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Research Report

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

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Charlotte Bilo, João Pedro Dytz and Lucas Sato, International Policy Centre for Inclusive Growth (IPC-IG)

international policy centre for inclusive growth

unicef for every child

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Social protection responses to COVID-19 in MENA: Design, implementation and child-sensitivity
By Charlotte Bilo, João Pedro Dytz and Lucas Sato

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SOCIAL PROTECTION RESPONSES TO COVID-19 IN MENA: DESIGN, IMPLEMENTATION AND CHILD-SENSITIVITY

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ACRONYMS AND ABBREVIATIONS

AMG	*Assistance Médicale Gratuite* (Free Medical Assistance)
CCT	Conditional cash transfer
CE	Coverage expansion
CT	Cash transfer
ECIT	Emergency cash and in-kind transfer
ECT	Emergency cash transfer
EIK	Emergency in-kind transfer
GBV	Gender-based violence
IC	Implementation/delivery change
IDP	Internally displaced person
IK	In-kind transfer
ILO	International Labour Organization
IOM	International Organization for Migration
IPC-IG	International Policy Centre for Inclusive Growth
MENA	Middle East and North Africa
NAF	National Aid Fund
NGO	Non-governmental organisation
PPP	Purchasing power parity
RAMED	*Régime d'Assistance Médicale* (Medical Assistance Scheme)
SFP	School Feeding Programme
SoP	State of Palestine
UAE	United Arab Emirates
UCT	Unconditional cash transfer
UIK	Unconditional in-kind transfer
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
VE	Vertical expansion
WASH	Water, sanitation and hygiene
WFP	World Food Programme

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EXECUTIVE SUMMARY

The COVID-19 crisis has caused devasting socio-economic effects worldwide, and children are among themost vulnerable to the multiple consequences of the pandemic. Estimations from 2020 showed that, in the Middle East and North Africa (MENA) region, the crisis could have caused over 12 million children to fall into multidimensional poverty. Moreover, school closures interrupted education for approximately 110 millionchildren, while an additional 51,000 children under 5 were at risk of death by the end of 2020 due to the disruption of essential health and nutrition services. There is also evidence that domestic violence against children and women increased during the pandemic (UNICEF 2021a; UN Women 2021).

The existence of **shock-responsive social protection** systems and the ability to quickly adopt new social protection measures have been fundamental to mitigating many of these effects and protecting families. Social protection can promote children's well-being and reduce the negative impacts of economic shocks on them, especially if their needs and vulnerabilities are taken into account. **Against this background, this assessment provides a systematic overview of the main design and implementation features and the child-sensitivity of the social assistance measures implemented in response to the COVID-19 crisis in the MENA region.**

The main focus is on social assistance measures provided by **national governments in the 20 MENA countries**[1] in response to the pandemic up to **30 March 2021**. Given the humanitarian situation in some countries in the region, **social assistance measures provided by United Nations agencies** (the United Nations Children's Fund (UNICEF), the United Nations High Commissioner for Refugees, the United Nations Relief and Works Agency for Palestine Refugees in the Near East, the World Food Programme and the International Organization for Migration) were included **in nine selected countries** (Iran, Iraq, Jordan, Libya, Lebanon, State of Palestine (SoP), Sudan, Syria and Yemen). For the government responses, the assessment primarily draws on the Social Protection Responses to COVID-19 in the Global South mapping and dashboard produced by the International Policy Centre for Inclusive Growth (IPC-IG 2021), while for the humanitarian measures, relevant reports and websites of the respective agencies were reviewed.

Table 1 provides a summary of the key findings of the analysis of the measures implemented by governments in the region, as well as the main recommendations to improve the countries' shock-responsiveness. Further assessments and evaluations at the country level are recommended based on the findings of this assessment, to allow for more detailed recommendations for each country. The reader can click on the icons below to be directed to the respective section of the report.

Table 1. Overview of social assistance responses to COVID-19 in MENA: main findings and recommendations

	Main findings	Recommendations
Type of social protection instrument used 	**Social assistance** represents the largest share of the responses in MENA (77 out of 158 social protection responses), compared to 19 social insurance and 62 labour market measures. **Subsidies** (e.g. food, fuel or public utility subsidies) were the most common social assistance measure in the region (24), followed by emergency cash transfers (22). The introduction of **new interventions** was **more common** than the horizontal expansion of existing programmes.	Strengthen the **preparedness of existing programmes** to provide rapid and more durable support for households in need during emergencies. Assess the **effectiveness of subsidies** as a response to shocks, as expanding other social assistance programmes (e.g. cash transfers) could have a greater impact on poor and vulnerable children and their families.

1. Based on UNICEF's definition of the MENA region, this study covers the following 20 countries: Algeria, Bahrain, Djibouti, Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Qatar, Saudi Arabia, SoP, Sudan, Syria, Tunisia, UAE and Yemen.

	Main findings	Recommendations
Financing 	**State budgets, extra-budgetary funds and budget reallocations** were the most common funding sources for the social assistance responses in the region. **Contingency funds** were **not** used. Zakat **funds** contributed to financing 8 per cent of the responses.[2]	**For future crises, establish contingency funds**, prepare **standby funds secured from donors**, activate **insurance mechanisms** or access sovereign wealth funds, pension funds or *Zakat* funds. Continue the **identification of fiscal space**, including tax reforms to increase progressiveness and tax mix, debt restructuring and management, subsidy reforms (where considered feasible), budget reallocation, extension of contributory social protection to informal workers, international financing and cooperation where necessary, and the use of foreign exchange reserves.
Beneficiary identification 	Most responses established **new enrolment campaigns** to identify beneficiaries. These campaigns mainly took place on **digital platforms**. **Few responses used social protection registries** or existing beneficiary databases.	Build on newly **developed (digital) application channels** and leverage information collected and databases used during emergency responses for regular social protection programmes (observing data protection standards). **Set up unified and integrated social protection registries** and improve **interoperationability** between databases to quickly identify families and individuals who need support. Continue improving the production of **timely and accurate information**, especially on the most vulnerable, such as children. Conduct more **active outreach** and enrolment to identify households/ individuals without access to digital platforms. Incorporate **robust grievance redress mechanisms** into all social protection programmes.
Coordination 	New **emergency coordination committees** emerged in several countries (e.g. Egypt, Jordan, Morocco and Syria). In some cases (e.g. Jordan), **information-sharing mechanisms** facilitated the alignment of efforts between government and humanitarian actors.	Embed shock-responsive social protection in **national social protection plans and/or strategies**. Evaluate the extent to which newly established **coordination committees** can be institutionalised to act in future crises. Prepare **disaster risk management** policies and implementation strategies to facilitate coordination when a crisis happens, including defining clear roles, responsibilities and leadership among all actors, and establishing Memorandums of Understanding with key service providers, guidelines on emergency procedures, and continuity and contingency plans, among others. **Strengthen coordination**, especially with **disaster risk management agencies and humanitarian actors,** to provide assistance to people on the move and those in humanitarian settings.
Coverage 	**Coverage** of social assistance responses **varied greatly** between and within countries. Evaluations of 29 coverage expansions indicate that they reached on average **15.4 per cent of the child population**, with 14 of them reaching fewer than 10 per cent. The **gap between children in need and those covered** is especially significant in countries with very high child poverty rates.	Consider further **expansion of regular social protection programmes, to protect key vulnerable populations**, including children and their families, as well as people with disabilities and older persons. Analyse the **feasibility of universal child benefits**, especially where rates of child poverty (monetary and multidimensional) are high.
Adequacy 	The benefit values provided by different schemes, even within the same country, varied signfiicantly. Most interventions consisted of a **one-off transfer** at the beginning of the crisis. The responses (17 analysed) protected beneficiaries for **2 months** on average against the **USD3.20/day poverty line**.	In times of crisis, provide **higher and more regular benefits** to vulnerable families and individuals. Couple the provision of cash with an **integrated 'cash plus' approach**, linking beneficiaries to relevant services. An expansion in the number of appropriately trained social workers is critical here, particularly to strengthen linkages with child protection.

→

2. Including those with and without financing information.

	Main findings	Recommendations
Timeliness 	**Coverage expansions** (25 measures considered) took on average **14 weeks**, while **vertical expansions** (11 measures considered) took **13 weeks** to be implemented after the first COVID-19 case was reported. This is **below** the **global** average. Examples of rapid responses were found in **Morocco** and **Jordan**.	Improve the flexibility of mechanisms that allow **reallocation of domestic financing**. Set up **unified and integrated social protection registries** where they do not exist, and improve existing ones where available. Build on **technological innovations** (such as e-wallets) for regular social protection programmes and in future crises (without neglecting those without access to digital technologies/the internet).
Humanitarian responses 	**96 humanitarian measures** were mapped in the **nine selected countries**. The **most common** humanitarian intervention in the region was **emergency in-kind transfers** (55), followed by emergency cash transfers (26). **A United Nations response framework and inter-agency coordination** mechanisms, such as cash groups, were essential to promote coordination.	The **international community** should cooperate to guarantee financial resources for humanitarian actors promoting social protection responses, especially where more comprehensive social protection systems are not in place and for disaster-affected populations. **Evaluate newly established coordination mechanisms** to be prepared for the next crisis.

Source: Authors' elaboration.

Table 2 summarises the main findings of the **child-sensitivity assessment of cash, in-kind and school feeding programmes** for the six criteria used in this assessment, as well as some recommendations based on these findings. A total of 49 government (for all 20 countries) and 96 humanitarian (for 9 countries) responses, totalling 145 responses, were considered here. The information available on humanitarian social protection measures was scarcer in general than on government measures. One key recommendation that, therefore, emerges for international partners is to establish more comprehensive inventories of their humanitarian social protection responses in crisis situations. This will be key for coordination but also for learning and evaluation purposes.

In addition to the recommendations listed above, key programme features such as **robust case management systems, trained and sufficient social workers, as well as grievance redress, monitoring and evaluation, and communication mechanisms** will need to be strengthened in the region. International partners, including United Nations agencies, can support the MENA countries in this regard. The social protection responses to the COVID-19 crisis in MENA and elsewhere provide valuable lessons learned which should be incorporated into national social protection systems (see also the series of Practitioners Notes prepared by the IPC-IG and the UNICEF Middle East and North Africa Regional Office for good practices in inclusive shock-repsonisive social protection).[3]

In conclusion, this report clearly shows the immense efforts made by countries in the MENA region to contain the socio-economic effects of the COVID-19 crisis. Nevertheless, the **crisis also highlighted some critical gaps in social protection**, including limited system preparedness, a lack of integrated social protection registries and accurate and up-to-date data, low programme coverage, and low and *ad hoc* benefits. This is often linked to limited resources and capacities, but also to a lack of a clear policy frameworks, highlighting the need to strengthen features such as registries and coordination frameworks, and to identify and increase fiscal space for social protection and leverage humanitarian social protection funding.

3. See: <https://t.ly/2Hx4>.

Table 2. Child-sensitive assessment: main findings and recommendations

	Main findings	Recommendations
Programmes targeting children 	**Targeting children** was the **most common** child-sensitive criterion observed: 64 responses (22 governmental, 42 humanitarian) targeted children, most of them emergency in-kind transfers. Responses frequently targeted children in socio-economic vulnerability, while **few responses explicitly targeted children with disabilities, newborns and young children**. **Forcibly displaced children** were **not** explicitly included in most governmental responses.	Guarantee that regular and emergency programmes reach **children with disabilities** and groups such as **newborns, girls and young children**. Analyse the feasibility of opening national social protection systems to **non-nationals**, especially forcibly displaced children. In the meantime, consider how to better work with non-governmental actors to reach this target group.
Cash benefits increase with the number of household members/ children 	**17 cash benefits** (13 government, 4 humanitarian—around 25 per cent of all responses, including both regular and emergency responses) adopted design features that allow the benefit levels to **increase with the number of children/ family members** in the household. Only 11 of the 47 **emergency cash transfer** programmes created by government and humanitarian actors in the region provide higher benefits to larger families.	Consider adopting **flexible payment structures** for emergency programmes, allowing benefit levels to increase with the number of children/family members in the household.
Supporting children's access to nutrition 	**48 responses** (14 government, 34 humanitarian) promoting access to **food and nutrition security** for families and children were mapped in 12 countries. One-off distribution of **emergency in-kind transfers** was the most common intervention linked to nutrition.	Plan programmes capable of supporting **regular access to safe and nutritious food** for children and their families. **Strengthen school feeding programmes** and guarantee funds for humanitarian actors (especially important in fragile States).
Supporting children's access to health/ water, sanitation and hygiene (WASH) 	**34 responses** (6 government, 28 humanitarian) promoting access to **health and WASH** benefits/services for families and children were mapped in 11 countries. **Emergency *ad hoc* distribution** led by humanitarian actors was the most common intervention mapped. The most common government response consisted of **expanding conditional cash transfers** that include health conditionalities.	Increase families' **access to WASH services**, including through comprehensive **cash plus** programmes.
Supporting children's access to education 	**22** (7 government, 15 humanitarian) social protection measures supporting children's access to **education** were mapped in 13 countries. Most of the interventions consisted of ***ad hoc* distribution of in-kind materials** led by humanitarian actors. The provision of **e-learning materials** and internet data packages was important to mitigate the impacts of school closures on the most vulnerable children.	Create and **scale up programmes that incentivise children's return to school and continued attendance**. Particular attention should be paid to girls out of school.
Supporting children's access to child protection services 	**Only three** humanitarian responses promoting the linkages between social and child protection services were mapped in three countries. **Only humanitarian responses** were mapped under this criterion. Child protection services may have been interrupted during the pandemic. Other factors, such as a lack of a comprehensive network of social workers in some countries and a lack of information publicly available on this type of measure, may also explain the lack of responses under this criterion.	Consider **social welfare services as essential work**, and continue their provision even during lockdowns, while guaranteeing safe working conditions for social workers to carry on their activities. Improve the **linkages between social protection policies and child protection services** (e.g. social services and family outreach). Increase the provision of **gender-sensitive social protection** and gender-based violence services to guarantee the well-being of girls and women and more equal societies.

Source: Authors' elaboration.

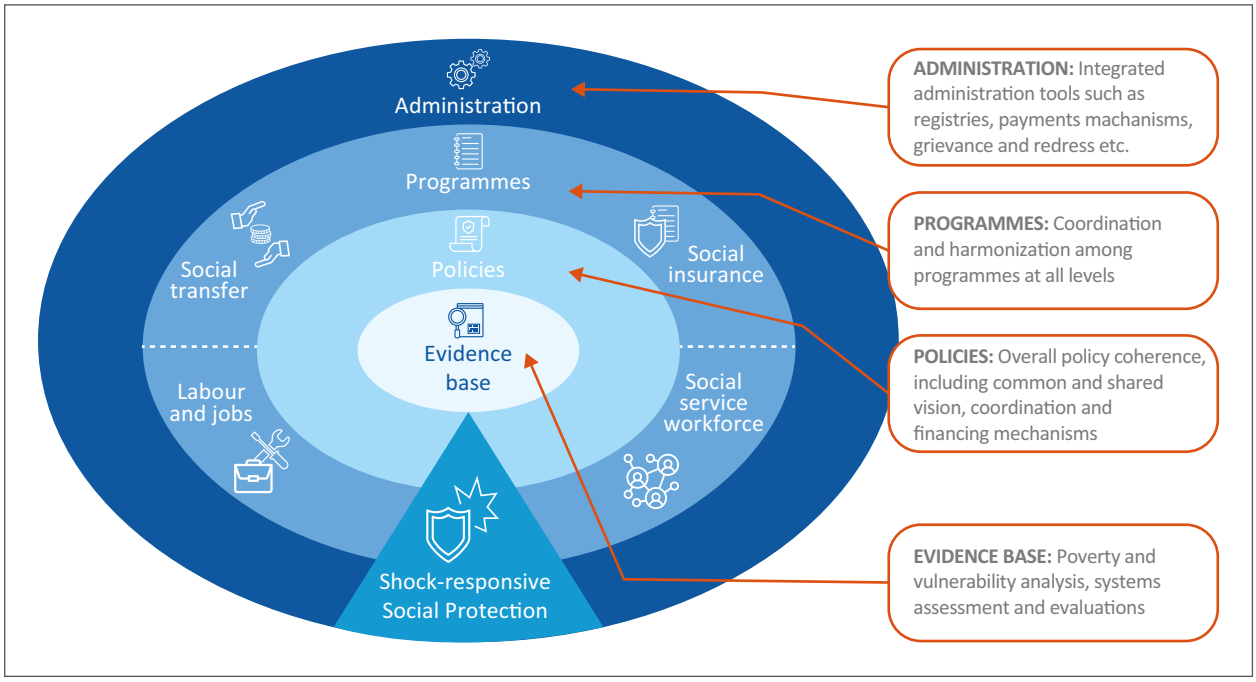
1. INTRODUCTION

1.1 Rationale for and objectives of the assessment

Social protection responses have been key to preventing even more devastating impacts on the socio-economic well-being of children in the Middle East and North Africa (MENA) region.[4] In general, the importance of social protection for children's development and well-being—and especially for those in contexts of crisis—is well documented (see UNICEF 2019a; 2019b).

For the United Nations Children's Fund (UNICEF), 'shock-responsiveness' is a cross-cutting dimension across the four different levels that constitute a **social protection system**: evidence, policy, programmes and administration (see Figure 1).

Figure 1. UNICEF's social protection framework



Source: UNICEF (2019, 6).

One important dimension of a shock-responsive social protection system is the ability to increase:

- **the coverage** of populations in need due to the shock;
- the level of financial protection offered (**adequacy**); and
- the range of services offered to fully cover complex and multidimensional risks (**comprehensiveness**).

4. A previous note from IBC-SP in July 2020 also presents social protection responses to COVID-19 across the region (IBC-SP 2020). See also ISSPF's assessment of the social protection responses to COVID-19 in the region (Sibun 2021).

For all of the above, it is essential to provide support in a **timely** manner so that affected households are able to cope with and recover from the impact of the crisis. The effectiveness of support is also affected by the ability of actors to **coordinate** their activities, both with other government agencies and also with other actors that can provide assistance.

In addition, and in line with a **life-cycle approach to social protection**, this assessment is based on the premise that an effective and comprehensive social protection system includes a variety of programmes to address the varied needs of different population groups (UNICEF 2019). For **children**, this means that social protection programmes should consider **age- and gender-specific vulnerabilities**, as well as the **different dimensions of children's well-being**.

Against this background, the objective of this assessment is to analyse the following:

1. **Design and implementation features of social assistance responses to COVID-19 in MENA**

The first part of the assessment reviews: **type of instrument** (cash, in-kind etc.); **type of expansion** (looking at (i) coverage expansion, which can be through either the horizontal expansion of existing programmes or the introduction of new programmes; and (ii) vertical expansion, which can be through either an increase in benefit values or the provision of an additional benefit component); **financing** of the measures; **mechanisms used to identify and enrol beneficiaries**; **share of the population covered** by responses; **coordination** and **governance** mechanisms; **adequacy**; and **timeliness**. A short **overview of the key design features of the humanitarian social protection responses** in the region is also provided.

2. **Child-sensitivity of the responses**

The child-sensitivity of the responses was examined through the following six criteria: (i) **children** or families with children **were explictly targeted**; (ii) supporting children's access to **food and nutrition**; (iii) supporting children's access to **health or water, sanitation and hygiene (WASH) services**; (iv) supporting children's access to **education**; (v) enhancing **child protection**; and (vi) providing **additional benefits to children** and/or other members of the household beyond the immediate (direct) beneficiary of the programme (per capita transfers). The criteria are further explained in Chapter 3.

By doing so, the **broader aim** of this report is to assess the social assistance responses to COVID-19 in MENA and to distil the main lessons learned for more shock-responsive social protection systems, focusing in particular on children's needs and vulnerabilities.

1.2 Methodology and scope of the report

The assessment is limited to **social assistance** (or non-contributory social protection) and hence **does not include social insurance or labour market responses**. The main focus is on **measures provided by national governments in the 20 MENA countries[5] in response to the COVID-19 crisis from the outbreak of the pandemic until 30 March 2021**. Given the humanitarian situation in some countries in the region, humanitarian **social assistance measures provided by United Nations agencies** (UNICEF, the United Nations High Commissioner for Refugees (UNHCR), the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), the World Food Programme (WFP) and the International Organization for Migration

5. Based on UNICEF's definition of the MENA region, this study covers the following 20 countries: Algeria, Bahrain, Djibouti, Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Qatar, Saudi Arabia, SoP, Sudan, Syria, Tunisia, UAE and Yemen.

(IOM))[6] **in the same time frame** were included for **Iran, Iraq, Jordan, Lebanon, Libya, State of Palestine (SoP), Sudan, Syria** and **Yemen**[7] (referred to as humanitarian measures or responses in the remainder of this report).

This assessment is mainly based on a desk review. The government responses were primarily drawn from the Social Protection Responses to COVID-19 in the Global South mapping and dashboard produced by the IPC-IG (2021).[8] The IPC-IG mapping is based on information publicly available online in several languages and was cross-checked against other inventories, including the 'Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures'[9] and the International Labour Organization (ILO) 'Country Policy Responses'[10] and 'Social Protection Responses to COVID-19 crisis around the World'[11] monitors. At the beginning, the dashboard also drew on a mapping note on the social protection responses to the COVID-19 crisis in the region, developed by the IPC-IG in partnership with the IBC group (IBC-SP 2020). For the humanitarian measures, relevant reports and websites of the respective agencies were reviewed.

1.3 Context: the socio-economic impacts of COVID-19 in the MENA region

The COVID-19 pandemic has affected all countries of the MENA region, with a total of 19,992,551 infections and 305,957 deaths reported as of 14 March 2022. In general, infection rates have been decreasing in the region, but the impact on the economy has continued despite lockdown measures being progressively eased. In parallel, **vaccination** has started across the region, but with very unequal rates: the first countries in the region to start vaccination campaigns were the United Arab Emirates (UAE), Oman and Kuwait in December 2020, followed by Jordan, Morocco and Algeria in January 2021. As of March 2022, UAE, Qatar and Bahrain presented the highest vaccination rates. However, countries such as Yemen, Sudan, Djibouti and Syria had administered enough vaccination doses to fully vaccinate only the equivalent of 1.3, 6.7, 8.3 and 9.6 per cent of their population, respectively (Reuters 2022).

Economic growth and public financing: While the oil-exporting countries in the region suffered from reduced global demand and lower oil prices in 2020, the oil-importing countries in the region were impacted by a decline in investment and capital flows from oil-exporting countries. In the second half of 2021, the region experienced a recovery: while **in 2020, the region's gross domestic product (GDP) contracted by 3.8 per cent**, in 2021, it increased by an estimated 2.8 per cent. In 2022, it is estimated to grow by 4.4 per cent (Gatti et al. 2021). Yet the recovery is expected to be uneven due to differences across and within countries in the region. Interestingly, the **flow of remittances** did not decrease but unexpectedly increased by 2.3 per cent in 2020, continuing the increase of 3.4 per cent in 2019. In 2021, the flow of remittances to the region was projected to grow by 2.6 per cent (Ratha et al. 2021).

As a result of a combination of declining public revenues and increasing expenditures required to respond to the pandemic, **public debt and fiscal deficits have increased** since the outbreak of the pandemic, with shark differences across countries.[12] The fiscal deficit in the region increased from 4.3 per cent in 2019 to 9.9 per cent in 2020. In 2021, the deficit is estimated to improve to 5.2 per cent, driven mainly by higher oil prices. Public debt is also expected to improve but will still remain high. On average, public debt as a share of GDP was estimated to decline

6. It is acknowledged that other agencies and actors also provide important social assistance; however, given the time constraints of the assessment and data availability, it was decided to focus on these agencies.

7. Countries were chosen based on the existence of Humanitarian Response Plans before the onset of COVID-19.

8. The Social Protection Responses to COVID-19 in the Global South online dashboard, developed by the IPC-IG and partners, documents government measures using a shock-responsive social protection lens. See: <https://socialprotection.org/social-protection-responses-covid-19-global-south>.

9. See: <https://clck.ru/TLqfx>.

10. See: <https://www.ilo.org/global/topics/coronavirus/regional-country/country-responses/lang--en/index.htm#IQ>.

11. See: <https://www.social-protection.org/gimi/ShowWiki.action?id=3417>.

12. For instance, Lebanon's external debt stock represented 222 per cent of the country's gross national income in 2020. See World Bank (2022).

from 56.3 per cent to 53.6 per cent in 2021, while in the developing oil-importing countries, it was expected to rise from 90.4 per cent to 92.3 per cent in 2021 (Gatti et al. 2021).

Employment: According to the ILO's World Employment and Social Outlook Trends 2022, the pandemic caused **significant job losses** in both North Africa[13] and the Arab States.[14] In the North Africa region, the unemployment rate increased from 11.1 per cent in 2019 to 12.8 per cent in 2020. **Women were particularly affected**, as female employment declined by 6 per cent in 2020 in the region, compared to a 2.6 per cent decline for men. Unemployment rates remained stable in 2021 and are expected to decline in 2022, but will remain above the pre-crisis level until 2023. In the Arab region, unemployment has particularly affected construction and service workers, who are **predominantly migrants**. In 2020, the employment-to-population ratio declined by 1.2 percentage points in Gulf Cooperation Council (GCC) countries, and by 1.4 percentage points in non-GCC countries. The ILO (2022) estimates that the employment-to-population ratio will increase gradually in the coming years. In GCC countries, it should surpass the pre-crisis level in 2023, but not in non-GCC countries, where working poverty, widespread informality and limited social protection will translate into lower incomes and worse living conditions.

