needs and working situations) and lead to exclusion of vulnerable households – or individuals within households – from Covid-19 emergency support. For example,

In Peru, households with multiple members working informally and one member working formally (perhaps as a minimum wage nurse or cleaner) suffered severe income losses during the protracted

lockdown but were excluded from all emergency cash support based on the formal employment of one individual.  
(Roelen *et al.* 2021: 21)

In some cases, inclusion of vulnerable groups was a positive coincidence more than anything else. In schemes where individuals with intersecting vulnerabilities were over-represented in target groups, they were also more likely to receive support. A review of access to relief measures for older informal workers in urban areas showed that older workers in Mexico City were more likely to have access to such measures than their younger counterparts due to older workers being over-represented among non-salaried workers (Alfers *et al.* 2021).

A second factor that aided inclusion but also played into exclusion was the **reliance on existing social registries** or databases. The use of available data facilitated rapid rollout to those previously identified as eligible for support (Lowe *et al.* 2021). This worked relatively well in countries with strong existing social registries and administrative systems, especially when their systems were already inclusive of vulnerable and marginalised populations [KII14]. In South Africa, for example, the top-up attached to pension payments provided a straightforward mechanism for expanding assistance to older people [KII4] and was deemed more efficient than the newly established cash transfer aimed at younger informal workers (Alfers *et al.* 2021). Similarly, persons with disabilities who were already in receipt of the disability grant received top-ups to their monthly payments (ILO *et al.* 2021).

In many countries, however, existing registries and information systems were outdated and excluded large swathes of the population. In those contexts, reliance on such systems led to exclusion of eligible beneficiaries. In Peru, the schemes initially set up to support poor households in urban areas (Bono 'Yo Me Quedo en Casa') and rural areas (Bono Rural), and informal workers, primarily in urban areas (Bono Independiente), relied entirely on the existing social registry and only included those who were already registered (Roelen *et al.* 2021). It soon emerged that many vulnerable households were excluded due to information being outdated and low coverage in urban areas. The various schemes were subsequently integrated into the Bono Familiar Universal, and new households were able to apply via an online registration platform (*ibid.*).

Some key informants observed that when measures set up in response to the pandemic relied on existing databases, marginalised groups were at heightened risk of exclusion [KII5]. In Sierra Leone, the lack of pre-existing data on potential beneficiaries, including for people with disabilities eligible for PWDLH, likely led to exclusion of the poorest and most marginalised as they are not well-known within communities and poorly connected to other services (Yusuf *et al.* 2021). Lack of trained professionals to carry out disability assessments may have compounded exclusion (*ibid.*).

Like in Peru, in many countries where measures initially relied on existing registries and databases and failed to reach many vulnerable populations as a result, **new systems were set up to facilitate identification**. In such cases, demand-driven and locally supported registration mechanisms contributed to inclusion, including of vulnerable groups. In Pakistan – in addition to expanding eligibility criteria – there was a deliberate attempt to support inclusion by adopting multiple means of targeting and using local administrations to identify any affected individuals not included in the Kafaalat programme or in the National Socioeconomic Registry (NSER) (Lone *et al.* 2021: 40) – see Box 4.1. In Sri Lanka, a degree of local-level autonomy allowed for drawing on grass-roots knowledge about who is most vulnerable and should be prioritised when implementing centrally determined eligibility criteria (Lowe *et al.* 2021: 27). Independent monitoring verified that this mechanism worked well to ensure that support was delivered to those most in need in a speedy manner, although concerns were also raised over the potential for corruption and elite capture (*ibid.*).

**Fear of ‘double-dipping’** – referring to receipt of multiple types of support at the same time – emerged as a factor preventing vulnerable groups’ access to emergency support. Various examples point to individuals that were already receiving some form of social assistance prior to Covid-19 being excluded from emergency cash transfers during the pandemic. While this means that some level of support was maintained throughout the pandemic, it often led to beneficiaries receiving inadequate support to help them through a period of income loss due to Covid restrictions. In the Philippines, for example, recipients of old-age pensions did not qualify for short-term Covid relief support [KII4].

With emergency measures often specifically designed to help mitigate loss of income, this has meant that those already in receipt of some form of social assistance were also receiving far less generous support than those who did benefit from emergency measures. In South Africa, many women were excluded from Covid-19-relief measures such as the Social Relief of Distress grant even though they were over-represented among those experiencing unemployment and job loss in the wake of the pandemic. They did not qualify for the SRD grant or other unemployment benefits when they were already receiving the Child Support Grant (CSG) [KII3; KII12]. Although the CSG was topped up with a caregiver allowance, this constituted a flat-rate amount regardless of family size. Hence, while CSG recipients did benefit from some level of additional support, they only did so in recognition of their role as primary caregivers and at a lower level of generosity [KII10] (Holmes and Hunt 2021).

## Box 4.1 Pakistan – widening eligibility criteria and local level engagement

Pakistan deployed a rapid, large-scale response to the crisis. On 1 April 2020, within ten days after a nationwide lockdown had been announced, the Ehsaas Emergency Cash (EEC) programme was launched to mitigate the impact of Covid-19. Its aim was to provide poor and vulnerable families with lump-sum income support, reaching close to 17 million households.