Poverty: The number of **children in households living in monetary poverty[15] may have reached 60.1 million in 2020**, according to the highest estimations, compared to 50.4 million at the start of the year, reflecting an increase from 28.8 per cent to 33.8 per cent of the regional child population. When considering multidimensional poverty, that number reaches 66.6 million in the region (51.9 per cent of the child population of the nine countries with available data), with an additional 12 million children falling into this category, mainly due to the large number of children who lost access to education, who are facing a deteriorating nutrition situation and who are lacking access to primary health care and immunisation (UNICEF 2021a).

Education: Schools in the region were closed for 33.25 weeks on average, counting both full and partial closures between the start of the pandemic and April 2021 (UNESCO 2021). Schools gradually reopened, despite not being fully ready to ensure safe conditions: more space is needed to apply physical distancing measures, and upgrades to health and WASH facilities are required for a safer environment (UNICEF 2021a).

Health and nutrition: The World Health Organization and UNICEF have estimated that, by the end of 2020, **51,000 additional children were at risk of death** due to the disruption of essential health and nutrition services: malnutrition among children had increased by 40 per cent compared to 2019. This was accentuated by a decline in maternal health services across the region; the SoP, Syria, Morocco and Sudan, for instance, saw a 25 per cent reduction in service provision, according to World Health Organization reports (ibid.).

Child protection and gender-based violence (GBV): An increase in domestic violence and violence against children related to COVID-19 has also been observed, with data showing an increase in the incidence of GBV (UN Women 2021). The economic downturn also increases the risk of the adoption of negative coping mechanisms such as child, early and forced marriages, which disproportionately impact girls (UNICEF 2021a).

13. Algeria, Egypt, Libya, Morocco, Sudan, Tunisia and Western Sahara.

14. Bahrain, Iraq, Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, SoP, Syria, UAE and Yemen.

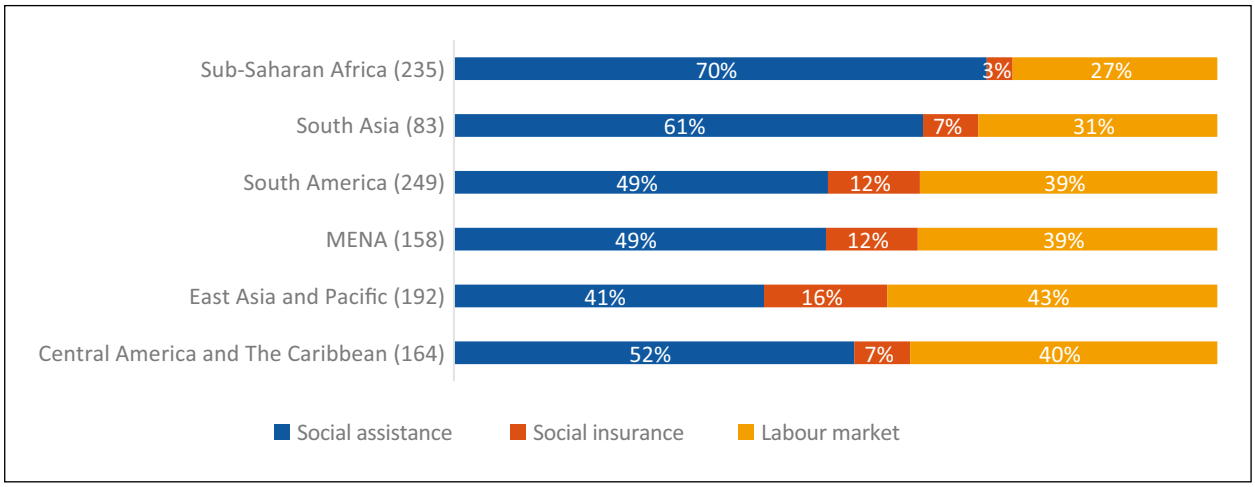
15. With expenditure/income levels below the national poverty line.

2. OVERVIEW OF SOCIAL PROTECTION RESPONSES IN THE REGION

2.1 Type of social protection instrument used and changes in implementation

Based on the IPC-IG's Social Protection Responses to COVID-19 in the Global South mapping, the 20 countries in the MENA region had implemented a total of **158 social protection responses to COVID-19 as of 31 March 2021**. It is important to note that 'response' does not necessarily mean a new programme but can also include the expansion of existing programmes, as further described below. Most of these responses were **social assistance** measures (77), compared to 19 social insurance and 62 labour market measures. As shown in Figure 2, this distribution is similar to other regions, with the exception of sub-Saharan Africa, where the share of social assistance measures is significantly larger, and East Asia and the Pacific, where labour market measures accounted for a larger share of the social protection components mapped.

Figure 2. Social protection responses to COVID-19 by component and region



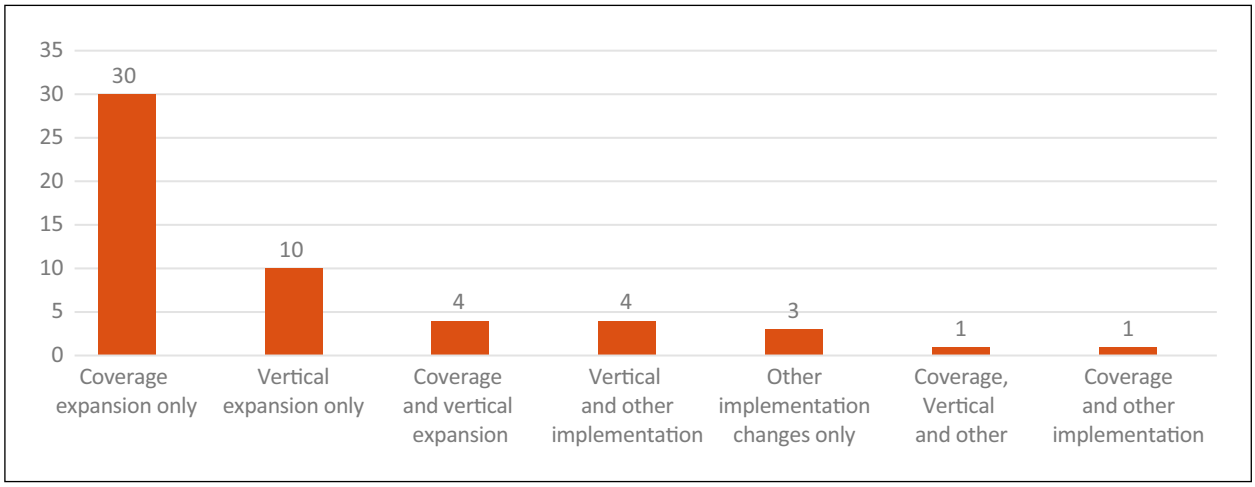
Note: The findings are not directly comparable, as responses in MENA include measures until 30 March 2021, while most of the other regions, with some country exceptions, were updated only until November 2020. For more information, see also the Dashboard Methodological Note.[16]

Source: IPC-IG (2021).

When looking at the **type of adaption** of the social assistance responses (53 measures considered here, not including subsidies) one can observe that most responses were **coverage expansions** (36 in total), referring to the inclusion of previously uncovered individuals or households (see Figure 3). This includes **horizontal expansions of existing programmes** (inclusion of new beneficiaries) as well as the introduction of **new (emergency) programmes**. **Vertical expansions** (18 in total), on the other hand, can refer to an **increase in the benefit value** or **new programme components** targeted at beneficiaries of existing programme (such as providing an in-kind transfer to recipients of a cash transfer programme). Finally, **other implementation changes** (9 in total) refer mainly to **changes in delivery modalities** due to COVID-19 (e.g. home delivery of school meals). As shown in Figure 3, some responses included more than one implementation feature (e.g. horizontal **and** vertical expansion).

16. See: <https://socialprotection.org/sites/default/files/Methodological Note_IPC-IG Dashboard version 1.0 22Sep.pdf>.

Figure 3. Implementation features of social assistance responses to COVID-19 in MENA

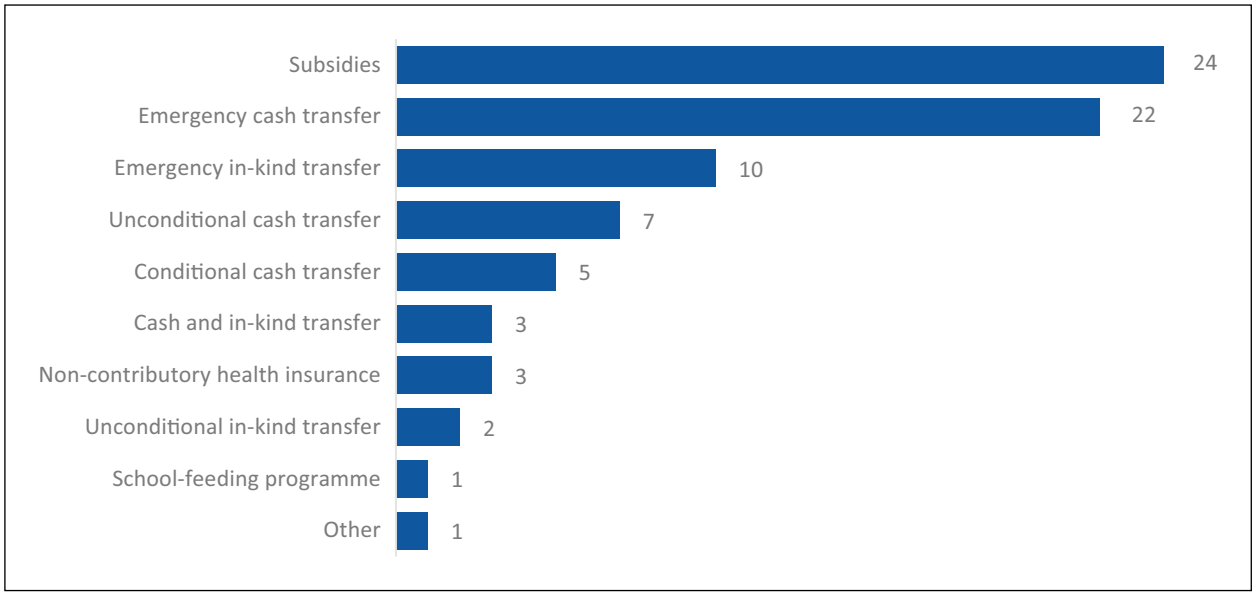


Note: Subsidies were not considered in this figure. For more information, see also the Dashboard Methodological Note.[17]

Source: IPC-IG (2021).

Most of the social assistance responses in MENA were **subsidies** (such as for food, fuel or public utilities; see also Box 1) **and emergency cash transfers**. **Emergency in-kind transfers** were the third most common response, mostly provided in the form of food transfers (see Figure 4). These three responses were also the three most commonly used across the whole of the Global South,[18] according to the IPC-IG mapping.

Figure 4. Social assistance responses by type of instrument in MENA



Note: Responses can comprise more than one instrument. For more information, see also the Dashboard Methodological Note.[19]

Source: IPC-IG (2021).

17. Ibid.

18. Including sub-Sahran Africa, MENA, Asia Pacific, and Latin America and the Caribean.

19. See: <https://socialprotection.org/sites/default/files/Methodological Note_IPC-IG Dashboard version 1.0 22Sep.pdf>.

Box 1. Subsidies in the MENA region

In this report (and the IPC-IG dashboard, which was used as an information source), subsidies include the following eight categories: (i) public utility: deferral of payment (payment obligation remains); (ii) public utility: reduction or waiver of payment; (iii) food subsidy/voucher/staples, price control or freeze in prices of food items; (iv) other subsidies (e.g. fuel, transport); (v) housing subsidies or rent reduction/waiver; (vi) rent/tax deferral or loan moratorium (payment obligation remains); (vii) tax/loan reduction or waiver; and (viii) fee waiver on mobile money or internet subsidies (to help increase connectivity).

Universal food and fuel subsidies have a long tradition in the MENA region, often financed through revenues from energy and raw materials. Subsidies have been a highly debated topic of policy reform for many years: while they still account for a large part of public expenditures in the region, they are in most cases considered regressive, benefiting higher-income populations more, especially if they are universal. Yet their reform is politically sensitive and frequently the reason for protests (see also Loewe and Jawad (2018) for a discussion on the role of subsidies in the social contract in the MENA region).

Most of the 24 subsidy measures in MENA considered in the assessment were either water and electricity fee reduction/payment waivers (6 in total, of which 1 in Bahrain, 3 in UAE, 1 in Djibouti and 1 in Iraq) or food subsidies (6 in total: 1 each in Egypt, Jordan, Lebanon, Libya, Oman and Qatar). Fuel subsidies were mapped in two countries (Yemen and Oman).

Twenty of the 24 subsidy measures were coverage expansions, and 2 were subsidy increases (vertical expansion).[20] In terms of targeting, 14 measures were universal, covering the whole population, while 8 measures targeted specific vulnerable groups (in particular in the case of loan reductions or rent/tax deferrals).[21]

These temporary measures were meant to reduce the costs incurred by households at the start of the COVID-19 pandemic and, in many cases, were followed by the introduction of social assistance measures that aimed to support households' income.

Source: Authors' elaboration based on IPC-IG (2021).

Looking more specifically at **coverage expansions** (36 in toal) to reach previously uncovered individuals, Figure 5 shows that these happened more often through the **introduction of new interventions** (27), rather than through **horizontal expansions of existing interventions** (9). In cases where an emergency response was introduced that made use of the beneficiary list of an existing programme, this was considered a new intervention by the authors, and not a vertical expansion of an existing programme. In these cases, the beneficiary database of the existing programme was usually used only **as one among multiple sources** to identify beneficiaires for the new intervention. For example, for a new emergency cash transfer programme, the database of an existing health insurance scheme was used.[22] In contrast, the introduction of a new benefit **only** to those who were already part of an existing programme was considered a vertical expansion. For example, the beneficiaries of a cash transfer programme received an additional food basket.

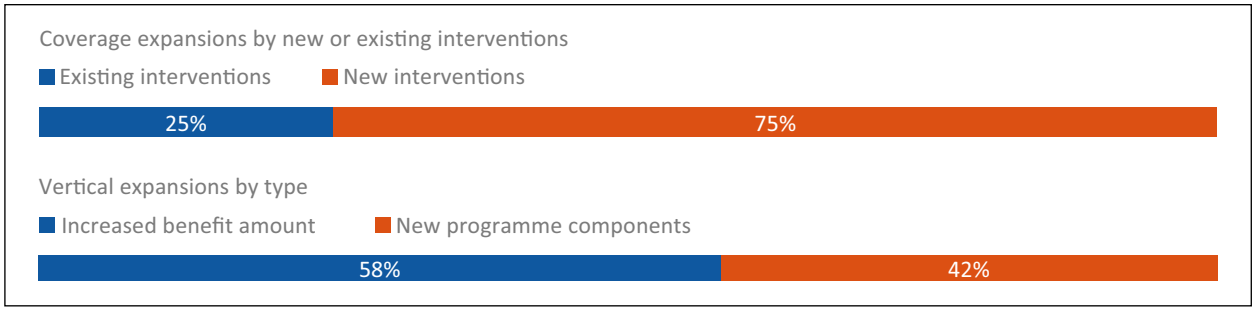
20. Changes to the implementation of the two remaining subsidies could not be confirmed or were classified as 'Other'.

21. The targeting approach of the two remaining subsidies could not be identified.

22. This is what happened for Morocco's cash assistance for informal workers, for instance. The programme used the medical assistance database (RAMED) to identify its beneficiaries. In addition, an open registration mechanism (a web portal) was set up for those not included in the RAMED database. Therefore, the cash transfer for informal workers is considered a new intervention.

As mentioned previously, vertical expansions (which can include either the introduction of a new programme component or an increase in the existing benefit level) were less common than coverage expansions. As Figure 5 shows, the increase in the benefit amount was only slightly more common than the introduction of a new component.

Figure 5. Type of expansion of social assistance measures in MENA



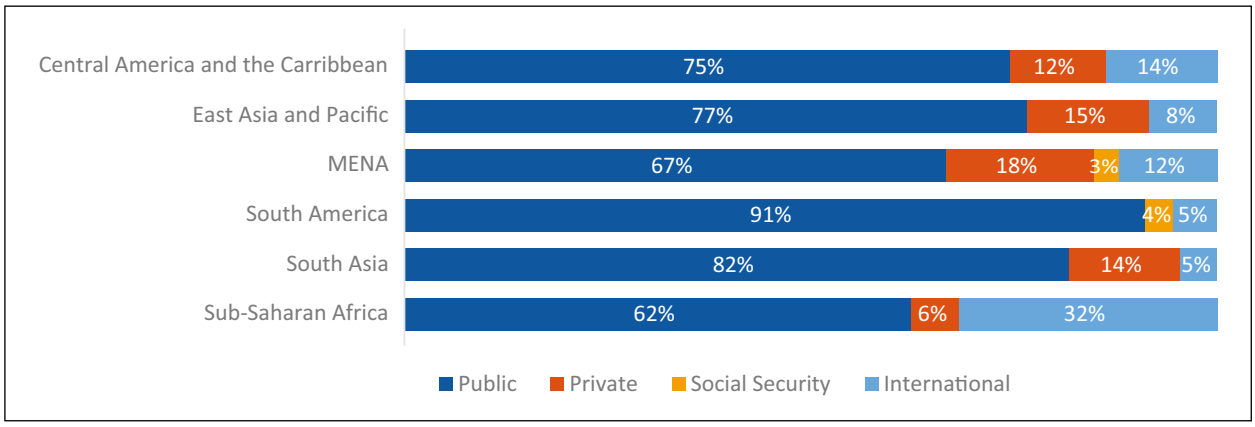
Note: For more information, see also the Dashboard Methodological Note.[23]

Source: IPC-IG (2021).

2.2 Financing

Based on the IPC-IG mapping, information on the source of financing was available for 58 of 77 social assistance measures in the region, yet the exact budget was only available for 35 measures. The most commonly used sources of financing for the social assistance measures during the response to COVID-19 in MENA were public (67 per cent), private (18 per cent) and international sources (12 per cent), as shown in Figure 6 (for financing sources by country, please see Annex 1). The dominance of public sources of financing in the MENA region is due to the implementation of response measures financed by *Zakat* funding.

Figure 6. Financing sources for social assistance measures by region



Note: For more information, see the Dashboard Methodological Note.[24]

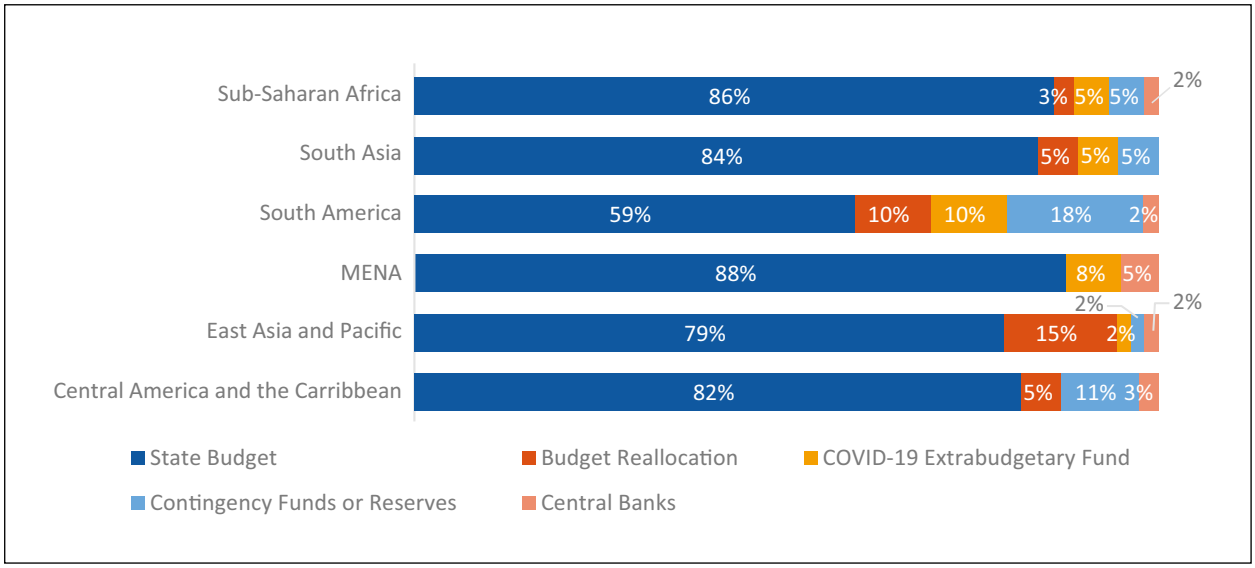
Source: IPC-IG (2021).

23. See: <https://socialprotection.org/sites/default/files/Methodological Note_IPC-IG Dashboard version 1.0 22Sep.pdf>.

24. Ibid.

In terms of public financing, most MENA countries relied on state budgets[25] (88 per cent of the measures), with small contributions from extra-budgetary funds (8 per cent) and central banks (5 per cent), as shown in Figure 7. The reliance on state budgets to fund social assistance responses in MENA reflects their use in other regions of the Global South, with only South America and East Asia and the Pacific relying on more diverse public financing mechanisms, as the former made more use of contingency funds or reserves (18 per cent), and the latter implemented more budget reallocations (15 per cent). Generally, regions with existing contingency funds prior to the pandemic—such as South America, Central America and the Carribean—were able to leverage them to finance social assistance responses. Despite being an important element in facilitating shock-responsiveness, such funds are notably non-existent in MENA (Tebaldi 2019). Countries in the region thus relied instead on 'reserves' or newly created extra-budgetary funds.

Figure 7. Public financing mechanisms for social assistance measures by region



Note: Measures can use more than one financing mechanism. For more information, see the Dashboard Methodological Note.[26]

Source: IPC-IG (2021).

As mentioned earlier, **extra-budgetary funds** were used by MENA countries in lieu of contingency funds.[27] These are a government entity or set of accounts involving "financial transactions, often with separate banking and institutional arrangements, that are not part of the annual state budget law" (Allen and Radev 2006). The advantage of such funds in the early months of the pandemic was their ability to **pool public and private sources of financing** coming through donations, in addition to rapidly distributing such funds by **bypassing stages of formal budgeting** or spending processes required in normal times (Hammad et al. 2021). According to the IPC-IG mapping, five MENA countries used various forms of extra-budgetary funds to finance their emergency responses (Jordan, Morocco,

25. Measures categorised as being financed from the state budget included those that were indicated as being financed by the 'Treasury' or the 'Government or through savings and debt financing'. It is also important to highlight that measures were categorised as being funded from the 'state budget' where funding was known to be from the government but details were not provided on the particular entity providing the funding.

26. See: <https://socialprotection.org/sites/default/files/Methodological Note_IPC-IG Dashboard version 1.0 22Sep.pdf>.

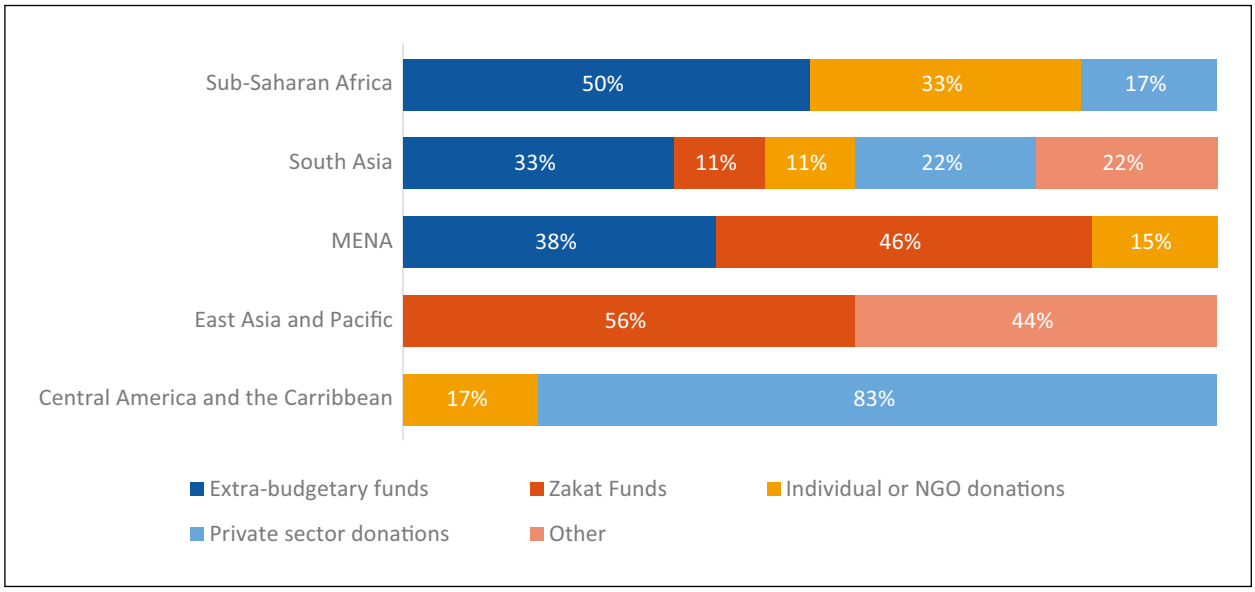
27. The IPC-IG dashboard distinguishes between: (i) extra-budgetary funds receiving money from the government (therefore classified as a public financing mechanism); (ii) extra-budgetary funds receiving donations from individuals, the private sector and non-governmental entities (therefore classified as a private financing mechanism); and (iii) extra-budgetary funds receiving money from both the government and the private sector (therefore classified as both a private and a public financing mechanism).