Initially, EEC transfers were targeted at beneficiaries of the existing Ehsaas Kafaalat (EK) programme (Category I) as well as new beneficiaries identified through the National Socioeconomic Registry (NSER) (Category II) or provincial and district administrations (Category III). New beneficiaries in categories II and III could apply via SMS, with eligibility subject to having an ID number and means test.

One month later, in May 2020, in response to widespread need, the government added a new category (Category IV). This included labourers who suffered livelihood losses as a result of the pandemic and families that had fallen into poverty. Prospective beneficiaries were able to apply via a web-based portal.

In addition to expanding eligibility criteria, there was a deliberate attempt to support inclusion by adopting multiple means of targeting and using local administrations to identify any affected individuals not included in the EK programme or in the NSER. A 2020 UNDP study highlighted high exclusion errors in Pakistan's social protection programme deriving from the NSER. Issues include the NSER being outdated (last fully updated 2010/11); excluding some of the more disadvantaged households from remote or nomadic communities; and taking a primarily asset-based approach to poverty scores rather than a more nuanced approach to vulnerability.

In all, coverage of cash transfers in Pakistan increased after Covid-19 up by 37 per cent (from 18 per cent in 2017 to 55 per cent in 2020), higher than the global average increase of 14 per cent (Gentilini, Almenfi and Dale 2020). It reached 14.8 million families, which constitutes 72 per cent of the eligible population and around 47 per cent of Pakistan's population. Findings in terms of the extent to which this included those most vulnerable are mixed. For example, while transgender individuals were able to apply to EEC, the large gender gap in having the requisite ID documentation means that women are at risk of exclusion.

Sources: Bourgault and O'Donnell (2020); Khan and Javed (2020); Lone *et al.* 2021; Nishtar (2020).

In some cases, **measures to protect public health or the health of vulnerable groups** has been at odds with the ability to access social assistance. In Bangladesh, for example, social pensions were discontinued for up to six months to avoid older people coming into contact with others and thereby reduce their risk of infection. In other countries, such as Argentina, the closing of banks as part of wider mobility restrictions prevented older people and others unable to use ATMs from collecting their pensions [KII4].

Balancing needs against **budget availability** hampered inclusion. While certain groups may in principle have been identified as vulnerable and in need of support, lack of funding caused them to be excluded. In Ethiopia, for example, the initial plan was for all rural PSNP beneficiaries to receive top-up payments. However, lack of resources necessitated narrowing the scope, leading to the use of the food insecurity hotspot classification (Bischler *et al.* 2021). Inevitably, this method of geographical targeting has led to the exclusion of vulnerable groups not in areas classified at high risk of food insecurity.

## 4.2 Eligibility determination and enrolment

Once identified as a vulnerable group in need of Covid-19-specific measures, the process of determining eligibility at individual or household level and enrolling beneficiaries can throw a further spanner in the works.

First, **the use of digital tools for application, identification, and verification** has mixed effects on inclusion of those most vulnerable. Digital tools can facilitate a rapid crisis response that reaches large numbers of people at speed. This is especially true in contexts where limited to no programmes are in place, where no data is available, or where many do not have formal bank accounts (WIEGO 2021b). Various countries adopted digital methods to identify target areas and to subsequently ask prospective beneficiaries to register.

In Kinshasa in DRC, the DRC Social Fund through the STEP-KIN programme<sup>7</sup> used satellite imagery and flood-risk mapping to select poor neighbourhoods. An anonymised list of mobile-phone subscribers living in the targeted areas became the substitute social registry. This list was then filtered to limit inclusion errors (for example, those with smartphones were excluded). A system was set up for eligible people to register their interest in receiving the support, with awareness-raising messages delivered through text and audio mobile messages, and a radio campaign. This led in three months to more than 100,000 people being identified, registered, and paid in 50 poor neighbourhoods (Bance *et al.* 2021). Similar methods were adopted in Nigeria, with satellite imagery and an SMS-based registration system underpinning the new Rapid Response Register and Covid-19 Urban Cash Transfer scheme (Roelen *et al.* 2021).

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<sup>7</sup> Solidarité par Transferts Economiques contre la Pauvreté à Kinshasa.

Notwithstanding the potential to identify and reach large populations in a short period of time, these 'quick and dirty' approaches also risk exclusion, especially of the poorest and marginalised groups (Beazley, Marzi and Steller 2021). The use of digital tools needs to be balanced with an eye to unintended consequences for vulnerable groups, such as taking into consideration inequalities of mobile-phone ownership and usage (Bance *et al.* 2021). The use of telecom data requires a very high mobile penetration, and in many countries would only be applicable for urban settings (*ibid.*). Moreover, these inequalities run alongside axes of place, gender, and age, with rural areas experiencing lower levels of penetration, women being less likely to have independent access to a mobile phone and older people less likely to own or be skilled in handling digital devices. Indeed, in Pakistan, owning or having access to a mobile phone was a precondition for receiving the emergency cash transfer, leading to exclusion of women (Bourgault and O'Donnell 2020) and making it difficult for older people to access the transfer (HelpAge International 2020a). Similarly in Jordan, women were often excluded as they were less likely to own mobile phones or have bank accounts (Gentilini *et al.* 2021). In urban areas of India, Mexico, and South Africa, online applications hampered access to cash transfers that were put in place to mitigate the impacts of Covid-19 [KII12]. Problems included lack of access to digital services, complicated online forms that were difficult to complete (especially in cases of limited literacy and connectivity), lack of coordination across databases leading to applicants being rejected despite being eligible, and difficulties in accessing support to get mistakes corrected [KII12].