Kuwait, the SoP and Syria).[28] In **Jordan**'s case, the government established the *Himmat Watan* ('National Strength') fund for the purpose of funding the social protection response and strengthening the capacity of the public health care system. The fund was independent from regular public financial management channels and was thus able to bypass normal spending procedures and deliver assistance to beneficiaries of the Daily Wage Workers Emergency Assistance Programme (*Takaful 2*) rapidly, only 9 days after its announcement (Hammad et al. 2021; UNICEF and Jordan Strategy Forum 2020).

An important point to consider about public financing is the extent to which such resources were used for children, or how 'child-friendly' they were (UNICEF, 2019c)—i.e. the extent to which funds were mobilised, allocated and spent to respect, protect and fulfil the rights of children.[29] Although children aged 0–18 years constitute 35 per cent of the Arab population (UNDESA 2019), only 0.8 per cent of GDP across the region is spent on child-focused social protection (UNICEF n.d.-b). Unfortunately, as data on shock-responsive social protection financing for the COVID-19 response are very limited and published differently for each country, it is difficult to accurately quantify the size of public financing for children as a proportion of shock-responsive social protection expenditure during the COVID-19 pandemic.

As for **private financing**, MENA countries made use of *Zakat* funds (46 per cent), extra-budgetary funds that were financed through private and individual donations (38 per cent), and donations from individuals and non-governmental organisations (NGOs) (15 per cent), as shown in Figure 8.

Figure 8. Private financing mechanisms for social assistance measures by region



Note: The category 'Other' includes measures financed through tax exemptions and publicly owned development banks (development bonds). Measures can include more than one financing mechanism. South America did not use any private financing mechanisms. Fore more information, see also the Dashboard Methodological Note.[30]

Source: IPC-IG (2021).

28. The extra-budgetary funds in Syria and the SoP relied only on donations from individuals, the private sector and NGOs and have thus been categorised as a private financing mechanism.

29. General Comment No. 19 (2016) on Public Budgeting for the Realisation of Children's Rights (Art. 4).

30. See: <https://socialprotection.org/sites/default/files/Methodological Note_IPC-IG Dashboard version 1.0 22Sep.pdf>.

Given the Muslim majority populations in most MENA countries, it is important to highlight the contribution of **Islamic forms of financing (**Zakat **and** Sadaqah**)** to the funding and implementation of emergency social protection measures during the COVID-19 pandemic. State-led *Zakat* funds in Egypt, Jordan, Kuwait, Libya and Sudan, which receive *Zakat* and *Sadaqah*[31] donations from individuals, companies and NGOs, financed their own emergency responses and complemented the financing of other government-led emergency responses. Zakat **funds** actually contributed to financing 8 per cent of social assistance measures mapped in the MENA region and were used by five countries. In **Egypt,** for example, the Zakat Fund worked with the Ministry of Manpower and the Ministry of Social Solidarity to finance and implement an emergency cash assistance programme for informal workers, targeting those who were unable to benefit from the Ministry of Manpower's Sisi Grant for informal workers.[32] While the Ministry provided cash benefits to 1.6 million informal workers, the Zakat Fund financed and distributed the same EGP500 (USD31.70)[33] monthly benefit to 30,000 informal workers (IPC-IG 2021; Khaled 2020). Furthermore, in **Kuwait**, the Ministry of Social Affairs and the Zakat Fund jointly led and contributed to an extra-budgetary fund alongside 50 local charities, which provided emergency cash and in-kind assistance to more than 300,000 migrant and vulnerable households, including stateless individuals and irregular migrants (Hammad et al. 2021). Such coordination between *Zakat* funds and other government entities providing social protection is noteworthy throughout the COVID-19 pandemic, as past assessments have highlighted their isolated and independent operation, which negatively affects overall effectiveness and coverage (Machado, Bilo, and Helmy 2018).

Finally, while data are not available to draw a full picture of the financing of the COVID-19 response in MENA, given that transparency and reporting routines differ from one country to the next, it is, nevertheless, possible to make some notable comparisons for certain countries. In Iraq, for example, the COVID-19 Response Package accounted for approximately 5 per cent of social assistance expenditures in 2021, including subsidies,[34] and 9 per cent excluding subsidies. In Jordan, the total financing of social assistance measures implemented in response to COVID-19 reached more than JOD325 million (USD458.4 million),[35] which is equivalent to 26 per cent of the total JOD1.2 billion (USD1.69 billion) spent on social protection as a whole from March 2020 to September 2021.[36]

2.3 Beneficiary identification and application mechanisms used

Where existent and functional, **unified and integrated social protection registries or beneficiary databases** allowed countries to make use of available data on potential beneficiaries and build on existing mechanisms to promptly deliver assistance to those in need. Using existing systems enabled many countries to **quickly identify** beneficiaries. The cases of Morroco and Jordan, further detailed in section 2.7 on timeliness, serve as illustrative examples here. Moreover, existing systems may also allow for the use of existing **payment** mechanisms or systems (for more information, see also Barca (2020) and Hammad (2022)). As such, the use of existing registries and databases can serve as an indicator of the maturity of the social protection system.

31. *Zakat* is one of the five pillars of Islam (alongside prayer, pilgrimage, fasting and testimony). It is a religious duty, obliging individuals to donate 2.5 per cent of all productive wealth accumulated over the course of the year. *Zakat* donations serve the purpose of redistributing wealth and are meant to benefit eight categories of individuals stipulated in the *Quran*, including the poor and needy, those in debt and wayfarers (which is often interpreted to include refugees and IDPs). For further details, see Atia (2011) and Machado et al. (2018). *Sadaqah*, on the other hand, is not obligatory like *Zakat*, but is rather a voluntary donation. For further details, see Singer (2013).

32. Note that the IPC-IG dashboard classified the Sisi Grant as a labour market measure, since it targeted workers, yet in mappings by other organisations, such as the World Bank, it has been classified as a social assistance measure.

33. All values in US dollars according to the exchange rate of 14 March 2022.

34. Including the medicine subsidy, the subsidy for wheat and barley and the subsidy for food (Public Distribution System).

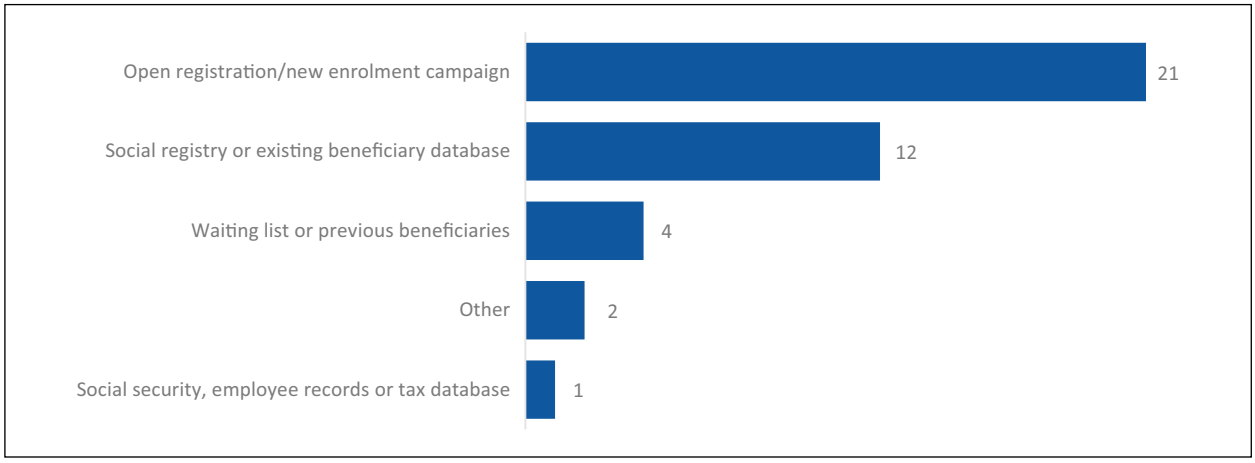
35. Sixty-one per cent of the total spent on social assistance came from international sources of financing.

36. Based on unpublished data compiled for the Review of the National Social Protection Strategy of the Government of Jordan.

When looking at the instruments used to identify beneficiaries (see Figure 9), most responses (21 out of a total of 36 coverage expansions) in MENA used **new enrolment campaigns**, such as web portals. Twelve measures mapped used **existing registries**[37] **or beneficiary databases**, and 4 responses used existing waiting lists of programmes or lists of previous (graduated) beneficiaries. The relatively low use of registries can be explained by the fact that most countries in the region, with the exception of countries such as Egypt, Iran, Jordan and Djibouti, have not yet set up **integrated social protection registries** or are in the process of developing them, as in the case of Morocco or Tunisia.[38]

Because of the exceptional nature of the COVID-19 crisis and its far-reaching impacts on poor and vulnerable populations, many countries opted to have open registration and new enrolment campaigns, with the objective of incorporating those in need and often previously uncovered by social protection.

Figure 9. Identification of potential beneficiaries for social assistance responses in MENA by type of mechanism



Note: More than one mechanism possible per response. The graph refers to coverage expansions only. For more information, see the Dashboard Methodological Note.[39]

Source: IPC-IG (2021).

However, active application from beneficiaries was required not only for those programmes that relied on open registration mechanisms. In fact, all but seven measures required some **form of application** (see Figure 10).

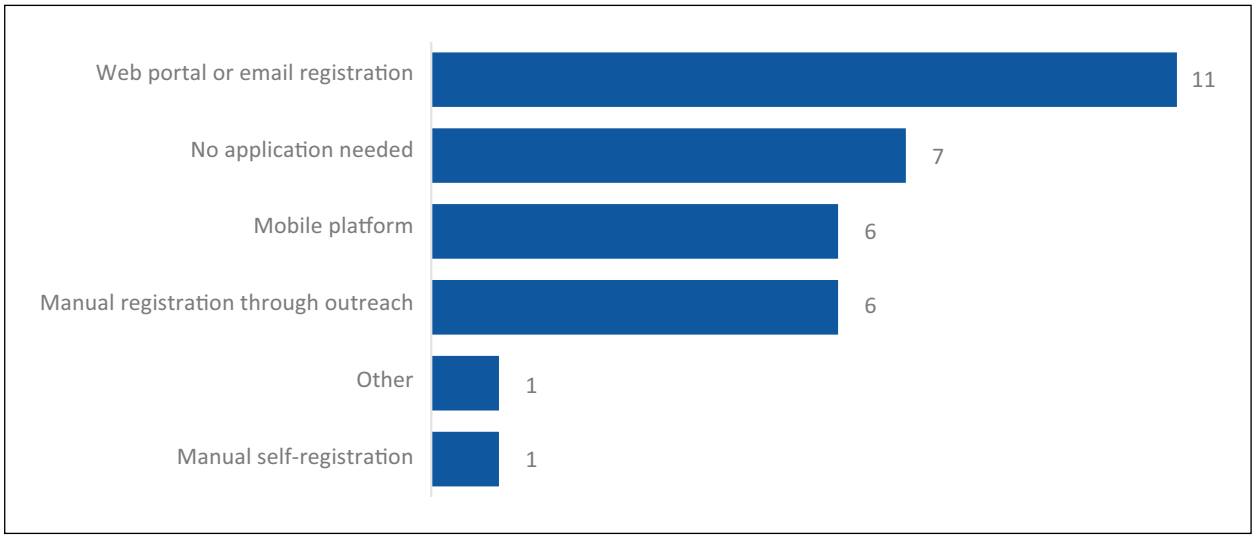
Most countries in the region opted for **digital registration** (11), often through newly established websites. Six responses allowed application via **mobile platforms, such as SMS or Whatsapp**. These application methods were mostly used in cases where there was no previous information regarding potential beneficiaries. For six measures, application was done through **government outreach mechanisms** (e.g. social workers or programme staff went to potential beneficiaries' households). It is important to note that **application does not necessarily mean enrolment**, as applications are usually cross-checked with other databases to determine eligibility. Finally, in the case of the seven measures in the region where **no application was needed**, beneficiaries were automatically selected from existing databases.

37. Note that in the IPC-IG dashboard the term 'social registry' is used in a broader sense (i.e. not limited only to registries that were developed using a proxy means test targeting method, as sometimes done by other organisations).

38. Morocco is currently developing its social registry, which should be implemented in 2021. For more information, see JaDDINand Dytz (2021).

39. See: <https://socialprotection.org/sites/default/files/Methodological Note_IPC-IG Dashboard version 1.0 22Sep.pdf>.

Figure 10. Application and enrolment mechanisms



Note: More than one mechanism possible per response. The graph refers to coverage expansions only. See also the Dashboard Methodological Note.[40]

Source: IPC-IG (2021).

- For **Morocco's cash transfer for informal workers**—for instance, beneficiaries of the medical assistance system (*Régime d'Assistance Médicale*—RAMED)—applicants could apply via SMS or through an online website set up for registration, which allowed the first round of cash transfers to be distributed on 6 April 2020. Around 52 per cent of households benefiting from the emergency cash transfer were RAMED card holders, but some of them only received the benefit after the second round, due to additional criteria used by the government. On-demand registration was then set up for other informal workers, using digital registration through a newly created website. In total, the programme ended up reaching around 5.5 million households in July 2020 (Kessaba and Halmi 2021) (see also section 2.5 below for more information).

- **Jordan's National Unified Registry** also served as a tool for the **expansion** of the monthly conditional cash transfer programme provided by the National Aid Fund (NAF). In a similar way to the interventions mentioned above, waiting lists and data from the registry were used to expand the number of beneficiaries in response to the crisis (NAF 2020).

- In **Egypt**, the **waiting lists** of the *Takaful* and *Karama* programmes were used (in combination with a revision of the proxy means test threshold to allow eligibility for those most affected by the COVID-19 crisis). In March 2020, families who were initially intended to be included only later were included directly in the programme, based on the information already recorded for them (Nile FM 2020). In the case of the cash and in-kind assistance for vulnerable populations, households were automatically selected from the Ministry of Social Solidarity database (which contains 30 million registered people), to identify elderly people, persons with disabilities and female-headed households who would receive the benefit (Gentilini et al. 2020).

- In **Tunisia**, households that wished to register for the second cash transfer for those not included in the subsidised medical assistance scheme (*Assistance Médicale Gratuite*—AMG) had to do so by sending an SMS (Business News 2020).

40. Ibid.

- To identify households with the lowest income in **Iran**, the Iranian Welfare Database—used for the country's quasi-universal basic income programme—was used. The government also reached out via various channels, including SMS, to heads of households, to expand coverage to households and small businesses impacted by COVID-19. Verification was undertaken based on household data registered in the database, including on social services and insurance coverage.[41]

- In **Sudan**, geographical and community-based targeting were applied to select the beneficiaries of the emergency cash transfer. The data collected were used to create the Sudan Social Registry. The country had some data from previous government-led cash distribution programmes. However, these data had not been updated and had no unique identifier. For the emergency response, the national identity number, address and mobile phone number of all registered beneficiaries were collected. The national ID number was both an identification and a verification tool. It is worth noting that the identification and verification system established was later adopted during the implementation of the Sudan Family Support Programme, a cash transfer adopted by the Sudan Transitional Government to mitigate the economic crisis in the country.[42]

2.4 Coordination and policy frameworks

At the onset of the COVID-19 pandemic, few countries had mechanisms in place that allowed for the coordination of all actors involved in the crisis response, which can in part be explained by the unprecedented magnitude of the crisis. In many countries, new **emergency coordination committees** were created, and large relief funds established (as in Jordan or Morocco). Many governments also coordinated with other actors, often local organisations, to carry out certain important implementation steps, such as identification or delivery (see section 2.7 for more on the coordination with humanitarian actors). In some cases, this was the first time those actors had collaborated. This experience can—at least in theory—lay the foundations for stronger coordination mechanisms in the future.

Examples include:

- **Syria**'s National Plan for Emergency Response included cash and in-kind assistance to vulnerable populations. To proceed with the process of identifying and registering elderly people and persons with disabilities in particular, the Ministry of Social Affairs and Labour used a decentralised approach using local committees and volunteers (Hammad 2022b).

- In contrast, **Morocco** set up an Economic Watch Committee (*Comité de veille économique*) under the authority of the Ministry of Economy and Finance and the Ministry of Interior, with the participation of key ministries, the central bank, chambers of commerce and of artisan federations, and employers' organiations. A Solidarity Fund was launched and raised up to USD3.4 billion to finance health and social protection emergency measures (Kessaba and Halmi 2021).

- In **Jordan**, a National Social Protection Emergency Response Committee led by the Ministry of Social Development served as a means to coordinate and monitor all cash and in-kind assistance delivered by both

41. Personal communication with UNICEF Iran.

42. Personal communication with UNICEF Sudan.

national entities and local NGOs. A Relief Fund was created under the central bank to enable donations from individuals and the private sector, mainly used to support social assistance interventions (Bilo et al. 2021).

- In **Lebanon**, the National Social Solidarity Programme sits under the Prime Minister, and its Steering Group includes high-level representation of key ministries, including the Minister of Defence, the Deputy Prime Minister, the Ministry of the Interior and Municipalities, the Ministry of Social Affairs and the Ministry of Education and Higher Education. The Steering Group determined the high-level design parameters of the programme, including the benefit level, eligibility criteria, and payment mechanism and frequency, and instructed technical teams at the respective ministries to extract and provide data from existing lists or databases housed by them (e.g. on children in public schools). Local authorities, mainly municipalities, played an important role in coordinating with the Lebanese armed forces to deliver the National Social Solidarity Programme.[43]

- In **Sudan**, the Ministry of Labour and Social Development worked together with UNICEF, WFP and UNHCR to coordinate the COVID-19 response. The Ministry led the identification and targeting of beneficiaries, while the in-kind and cash support was provided jointly by the three United Nations agencies and the government.[44]

- In Arab States in general, relief provided by state-led Zakat **funds** also played an important role (see section 2.2 on financing) as coordination mechanisms for the inclusion of individuals, NGOs and businesses in the social protection response. These funds were rarely coordinated with other social protection providers previously, but with COVID-19, they have been further integrated and coordinated with other sectors, improving their ability to reach beneficiaries and respond to some of the gaps in coverage.

- While all countries used some form of pre-existing coordination and policy framework in some way or other, in some countries they can be said to have played a clearer role in enabling a more comprehensive and coordinated response. In particular, **Jordan** is a notable example, due to the existence of a disaster risk management strategy that designates the Ministry of Social Development as the entity responsible for the provision of social assistance in times of crisis, and the coordination, management and oversight of NGO responses. Moreover, the country had already adopted a National Social Protection Strategy, operationalised the National Unified Registry and introduced new forms of digital payments. Therefore, the social protection system was already relatively mature, enabling a more rapid and better-coordinated response (UNICEF and Jordan Strategy Forum 2020). Jordan is also notable for the coordination mechanisms for humanitarian actors that set up task forces and cash transfers that ran parallel to the government's response and that offered a minimum of harmonisation for the COVID-19 emergency cash response. This led to informal coordination between cash groups in the country and the government's response, to cover more ground in a similar fashion.[45]

- In the case of **Iran**, the Ministry of Cooperative Labour and Social Welfare, as the lead social protection ministry, was responsible for establishing the necessary coordination between various social actors on the ground (the State Welfare Organization, the Imam Khomeini Relief Fund and other actors) and for coordinating international support to address the needs of the most vulnerable and worst-affected populations.[46]

43. Personal communication with UNICEF Lebanon.

44. Personal communication with UNICEF Sudan.

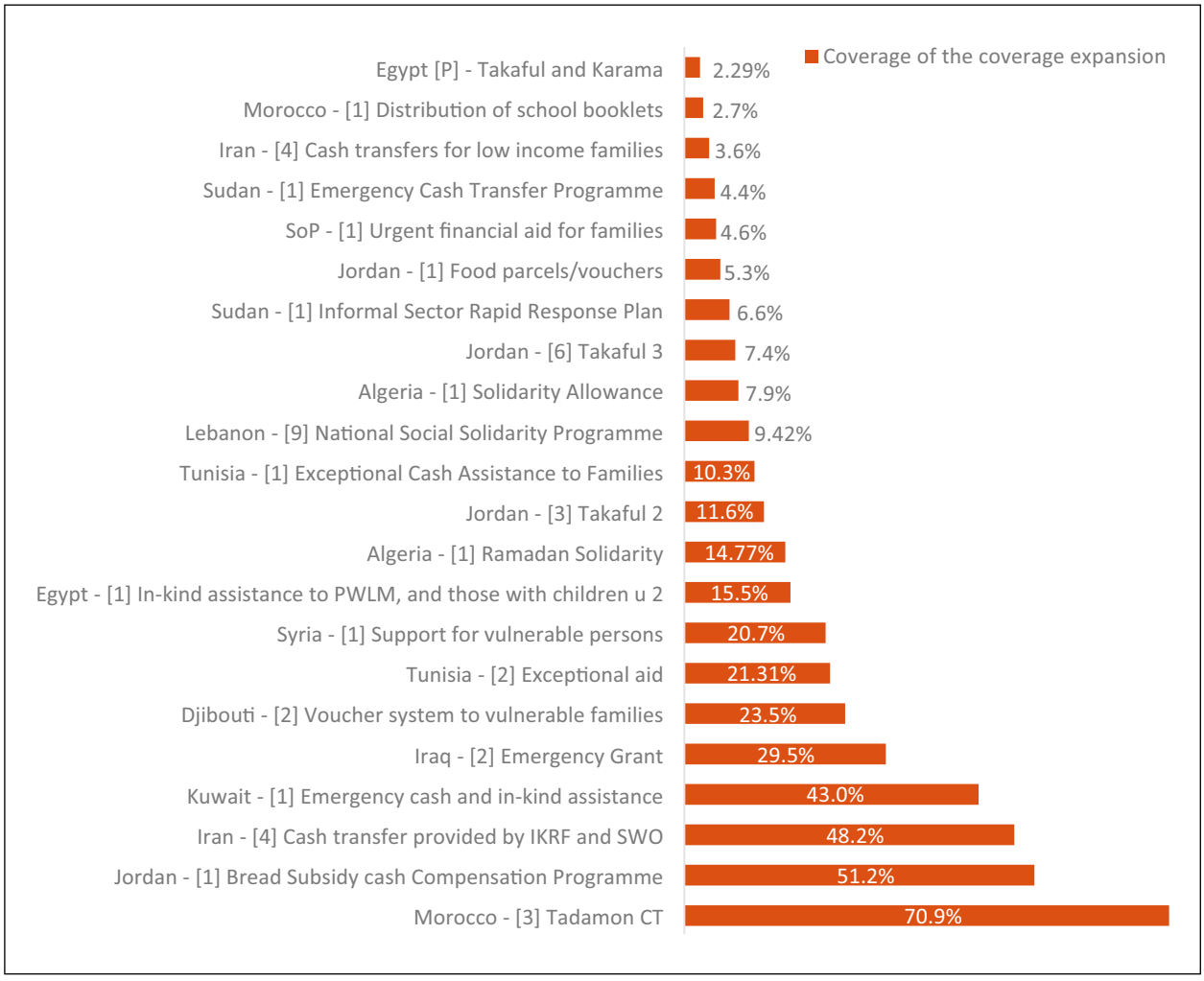
45. For more information, see DADD (2021).

46. Personal communication with UNICEF Iran.

2.5 Coverage

Figure 11 shows the **estimated share of the population covered by the coverage expansions in MENA**, including both new programmes and horizontally expanded programmes. It is important to keep in mind that programmes had **different durations**.[47] While some large-scale programmes, such as the emergency cash and in-kind programme in Kuwait, were one-off transfers (indicated by a '1' in the square brackets), others reached a smaller share of the population but for a longer time, such as the *Takaful 2* programme to support daily wage workers in Jordan—a three-month emergency cash transfer programme targeting informal workers, which reached about 12 per cent of the population. A few of the programmes that were expanded horizontally already covered a significant share of the population. Egypt's *Takaful* and *Karama* programmes, for example, covered an estimated 10 per cent of the population. During the pandemic they were estimated to cover an additional 2.29 per cent, as Figure 11 shows.

Figure 11. Estimated coverage of social assistance responses (coverage expansions) in MENA



Note: Excludes subisdies. Numbers in square brackets indicate the duration of the benefit in months (P = permanent; 1 = one-off). Duration is not equal to frequency of payment, as not all programmes were paid monthly. Only coverage expansions with estimated coverage above 2 per cent are displayed.