Reaching out to people with disabilities and assessing their eligibility when no information was already in place was very difficult during the pandemic. In some cases where data did not exist or was limited, emergency programmes relied on visual assessments, such as in Sierra Leone. This left people with less visible disabilities vulnerable to exclusion (Yusuf *et al.* 2021: 31). In acknowledgement of the difficulty in undertaking assessments, some programmes waived or postponed them. In Brazil, for example, applicants to disability benefits were able to receive (part of) their payments before an assessment took place. If applicants were ultimately deemed ineligible, they were not required to return the cash unless fraud or bad faith was proven. They were also able to make electronic applications, exempting them from making personal visits (ILO *et al.* 2021). Similarly in South Africa, temporary disability grants were automatically extended throughout 2020. By the end of 2020, however, all such grants came to an end and everybody needed to reapply and be assessed, causing chaos at welfare offices and heavy pressure on medical staff. An online system was introduced in early 2021 but a deadline for all applications to be processed before the end of March was not met [KII10]. Notwithstanding the potential for online applications to lift pressure on welfare and medical staff, it should also be noted that persons with disabilities are often digitally excluded, and an online-only system may reinforce this inequality.



A second factor that can hamper inclusion relates to the **requirements for ID documents**. A strong and inclusive ID system can serve as a strong foundation for ensuring that everyone eligible for support can be enrolled quickly and accurately (Lowe *et al.* 2021). However, marginalised groups are at greater risk of being excluded from such a system, especially when this intersects with digital exclusion. People with diverse SOGIESC, for example, are often less likely to meet the administrative requirements for ID cards in many LMICs as they are more likely to be estranged from their families, leave their birthplaces, and work within the informal economy (see Holliani Cahya 2021 for example from Indonesia). In Pakistan, transgender persons who did not have the required ID documents were unable to buy mobile phones and SIM cards, preventing them from accessing emergency cash transfers (HelpAge International 2020a). Low-skilled and sometimes undocumented migrant workers who travel to other countries may also be excluded from assistance by a requirement for national ID documents. In Peru, for example, regular and irregular migrants – including one million Venezuelan migrants – were excluded from Bono Familiar Universal (Lowe *et al.* 2021: 43). There also tends to be a gender divide in the proportion of people who own ID cards, with women less likely to own such documents (Beazley, Bischler and Doyle 2021: 27), such as in Pakistan (Khan and Javed 2020), due to ‘a combination of legal, procedural, economic and social barriers’ (Zimmerman *et al.* 2020: 5).

When ID systems are poorly developed and highly politicised, there is even greater risk of them excluding vulnerable and marginalised populations. In Togo, for example, the government decided to use the voter ID system as a basis for enrolling beneficiaries onto its Novissi scheme in the absence of a strong ID system. Although the system covered almost nine out of ten adults in the country, its use was also politically contentious. Due to election boycotts of opposition parties, supporters of those parties are less likely to be represented (Lowe *et al.* 2021: 24). Similar concerns were raised in Uganda, where beneficiaries of social assistance need to be registered with the National Identification and Registration Authority (NIRA) and have a national ID to receive support. This requirement leads to the exclusion of many eligible households and individuals, an issue that predates Covid-19 but was compounded by the pandemic as registration offices were closed [KII6; KII1]. Although ID coverage is expanding, pace is very slow with only 40,000 applications processed last year against a backdrop of five million Ugandans not having an ID [KII6].

In some schemes, ID requirements were therefore waived. In case of the Village Cash Transfers scheme in Indonesia – implemented under the Ministry of Villages – the requirement to have a national ID card was waived, as long as local teams were able to verify the person’s identity [KII11].

A third factor influencing the degree of inclusivity is the degree of **autonomy at local level** to identify those most vulnerable and in need of support. Greater

devolvement of responsibilities can ensure that those most vulnerable are covered. In Indonesia, local governments were given autonomy over how the Village Cash Transfer Programme was distributed (see Box 4.2). This allowed for community-based targeting that saw a much larger proportion of persons with disabilities included compared to social assistance that was in place prior to the pandemic [KII8]. Involvement of health workers or local actors does come with concerns about inadequate remuneration, lack of personal protective equipment, and an over-reliance on volunteerism, especially for women [KII3].

A fourth factor refers to the involvement of **grass-roots organisations** to help spread the word and assist prospective beneficiaries. Providing support in navigating complex and/or online application procedures (e.g. ensuring that all required documents are uploaded, checking that names are spelled correctly everywhere) has boosted inclusion in some places. In South Africa, support by organisations such as Black Sash proved vital in providing people practical help to apply for Social Relief of Distress (SRD) grant, especially those who were unable to do so themselves using the online platform [KII10].

Examples in Southeast Asia point to how organisations assisted older people. In Bangkok, Thailand, for example, grass-roots organisations helped older informal workers by soliciting the support of younger family members to help with the online application for emergency relief (Alfers *et al.* 2021). In Vietnam, associations at local level reached out to older and otherwise isolated individuals with psychosocial support as well as food parcels. These associations were mandated by government to expand their pre-Covid-19 range of support in recognition that such local-level groups were better able to reach vulnerable people [KII4].