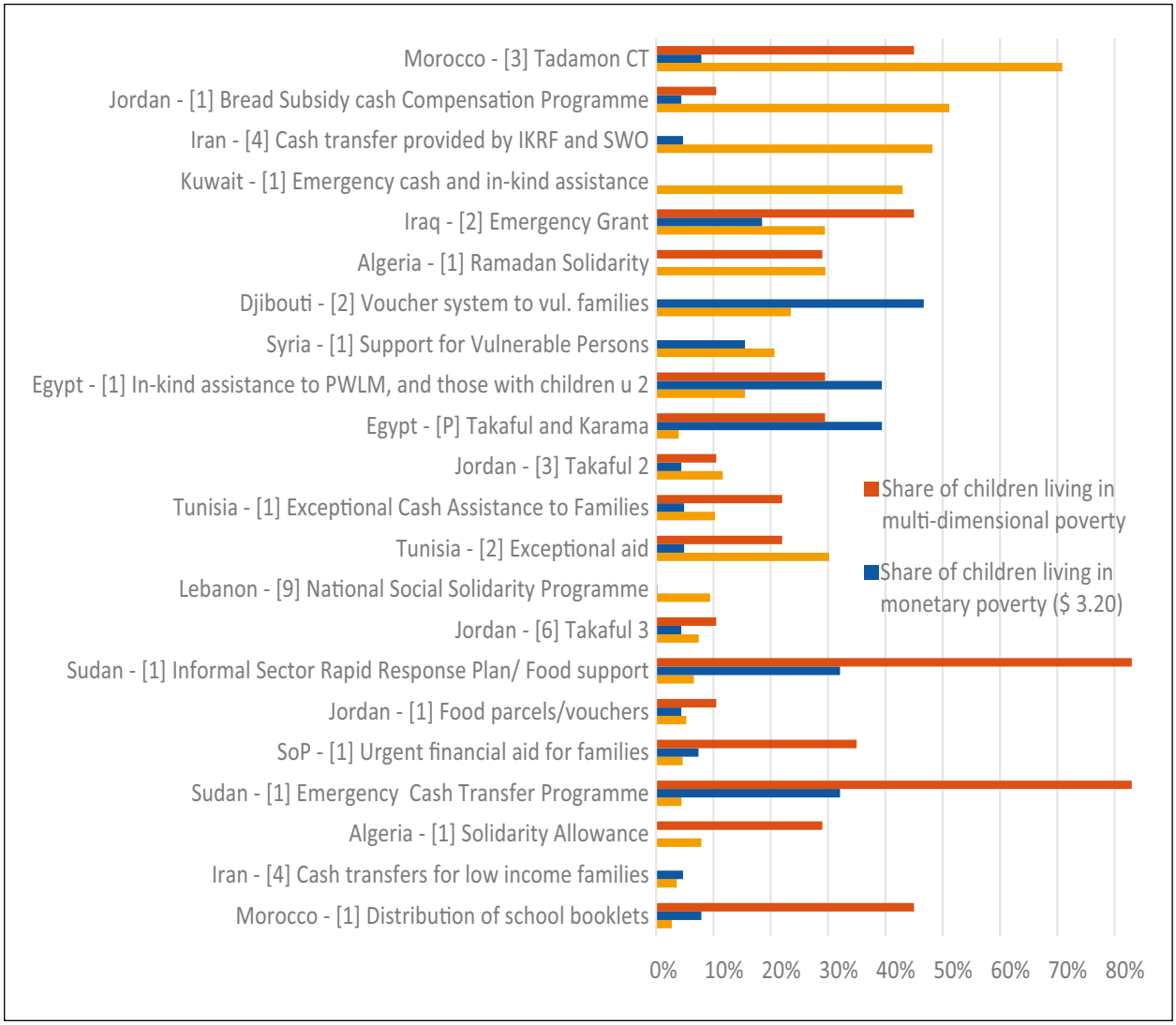
Source: IPC-IG (2021).

47. Note that duration does not necessarily indicate frequency, as not all programmes were paid on a monthly basis.

Morocco's programme for informal workers was the largest in MENA in terms of coverage, reaching almost 71 per cent of the population (5.5 million households) in July 2020, paying between MAD800 and MAD1,200 (USD84 and USD126), depending on household size. The programme can be compared to other large-scale programmes implemented in response to the COVID-19 crisis in other regions, such as the *Auxílio Emergencial* in Brazil, which reached about 61 per cent of the population at its highest level (IPC-IG 2021).

Although there are no aggregated regional coverage estimates available,[48] the IPC-IG dashboard shows that there were **larger social assistance programmes in other regions**, such as Latin America and Asia-Pacific. Nevertheless, the programmes in MENA are still larger than those in sub-Saharan Africa (see Figure 1 in Bilo et al. (2021)).

Figure 12. Estimated child coverage of social assistance responses (coverage expansions) in MENA



Note: Excludes subisdies. Numbers in square brackets indicate duration of the benefit in months (P = permanent; 1 = one-off). Duration is not equal to frequency of payment, as not all programmes were paid monthly. Only coverage expansions with estimated coverage above 2 per cent are displayed.

Source: Authors' elaboration based on IPC-IG (2021). For poverty estimates, see Annex 2.

48. Coverage is reported by programme, not by country or region.

In addition, the estimated **share of the child population covered by social assistance responses** (through coverage expansions) **was compared to the share of children living in monetary (USD3.20/day) and multidimensional poverty**, when these data were available (see Figure 12). As information on the number of children in beneficiary households is usually not available, the same share as for the total population covered was assumed (shown in Figure 11). The real share of children covered is likely to be larger, especially for programmes targeting poor households with children, given that they usually have more children than the national average. The data on child poverty are based on the latest country-level estimates available (see also Annex 2). In some countries, especially those going through deep socio-economic crises, such as Lebanon, the numbers are likely to be much higher today. Despite these data limitations, this estimation provides a useful starting point, especially given the lack of data on the number of children covered by social protection in general.

On average, the coverage expansions of the 29 measures considered in this assessment reached an estimated 15.4 per cent of the child population. Yet about half of the responses (14 out of 29) reached less than 10 per cent of the child population, and 7 responses reached less than 2 per cent. This resonates with the generally low coverage of regular social protection programmes in the region: according to an earlier study developed by the IPC-IG and UNICEF MENARO (Machado et al. 2018), apart from a few exceptions, most cash transfers reach less than 2 per cent of the child population in their respective country.

Figure 12 shows that the **share of children covered is very low compared to the number of children living in poverty**. Especially in countries where child poverty is very high (as in Sudan and Djibouti), the gap between those in need and those covered is particularly high, as the graph illustrates. While it is difficult to establish whether those children living in monetary poverty were targeted by the measures, it is worth highlighting that even if the programmes were perfectly targeted at children living below the poverty line, most measures would not be able to cover all of them, given their limited coverage.

However, Morocco's emergency cash transfer can be highlighted again for covering a substantial proportion of the child population, going beyond only those living in poverty. It needs to be remembered again though that these programmes have different durations (indicated in brackets), which will be further discussed in the next section.

2.6 Adequacy

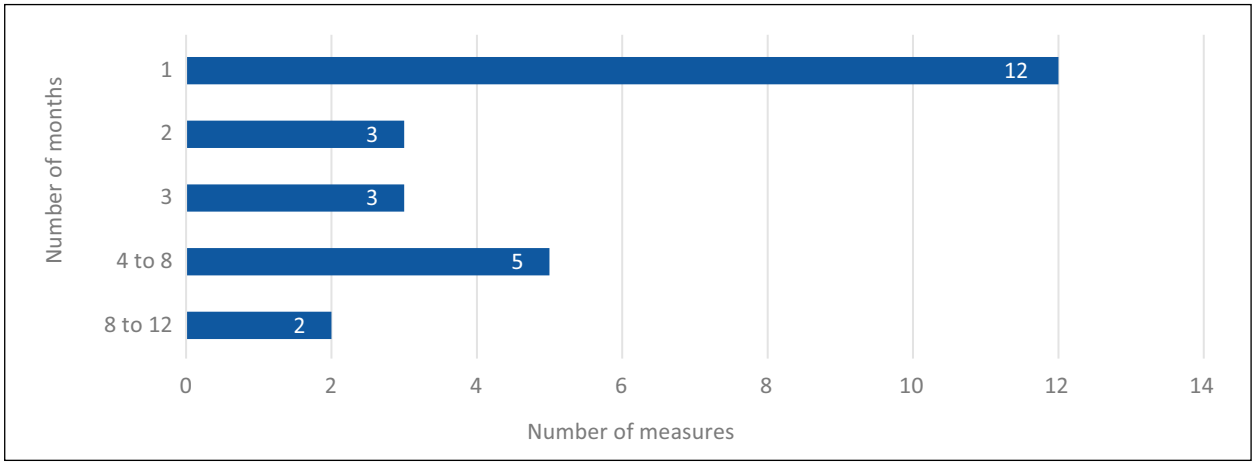
In this paper, **adequacy** relates to the **value of cash transfer benefits**. In addition to reaching those in need, as discussed in the previous section on coverage, it is important that the cash transfer is sufficient to cover households' basic needs and replace the income losses that may have occurred due to COVID-19 lockdown measures. The IPC-IG dashboard provides the programmes' **maximum monthly benefit amount in US dollars purchasing power parity (USD PPP) per household**. Benefit values were converted to monthly units when benefits were disbursed weekly, fortnightly or bimonthly, for example. For transfers that provide a variable benefit, which depends, for example, on household size, the maximum amount was considered. The latter is likely to result in an overestimation, as not all households received the maximum benefit, and some programmes decreased their benefit value over time.
Based on this methodology, the maximum monthly value of cash transfers in the MENA region is about USD237 PPP on average. This is higher than the global average (about USD200 PPP). The difference between the benefit values of interventions can be quite stark—for instance, between **Jordan**'s expansion of the Monthly Cash Assistance programme, a permanent programme (USD599 PPP per month), and **Iran**'s cash transfer for people with the lowest income, paid for 4 months (USD60 PPP per month).

Yet, as highlighted before, the **duration** and **payment frequency** of benefits also impact the adequacy of the intervention: programmes that lasted longer with a higher benefit value were able to ensure households stayed at

home and respected lockdown measures, with the income necessary to meet their basic needs. **Almost half of the cash interventions (12 out of 25) paid a one-off transfer at the beginning of the crisis** (see Figure 13). Although countries in the region have been going through second and third waves of COVID-19, only a few measures were extended beyond the originally planned duration, with fiscal constraints limiting governments' interventions.[49]

It is important to examine adequacy in comparison with other similar measures in the same country. For instance, **Morocco**'s cash transfer for informal workers constituted three payments of between MAD800 and MAD1,200 (USD84 and USD126) for households, depending on their size; on the other hand, despite coming from the same Emergency Fund, the social insurance measure covering formal workers paid transfers of MAD2,000 (USD205.80) for those unable to work, with both covering the same duration.

Figure 13. Duration of social assistance cash transfers (in months)



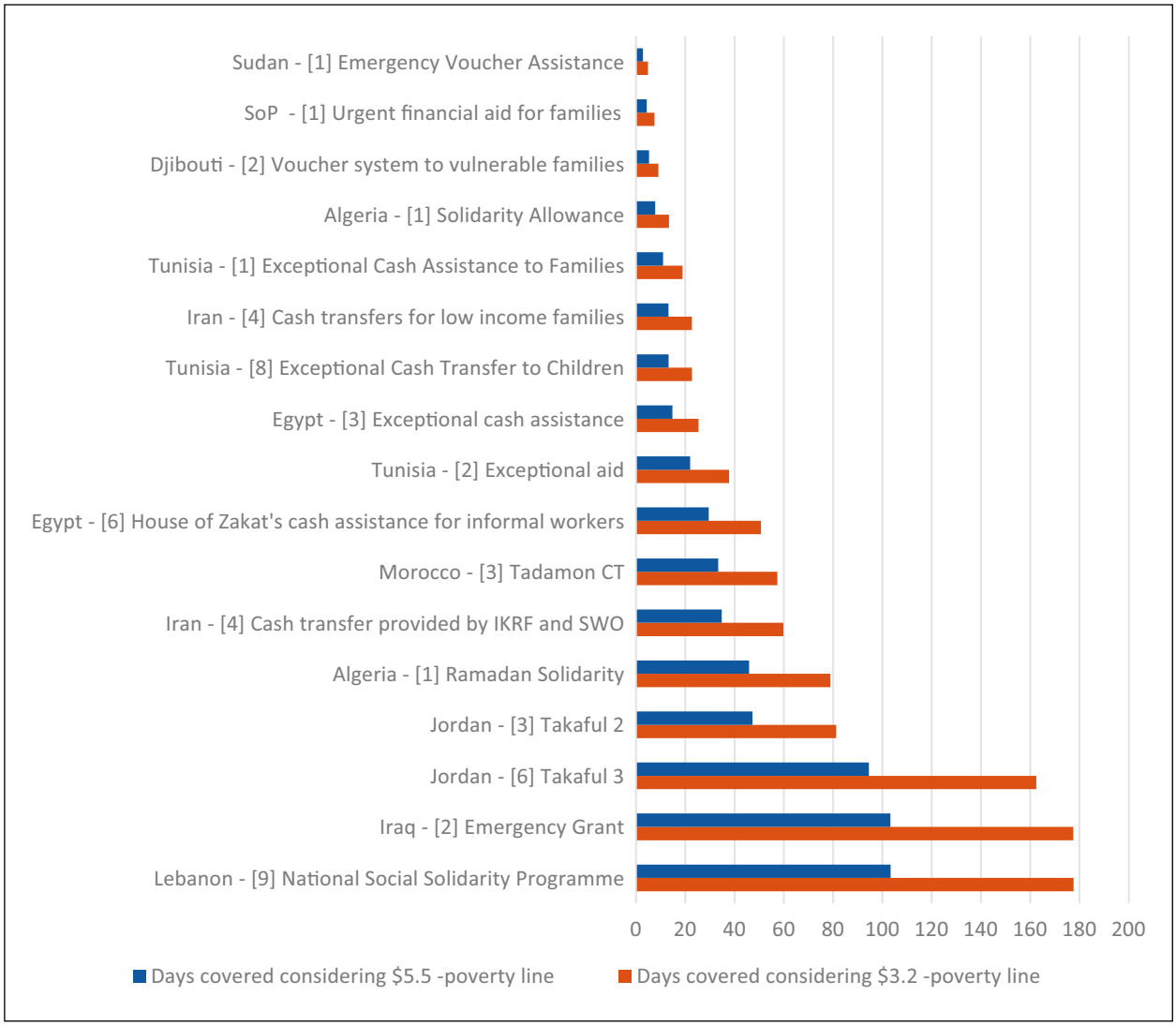
Source: IPC-IG (2021).

Figure 14 provides an estimation of the **number of days that the benefit value would protect the individuals in beneficiary households against poverty**, considering, respectively, the USD3.20/day and USD5.50/day poverty lines. To do this, the total amount of benefits paid (in USD PPP) at the individual level over the duration of the programme was divided by 3.2 and 5.5, respectively. The total amount of benefits paid was derived by dividing the maximum monthly benefit value per household by the average household size and then multiplying the result by the duration of the programme. The estimated total number of individuals benefiting from the programme is likely to be an underestimation, and the individual benefit amount is likely to be an overestimation, as households benefiting from those social protection programmes tend to be poorer and usually have more household members than the average. In additon, the maximum amount was considered, yet, as explained above, not all households received the maximum benefit. Despite these limitations, the exercise provides an interesting comparison.

On average, the 17 programmes analysed covered households for 59 days (2 months) based on the USD3.20/day poverty line, and for 34 days based on USD5.50/day. Using this calculation, the National Social Solidarity Programme in **Lebanon** and the Emergency Grant in **Iraq** are the programmes that protected beneficiaries against poverty for the longest (both 178 days or 6 months based on USD3.20/day). One-off or two-month-long programmes such as those in the SoP, Algeria, Djibouti and Tunisia, on the other hand, protected households against extreme poverty for only a couple of days, according to the authors' estimates.

49. As per information available up to 30 March 2021, seven social assistance measures in MENA were extended beyond their original planned duration, four of which were cash transfer programmes. The complete mapping database of the IPC-IG dashboard (IPC-IG 2021) also provides more information on whether and for how long programmes were extended beyond their initial planned duration.

Figure 14. Estimated number of days for which beneficiaries are covered against poverty (USD3.20/day and USD5.50/day poverty lines)



Note: See also the Dashboard Methodological Note.[50]

Source: IPC-IG (2021).

2.7 Timeliness

Timeliness refers to the speed with which a social protection response is implemented. As put by Beazley, Marzi and Steller (2021, 4) a response is "'timely' when it ensures support is available when it is needed". As highlighted by the authors, measuring the timeliness of a response depends on the local context, including the impact of the pandemic on the national population, the restrictions imposed by the government as containment measures, and the responses of other sectors.

50. See: <https://socialprotection.org/sites/default/files/Methodological Note_IPC-IG Dashboard version 1.0 22Sep.pdf>.

Table 3 shows the average number of weeks between the date of the first COVID-19 case and the implementation of measures, for three types of implementation changes. Horizontal coverage expansions took longer to implement than vertical expansions (14 vs. 13 weeks). Other implementation changes, such as changes in delivery modalities, were even faster (10 weeks), which can be explained by the fact that they usually require fewer financial and human resources to implement than a coverage expansion, for example.

Table 3. Mean number of weeks between date of first COVID-19 case and implementation of measure

Coverage expansions (25)	14
Vertical expansions (12)	13
Other implementation changes (6)	10

Note: The number of measures considered for each type of implementation change is indicated in brackets. Subsidies are excluded. See also the Dashboard Methodological Note.[51]

Source: Authors' elaboration based on IPC-IG (2021).

The responses in MENA were quicker than the global average of 15, 16 and 9 weeks for coverage expansions, vertical expansions and other implementation changes, respectively. Yet comparisons between regions should be made with care, given that the actual implementation date of many programmes could not be identified.[52]

In some cases, programmes were initially announced as a COVID-19 response, but implementation was delayed for different reasons until after March 2021, in which case they were not considered in this assessment. For instance, in January 2021, the World Bank announced it would support the vertical and horizontal expansion of the National Poverty Targeting Programme in Lebanon: vertically, in the form of a top-up for beneficiaries with children aged 13–18 years currently enrolled in public schools, and horizontally to 147,000 additional households (World Bank 2021a). However, the programme was not implemented until May 2022, mainly in response to the economic crisis in the country, and hence was not considered in the assessment.

Figure 15 provides an overview of the 37 responses, showing the number of weeks between the date of the **first COVID-19 case** reported in the country and their implementation (in the case of cash transfers, the date of the first payment). Considerable variety can be observed, not only between countries but also between programmes in the same country, which can be explained by the development of the pandemic and its different waves. For instance, Jordan adopted more measures as the pandemic developed. For some countries, programmes were announced early on (i.e. SoP, Iraq, Syria), but bottlenecks were encountered in the roll-out and implementation phase, linked to a lack of the required systems and capacity, as well as funding problems.

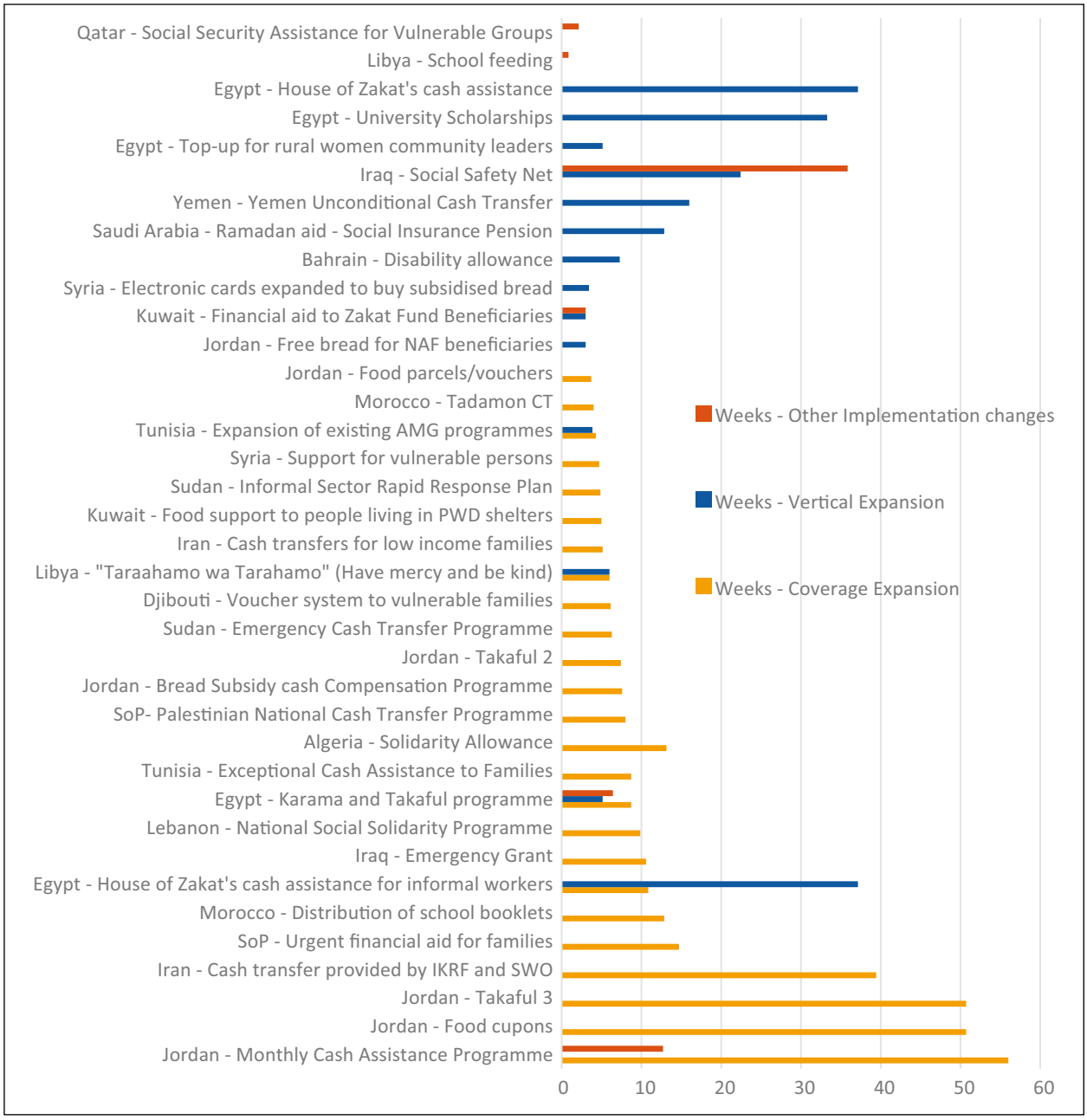
Morocco's *Tadamon* programme for informal workers and households is one of the cash transfers in the region (and globally) that was introduced the fastest. Eligible households started receiving benefits on 6 April 2020, and by July the country was able to reach around 5 million households or 65 per cent of the population, which represented 91 per cent of the announced target group. This was achieved by combining multiple identification modalities, targeting first those informal workers who held RAMED medical assistance cards (34 per cent), then using a newly created *Tadamon* website[53] in April for those not covered by RAMED (19 per cent of the population covered), and, finally, at the end of May, a third wave to allow applicants who had previously been rejected to apply for the benefit again through the cash transfer website (13 per cent of the population covered) (Beazley et al. 2021).

51. Ibid.

52. For instance, in some cases only the date of announcement could be identified, yet this does not necessarily mean that the measure was not implemented, but rather that the exact implementation date could not be identified. When the authors found clear evidence that the measure was only announced but not implemented, it was not considered in the assessment.

53. See: <www.tadamoncovid.ma>.

Figure 15. Timeliness of social assistance measures in MENA (number of weeks between the date of the first COVID-19 case and implementation of measure)



Note: See also the Dashboard Methodological Note.[54]

Source: Authors' elaboration based on IPC-IG (2021).

As highlighted by Beazley et al. (2021), at least two factors were crucial for the speed of the response. First and foremost, the use of technology: those with a RAMED card could request the benefit through a simple SMS; if they were eligible, SMSs were also used to send payment instructions. Those outside the RAMED system could apply through the *Tadamon* website and received instructions for collecting payments via mobile phones. In addition, the entire COVID-19 response was financed through a special extra-budgetary fund, which was funded through the

54. See: <https://socialprotection.org/sites/default/files/Methodological Note_IPC-IG Dashboard version 1.0 22Sep.pdf>.

reallocation of domestic spending (as well as donations), which might be another element explaining the speed of the response, as available budget was quickly reallocated to a specific fund destined to respond to the pandemic.

Looking at the times between announcement and implementation, another noteworthy case is in **Jordan**, where the first payment of the programme for daily wage workers (*Takaful 2*) was processed and distributed within 9 days of announcing the programme. As explained further by Pumarol et al. (2021, 26), the rapid response in Jordan "was enabled by key policy changes that Jordan's social protection sector has undergone in recent years with support from UNICEF and other development partners, such as the expansion of the National Aid Fund, the launch of the National Social Protection Strategy 2019–2025 and the operationalization of the National Unified Registry. These mechanisms included updating the targeting system for social assistance based on multidimensional poverty indicators, establishing online registration for social assistance programmes and using digital payment systems."