The importance of civil society in making social assistance as inclusive as possible has also been observed for other groups, such as people with disabilities or people with diverse SOGIESC. The United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD) reports that in Kenya organisations of people with disabilities 'have been instrumental in working with the Government to identify people with disabilities quickly who could benefit from the *ad hoc* cash transfer introduced in the context of Covid-19' (ILO 2021: 147). Edge Effect (2021: 7) notes that 'It is well known that people with diverse SOGIESC rely extensively on informal networks and [civil society organisations] CSOs that have emerged within their communities. This has been reinforced during the Covid-19 crisis'. In Indonesia, for example, 'diverse SOGIESC CSOs have played a critical role in undertaking community assessments, advocacy for support and distribution of cash and direct aid' (*ibid.*: 36). Only one in three transgender people reported to have received support from government in response to Covid-19 due to stigma or not having the required identification (*ibid.*).

## **Box 4.2 Indonesia – local level autonomy in identification and enrolment of beneficiaries**

When the pandemic hit in March 2020, the Government of Indonesia announced the Village Cash Transfer Programme. Implemented through the Ministry of Villages, this programme aimed to extend support to those who were excluded from the social registry and existing social assistance programmes. Local governments were responsible for identifying beneficiaries and administering the scheme, with a target of reaching 11 million households in rural areas. Beneficiaries were entitled to monthly transfers, first for a period of three months (from April to June 2020) but the programme was extended until the end of the year and then again into 2021 (albeit with smaller monthly amounts).

Identification of beneficiaries was initially to be based on the set of 14 poverty indicators (also used for other programmes/social registry) but the speed of the required response made this unworkable. Instead, a community-based targeting approach was used that prioritised those who were badly affected by the fallout of Covid-19 and did not receive any other assistance. This consisted of a two-stage process: door-to-door visits by at least three people to identify affected households, and village-wide meetings to finalise the list of beneficiaries. Because funds were already in village accounts, disbursement could be done quickly.

Feedback from local governments and research finds that this approach has led to greater inclusion of persons with disabilities. In the absence of a large-scale grant for persons with disabilities, or information about them (such as in a registry), the coverage rate of persons with disabilities prior to Covid-19 was only 5 per cent. Not being tied to the existing social registry or the need to target purely on the basis of poverty meant that persons with disabilities were more likely to be included in the distribution of support. Increased coverage of persons with disabilities may present a turning point for their inclusion in social protection post-pandemic, with options including a continued role for local government in implementing social assistance and developing a database on disability to inform national programmes.

It should be noted that the provision of Covid-19 support through the Village Cash Transfer Programme isn't uncontroversial. Funding came from the Dana Desa (Village Fund) programme, which was first introduced in 2015 with the landmark ratification of the Village Law that allowed villages to make their own decisions about which development efforts to finance through the Fund. However, in order to finance the Village Cash Transfer Programme, national government mandated that local governments were to spend 30 per cent of their Village Fund on cash transfers in 2020–21.

Sources: Satriana *et al.* (2021); UNICEF *et al.* (2021); KII8; KII11.

Finally, **communication** was vital for ensuring that populations were aware of their potential eligibility to new or expanded schemes. Many schemes used a combination of channels to disseminate information about emergency support, especially in relation to new measures. In South Africa, for example, information about the new SRD grant was distributed using wide range of communication formats, including TV, radio, and WhatsApp, and in multiple languages. This strategy, combining both digital and ‘traditional’ media, made information about emergency Covid-19 support relatively accessible [KII12].

In Mozambique, information about the urban Covid-19 PASD-PE scheme was provided using flyers and posters while radio and television adverts were added later (de Lima Vieira *et al.* 2020: 12). Actors at multiple levels got involved, with flyers distributed by district-level services, community leaders, primary schools, and civil society. At the same time, the absence of a comprehensive communication plan at the start of implementation hampered effective engagement of civil society, especially of local NGOs and community-based organisations, in delivering messages about available support (*ibid.*: 33).

Effective communication is especially important in reaching vulnerable and marginalised groups as they are often excluded from mainstream channels. People with disabilities may need specialised forms of communication, such as sign language. Many countries tried integrating such forms of communication, but often it was discontinued after a few weeks [KII5]. More generally, deliberate outreach to those disconnected from mass-media channels such as radio, TV, and social media was very restricted [KII14], not least because of restrictions on mobility and physical contact. Various positive examples do exist, such as in Thailand, where local groups were instrumental in spreading news about emergency measures and how to apply for them.

### 4.3 Payments

The most important factor that emerged with relation to payments referred to **payment modality** and how cash was delivered. Due to transparency, speed, and lack of physical contact, digital payments were a popular mechanism for social assistance in response to Covid-19 (Beazley, Bischler and Doyle 2021) with at least 155 schemes across 58 LMICs having adopted this (Gentilini *et al.* 2021: 21). Digital payments can be account-based – either using mobile money accounts or formal bank accounts – or use non-account-based methods such as tokens or requiring one-time passwords. Manual payments were also still used in at least 55 schemes across 35 countries, including direct cash payments, cheques, or vouchers (*ibid.*). Although digital payment was preferred by authorities in many contexts, manual payments were used where banks were

closed (e.g. Sri Lanka) or digital infrastructure was weak, such as in many rural areas (Beazley, Bischler and Doyle 2021).