2.8 Overview of humanitarian responses

This section describes the 96 humanitarian measures mapped in the 9 selected countries (Iran, Iraq, Jordan, Libya, Lebanon, Sudan, Syria, SoP and Yemen) for this assessment.[55] It is important to note that, in general, information was scarcer than the publicly available data on government measures.

In total, 26 measures were related to **emergency cash transfers**, 55 were **emergency in-kind** transfers, and an additional 3 were a combination of emergency in-kind and cash transfers. Four interventions were changes in **existing unconditional (3) or conditional (1) cash transfers**, while one was related to **existing unconditional in-kind transfers**. Finally, six humanitarian measures mapped were related to **school feeding programmes** (SFPs) and their adaptations during lockdown.

Measures implemented by international agencies in humanitarian settings were often related to the organisations' usual operations, and the beneficiaries were related to that scope (i.e. particularly vulnerable groups, such as children or forcibly displaced persons). **Most of these measures were coverage expansions** (47 measures). Only three of the mapped measures were vertical expansions (top-ups or additional components to existing programmes). Sixteen responses consisted of changes in implementation features (e.g. changes in delivery method).

For the **coordination** of humanitarian responses, the United Nations framework for the immediate socio-economic response to COVID-19 played an important role in coordinating United Nations agencies. Based on the framework's pillars,[56] United Nations Country Teams elaborated a COVID-19 response, including the programmatic portfolio. The pillar 'protecting people' included the coordination of social protection and basic services. In MENA, countries such as Algeria, Iran, Jordan, Libya, Syria and Tunisia developed these frameworks.

Other inter-agency coordination mechanisms included **cash working groups**. For example, **Jordan** set up linkages between humanitarian actors in its cash working groups, and **Gaza**'s working group developed actions across a great variety of needs and possible responses that were also turned towards the COVID-19 response (CALP Network n.d.). In **Iraq**, for example, Mercy Corps leads the Cash Consortium of Iraq, comprising other humanitarian agencies, which was active in responding to the crisis. In **Jordan**, a COVID-19 Response Task Force and the UNHCR-led Common Cash Facility Task Force were set up to harmonise and coordinate the response by humanitarian actors.

55. Limited to cash, in-kind and school feeding programmes implemented by UNICEF, UNHCR, UNRWA and WFP.

56. The five pillars are: (i) health first; (ii) protecting people; (iii) economic response and recovery; (iv) macro-economic response and multilateral collaboration; and (v) social cohesion and community resilience.

In terms of **coordination between humanitarian and government actors** (see also section 2.4), the role of humanitarian actors in improving existing registries and databases, by serving as local actors to assist with the process of identification and/or payment, can be highlighted (Hammad 2022a).

- In **Djibouti**, the Ministry of Social Affairs and Solidarity introduced a voucher system for vulnerable families, using the country's social registry; to improve the coverage of the programme for refugee households and displaced populations, the UNHCR partnered with the Ministry to actively identify those households and include them in the registry (UNHCR 2021).

- In **Egypt**, the Ministry of Social Solidarity shared a database of 77,600 vulnerable households rejected from the *Takaful* and *Karama* programmes with international partners, which will provide them with an EGP400 (USD25.40) monthly cash transfer (Hammad 2022a).

- **Yemen**'s humanitarian and development actors have a central role in the provision of social protection in the country, due to the long-standing conflict, which has hindered the capacities of the national social protection system to respond to shocks effectively, and in particular to the pandemic. To respond to the shock, in 2020, a closer collaboration between international organisations, UN agencies and the country's national actors was set up with the Yemen Humanitarian Response Plan. This Plan aimed at having a central hub to coordinate the humanitarian actors' response to COVID-19, promoting a coordinated response and a central and improved overview of the necessities from the vulnerable population in Yemen.[57]

  Some of the humanitarian responses to COVID-19 were provided based on or in cooperation with national structures. For example, within the Humanitarian Cash Transfer initiative and in close collaboration with the country´s Social Welfare Fund (SWF), Handicaps Care and Rehabilitation Fund and payment agencies, the Integrated Model of Social and Economic Assistance and Empowerment project was expanded to include Muhamasheen ('the marginalised ones' in Arabic). Moreover, starting in June 2020, UNICEF provided top-ups of 45-55% of the benefit amount for beneficiaries of the Yemen Unconditional Cash Transfer (UCT) Project (previously named Emergency Cash Transfer Project) provided by UNICEF and international partners.[58] UNICEF´s Cash Plus initiative within the UCT Project is also worth highlighting here: trained SWF case referral officers screen children for malnutrition and refer them to birth registration, educational and health services and social workers visit households on a regular basis.[59] The UCT project uses the beneficiary list of the SWF, which was the country's main cash transfer programme before the conflict. Furthermore, a progressive transfer of the programme to national actors is also taking place, strengthening the synergies between the different actors.

- In **Syria**, the UNICEF cash transfer programme for children with extreme disabilities was used to update the national registry with the relevant information on children with disabilities, with the support of the Ministry of Labour and Social Affairs (Barca et al. 2021). NGOs collaborated to identify girls with disabilities.

- UNICEF **Jordan** used an existing database for its humanitarian cash transfer, the *Hajati* programme, targeting Syrian refugees and vulnerable Jordanian families, managing to include an additional 18,000 vulnerable children in the database, ensuring access to information on these beneficiaries and effective communication (Hoop et al. 2020).

57. See more here: <https://reliefweb.int/report/yemen/yemen-humanitarian-response-plan-2021-march-2021-enar>.

58. See: <https://reliefweb.int/sites/reliefweb.int/files/resources/YSEU49_English-Final.pdf>.

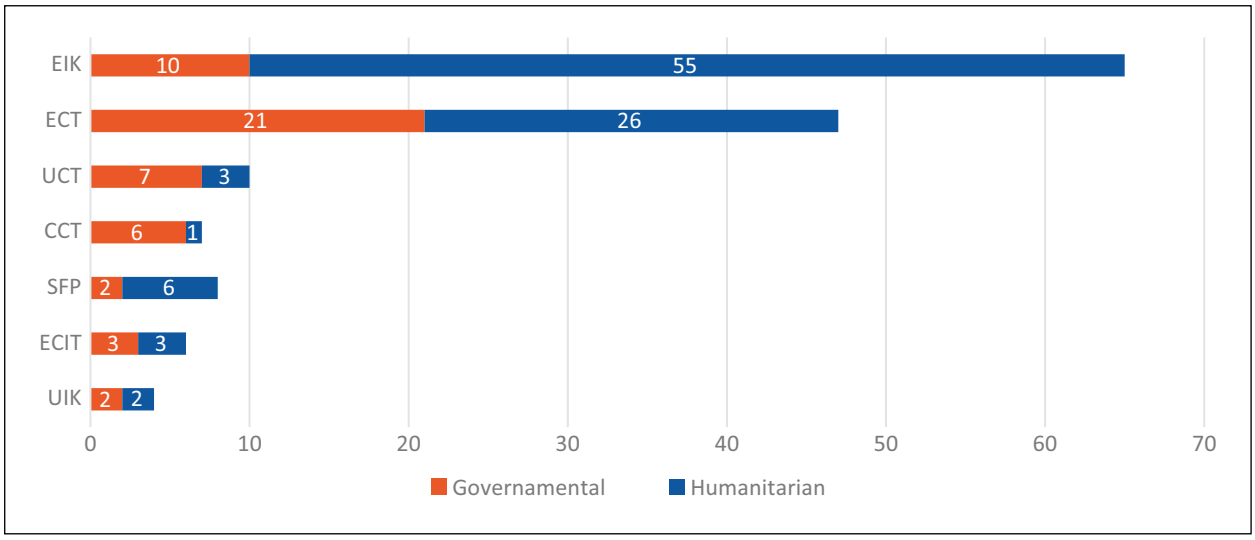
59. See: <https://www.unicef.org/yemen/stories/cash-plus-support-brings-new-hop>.

3. CHILD-SENSITIVITY ASSESSMENT

3.1 Overview: All criteria

While the previous chapter focused on all 77 social assistance responses provided by governments in MENA, the scope of analysis for this section covers **only a selection of social assistance instruments**, namely: **cash, in-kind and school feeding programmes**. Moreover, **both humanitarian (96) and government (49) responses** were considered, **totalling 145 responses**. It is important to remember that **humanitarian measures were considered only in nine selected countries** where there was already a strong humanitarian presence due to past crises (Iran, Iraq, Jordan, Lebanon, Libya, SoP, Sudan, Syria and Yemen). Furthermore, only humanitarian responses provided by UNICEF, UNHCR, UNRWA, WFP and IOM were considered. Figure 16 shows the share of these measures per type of instrument. Some responses used more than one instrument.

Figure 16. Total of cash, in-kind and school feeding programmes per type of instrument, humanitarian and government responses



Note: This figure is based on the analysis of 145 programmes (all cash transfers, in-kind transfers or school feeding programmes). ECT = emergency cash transfer; CCT = conditional cash transfer; UCT = unconditional cash transfer; EIK = emergency in-kind transfer; ECIT = emergency cash and in-kind transfer; UIK = unconditional in-kind transfer; SFP = school feeding programme.

Source: Authors' elaboration based on IPC-IG (2021) and an additional mapping of humanitarian responses.

Humanitarian interventions play an important complementary role in the MENA region, providing support where consolidated social protection systems are lacking and/or populations are affected by crises. In general, these interventions are, by default, often child-sensitive because they are tailored under United Nations frameworks to protect the most vulnerable and excluded members of society, such as children, women, forcibly displaced populations and people with disabilities. Moreover, as mentioned before, humanitarian measures are usually much smaller in coverage and shorter in duration than government measures: often they are limited to a specific location, and humanitarian funding cycles tend to be short—i.e. 6 months—and, in the case of COVID-related measures, they were even shorter in duration (and often one-off), which might explain the high number of measures mapped for only nine countries. Therefore, this section **does not aim to directly compare humanitarian and government measures**, but to understand the extent to which each of them took children's needs into account.

The mapped measures were analysed against a set of criteria to assess their child-sensitivity, drawn from the study 'Overview of Non-contributory Social Protection in the MENA Region Through a Child and Equity Lens', developed

by the IPC-IG and UNICEF MENARO (Machado et al. 2018).[60] The criteria were slightly adapted to also include responses to COVID-19 that had a linkage to or focus on **child protection** services. The six criteria used to classify the responses are detailed in Table 4.

Table 4. Child-sensitivity criteria used in assessment

Targeting children 	All programmes/responses that explicitly target children through at least one component (examples include cash transfers paid only to households with children or individual benefits for children, such as transfers to orphans or children with disabilities, or SFPs). Programmes targeting lactating or pregnant women are also included here. Programmes targeting households (poor or otherwise) without specifying children do not fall into this category.
Cash benefits increase with the number of household members/ children 	This classification includes cash transfers whose structure allows for the benefit levels to increase with the number of children/family members in the household (even if there is a cap), as well as programmes in which benefits are paid per child (i.e. individual transfers to children).[61]
Supporting children's access to education 	Responses that are designed to increase children's access to and/or continuation of education. In the case of the COVID-19 responses, this can include school-related in-kind transfers, such as books, or SFPs (where schools were open). Moreover, this category includes existing cash transfer programmes with (soft) conditionalities related to school attendance or health check-ups or immunisation which were expanded during the COVID-19 crisis.
Supporting children's access to nutrition 	This category includes responses that provide food items to children to ensure their food security, such as SFPs/take-home rations or general food transfers targeting households with children. It also includes (soft) conditional cash transfer to increase access to health and nutrition services or cash transfers linked to strong awareness-raising and promotion of dietary diversity and healthy diets.
Supporting children's access to health/WASH 	This category comprises all programmes that provide WASH or health services/benefits, such as hygiene kits, as well as programmes with health-related conditionalities or those that have a specific health component for children and/or pregnant or lactating women (i.e. health sessions) when they were expanded in response to the COVID-19 crisis.
Supporting children's access to child protection services 	Child protection and social protection are different but complementary policy fields, and often work with similar partners, especially social workers. This category includes responses which link benefits (mainly cash transfer programmes) with social services and family outreach or include relevant messaging.

Source: Authors' elaboration based on Machado et al. (2018).

60. The criteria used in the assessment were: (i) target group; (ii) linkages to education; (iii) food security; (iv) health services; and (v) benefit level. See also p. 21 for an explanation of criteria and p. 27 for findings of IPC-IG and UNCIEF MENARO (2018).

61. Also sometimes referred to as per capita-based transfers.

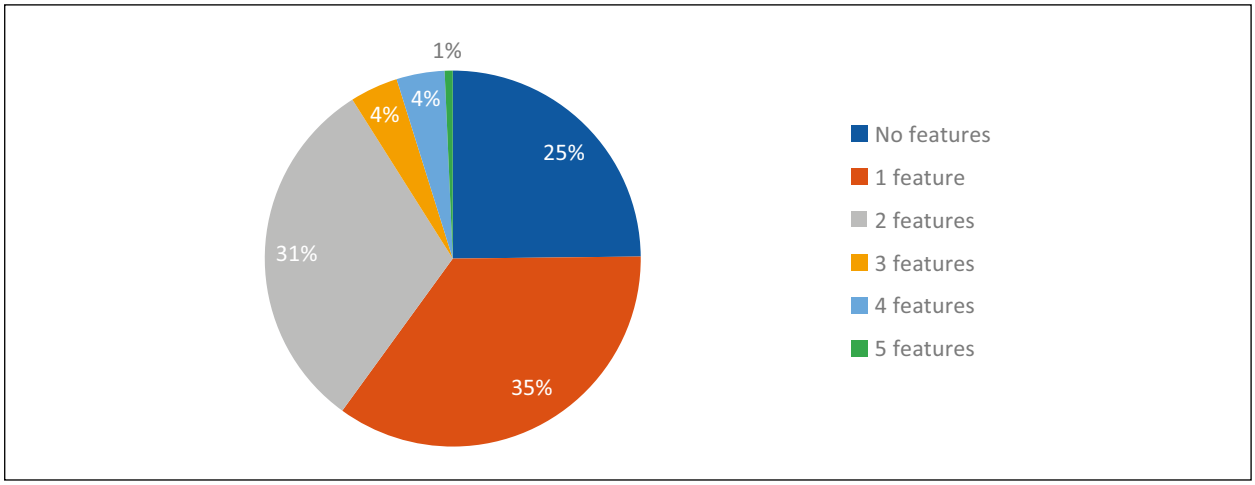
It is important to highlight some **limitations** regarding the classification of responses/programmes using these criteria. The classification is based on programmes' **design features** and on **information available online** (in many cases, information was lacking). The aim was to identify responses that take children's needs into account either by **design** (i.e. by directly targeting them) or by creating **synergies with health/WASH, nutrition, education or child protection**, thus having the potential to improve children's status in those areas and/or mitigate the negative impact of the COVID-19 crisis on them.

It is not suggested that programmes with child-sensitive design features automatically result in children's increased well-being. Many other factors need to be considered, including the local context and the availability of basic services. Moreover, other programmes—such as social pensions, for example—can have indirect positive effects on children without explicitly including child-related features in their design. Finally, issues such as the accuracy of implementation or impact evaluations that measure specific child-related outcomes were not considered for the classification. However, whenever information regarding implementation challenges and impact was available, it was included.

Overall summary of the assessment

Using the criteria explained in Table 4, **109 of the 145 government and humanitarian cash, in-kind and school feeding responses were considered child-sensitive** (for a detailed description, see the overview table in Annex 2). As Figure 17 shows, 25 per cent of the responses mapped had no child-sensitive features, 35 per cent presented one feature, and 31 per cent presented two features. A few measures had three or more child-sensitive features.

Figure 17. Share of programmes with child-sensitive design features

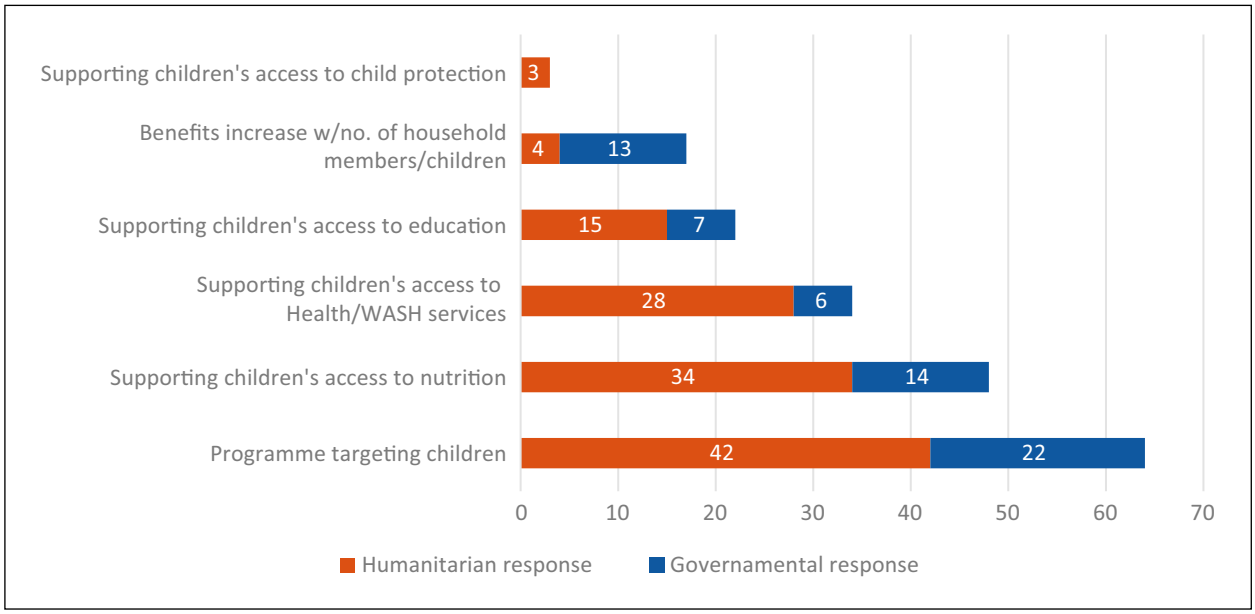


Note: A total of 145 programmes (all cash transfers, in-kind transfers or SFPs) were considered in this figure.

Source: Authors' elaboration based on IPC-IG (2021) and an additional mapping of humanitarian responses.

Considering the six different criteria of child-sensitivity, **targeting children directly** was the most common (64 measures), followed by programmes that supported children's access to nutrition (48 measures). The **least common** criterion observed was **child protection**, which could be related to reasons such as the difficulties imposed by the pandemic on social workers, as well as to the lack of information available. It is important to note that only those programmes promoting a linkage between social protection (cash, in-kind and school feeding programmes) and child protection were considered in this assessment (and not 'pure' child protection services). Figure 18 shows the number of responses for each criterion of child-sensitive design features. It is important to keep in mind that the programmes can vary significantly in terms of coverage. This is especially the case for humanitarian measures, which by design tend to target the most vulnerable and are usually smaller (i.e. covering those living in a specific region).

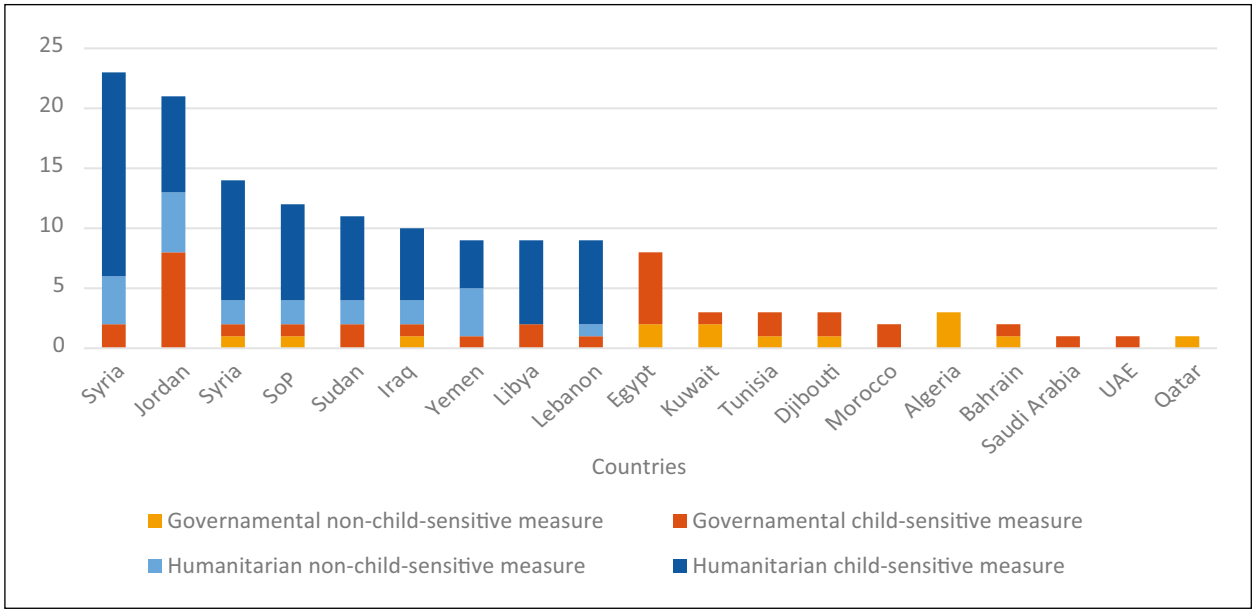
Figure 18. Number of programmes with child-sensitive design features by criterion



Note: Some programmes have more than one child-sensitive feature.

Source: Authors' elaboration based on IPC-IG (2021) and an additional mapping of humanitarian responses.

Figure 19. Number of child-sensitive and non-child-sensitive social assistance measures, per country



Source: Authors' elaboration based on IPC-IG (2021) and an additional mapping of humanitarian responses.

Figure 19 compares the total number of social assistance (cash, in-kind and school feeding) measures and the number of child-sensitive measures for each MENA country. Child-sensitive measures were found in 17 of the 20 MENA countries assessed. Algeria, Oman and Qatar were the only countries where no child-sensitive measures (as per the definition used in this report) were mapped. One of the reasons for this is related to the methodology used in this assessment, which does not analyse subsidies, and Gulf countries mainly based their social assistance

responses on this kind of policy. In Oman, for example, no in-kind, cash transfer or school feeding programmes were adopted. In Qatar, only one of these social assistance measures was mapped, and it had no child-sensitive features. Moreover, it should be remembered that these results and all the other indicators in this analysis are limited by information availability.

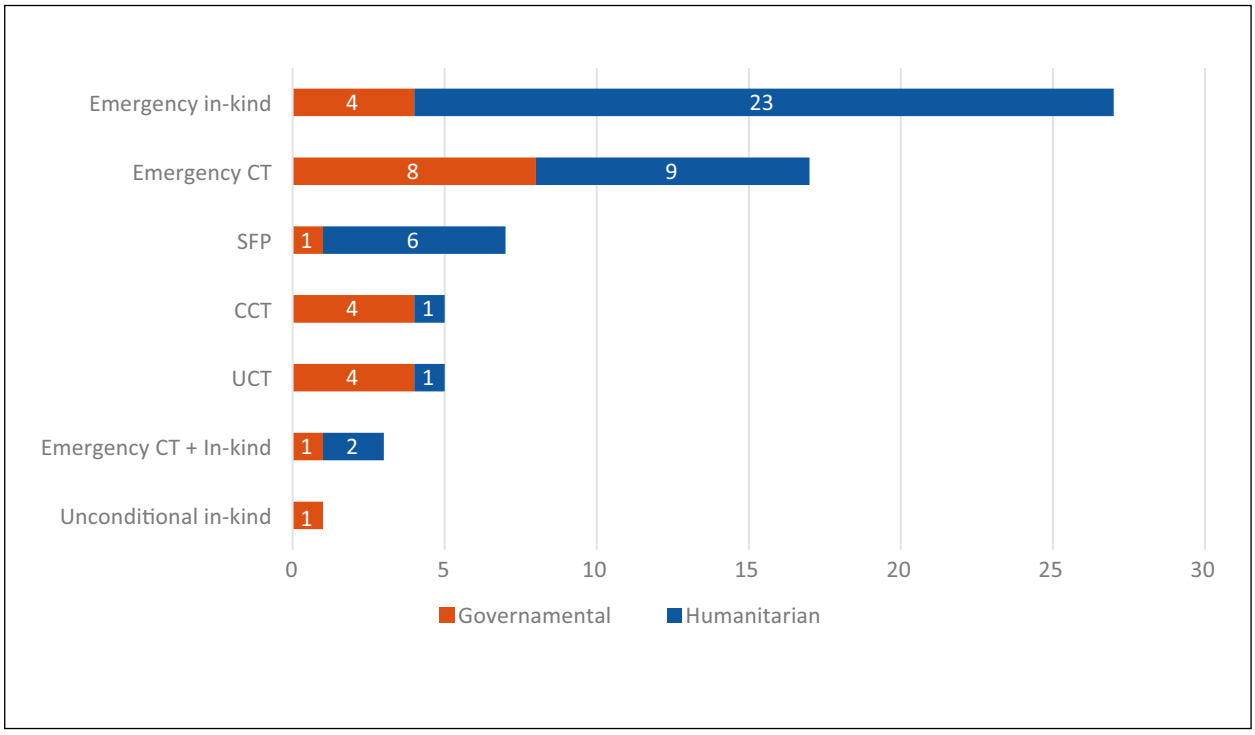
Considering **government measures only**, Jordan and Egypt are the countries where the most child-sensitive measures were mapped. In **Jordan**, all eight social assistance measures were classified as child-sensitive, and in **Egypt**, six out of eight. For the nine countries for which **humanitarian measures** were mapped, **Syria** had the most child-sensitive measures in absolute terms: 17 out of 21 humanitarian social assistance initiatives to combat COVID-19 were child-sensitive.

3.2 Criterion 1: Targeting children

It is acknowledged that programmes do not have to explicitly target children to benefit them (e.g. benefits for elderly people can indirectly benefit children), and vice versa (there is no guarantee that benefits will be spent on children). Nevertheless, it is a useful starting point for analysis to see how many programmes explicitly target children. As shown in the previous subsection, targeting children was the most common child-sensitive feature detected in the social assistance responses to COVID-19 analysed in this paper, totalling 64 measures.

The **most common** social protection instrument targeting children were **emergency in-kind transfers**, as Figure 20 shows. The predominance of this kind of measure mainly occurs because of the many efforts that humanitarian actors undertook to provide food, hygiene items and learning materials for children affected by the crisis in the nine countries where humanitarian measures were analysed.

Figure 20. Measures targeting children by type of social protection instrument in MENA countries



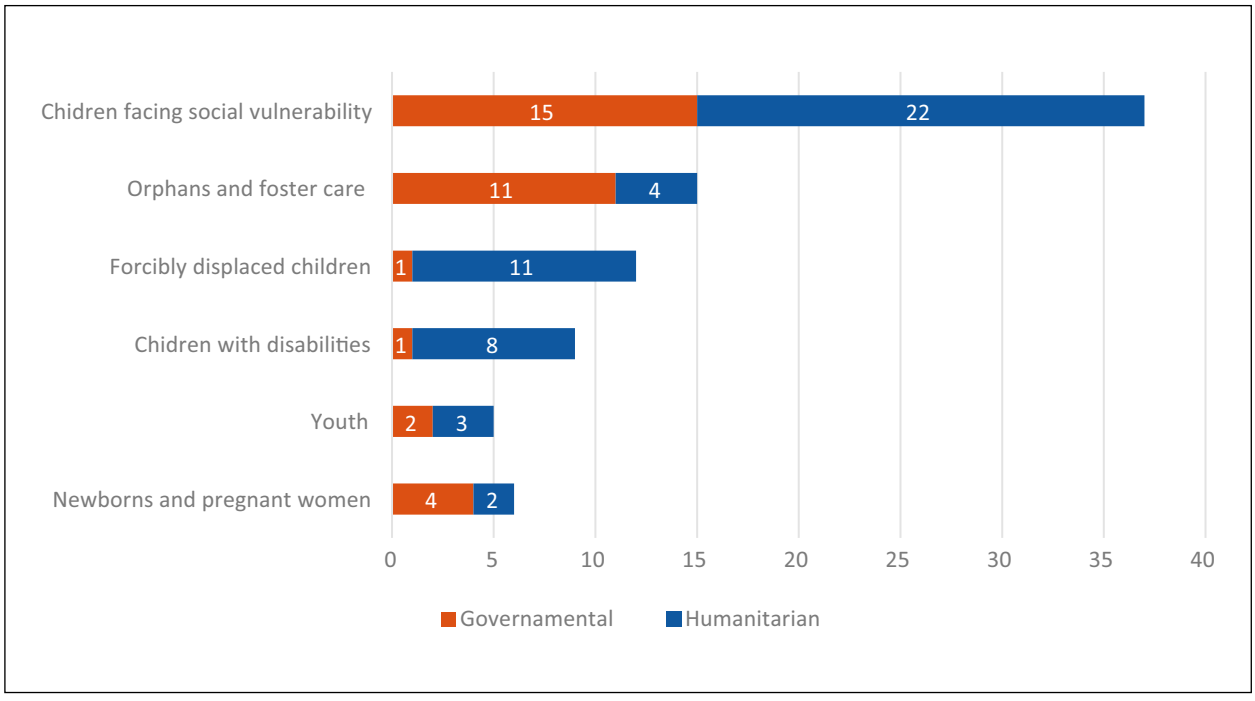
Source: Authors' elaboration based on IPC-IG (2021) and an additional mapping of humanitarian responses.

The **second most common** intervention targeting children consisted of providing **emergency cash transfers**. Government initiatives represented a larger share of these programmes, with eight government cash transfers targeting children. However, considering the total of 21 government emergency cash transfers created by 15 MENA governments, the assessment reveals that fewer than half (8) of them had **child-sensitive targeting mechanisms**. This can be explained by the fact that emergency cash transfers were mainly designed to protect informal workers affected by curfew measures. Having children in the household was not a necessary eligibility criterion, yet children might be indirect beneficiaries, of course. A noteworthy exception to this is the Exceptional Cash Transfer to Children for the return to school, a new cash transfer created by the Government of **Tunisia** to provide incentives for children aged 0–18 years to return to school (see Criterion 5 and Annex 2 for more details).

When looking at the different groups of children targeted, most of the measures consider socio-economic vulnerability (e.g. children living in poverty) as the main criterion. Government measures also commonly target **orphans** and **children living in foster care centres**. **Forcibly displaced children** (including refugees, asylum-seekers and internally displaced persons (IDPs)) are mainly targeted by **humanitarian** actors. This can be explained in part by the mandate of organisations such as UNICEF and UNHCR, but it also highlights that access to national social protection systems remains a challenge for forcibly displaced children and their families in the region. It is also a matter of concern that few specific measures were enacted for newborns and pregnant women, as well as children with disabilities and youth, as Figure 21 shows.

Some programmes targeted more than one group, using several targeting criteria. One example of a government intervention is the horizontal expansion of the *Programme Nationale de Solidarité Famille* in **Djibouti**. Additional funding from the World Bank allowed for the expansion of this cash transfer to 2,500 new households in urban areas with poor children, children aged 0–5 years old, school-age children (6–16 years old), as well as orphans and other vulnerable groups. On the humanitarian side, efforts made by UNICEF **Jordan** to provide e-learning materials for youth, refugee children living in camps and children with disabilities were noteworthy.

Figure 21. Measures targeting specific groups of children in MENA countries



Source: Authors' elaboration based on IPC-IG (2021) and an additional mapping of humanitarian responses.

3.3 Criterion 2: Cash benefit level

This assessment considers child-sensitive those cash transfer programmes for which the benefit level increases according to household size, once they take into account the higher expenditure levels of larger families and older children. A total of 17 responses in 12 MENA countries[62] were considered child-sensitive within this category (out of 69 cash-based interventions). **Jordan** had the most measures in this category (five government responses and one humanitarian intervention). It is important to note that for many humanitarian cash transfers, information on the benefit structure was not available: only four cases explicitly stated that the benefit level increases according to the number of household members.

Seven government emergency cash transfers were characterised as child-sensitive under this criterion. One example is the *Takaful 2* programme in Jordan, which provides temporary cash transfers to daily wage workers affected by the pandemic, providing different monthly values according to household size: JOD50 (USD70.50) for households with only one member; JOD70 (USD98.70) for households with two members; and JOD136 (USD191.20) for households with three members or more. Table 5 shows all 19 COVID-19 responses that were considered under this category.

Table 5. Responses whose benefits are paid per child or whose benefit structure increases with the number of household members/children

Country	Humanitarian or government	Social protection type	Name of intervention or programme
Egypt	Government	CCT/UCT	Horizontal and vertical expansion of *Takaful* and *Karama*
Bahrain	Government	UCT	Social security assistance
Iran	Government	ECT	Cash transfer to people with the lowest income who were not covered by any support organisation
Iraq	Government	UCT	Vertical expansion of Social Safety Net
Jordan	Government	UCT	Horizontal and vertical expansion of *Takaful 1* CT programme
	Government	UCT	Bread Subsidy Cash Compensation Programme
	Government	ECT	*Takaful 2*
	Government	ECT	*Takaful 3*
	Government	CCT	Expansion of Monthly Cash Assistance Programme
	Humanitarian	ECT	IOM basic cash assistance
Lebanon	Humanitarian	ECT	WFP cash-based transfers
Morocco	Government	ECT	*Tadamon*: Urgent measures of support for informal workers and households
Saudi Arabia	Government	ECT	Ramadan aid to beneficiaries of the Social Insurance Pension
SoP	Government	ECT	Urgent financial aid for families affected by the COVID-19 crisis
Sudan	Humanitarian	ECT	Cash-based transfer to vulnerable families of schoolgirls
Syria	Humanitarian	ECT	Adaptations and scale-up of CT programme for children with disabilities
Yemen	Government	ECT	Top-up for the Yemen UCT

Note: ECT = emergency cash transfer; CCT = conditional cash transfer; UCT = unconditional cash transfer.

Source: Authors' elaboration based on IPC-IG (2021) and an additional mapping of humanitarian responses in selected countries.

62. In Bahrain, Egypt, Iran, Iraq, Jordan, Lebanon, Morocco, Saudi Arabia, SoP, Sudan, Syria and Yemen, no programmes whose benefits are paid per child or whose benefit structure increases with the number of household members/children were identified.

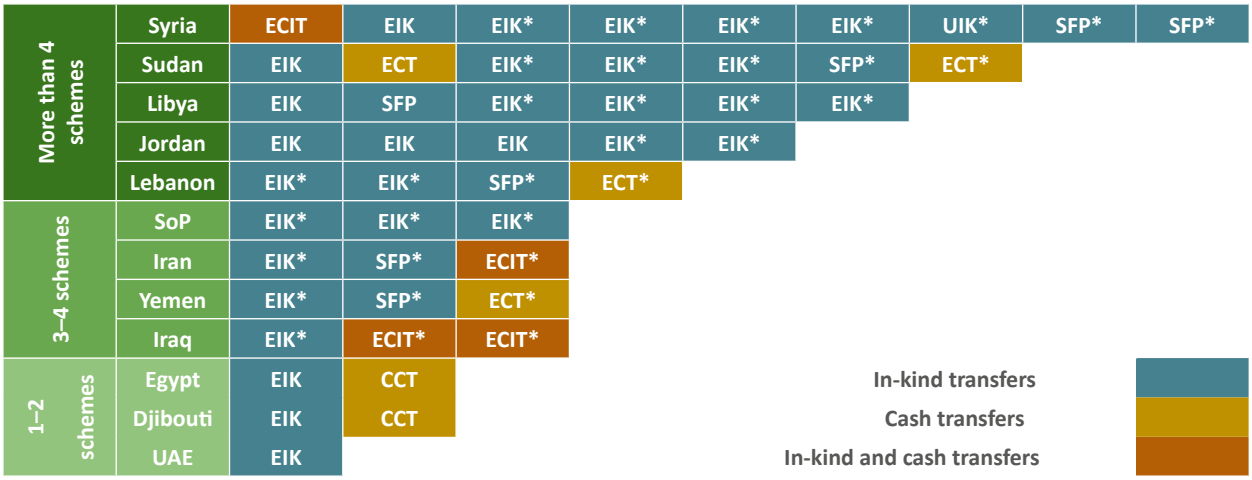
A total of 47 humanitarian and government emergency cash transfer programmes were created as a response to the pandemic, but only 11 of them increased the benefit value according to household size.

3.4 Criterion 3: Food and nutrition security

As highlighted in a common statement by several United Nations agencies (FAO et al. 2020), the pandemic could have a significant negative impact on countries already facing food crises, further affecting the capacity of families to access safe and nutritious food, and particularly affecting the **availability of food for children**. The impact of the crisis on pregnant women and breastfeeding mothers, as well as on young children, is particularly concerning for their health, growth and development. According to estimations, approximately 110 million people were undernourished in the MENA region,[63] 7.6 million children under 5 years old were suffering from wasting, and 20 million children were stunted (ibid.). The pandemic has exacerbated these issues, but social protection measures that promote access to food and nutrition by offering cash-based transfers or direct food transfers can help mitigate the impacts. This subsection analyses such measures. It is important to note that all social assistance policies promoting nutrition were considered, including those that did not target children specifically but offered access to food for vulnerable families and, consequently, benefited children indirectly.

A total of 48 measures promoting food and nutrition security for families in response to COVID-19 were identified in 12 MENA countries.[64] It should be noted that Syria is the country where most measures supporting child nutrition were found (nine in total, including seven humanitarian responses; see Figure 22).

Figure 22. Responses supporting children's access to nutrition by country and programme type



Note: *Humanitarian response; ECT = emergency cash transfer; CCT = conditional cash transfer; UCT = unconditional cash transfer; EIK = emergency in-kind transfer; ECIT = emergency cash and in-kind transfer; UIK = unconditional in-kind transfer; SFP = school feeding programme.

Source: Authors' elaboration based on IPC-IG (2021) and an additional mapping of humanitarian responses.

Most of the measures supporting nutrition were **emergency in-kind transfers** (62 per cent) consisting of food baskets or food vouchers for families. In **Libya**, for example, the Zakat Fund organised emergency one-off in-kind

63. These figures consider the following countries: Afghanistan, Algeria, Bahrain, Comoros, Djibouti, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Mauritania, Morocco, Oman, Pakistan, Qatar, Saudi Arabia, Somalia, SoP, Sudan, Syria, Tunisia, UAE and Yemen.

64. In Algeria, Bahrain, Kuwait, Morocco, Oman, Qatar, Saudi Arabia and Tunisia, no child-sensitive policies promoting nutrition were found.

assistance, providing food parcels to its existing beneficiaries and allowing new households to register and benefit, including poor families and IDPs. In **Egypt**, the Ministry of Social Solidarity collaborated with charitable organisations to create a new programme and guarantee nutritional packages to 3.8 million households with children, pregnant women or lactating mothers. However, as a main limitation, it is important to note that food assistance programmes were often *ad hoc* distributions and not structured programmes capable of providing regular support.

SFPs were the second most common measures adopted to respond to the COVID-19 crisis, with seven measures mapped. As indicated by Machado et al. (2018), SFPs already constituted an important social protection programme supporting food security for children in the MENA region before the pandemic. In the context of the COVID-19 pandemic and school closures, **WFP** played a leading role in the region by adopting or supporting the adaptation of SFPs in six (Iran, Lebanon, Libya, Sudan, Syria and Yemen) of the nine countries where humanitarian measures were analysed. In all cases, WFP changed the programmes' implementation mode by converting the meals into take-home rations, allowing children to keep receiving food despite school closures. In **Syria**, besides adopting a take-home modality, WFP revised its targeting strategy, re-focusing the programme to benefit geographical areas that presented the poorest food security, nutrition and education indicators. WFP also increased the number of beneficiaries of SFP components: according to its Annual Country Report for Syria, 782,000 children benefited from SFP components in 2019, while 1.1 million children were reached in 2020, which represents a coverage increase of 41 per cent (WFP 2020a).

It is important to note that an **indirect** horizontal expansion can be observed for all cases where SFPs were adapted to a take-home modality, since all family members would benefit from the food parcels that were previously benefiting only the child. This phenomenon reinforces the importance of implementing vertical expansions of SFPs—i.e. more food to benefit the entire family—even though food distribution within households may not be 'fair' to minors (Hatløy and Sommerfelt 2017). However, an important limitation to highlight is that, in many cases, take-home rations could not be provided on a regular basis because of national lockdown measures. This was the case in **Lebanon**, for example, where the food parcel distribution which also includes families of Syrian and Lebanese children who are part of WFP's SFP was delayed due to nationwide lockdown measures in November 2020 (WFP 2020b) and January 2021 (WFP 2021).

3.5 Criterion 4: Health/WASH

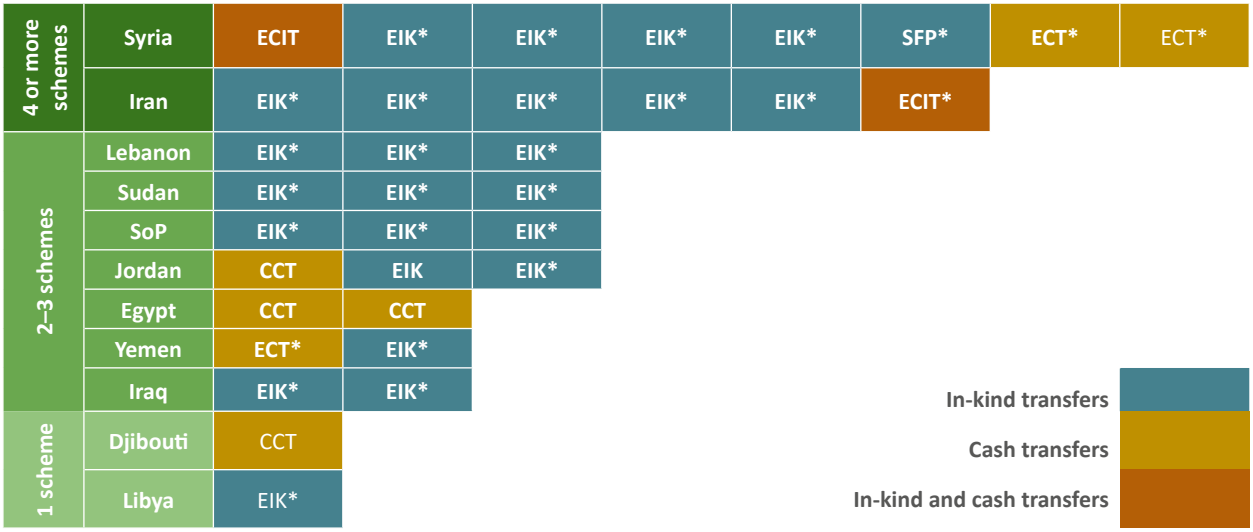
Health and WASH interventions are a fundamental component of the fight against COVID-19. Social protection responses can contribute to this fight by providing in-kind benefits such as hygiene kits, soap and masks, expanding cash-based programmes that can increase families' access to hygiene products and/or feature (soft) conditionalities linked to health services such as mandatory vaccination and antenatal consultations. It is important to note that this section considers child-sensitive all measures providing in-kind health and WASH benefits for families. To interpret the findings of this section, it is also necessary to consider that some countries in the region already offered a universal free health care system before the pandemic (e.g. Algeria, Bahrain, Tunisia and UAE), which played an important role in protecting people.

In the MENA region, a total of 34 social protection measures promoting health interventions were mapped in 11 countries.[65] Importantly, only four governments (Djibouti, Egypt, Jordan and Syria) designed social protection responses promoting access to health and WASH services, as Figure 23 indicates. The most common government response consisted of the expansion of **conditional cash transfers** featuring health conditionalities (four of the six government-

65. In Algeria, Bahrain, Kuwait, Morocco, Oman, Qatar, Saudi Arabia, Tunisia and UAE, no child-sensitive policies promoting health and WASH interventions were found.

led initiatives). In **Egypt**, for example, the *Takaful* programme was expanded to cover households on its waiting list. *Takaful* supports children's access to health by including conditionalities such as four visits a year to health clinics by mothers and children below 6 years old, mandatory child immunisation and/or growth monitoring, and antenatal or post-natal care for mothers. There was no evidence that these conditionalities were kept in place during the pandemic. However, the horizontal expansion of *Takaful* is not a temporary measure, and families will continue to benefit from the programme in the longer term when access to health services should be normalised.[66] An **implementation challenge** observed in this expansion plan—which is also frequently observed in other programmes—was how to guarantee that people living in isolated places and poor villages were reached with adequate information about how to access the programme, as the government's communication campaign focused mostly on radio and television campaigns. This strategy could be improved with the engagement of social and community workers (EU 2020).

Figure 23. Responses supporting children's access to health/WASH by country and programme type



Note: *Humanitarian response; ECT = emergency cash transfer; CCT = conditional cash transfer; UCT = unconditional cash transfer; EIK = emergency in-kind transfer; ECIT = Emergency cash and in-kind transfer; UIK = unconditional in-kind transfer; SFP = school feeding programme.

Source: Authors' elaboration based on IPC-IG (2021) and an additional mapping of humanitarian responses.

Humanitarian actors implemented several **emergency in-kind transfers**. WFP, IOM, UNICEF, UNHCR and UNRWA increased the distribution of existing WASH programmes and created new exceptional distributions of in-kind materials to respond to the crisis. All these humanitarian actors reported a lack of financing as a limitation to continuing to provide support and improve the number of beneficiaries. Movement restrictions also hindered the provision of services and coverage of nutrition services, as reported by UNICEF **SoP**, for example (UNICEF 2021b). Examples of humanitarian interventions include **Yemen**, where UNICEF distributed masks to over 250,000 students and 11,000 teachers, and **Syria**, where UNICEF provided 738,828 children with soap bars and almost 5,000 schools with cleaning kits when schools reopened. IOM also distributed hygiene kits for families living in refugee camps. Another interesting child-sensitive approach to WASH services observed in **Syria** was the coordination between UNICEF and WFP to promote a top-up for children receiving the cash-based transfer voucher modality of WFP's SFP. The extra money could be used to buy hygiene items. Finally, some interventions provide health and WASH services targeting particularly vulnerable children: in **Iran** and **SoP**, for example, UNICEF provided in-kind WASH benefits (e.g. sanitiser gels, soap, masks, gloves, diapers) for children with disabilities, and in **Iraq**, UNHCR provided WASH services for forcibly displaced girls.

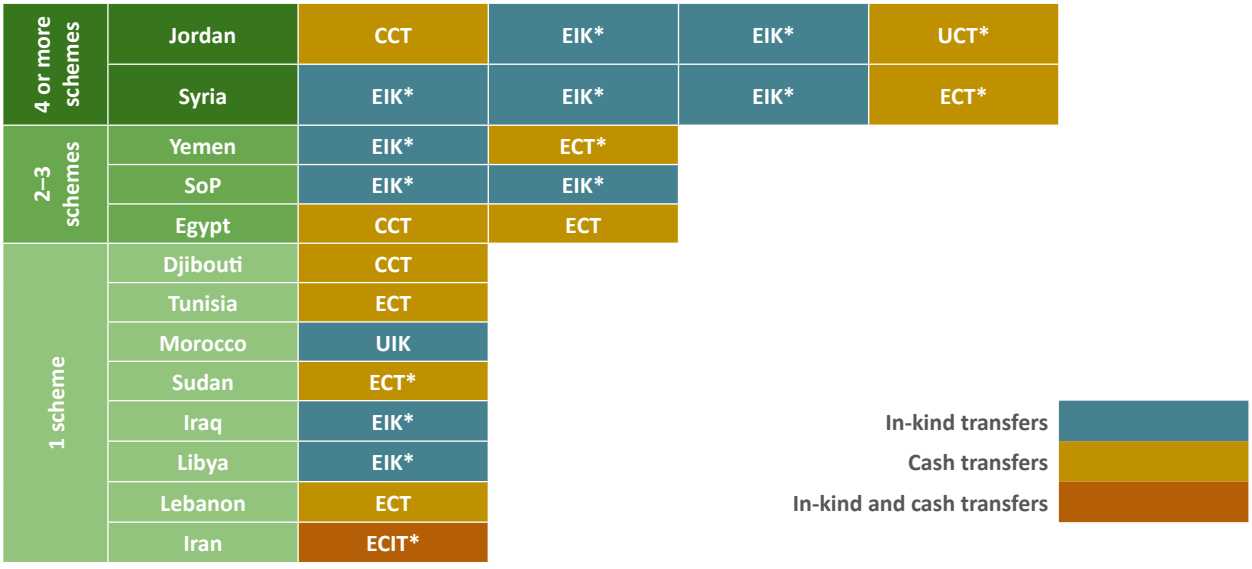
66. It is acknowledged that there is no final consensus on whether conditionalities are really needed to achieve desired programme outcomes, compared to unconditional cash transfers, but for the purpose of this study they were considered.

3.6 Criterion 5: Education

Before the COVID-19 crisis, one in every five children in the MENA region was out of school, in large part because of the insecure conditions and socio-economic deterioration caused by conflicts (UNICEF n.d.-a). The pandemic further aggravated this situation, as school closures caused almost 100 million children between 5 and 17 years old in the region to be out of school in 2020 (ibid.). Social protection interventions can be effective to mitigate the pandemic's impact on education by supporting access to e-learning initiatives, preventing leanings losses, and actively preventing drop-outs by providing targeted financial support for at-risk students, for example (World Bank 2020).

In the MENA region, a total of 22 social protection measures supporting children's access to education were mapped in 13 countries,[67] as shown in Figure 24. As in the previous sections, emergency in-kind transfers led by humanitarian actors were the most common intervention identified, corresponding to almost half of the measures (45 per cent). Generally, these interventions consisted of providing learning materials to facilitate e-learning or offline self-paced materials for vulnerable children. UNICEF **Jordan**, for example, promoted a noteworthy strategy to facilitate e-learning by providing forcibly displaced youth and children and children with disabilities not only with tablets and computers but also with data packages, as internet connectivity can be a barrier for vulnerable families. For other children without access to the internet in **Jordan**, **Syria** and **Iraq**, humanitarian actors (UNICEF and UNRWA) distributed printed self-learning materials.