The use of digital technology in making social assistance payments can be a double-edged sword for marginalised and vulnerable groups. While it may ease access for some, it can also compound barriers already observed when using digital tools for identification of beneficiaries or throw up new concerns such as issues with biometric identification or intra-household power dynamics over access to mobile phones.

With respect to older people, manual payments can create physical barriers for collection. In Bangladesh, for example, last-minute changes in bank hours resulted in many older people being unable to collect their Old Age Allowance payments after travelling long distances. Similarly, in Mozambique, short-notice changes in payment days left many older people, particularly those with limited mobility, unable to reach payment points on time (Juergens and Galvani 2021). There are some examples where these issues were overcome by delivery directly to people's homes, such as in Sri Lanka (Lowe *et al.* 2021: 33). Heavy reliance on digital payments – especially where systems were new – also made it difficult for older people to access payments. In Mozambique and Kenya, older people found it difficult to access mobile payments, while in Pakistan they struggled with biometric identification in accessing payments as their thumbprints had faded with age (Juergens and Galvani 2021).

Experiences with digital payments are also mixed for women. On the one hand, making payment to women directly through accounts in their name can enhance their financial inclusion and increase their autonomy (Gentilini *et al.* 2021; Zimmerman *et al.* 2020). On the other hand, lack of required ID documentation, low ownership of mobile phones, or limited access to mobile or bank accounts can inadvertently exclude women (Beazley, Bischler and Doyle 2021). Micro-simulation analysis in relation to the Ehsaas Emergency Cash (EEC) Programme in Pakistan, for example, showed that requirements to have a national ID and own a mobile phone to receive the cash transfers have placed women at a disadvantage (Bourgault and O'Donnell 2020). Looking at the proportion of women in poverty having both a mobile phone and national ID suggests that women would only make up 25 per cent of all Ehsaas beneficiaries. This would mean that 78 per cent of women in poverty are excluded from support [KII9]. Similar research in India also points to high levels of exclusion from Pradhan Mantri Jan Dhan Yojana (PMJDY) cash transfers. Using existing data about ownership of PMJDY accounts among women in poverty suggests that 53 per cent of them would be excluded from Covid-19 cash relief (Pande *et al.* 2020). Moreover, Zimmerman *et al.* (2020) highlight that women's digital exclusion can be exacerbated in humanitarian settings.

Some measures supported inclusion through offering a combination of payment modalities, such as the Peruvian Bono Familiar Universal programme, which involved transfers into bank accounts, mobile 'e-wallets', over the counter payments, and cash-in-hand delivery for remote areas (Lowe *et al.* 2021: 15). There are also some positive examples of programming that provided mobile phones and SIM cards to avoid digital exclusion. In Somalia, for example, SIM cards were distributed to women without mobile phones to ensure their access to mobile cash-transfer payments by using someone else's device (McLean forthcoming, in Holmes 2021). UNHCR has also piloted providing mobile phones and SIM cards to Burundi returnee refugees (Hamilton 2020).

**Adequacy of support** is also an important consideration, including for vulnerable populations. For people with disabilities, for example, it is not enough to assess whether they receive payments; it is also important to assess whether transfers are high enough to cover a wide range of costs [KII5]. More generally, transfer amounts need to differ by household size and composition as these make a large difference to overall household costs [KII3]. Yet often these are not taken into account – many programmes provide flat-rate payments (Roelen *et al.* 2021), with transfer values determined by budget availability [KII3].

## 4.4 Accountability and monitoring

Information about whether accountability mechanisms were in place and their functioning is relatively limited, as indeed explicitly acknowledged in assessments of Covid-19 responses in Ethiopia (Bischler *et al.* 2021) and Sierra Leone (Yusuf *et al.* 2021). Project documentation for some programmes – such as for the South Sudan Safety Net Project – set out plans for enhanced grievance mechanisms, and 'strong citizen engagement' in monitoring and evaluation, with community feedback scorecards and innovative mobile-based monitoring for remote, conflict-affected areas (World Bank 2020: 25).

However, available information and feedback from interviews do suggest that complaints and grievance mechanisms were weak in most social assistance responses to Covid-19. Accountability measures to process individual complaints and grievances were largely ineffective; they were either not in place or not fit for purpose.

One factor in the availability and operationalisation of accountability mechanisms was whether **existing structures** were in place (Lowe *et al.* 2021). In Sri Lanka, for example, there was no 'independent process for resolving grievances in the routine Samurdhi programme carried over to the Covid-19 emergency transfer delivery' (*ibid.*: 38). The availability of existing structures is no guarantee, however, for effective mechanisms in new schemes. With respect to the EEC in Pakistan, absence of a formal appeals system led to complaints and grievances to be administered manually at payment sites or local offices, and handled at

local or central level (although there was no system to decide at which level certain complaints would be handled). The absence of any system was particularly problematic in relation to inclusion as there was no opportunity to log or respond to complaints about exclusion (Lone *et al.* 2021).

In cases where new mechanisms were set up, their effectiveness hinged on the **capacity and autonomy** of those responding to complaints and grievances (Lowe *et al.* 2021). An email helpline was set up in Peru, but under-resourcing undermined its effectiveness in the initial phases (*ibid.*). A phonenumber was set up to handle complaints regarding the Novissi scheme in Togo; however, with operators lacking decision-making power to respond to individual grievances, the system offered no real recourse for resolving them (*ibid.*). Reports from South Africa suggest that it was difficult to get through on the dedicated hotline, and people called in to radio shows to voice their grievances [KII12].