Figure 24. Responses supporting children's access to education by country and programme type



Note: *Humanitarian response; ECT = emergency cash transfer; CCT = conditional cash transfer; UCT = unconditional cash transfer; EIK = emergency in-kind transfer; ECIT = Emergency cash and in-kind transfer; UIK = unconditional in-kind transfer; SFP = school feeding programme.

Source: Authors' elaboration based on IPC-IG (2021) and an additional mapping of humanitarian responses.

Governments mainly based their education-related responses on **conditional cash transfers**. In **Djibouti**, **Egypt** and **Jordan**, for example, pre-existing conditional cash transfers—*Programme Nationale de Solidarité Famille*, *Takaful*

67. In Algeria, Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and UAE, no child-sensitive policies promoting access to education were found.

and the NAF, respectively—which include educational conditionalities were expanded to new households. It was not possible to verify whether the conditionalities were mantained during the pandemic, especially during school closures. Nevertheless, these interventions were included in this category because the education-related conditionalities of the programmes will continue after the pandemic, hence constituting a child-sensitive design feature. In **Iran**, a cash plus programme was piloted, incentivising families to (re-)enrol their children in school. Text messaging is used to send messages to families.

Tunisia is a noteworthy case, as the government created an emergency cash transfer to provide an incentive for poor children to return to school. A one-off emergency cash transfer of TND50 (USD18.57) was distributed to 290,000 children aged 6–18 years old from beneficiary families of the National Assistance Programme for Needy Families, while another 40,000 vulnerable children aged 0–5 received monthly benefits of TND30 for 8 months. The aim of this cash transfer was to facilitate children's return to school.

Finally, it should be noted that **Morocco** was the only country mapped where the government offered in-kind social protection responses promoting children's access to education by distributing school booklets to 1 million students living in remote areas where access to other platforms such as television, radio and online classes is limited.

3.7 Criterion 6: Child protection

Child protection and social protection are different but complementary sectors, and often work with similar partners. Social workers can play a key role by offering families direct support and providing families with a link to social protection and child protection services (UNICEF 2019). Aiming to analyse social protection responses in which child protection was promoted by linking benefits (mainly cash transfer programmes) with social services and family outreach, this assessment identified a very small number of measures.

It should be mentioned that humanitarian actors consistently report the provision of child protection and GBV services, but in few cases were they explicitly linked to the provision of social protection benefits analysed in this assessment (cash, in-kind and school feeding programmes). Moreover, factors such as the impacts of the pandemic on social workers, who were unable to continue on-site monitoring of families in some cases, and a lack of information and a comprehensive network of social workers in some MENA countries are possible causes for the lack of such measures. Some of the measures found are the following.

- In **Lebanon**, UNICEF and partners distributed hygiene kits and sanitary pads to vulnerable girls and women. This assistance was provided alongside GBV risk mitigation messages that were mainstreamed in outreach activities, psychological first aid and psychosocial support services.

- In the **SoP**, WFP implemented an emergency food voucher in coordination with the Ministry of Social Development as a response to COVID-19. The assistance was provided alongside a social behaviour change communication strategy that involved activities targeting mothers and pregnant and lactating women through different virtual tools (e.g. WhatsApp sessions).

- In **Yemen**, UNICEF provided a cash plus initiative that offered integrated social assistance services. UNICEF officers screened children for malnutrition and offered birth registration, educational and health services, alongside regular visits by social workers.

4. CONCLUSIONS AND RECOMMENDATIONS

In conclusion, Chapter 2 of this report clearly shows the immense efforts made by countries in the MENA region to contain the socio-economic effects of the current crisis and implement social protection in unprecedented conditions. Governments had to strike a balance between demand and supply factors, while at the same time making difficult decisions to save lives.

Nevertheless, the COVID-19 response also highlighted some **key gaps in MENA countries' social protection systems**, including limited system preparedness, a lack of integrated social protection registries and accurate and updated data, low programme coverage, and low and *ad hoc* benefits. As a result, many vulnerable households were left behind and, even if reached, did not receive the sustained support they needed.

This situation is often linked to limited resources and capacities, but also a lack of a clear policy framework, highlighting the need to strengthen important social protection system features, such as registries and coordination frameworks, as well as to identify and increase fiscal space for social protection and leverage humanitarian social protection funding.

More broadly, the crisis has highlighted some of the key weaknesses of the social protection systems in the region, including **high informality, limited social insurance coverage and a lack of lifecycle-based social protection coverage**. Addressing these key systemic gaps will not only help countries to ensure people's right to social protection in 'regular times' but also make them and their populations better prepared for and less vulnerable to future shocks.

Given the detrimental effects of the COVID-19 crisis on children's development and well-being, which will also have long-term consequences for the region's economies and societies, children's differentiated needs must be considered more thoroughly already in the design phase of both regular and emergency social protection programmes. Not only do programmes need to be **large enough to reach all children in need, but their benefits also need to be sufficient and regular to make a meaningful contribution for children**.

Moreover, given that poverty and vulnerability have multiple facets, responses can and should **create additional linkages to services** related to education, nutrition, health and child protection. Several positive examples are provided in Chapter 3 of the assessment. For all of them, **effective case management and a well-trained social service workforce** are key, highlighting the need for increased resources and capacity-strengthening.

Moreover, **grievance redress, monitoring and evaluation, and communication mechanisms** will need to be strengthened in the MENA region. International partners, including United Nations agencies, can support countries in this regard. The social protection responses to the COVID-19 crisis in MENA and elsewhere provide valuable lessons learned which should be incorporated into national social protection systems. (See also the series of Practitioners Notes prepared by the IPC-IG and UNICEF MENARO for good practices on inclusive shock-repsonisive social protection.)[68]

Other specific findings and recommendations to increase shock-responsiveness and child-sensitivity are presented in the following tables.

68. See: <https://www.ipcig.org/publications/search?keys=practitioners+note&field_author=&search_api_language=All&field_issue=&field_datepub_year=&field_thematic_area=All&field_type=All>.

Table 6. Type of instrument: Main findings and recommendations

	Type of instrument
Main findings	MENA countries had implemented **158 social protection responses to COVID-19 as of 31 March 2021.** **Most of them were social assistance measures** (77), compared to 62 labour market responses and 19 social insurance measures. The adoption of **subsidies** (e.g. food, fuel or public utility subsidies) was the most common in the region (24), followed by emergency cash transfers (22). Most responses consisted of **coverage expansions** by providing social assistance to previously uncovered individuals or households. These expansions occurred **mainly by introducing new interventions**, rather than horizontally expanding existing programmes.
Recommendations	Strengthen the **preparedness of existing social protection systems** to provide rapid and more durable support to households in need. Assess the **effectiveness of subsidies** as a response to shocks, as expanding other social assistance programmes (e.g. cash transfers) could have a greater impact on poor and vulnerable children and their families.

Table 7. Financing: Main findings and recommendations

	Financing
Main findings	MENA countries primarily relied on **state budgets (e.g. the state treasury, savings or debt), extra-budgetary funds and budget reallocations** to finance the social assistance responses. Contingency funds were not used. State-led ***Zakat* funds were also important**, contributing to financing almost 8 per cent of all emergency responses in the MENA region. They often played an important role, working in coordination with other government entities providing social protection during the COVID-19 crisis.
Recommendations	For future crises, establish **contingency funds, prepare standby funds secured from donors**, activate insurance mechanisms or access sovereign wealth funds, pension funds, *Zakat* funds etc. **Continue to identify fiscal space**, including through tax reforms to increase progressiveness and the tax mix, debt restructuring and management, subsidy reforms (where considered feasible), budget reallocation, extension of contributory social protection to informal workers, international financing and cooperation where necessary and use of foreign exchange reserves.

Table 8. Beneficiary identification: Main findings and recommendations

	Beneficiary identification
Main findings	**Twenty-one responses** in the MENA region used **open enrolment mechanisms** to identify beneficiaries, and **12** used **social registries or existing beneficiary databases**, demonstrating a gap in existing social protection systems related to the absence of social registries in some countries. In countries such as Egypt and Jordan, where social registries and management information systems are more developed, responses were much easier to plan and implement. To overcome the lack of social registries, countries explored new tools such as **new enrolment campaigns through digital platforms** (e.g. websites and SMS) through which potential beneficiaries could apply. While these mechanisms help to avoid crowding at physical locations and allow compliance with movement restrictions, they can exclude the most vulnerable, who do not have access to digital platforms.[69]
Recommendations	Build on newly developed **(digital) application channels** and leverage information collected and databases used during emergency responses for regular social protection programmes (complying with data protection standards). Set **up unified and integrated social protection registries and improve interoperationability** between databases to quickly identify families and individuals who need support. Continue improving the production of **timely and accurate information**, especially on the most vulnerable, such as children. Conduct **more active outreach** and enrolment to identify households/individuals without access to digital platforms. Incorporate **robust grievance redress mechanisms** into all social protection programming.

Table 9. Coordination: Main findings and recommendations

	Coordination
Main findings	The COVID-19 crisis demanded a high level of **coordination** between the actors involved in providing social protection responses, and several MENA countries responded to this demand **by creating new emergency coordination committees** (e.g. Egypt, Jordan, Morocco and Syria). The case of **Jordan** is especially noteworthy, given the existence of a disaster risk management strategy prior to the crisis, and coordination mechanisms not only with government institutions but also with humanitarian actors.
Recommendations	Embed shock-responsive social protection in **national social protection plans and/or strategies**. Evaluate the extent to which newly established **coordination committees** can be institutionalised to act in future crises. Prepare **disaster risk management policies** and implementation strategies to facilitate coordination when a crisis happens, including defining clear roles, responsibilities, and leadership among all actors, and establishing Memorandums of Understanding with key service providers, guidelines on emergency procedures, and continuity and contingency plans, among others. **Strengthen coordination, especially with disaster risk management agencies and humanitarian actors**, to provide assistance to people on the move and those in humanitarian settings.

69. In the case of Morocco, for instance, mobile units were made available to reach rural areas or particularly distant areas that do not necessarily have access to the digital means to receive the benefits.

Table 10. Coverage: Main findings and recommendations

	Coverage
Main findings	Assessments of 29 coverage expansions indicate that they reached **on average 15.4 per cent of the child population**, with 14 of them reaching fewer than 10 per cent. The gap between the number of children in need and those covered is particularly significant in countries with very high rates of child poverty (e.g. Sudan and Djibouti).
Recommendations	Consider further **expansions of regular social protection programmes**, to protect key vulnerable populations, including children and their families, as well as people with disabilities and older persons. Analyse the **feasibility of universal child benefits**, especially where rates of child poverty (monetary and multidimensional) are high.

Table 11. Adequacy: Main findings and recommendations

	Adequacy
Main findings	This assessment found that the monthly **benefit values provided by each scheme varied significantly**, even within the same country. They ranged from USD599 PPP per household per month for Jordan's expansion of the Monthly Cash Assistance programme, to a maximum benefit of USD60 PPP per household per month for 4 months for Iran's cash transfer for people with the lowest income. However, **most interventions were only one-off transfers at the beginning of the crisis**. For 17 programmes analysed, the assessment estimated the number of days that benefit values would **protect the individuals in beneficiary households against extreme poverty**. It showed that, on average, the programmes covered households for 59 days (2 months) against the USD3.20/day poverty line, and for 34 days against the USD5.50/day poverty line.
Recommendations	In times of crises, provide **higher and more regular benefits** to vulnerable families and individuals. Couple the provision of cash with an **integrated 'cash plus' approach** that links to relevant services. An increase in the number of appropriately trained social workers is critical here, particularly to strengthen linkages with child protection.

Table 12. Timeliness: Main findings and recommendations

	Timeliness
Main findings	**Coverage expansions** (25 measures considered) took on average **14 weeks**, while **vertical expansions** (11 measures considered) took **13 weeks** to be implemented after the first case of COVID-19 was reported in a country. This is **quicker than the global average**. While a great variety within and across countries can be observed here, examples of particularly rapid responses were found in Morocco and Jordan.
Recommendations	Improve the flexibility of mechanisms that allow the **reallocation of domestic financing**. Set up **unified and integrated social protection registries** where they do not exist, and improve existing ones where available. Build on **technological innovations** (such as e-wallets) for regular social protection programmes and future crises (without neglecting those without access to digital technologies/the internet).

Table 13. Humanitarian responses: Main findings and recommendations

	Humanitarian responses
Main findings	A total of **96 humanitarian measures** were mapped in **9 selected countries** that were already part of humanitarian response plans before the COVID-19 crisis. **Humanitarian social protection measures are not directly comparable with government measures**, as their coverage is usually smaller, and they are often implemented only in one specific location and usually target certain groups based on categorical vulnerabilities. Nevertheless, they were included in this assessment, as they play an important role in the delivery of social protection in the selected countries, especially to forcibly displaced populations. The **most common humanitarian intervention** in the region was **emergency in-kind transfers (55), followed by emergency cash transfers (26)**. The **United Nations framework and inter-agency coordination** mechanisms such as cash working groups were essential to promote coordination between the different humanitarian actors involved in social protection responses.
Recommendations	The international community should cooperate to **guarantee financial resources for humanitarian actors** promoting social protection responses, especially where more comprehensive social protection systems are not in place, and for disaster-affected populations. Duly evaluate newly established **coordination mechanisms** to be prepared for the next crisis.

Whereas Chapter 2 focused on all government social assistance repsonses, Chapter 3 analysed the **child-sensitivity** of a number of selected programme types (cash, in-kind and school feeding programmes) provided by both humanitarian actors and governments. Data on humanitarian social protection measures were scarce in general. One key recommendation that, therefore, emerges for international partners is to elaborate **more comprehensive inventories of their humanitarian social protection responses** in crisis situations. This will be key for coordination, but also for learning and evaluation purposes.

Table 14. Programmes targeting children: Main findings and recommendations

	Programmes targeting children
Main findings	**The most common child-sensitive feature observed was explicitly targeting children**, and emergency in-kind transfers were the most common instrument here (mainly due to humanitarian assistance). Responses usually targeted children living in poor or vulnerable households. Few responses targeted specific groups of children, such as children with disabilities, newborns or young children. Moreover, **forcibly displaced children remained excluded** from most government responses. **Only 8 out of 21 government emergency cash transfers created to respond to the pandemic had child-sensitive targeting mechanisms.** This can be explained by the fact that emergency cash transfers were mainly designed to protect informal workers affected by curfew measures. Having children in the household was not a necessary eligibility criterion, yet children might be indirect beneficiaries.
Recommendations	Ensure that emergency and regular social protection programmes **reach children with disabilities** and groups such as newborns, girls and young children. Analyse the **feasibility of opening national social protection systems to non-nationals**, especially forcibly displaced children. In the meantime, consider how to better coordinate activities with non-governmental actors to reach this target group.

In total, **145 responses (96 humanitarian and 49 government)** were analysed against a set of **six child-sensitivity criteria**: (i) programmes that **targeted children**; (ii) cash benefits for which the **benefit value increases with the number of children/family members** in the household; (iii) responses designed to increase children's access to and/or continuation of **education**; (iv) responses that provided food items to families/children to ensure their **food security**; (v) programmes that provided **WASH or health** services and benefits to families/children; and (vi) programmes that supported children's access to **child protection** services.

Of the **145 cash, in-kind and school feeding responses, 109 (74 per cent) were considered child-sensitive**: 25 per cent of the responses mapped had no child-sensitive features, 35 per cent presented one feature, and 31 per cent presented two features. Only a few measures had three or more child-sensitive features. Responses supporting children's access to child protection services were the least common type of intervention found (only three measures). The main findings of this chapter are summarised below.

Table 15. Cash benefits increase with the number of household members/children: Main findings and recommendations

	**Cash benefits increase with the number of household members/children**
Main findings	**A total of 17 cash benefits** (around 25 per cent of all responses, including both regular and emergency responses) adopted design features that allow the **benefit levels to increase with the number of children/family members** in the household. **Emergency programmes** created to provide income support during the pandemic represent a significant proportion of these interventions. However, only around a quarter (11 out of 47) of the emergency cash transfer programmes implemented by government and humanitarian actors in the region increased the value of the benefit according to household size.
Recommendations	Consider adopting **flexible payment structures** for emergency programmes, basing benefit levels on the number of children/family members in the household.

Table 16. Supporting children's access to nutrition: Main findings and recommendations

	**Supporting children's access to nutrition**
Main findings	A total of **48 responses promoted access to food and nutrition security** for families during the pandemic, **mainly through emergency in-kind transfers** (e.g. food baskets, food vouchers, SFPs). These transfers were generally **one-off distributions** and not structured programmes capable of providing regular support. Most of them (34) were provided by **humanitarian actors**, which often reported difficulties in reaching communities due to movement restrictions and funding limitations, hindering their capacity to guarantee food security for families in the long term.
Recommendations	Plan programmes capable of **supporting regular access to safe and nutritious food** for children and their families. **Strengthen SFPs** and guarantee funds for humanitarian actors (especially important in fragile States).

Table 17. Supporting children's access to health/WASH: Main findings and recommendations

	**Supporting children's access to health/WASH**
Main findings	**Emergency ad hoc distributions,** such as of soap or hand sanitisers, **were the most common kind of intervention** among the 34 responses promoting access to health and WASH benefits/services for families and children. Only four governments (Djibouti, Egypt, Jordan and Syria) adopted social protection responses promoting access to health and WASH services. Most of them expanded **conditional cash transfers** which include health conditionalities.
Recommendations	Increase **families' access to WASH services,** including through **comprehensive cash plus programmes**.

Table 18. Supporting children's access to education: Main findings and recommendations

	**Supporting children's access to education**
Main findings	A total of **22 social protection measures** supporting children's access to education were mapped in 13 countries. **Emergency in-kind transfers** led by humanitarian actors were the most common intervention identified. In the context of schools reopening, MENA countries have an opportunity to build back better and support poor children's access to education by creating and scaling up programmes that support children's access to education and incentivise their return to school, as done in Tunisia's exceptional Cash Transfer to Children.
Recommendations	**Create and scale up programmes that incentivise children's return to school and continued attendance.** Particular attention should be paid to **girls out of school**.

Table 19. Supporting children's access to child protection services: Main findings and recommendations

	**Supporting children's access to child protection services**
Main findings	**Only three responses explored the potential of linking social protection and child protection services,** and all were humanitarian responses. In many countries, child protection services may have been interrupted during the pandemic. This also reveals a lack of linkage between social and child protection in the region. A lack of available information and a limited network of social workers in some countries are also possible reasons for the lack of responses under this criterion.
Recommendations	Consider **social welfare services as essential work**, and continue their provision even during lockdowns, while guaranteeing safe working conditions for service providers. Improve the **linkages between social protection policies and child protection services** (e.g. social services and family outreach), to help create safe environments for children's development. Increase the provision of **gender-sensitive social protection and GBV services** to guarantee the well-being of girls and women and more equal societies.

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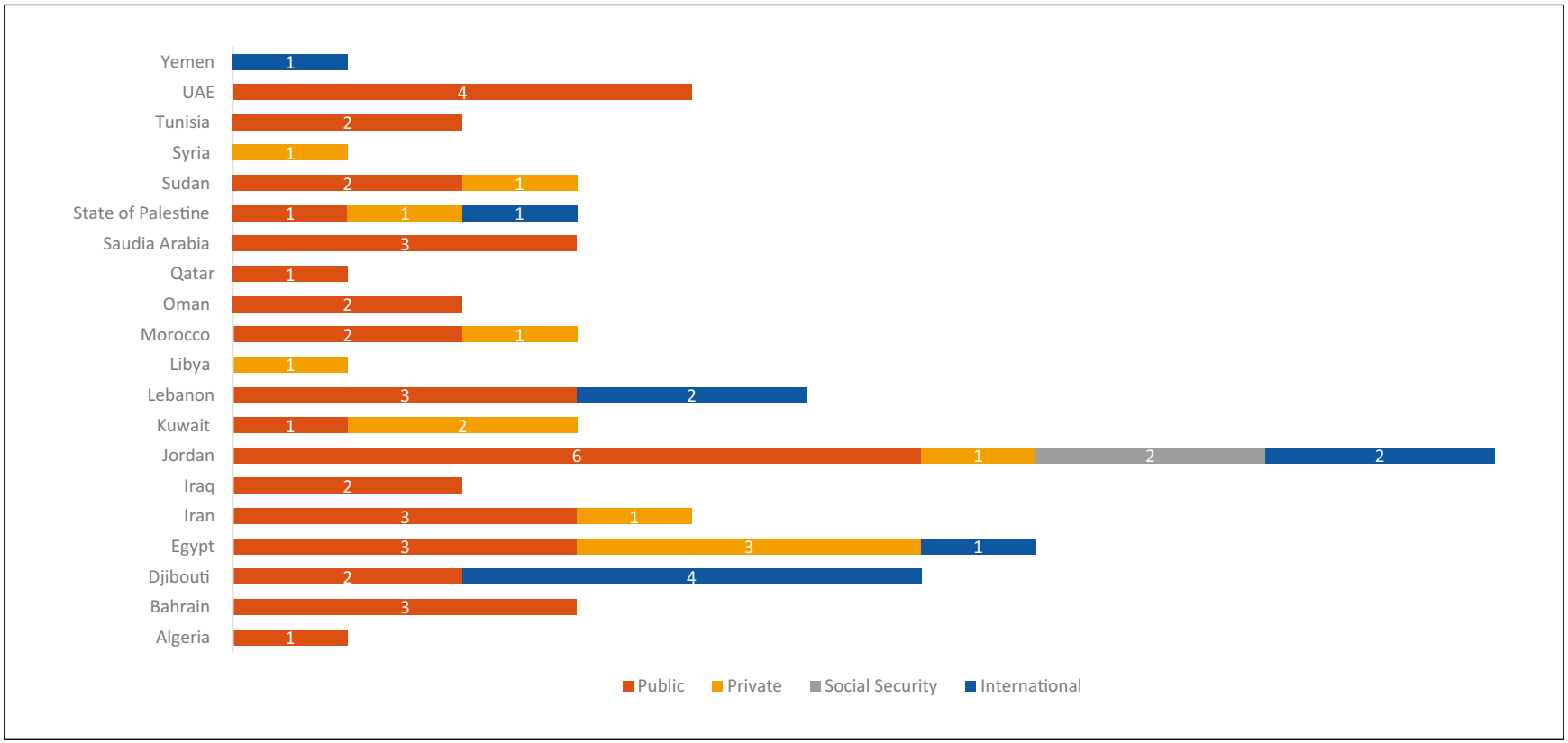
ANNEXES

Annex 1. Financing sources by country for social assistance measures



Source: Authors' elaboration based on IPC-IG (2021).

Annex 2. Child population and poverty estimates in MENA

Country	Total population (2019)	Population under 18 (2019)	Children as a percentage of the population (2019)	Percentage of children in monetary ($1.90) (2017)	Percentage of children in monetary (USD3.20) (2017)	Percentage of children in monetary poverty (USD5.50) (2017)	Percentage of children in multidimensional poverty (2017)
Algeria	43,053,054	14,416,333	33.5	NA	NA	NA	29.0
Bahrain	1,641,172	353,200	21.5	NA	NA	NA	NA
Djibouti	973,560	338,400	34.8	21.9	46.7	78.1	NA
Egypt	100,388,073	38,430,438	38.3	5.8	39.4	84.0	29.5
Jordan	10,101,694	4,030,830	39.9	0.4	4.4	31.8	10.5*
Iran	82,913,906	23,294,447	28.1	0.6	4.7	18.7	NA
Iraq	39,309,783	17,211,045	43.8	2.2	18.5	59.7	47.0
Kuwait	4,207,083	1,022,141	24.3	NA	NA	NA	NA
Lebanon	6,855,713	2,148,897	31.3	0.0	0.2	2.9	NA
Libya	6,777,452	2,222,512	32.8	NA	NA	NA	NA
Morocco	36,471,769	11,580,683	31.7	1.0	7.9	33.2	45.0
Oman	4,974,986	1,207,022	24.3	NA	NA	NA	NA
Qatar	2,832,067	440,400	15.5	NA	NA	NA	NA
Saudi Arabia	34,268,528	9,801,240	28.6	NA	NA	NA	NA
SoP	4,685,306	2,201,652	47.0	NA	NA	NA	NA
Sudan	42,813,238	19,757,691	46.1	9.9	32.1	66.3	83.0
Syria	17,070,135	6,272,940	36.7	1.6	15.5	50.8	NA
Tunisia	11,694,719	3,266,099	27.9	0.5	4.9	23.5	22.0*
UAE	9,770,529	1,633,125	16.7	NA	NA	NA	NA
Yemen	29,161,922	13,183,286	45.2	55.6	84.2	95.3	76.0

Notes: Monetary poverty estimates are based on the poverty line in 2011 US dollars PPP. Multidimensional poverty estimates are not directly comparable, as they might use country-specific indicators. *Data are from 2018 for Jordan and 2012 for Tunisia. NA = Not available.