A closer look at **safeguarding procedures with respect to gender-based violence** highlights the existence of good intentions but limited practice. Despite guidance on how social protection should link with gender-based violence prevention and response (Quarterman and Peterman 2020), we found little information on whether and how Covid-19 emergency social assistance measures achieved this. A positive exception is the Baxnaano national safety-net programme in Somalia<sup>8</sup> (Holmes 2021). Relatedly, in Kerala in India 'a relatively comprehensive approach' meant that various social assistance emergency measures were linked to psychosocial support tele-services for vulnerable people including 'frontline workers in the Covid-19 relief effort, as well as for people with mental illnesses or hearing impairments, children with anxiety or special needs, migrant labourers, elderly people living alone and pregnant women' (Holmes and Hunt 2021: 30, 18).

Keeping track of grievances and responding to them in a consistent manner appeared more difficult in schemes that adopted **localised approaches**. In reference to Indonesia's Village Cash Transfer Programme, for example, appeals were made but often to no avail, with an absence of a systematic approach due to the rapid and localised approach to rollout [KII8]. In Sri Lanka, people were encouraged to lodge complaints in person at local or district offices, which were well-known and thereby offered an obvious focal point for many. However, with local officials handling complaints also having been part of the initial identification process, there were concerns about impartiality (Lowe *et al.* 2021).

Mechanisms for **collective dialogue and negotiation** platforms are important mechanisms for changing programme design and implementation that affect groups as a whole, as opposed to responding to individual concerns. We found

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<sup>8</sup> Baxnaano.

few examples of organised forms of holding government to account but when in place, they seemed to have some impact. In South Africa, the ‘tripartite +1’ National Economic Development and Labour Council (NEDLAC) that includes a community constituency was successful in negotiating changes to how the SRD grant was implemented [KII12] – see Box 4.3. A similar set-up in Argentina was also effective in negotiating better access to social assistance. Forums at national and local levels facilitated state-community mobilisation, supporting bottom-up information about local needs and state of affairs [KII12]. It should be noted that in both cases such spaces for dialogue were already in place before the pandemic.

### **Box 4.3 South Africa – institutional mechanisms for accountability**

The NEDLAC is a so-called ‘tripartite +1’ platform that includes government, organised labour, business, and community representatives. It is the only platform in South Africa where informal workers are represented. The platform requires government to provide updates on the rollout of grants, including measures put in place in response to Covid-19. The national task team on ILO Recommendation 204 calling for the transition from the informal to the formal economy also reports to the Council. Informal workers were successful in using this space to argue for the right of informal food traders to work during lockdown. Arguing that food traders were essential workers, given their role in ensuring food security, led to the government revising its Disaster Management Regulations in early April 2020 so that informal food traders were allowed to operate if they had written permission from a municipal authority.

Sources: WIEGO 2021a; KII12.

In terms of monitoring, **disaggregated data** on vulnerable groups at risk of exclusion is essential throughout the social protection delivery chain. With respect to disability, the International Labour Office (ILO 2021: 139) recommends: ‘Including questions related to disability in the collection of administrative data and household surveys, with data disaggregated by disability status, is crucially important’ for monitoring social protection systems, and achieving disability-inclusive social protection. Yet the lack of such data – not just disaggregated by disability but also sex, gender, age, disability, and ethnicity – often hinders inclusion (Holmes 2021). Similarly in Sri Lanka, decentralised implementation of its Samurdhi programme meant that ‘comprehensive data on overall implementation was not readily available at national level, even six months after initial disbursement’ (Lowe *et al.* 2021: 39).



**Civil society** – encompassing local, national, and international NGOs – played an important role in accountability and monitoring. Local NGOs were vital in undertaking surveys, doing spot-checks, and collecting grass-roots information about all aspects of programme implementation and effectiveness, especially in considering the inclusion of vulnerable groups. In Madagascar, for example, civil society led a phone survey among 2,500 respondents in Antananarivo, providing insight into experiences on the ground (Roelen *et al.* 2021). In Togo, civil society highlighted the fact that persons with disability were not eligible for the Novissi scheme if they were not listed as informal workers, effectively excluding them from support (*ibid.*). In Sri Lanka, UNICEF and UNDP collaborated to conduct multiple rounds of large-scale surveys, sharing findings with the government on a rolling basis. This helped to assess the reach, adequacy, and impact of emergency cash transfers (Lowe *et al.* 2021). Organisations representing or working for specific groups – such as HelpAge International and WIEGO – were also key in collecting information and highlighting gaps or vulnerabilities, as indeed reflected in this paper.

## 5. Conclusion and policy implications

The analysis in this paper leads to various reflections and lessons for how to adapt social assistance so that it can be more inclusive in the face of future crises.

### 5.1 Conclusion

The rapid and wide-scale social assistance response to the Covid-19 pandemic offered support to millions, many of whom did not receive assistance prior to the pandemic. This includes those especially vulnerable to the socioeconomic consequences of the restrictions put on daily life in a bid to curb infection rates, most notably informal workers. Many interventions around the world also sought to reach out to those furthest behind, either by expanding existing support or extending it to new beneficiaries.

Despite these efforts, the extent to which social assistance in response to Covid-19 was inclusive of vulnerable and marginalised groups was very variable. While the plight of persons with disability received heightened attention, low levels of coverage prior to the pandemic meant that this group was commonly excluded from support measures, either by design or implementation. Coverage of and depth of support to older people also increased in the wake of Covid-19, but many faced practical challenges in accessing such support. The situation of women and minority groups appears often overlooked, with few emergency measures being gender-sensitive or responsive to precarious conditions of LGBTIQ+ groups and those with diverse SOGIESC, or minority ethnic and religious groups. Migrants and displaced populations also experienced exclusion, especially when falling between the cracks of national social protection systems and humanitarian assistance. Those with intersecting inequalities, such as older persons with disabilities or women from minority groups, are likely to be at even greater risk of exclusion, although there is a severe lack of evidence about the inclusion of those with multiple disadvantages in Covid-19-related social assistance.

A clear lesson is that the extent to which Covid-19 emergency support was inclusive of those furthest behind depends on how inclusive social assistance was prior to the pandemic. As noted by one respondent 'You can't expect a broken system to help in a crisis response' [KII14]. In cases of horizontal and vertical expansions, support was unlikely to become inclusive during the Covid-19 response when rollout needed to happen quickly [KII5]. Equally in the case of new measures, their ability to be effective is often 'contingent on the quality of the social protection system already in place' (Lowe *et al.* 2021: 2–3). This includes up-to-date information about people's needs and vulnerabilities as well

as inclusive payment mechanisms, robust grievance and complaints mechanisms, third-party monitoring, and a high-capacity social protection workforce (*ibid.*).

Findings in this study point to challenges and opportunities for making support more inclusive, both now and in future crisis responses.

First, in many places the inclusivity of emergency social assistance response to Covid-19 impacts was hindered by **both poor pre-existing data on the most vulnerable**, as well as a **lack of sex, age, and disability disaggregated analysis of emerging needs** during the crisis.

Second, while the development and reliance on **digital tools for identification, assessment, and payment** facilitates rapid rollout of support to large swathes of the population, it also leaves those most vulnerable at risk of exclusion. Women are less likely to own mobile phones, and older people and persons with disabilities might find it more difficult to use online portals or digital platforms. As noted more broadly about digitisation processes, digital inequalities can amplify pre-existing offline inequalities (Hernandez and Roberts 2018).

Third, and related, **ID requirements** can form an insurmountable hurdle for those most marginalised, including migrants and displaced people as well as those with diverse SOGIESC. ID requirements might also be politically motivated, thereby facilitating the deliberate exclusion of certain groups.

Fourth, the use of **social registries as the main mechanism for rolling out emergency support, without consideration of who is and who is not on the registry**, can compound exclusion of previously excluded groups and lead to exclusion of newly vulnerable groups. Persons with disabilities are a case in point: high degrees of invisibility in society mean they are commonly missed out in social registries, even if they meet the criteria to be included. Lack of comprehensive data on persons with disability – regardless of poverty status – means that no information is readily available to support persons with disabilities in times of crisis.

Fifth, at times in some contexts, **measures to stop vulnerable groups doubling up on benefits** (when those getting pre-crisis social assistance were excluded from new emergency support) **and some household-level vulnerability criteria** in fact led to the most vulnerable receiving inadequate, and in some cases less generous, support.

Sixth, a **common lack of pre-existing robust grievance mechanisms** meant that across different contexts, those excluded from Covid-19 social assistance response had little recourse for complaint or oversight.

Seventh, it is not clear from the available evidence how far emergency social assistance response to the impacts of Covid-19 factored in **safeguarding**

**procedures or protocols, in particular for identifying and referring to relevant services cases of gender-based violence** (the acknowledged 'shadow pandemic' (UN Women 2020)).

Eighth, despite many measures having been extended to support beneficiaries over a longer period of time, they often **ended abruptly and sometimes seemingly arbitrarily**. In some cases, the lack of a transition period also led to administrative chaos, with people having to reapply for support. This disproportionately hurts vulnerable groups, especially those with difficulties acquiring the requisite documentation or needing assessments, such as people with diverse SOGIESC and persons with disabilities.

Various promising lessons have also been learned from experiences in the last 18 months.

First, **realities change rapidly as a crisis unfolds**. Adapting to new vulnerabilities when they come to light allows for a social assistance response to support those who most need it. Changing eligibility criteria – such as in Pakistan – is one example of being responsive to emerging evidence or increased calls for support. Many other countries decided to extend support over a longer period of time in response to the enduring nature of the pandemic.

Second, **local government engagement and autonomy** in rolling out social assistance in a crisis response may make it more likely that those furthest behind are included. Experiences in countries like Indonesia show that the ability to act on local knowledge can be more effective in reaching vulnerable and marginalised groups, especially at times of crisis.

Third, **grass-roots organisations** play a crucial role to ensure inclusion of those most marginalised. In countries such as South Africa and Thailand, civil society and local groups were fundamental in getting the message out about new and expanded measures, helping with online applications, and holding service providers to account.

Fourth, **multistakeholder platforms and collective action** are vital for raising complaints and grievances and holding government to account. Examples from South Africa show that institutionalised platforms bringing together government, employer, worker, and community representatives can lead to changes in policy design and implementation in ways that mechanisms focused on individual grievances are unable to do.

Turning to future opportunities, experiences during the Covid-19 pandemic have shed light on pre-existing and new vulnerabilities and have given renewed attention to the plight of vulnerable and marginalised groups. This **renewed attention – coupled with a general increase in the acknowledgement of the importance of social protection** – may give momentum to vulnerabilities being

considered more strongly in a new wave of Covid-19 or future large-scale shocks. Vital preconditions for making assistance truly inclusive are that planning and design of action happen now, and that they take place with people whose needs are to be addressed.

## 5.2 Policy implications

We formulate a range of policy implications in support of more inclusive social assistance. Recommendations are especially relevant in relation to shock-response social protection.

- Conduct regular contextual and disaggregated analysis, before and during a crisis

Lack of data hampers clear insight into the degree of in- or exclusion of different groups. Collecting data and reporting information disaggregated by demographic characteristics such as gender, age, disability status, and main language provides vital insights to inform more inclusive programming.

- Expand autonomy of local-level government

The ability to rely on local knowledge about who is most in need can prevent people falling between the cracks. This is especially true in places with poverty-focused social registries or databases that hold outdated information or exclude groups such as persons with disabilities. Autonomy over budgets already held at local level is key to leveraging a more inclusive and effective response. Independent monitoring and strong accountability mechanisms are required to counteract risks of corruption or elite capture.

- Acknowledge and fund work by grass-roots organisations

Grass-roots organisations play a crucial role to voice needs and ensure inclusion of those most marginalised, undertaking the community ‘last mile’ support to reach the furthest behind. Their role in communication, provision of practical support, and holding service providers to account has proved indispensable. The role of grass-roots organisations should receive greater recognition and commensurate funding.

- Be flexible

Being able to adapt programming to changing realities and emerging evidence as a crisis unfolds is vital to support those most vulnerable. Expanding eligibility criteria to widen coverage, increasing transfer amounts to cover higher costs or greater sets of needs, and extending the time frame of temporary measures ensure enduring support as long as people need it. Strong communication and outreach are key to ensure clarity and transparency about these changes.

- Introduce digital tools with caution

Digital tools for identification, assessment, and payment facilitate the rapid rollout of emergency support, but can also compound pre-existing marginalisation and exclude newly vulnerable groups. Experiences during the pandemic have shown the continued need for some community outreach and support to ensure no one is left behind.

- Establish a disability register

The Covid-19 crisis response has put into sharp focus that it is not possible to set up the structure and systems to allow effective inclusion of persons with disabilities in the middle of a crisis. An inclusive response in future requires pre-crisis investment in an inclusive registry of people with disabilities. This should include meaningful support information, such as the type of disability, what assistance is needed, and what communication support is required. As with all registries, this should be set up with appropriate mechanisms for recourse and needs to be updated on a regular basis.

- Formulate outreach and communication plans

Clear communication is a prerequisite for people being able to access the support they are entitled to. In order to reach those most vulnerable and marginalised, this requires the use of mass media and social media but also ensuring that this is done in accessible ways (e.g. using sign language and translation in minority languages) and employs both on- and offline mechanisms. Grass-roots organisations can be indispensable outreach partners and should be consulted on the design of communication strategies and methods.

- Build functional and well-resourced grievance mechanisms

Options for redress and recourse were very limited for social assistance in response to Covid-19, especially if no such mechanisms were in place prior to the pandemic. This has proven particularly problematic where new or expanded measures relied on existing but outdated or incomplete social registries and databases. Making grievance mechanisms accessible and responsive to all in times of crisis requires a strengthening of existing methods or establishing them where none are in place.

- Consider links between social assistance as prevention or response to gender-based violence

In times of crisis, the risk of gender-based violence is known to increase. Social assistance interventions should take all possible measures to safeguard against the assistance exacerbating the risk of vulnerable people to such violence as well as integrating linkages to relevant services where possible.

- Institutionalised multistakeholder platforms can support systematic change

Depending on context, the establishment of multistakeholder negotiation platforms can be an effective mechanism to push for structural change. Platforms may be formed on an *ad hoc* basis, although more institutionalised mechanisms are less vulnerable to political change and can be more effective.

- Phase out crisis response with care

Abrupt discontinuation of emergency support risks leaving many households at a loss, especially when the effects of the pandemic might still be felt. With many schemes already discontinued or in the process of being phased out, there is a need to keep an eye on the disruptive effects of abrupt exits from such schemes, especially for those with enduring needs and faced with more complex application or verification procedures.

- Learn from the Covid-19 social assistance response

Reviewing and evaluating who received what support from Covid-19 emergency support in different contexts, and how this corresponded to need, is an important learning opportunity. Lessons on the inclusivity of governments' crisis response to the pandemic can help inform how to improve national shock-responsive social protection systems.

- Consult with organisations of vulnerable people on the design of interventions

To ensure inclusion of vulnerable people in social assistance interventions in a crisis, consultation with women's rights organisations, women-led organisations, organisations of people with disabilities, older people's associations, migrant worker and refugee organisations, among others is important to understand what barriers vulnerable people face, and how to overcome these (ILO 2021; Juergens and Galvani 2021; Quarterman and Peterman 2020; Sammon *et al.* 2021).

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