Sources: Total population: World Bank (2021b). Population under 18: UNDESA (2019). Percentage of children in monetary poverty: Silwal et al. (2020), based on Global Monitoring Database and PovcalNet. Percentage of children in multidimensional poverty: UNICEF (2020).

Annex 3. Summary of mapped responses per country

Legend for child-sensitive criteria

	Responses targeting children
	Responses whose benefits are paid per child or whose benefit structure increases with the number of household members/children
	Responses supporting children's access to education
	Responses supporting children's access to health/WASH
	Responses supporting children's access to nutrition
	Responses supporting children's access to child protection

Note: CT= cash transfer; IK = in-kind transfer; SFP = school feeding programme; CE = coverage expansion; VE = vertical expansion; IC = implementation/delivery change; NA = Not applicable; TBV = to be verified

Country	Name of measure	Type of measure	Hum/ Gov	Implementing agency	Brief description	Targeting/selection process	Coverage	Time-frame	Child-sensitivity (as per study criteria)	Sources
Algeria	Solidarity Allowance	CT	Gov	Algérie Poste (payment) and local *Wilayas*	IC: Poor and vulnerable households received a cash transfer of DZD10,000 for Ramadan instead of the traditional in-kind food basket.	Local authorities identified the needy families, via electronic forms duly filled in and which attest to their need	TBV	April 2020	NA	Source 1
Algeria	Elderly people's non-contributory pensions	CT	Gov	TBV	IC: To reduce risk of exposure for elderly people, a proxy letter could be delivered to another person to receive social pensions/benefits in place of the beneficiary	Beneficiaries of social pensions	TBV	TBV	NA	Source 1 Source 2
Algeria	Ramadan Solidarity	CT	Gov	Algérie Poste (payment) and local *Wilayas*	HE and VE: Poor and vulnerable households received a cash transfer of DZD10,000 for Ramadan instead of the traditional in-kind food basket or a DZD6,000 transfer	Vulnerable households	1,727,267 individuals	April 2020	NA	Source 1 Source 2 Source 3
Bahrain	Disability Allowance	CT	Gov	Ministry of Social Development and Labour	VE: A one-time doubling of the value of cash assistance (BHD200 instead of BHD100) provided to existing beneficiaries of the Ministry of Labour and Social Affairs disability allowance.	The allowance was provided to Bahraini citizens, or non-Bahraini citizens whose mothers are Bahraini. The severity of their disability is measured by specific guidelines to determine eligibility.	12,000 beneficiaries	15 April 2020; announced on 8 April 2020	NA	Source 1 Source 2 Source 3
Bahrain	Social Security Assistance	CT	Gov	Ministry of Social Development and Labour	VE:- A one-time doubling of the value of assistance provided to existing beneficiaries of the Ministry of Labour and Social Affairs who receive subsidised utility bills.	Existing beneficiaries of the Ministry of Labour and Social Affairs. The Ministry offers Social Security Assistance for Families with no Income to households with no sources of income, including widows, divorced women, families of prisoners, those unable to work, unmarried daughters, and orphans.	16,588 families (2021), with 12,095 of them eligible for reduced electricity and water bills	TBV		Source 1 Source 2 Source 3
Djibouti	Voucher for vulnerable families	CT	Gov	Ministry of Social Affairs and Solidarity alongside WFP	CE: Vulnerable families in the social registry, day labourers unable to work due to COVID-19 and refugee households receive vouchers for FDJ10,000 valid for 2 months.	Active biometric registration to include refugee families in the social registry, which was used to select refugee and vulnerable beneficiary families. Day labourers (not in the registry) were difficult to reach.	11,200 families (10,000 vulnerable families and 200 refugees)	30 April 2020; announced on the same day	NA	Source 1 Source 2 Source 3

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Country	Name of measure	Type of measure	Hum/ Gov	Implementing agency	Brief description	Targeting/selection process	Coverage	Time-frame	Child-sensitivity (as per study criteria)	Sources
Djibouti	Household food security response to COVID-19	In-kind	Gov	Ministry of Social Affairs and Solidarity	VE: As a response to the COVID-19 crisis, the World Bank and the Ministry of Social Affairs and Solidarity collaborated to provide food vouchers to vulnerable families already receiving cash transfers.	Families benefiting from the Integrated Cash Transfer and Human Capital project	154,000 families	The project was restructured on 8 May 2020 to reallocate USD5 million to a new component: 'Household food security response to COVID-19'		Source 1 Source 2
Djibouti	*Programme National de Solidarité Famille*	CT	Gov	Ministry of Social Affairs and Solidarity	CE: The World Bank provided additional funding to extend the coverage of the CCT *Programme National de Solidarité Famille*, in the amount of DJF30,000 for interior regions and DJF24,000 for Djibouti-ville, for an additional 2,500 households in urban areas, on a quarterly basis.	In regular times, beneficiary households (poor and vulnerable, with a household member with a disability, an elderly person, a child under 5, an orphan or a vulnerable person) must be in the social registry. Now, households in urban areas will also be eligible to receive it.	2,500 households	TBV		Source 1 Source 2
Egypt	Top-up for rural women community leaders	CT	Gov	Ministry of Social Solidarity	VE: The Ministry of Social Solidarity increased payments to women community leaders who support *Takaful* and *Karama* implementation in rural areas from EGP350 to EGP900 per month.	Beneficiaries (women community leaders) received the top-up. They are the women in each rural village responsible for mobilising community members to participate in awareness-raising activities for the *Takaful* and *Karama* programmes, and operationalising the programmes at local level.	TBV	TBV	NA	Source 1 Source 2 Source 3 Source 4 Source 5 Source 6

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Country	Name of measure	Type of measure	Hum/ Gov	Implementing agency	Brief description	Targeting/selection process	Coverage	Time-frame	Child-sensitivity (as per study criteria)	Sources
Egypt	*Takaful* and *Karama*	CT	Gov	Ministry of Social Solidarity	CE, VE and IC: Top-up (EGP100) and expanded coverage of national unconditional (*Karama*) and conditional (*Takaful*) monthly cash transfer programmes	Inclusion of beneficiaries on the waiting lists for *Takaful* (poor households with children, students over 18, and elderly women with no income) and *Karama* (elderly people, persons with disabilities and orphans). No application needed.	560,000 households included through HE (August 2020). 409,000 households receiving top-up (October 2020).	HE implemented on 15 April 2020; announced on 21 March 2020. VE announced and implemented on 21 March 2020		Source 1 Source 2 Source 3 Source 4 Source 5 Source 6 Source 7 Source 8 Source 9 Source 10 Source 11 Source 12 Source 13 Source 14 Source 15 Source 16 Source 17 Source 18
Egypt	Salary for informal workers from the House of Zakat	CT	Gov	House of Zakat	CE: Monthly cash assistance of EGP500 for 6 months financed by the House of Zakat and the government for informal workers who did not benefit from the Grant for Informal Workers.	Informal workers not receiving financial assistance, a pension or *Takaful* or *Karama* benefits and recognised by the National Organisation for Social Insurance must register through an online portal for the Al-Azhar.	30,000 workers	Started on 30 April 2020 and lasted 6 months (October 2020). Announced on 1 April 2020	NA	Source 1 Source 2
Egypt	Exceptional Assistance of EGP450–500 for 3 months	CT and IK	Gov	Ministry of Social Solidarity	CE: Emergency cash monthly assistance (EGP450–500) and in-kind benefits provided to vulnerable categories (elderly people, persons with disabilities and female-headed households) by the Ministry of Social Solidarity for a period of 3 months	Vulnerable people registered in the Ministry of Social Solidarity Social Registry, with priority given to elderly people, orphans, persons with disabilities and female-headed households, are selected from it. No application needed.	478,000 households	Announced on 20 April 2020		Source 1 Source 2 Source 3

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Country	Name of measure	Type of measure	Hum/ Gov	Implementing agency	Brief description	Targeting/selection process	Coverage	Time-frame	Child-sensitivity (as per study criteria)	Sources
Egypt	University scholarships for children of *Takaful* and *Karama* beneficiaries	CT and IK	Gov	Ministry of Social Solidarity	CE: University scholarships for exceptional children from conditional (*Takaful*) and unconditional (*Karama*) beneficiary households	*Takaful* and *Karama* beneficiary households' children with exceptional grades will receive university scholarships to reduce extra strain caused by COVID-19. No application needed.	6,309 students (6,204 from *Takaful* and 105 from *Karama*)	4 October 2020		Source 1 Source 2
Egypt	Vertical expansion for monthly beneficiaries from the House of Zakat	CT	Gov	House of Zakat	VE: Doubling of cash assistance for a month for beneficiaries of monthly assistance from the House of Zakat	Beneficiaries include poor people, orphans, elderly people, students in need and stranded travelers.	93,000 households	31 October 2020; announced on 14 October 2020		Source 1 Source 2
Egypt	In-kind assistance to pregnant and lactating women, and those with children under 2 years	IK	Gov	Ministry of Social Solidarity and NGOs	CE: One-off provision of in-kind assistance to reduce the effects of food insecurity caused by COVID-19	In-kind assistance distributed by the Ministry of Social Solidarity in collaboration with charities to pregnant and lactating mothers and households with children under 2 years	3,800,000 households (December 2020)	TBV		Source 1
Egypt	First 1,000 Days of Life programme	CT	Gov	Ministry of Social Solidarity and WFP	VE: Monthly top-up of EGP200 for *Takaful* beneficiaries with children below 2 and pregnant or lactating women	Lactating or pregnant women with fewer than two children under 2 years old, who are beneficiaries of *Takaful*, can apply by approaching their local Ministry of Social Solidarity office.	41,000 households (February 2021)	Announced on 18 August 2020		Source 1 Source 2 Source 3 Source 4 Source 5 Source 6
Iran	Cash transfers for low-income families	CT	Gov	NA	CE: Monthly and one-off cash transfers (total of IRR6 million) provided for 4 months to families with no permanent income who are not covered by pensions/insurance or any other social assistance	No registration needed: the government identified 3 million people with the lowest income who did not have any income, were not pensioners and were not payers into any insurance fund.	3,000,000 individuals	Started on 26 March 2020 and lasted for 4 months (July 2020). Announced on 18 March 2020		Source 1 Source 2 Source 3 Source 4 Source 5 Source 6 Source 7

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Country	Name of measure	Type of measure	Hum/ Gov	Implementing agency	Brief description	Targeting/selection process	Coverage	Time-frame	Child-sensitivity (as per study criteria)	Sources
Iran	Cash transfer	CT	Gov	State Welfare Organization and Imam Khomeini Relief Fund	CE: Unconditional cash transfer for households with low or non-fixed income, under the coverage of the Imam Khomeini Relief Fund and the State Welfare Organization	Households with low or non-fixed income	40,000,000 individuals	Announced on 21 November 2020	NA	Source 1
Iran	Procurement of infection and prevention control supplies	IK	Hum	UNICEF and State Welfare Organization of Iran	CE: UNICEF procured infection and prevention control supplies, such as hand and surface disinfectant liquids, sanitiser gels, soap, masks, gloves, diapers, temperature guns and pulse oximeters for children in alternative care and with disabilities throughout the country, in partnership with the State Welfare Organization.	Vulnerable children, including children with disabilities	15,600 children (11,556 in alternative care and 4,044 with disabilities) (December 2020)	TBV		Source 1
Iran	Protection of children and mothers in prison	IK	Hum	UNICEF and the Prisons' Organisation	CE: UNICEF protected children and mothers in prison through the procurement and distribution of diapers, latex gloves, masks, temperature guns and pulse oximeters.	Children and adolescents in juvenile correction and rehabilitation centres, and incarcerated mothers and their infants in women's prisons	1,305 mothers and children (December 2020)	TBV		Source 1
Iran	Take-home rations	SFP	Hum	WFP	IC: Due to nationwide school closures, WFP distributed take-home rations for children and teachers.	The SFP was converted into take-home rations (totalling 26.5 tons, including UHT milk, biscuits, date bars and seed kernels).	7,500 individuals (7,000 children and 500 teachers) (June 2020)	From mid-April to June 2020		Source 1 Source 2
Iran	Procurement of nano masks for refugees	IK	Hum	WFP	CE: WFP procured nano masks (in small and large sizes for children and adults) produced by the Sarvestan tailoring workshop. The reusable masks were distributed as one-off benefits to refugees inside settlements, settlement authorities, and provincial and central staff of the Bureau for Aliens and Foreign Immigrants Affairs.	Refugees inside settlements, settlement authorities, and provincial and central staff of the Bureau for Aliens and Foreign Immigrants Affairs	TBV	TBV		Source 1

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Country	Name of measure	Type of measure	Hum/ Gov	Implementing agency	Brief description	Targeting/selection process	Coverage	Time-frame	Child-sensitivity (as per study criteria)	Sources
Iran	Provision of hand sanitisers and liquid and gel sanitisers for people living and/or working on the street and also for children with disabilities and children diagnosed with cancer	IK	Hum	UNICEF and Ministry of Cooperatives, Labor and Social Welfare	CE: In partnership with the Ministry of Cooperatives, Labor and Social Welfare, UNICEF procured hand sanitisers and liquid and gel sanitisers as a one-off benefit for about 4,500 people who either live and/or work on the street, 20 per cent of them being Afghan children, in 9 cities, and for 6,000 children with disabilities and 600 children diagnosed with cancer, in 31 cities.	People living and/or woking on the street, children with disabilities and children diagnosed with cancer	11,100 individuals, including 4,500 who live and/ or work on the street, 6,000 children with disabilities and 600 children diagnosed with cancer (December 2020)	TBV		Source 1
Iran	Delivery of complementary foods for children of incarcerated mothers [1]	CT	Hum	UNICEF Iran and the Tehran Chamber of Commerce	CE: Through UNICEF Iran advocacy with the Tehran Chamber of Commerce, 26,518 packages of complementary foods for 200 children of incarcerated mothers for 100 days were delivered to the Society for the Protection of Prisoners in October 2020.	Children of incarcerated mothers	200 children (December 2020)	TBV		Source 1
Iran	Procurement of recreational packages and infection and prevention control items for children	IK	Hum	UNICEF	CE: UNICEF procured recreational packages containing toys (games, puzzles, educational and interactive games etc.) for 17,107 children in family- based foster care settings to support their emotional well-being and reduce negative mental health consequences of COVID-19. The package (distributed as a one-off benefit) also included infection and prevention control items to promote hygiene practices and prevent transmission of the virus.	Children in family- based foster care settings	17,107 children (December 2020)	TBV		Source 1

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Country	Name of measure	Type of measure	Hum/ Gov	Implementing agency	Brief description	Targeting/selection process	Coverage	Time-frame	Child-sensitivity (as per study criteria)	Sources
Iran	Support for vulnerable children and their households in the provinces most affected by COVID-19	CT and IK	Hum	UNICEF	CE: The scalable model supported a minimum of 42,000 households with approximately 84,000 children, who are in the three lowest income groups with children under the age of 18 in four pilot cities to benefit from expanded social protection through conditional social cash transfers and/ or in-kind assistance.	Children (under 18) in the following pilot cities: Khoramshahr, Harsin, Baharestan and Bashagard	84,000 children in 42,000 households	TBV		Source 1
Iran	Multi-purpose cash	CT	Hum	UNHCR	CE: As of the end of September 2020, 1,400 households (6,551 individuals) received a one-off multi-purpose cash benefit from UNHCR, out of a total of 1,900 refugee households (9,500 individuals) who would benefit from multi-purpose cash support from UNHCR in 2020.	Refugee households	9,500 individuals (1,90 0 refugee households)	TBV	NA	Source 1
Iran	One-off cash transfer to extremely vulnerable refugee households	CT	Hum	UNHCR	CE: UNHCR provided a one-off cash transfer (USD300) to extremely vulnerable refugee households with a family member who had contracted COVID-19 or was at risk due to COVID-19, or who had suffered immediate income loss, combined with having specific protection vulnerabilities, to help them cover basic needs for up to 3 months.	Refugee households, provided that they were extremely vulnerable, a member had contracted COVID-19 or was at risk due to the disease, or they had suffered immediate income loss combined with specific protection vulnerabilities	Around 9,000	Announced on 1 July 2020	NA	Source 1 Source 2

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Country	Name of measure	Type of measure	Hum/ Gov	Implementing agency	Brief description	Targeting/selection process	Coverage	Time-frame	Child-sensitivity (as per study criteria)	Sources
Iraq	Social Safety Net	CT	Gov	Ministry of Labour and Social Affairs	VE and IC: Inclusion of new beneficiaries (poor households working in the informal economy, those who lost their jobs, IDPs, large households with children) in the country's main monthly cash assistance programme (announced but not implemented as of January 2022) and providing a one-off top-up of IQD75,000 for certain existing beneficiaries	In a first round, households registered in the database of the social safety net since 2018 but below the poverty cut-off were selected (no application needed). In a second round, registration was available through phone/WhatsApp and swift cross-checking with relevant authorities.	600,000 households (July 2020)	Implemented on 21 April 2020; announced on 1 April 2020		Source 1 (Personal communication with UNICEF country office) Source 2 Source 3 Source 4 Source 5 Source 6 Source 7 Source 8 Source 9 Source 10 Source 11 Source 12 Source 13
Iraq	Emergency Grant	CT	Gov	The Supreme Committee for Health and National Safety acts as the coordinator, with the Ministry of Labour and the Ministry of Planning taking the lead, in addition to other government entities.	CE: Emergency cash assistance delivered for a period of 2 months through mobile wallets for workers without any wages, and unemployed previous private sector workers registered in the unemployment registry	Registration takes place on a website: <www.minha.iq>. Beneficiaries need valid documents to register (such as an ID card and a ration card). No family member in the family registering should have a government job or any sort of income from the government. [6]	11,580,000 workers	Announced and implemented on 3 April 2020	NA	Source 1 Source 2 Source 3 Source 4 Source 5 Source 6 Source 7 Source 8 Source 9 Source 10 Source 11 Source 12 Source 13 Source 14
Iraq	Distribution of hygiene kits	IK	Hum	UNICEF	CE: UNICEF distributed hygiene kits to vulnerable households in camps.	Vulnerable households in camps and informal settlements, and refugees and IDPs in refugee camps received hygiene kits that were distributed to them at the camps.	216,838 beneficiaries	TBV		Source 1 (SitRep) Source 2

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Country	Name of measure	Type of measure	Hum/ Gov	Implementing agency	Brief description	Targeting/selection process	Coverage	Time-frame	Child-sensitivity (as per study criteria)	Sources
Iraq	Distribution of learning materials	IK	Hum	UNICEF	CE: UNICEF reached children with the provision of stationery and supplementary learning materials in certain regions. UNICEF and implementing partners provided blended learning and home schooling to IDP children in camp settings.	IDP children in camp settings received learning materials from UNICEF, as well as blended learning and home schooling directly at the camps.	107,159 children	TBV		Source 1
Iraq	In-kind and cash-based assistance	CT and IK	Hum	WFP	CE: WFP delivered one-time in-kind and predominantly cash-based assistance, including to refugees and IDPs who required support due to the COVID-19 pandemic.	Refugees and IDPs were among the additional beneficiaries for support due to the COVID-19 pandemic, delivered by WFP. [1]	28,000 individuals (26,000 refugees and 2,000 IDPs) [1]	TBV		Source 1 Source 2
Iraq	Food for assets and urban livelihoods	CT and IK	Hum	WFP	CE: One-off cash and food assistance for IDPs, refugees, school children, returnees, and people from vulnerable communities	IDPs, refugees, school children and returnees	255,000 school children (January 2021)	TBV		Source 1
Iraq	Cash assistance	CT	Hum	UNHCR	CE: UNHCR distributed a one-off cash transfer to displaced families.	Displaced families	565,500 individuals (December 2020)	TBV	NA	Source 1
Iraq	Distribution of hygiene items	IK	Hum	UNHCR	CE: UNHCR distributed sanitary kits, including hygiene and sanitary items, to women and girls of reproductive age living in IDP and refugee camps.	Women and girls of reproductive age living in IDP and refugee camps	77,780 families (December 2020)	TBV		Source 1
Iraq	Distribution of emergency food items	IK	Hum	WFP	CE: WFP helped returnees in Sinjar by distributing emergency food items, while also implementing a livelihoods/ resilience project there.	Returnees in Sinjar	28,000 returnees (October 2020)			Source 1
Iraq	Cash assistance to vulnerable migrants	CT	Hum	IOM	CE: IOM provided migrants in Iraq who had lost their income due to the COVID-19 pandemic with cash assistance to enable them to meet essential needs.	TBV	TBV	TBV	NA	Source 1
Jordan	Food coupons	IK	Gov	Social Development Ministry	CE: In February 2021, the Social Development Ministry distributed food coupons to 30,000 underprivileged beneficiary families nationwide, with a value of JD100 for each coupon.	The Ministry used its databases to identify the most vulnerable families.	30,000 households			Source 1 Source 2

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Country	Name of measure	Type of measure	Hum/ Gov	Implementing agency	Brief description	Targeting/selection process	Coverage	Time-frame	Child-sensitivity (as per study criteria)	Sources
Jordan	*Takaful 1* cash transfer programme	CT	Gov	National Aid Fund	CE, VE and IC: A quarterly conditional cash transfer programme (of between JOD50 and JOD136) for vulnerable households that was expanded to include new beneficiaries	Those who did not register for *Takaful* or the BSC programme registered through the *Takaful* online platform. Those unable to enrol online were assisted by a call centre.	45,000 households	HE announced on 30 May 2020		Source 1 Source 2 Source 3 Source 4 Source 5 Source 6 Source 7 Source 8
Jordan	Bread Subsidy Cash Compensation Programme	CT	Gov	National Aid Fund	CE: Yearly cash compensation of JOD27 per person provided to 70–80 per cent of the population following the removal of the bread subsidy.	Applications were made through an online platform, including children of non-Jordanian men and Gazans. The selection was made according to the criteria and data on the unified national registry at the NAF. [1]	1,100,000 households (November 2020)	25 April 2020; announced on 3 March 2020		Source 1 Source 2 Source 3 Source 4 Source 5 Source 6
Jordan	*Takaful 2* social protection programme to support daily wage workers	CT	Gov	National Aid Fund	CE: A three-month emergency cash transfer programme targeting informal workers, providing a monthly benefit of JOD50–136, depending on household size	Families not previously benefiting from the NAF registered for the temporary cash transfer programme through the online application portal for the *Takaful/Tamkeen* programme.	250,000 households	Started on 24 April 2020 and lasted for 3 months (July 2020). Announced on 16 April 2020		Source 1 Source 2 Source 3 Source 4 Source 5 Source 6 Source 7 Source 8
Jordan	Free bread for NAF beneficiaries	IK	Gov	National Aid Fund	CE: Bread was delivered once to existing beneficiaries of the recurrent cash assistance programme within the NAF, during the first week of the full lockdown, when all stores were closed and people were not allowed to leave their homes.	Beneficiaries of the NAF's recurrent cash assistance (poor and vulnerable households, such as elderly people, persons with disabilities or unable to work, orphans, and women without a breadwinner). No application needed.	105,000 beneficiaries	24 March 2020; announced on 23 March 2020		Source 1 Source 2 Source 3 Source 4

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Country	Name of measure	Type of measure	Hum/ Gov	Implementing agency	Brief description	Targeting/selection process	Coverage	Time-frame	Child-sensitivity (as per study criteria)	Sources
Jordan	In-kind support (food parcels/ food vouchers) from the Social Security Corporation	IK	Gov	Social Security Cooperation	CE: One-off in-kind assistance and food vouchers, valued at JOD40–50, provided by the Social Security Corporation to pensioners and their inheritors who received pensions lower than certain thresholds, as well as informal workers.	Vulnerable households with elderly family members, casual workers or pensioners registered on an online platform. Registries were checked using data from the unified national registry at the NAF.	113,000 households	29 March 2020; announced on 24 March 2020		Source 1 Source 2 Source 3 Source 4 Source 5
Jordan	Monthly Cash Assistance Programme	CT	Gov	National Aid Fund	IC and CE: Increase in the number of beneficiaries of the monthly conditional cash transfer programme provided by the NAF, in the amount of JOD50–200, depending on household size. Also, beneficiaries whose benefit cards had expired continued to receive the conditional cash transfer during the month of May 2020.	Households could apply in person at NAF offices or online, and beneficiaries were selected through the National Unified Registry and waiting lists.	10,625 households	TBV		Source 1 Source 2 Source 3 Source 4 Source 5 Source 6 Source 7
Jordan	*Takaful 3* temporary cash assistance programme	CT	Gov	National Aid Fund	CE: Temporary bimonthly cash assistance of JOD50–136 for Jordanian households with an unemployed breadwinner or daily wage worker whose work has stopped or has been negatively affected.	Applicants registered through a website, and a social worker then scheduled a virtual meeting to verify eligibility. Priority was given to female-headed households, large households, and households in rural areas and poverty pockets.	100,000 households (March 2021)	21 February 2021 (ongoing). Announced on 3 December 2020		Source 1 Source 2 Source 3 Source 4 Source 5 Source 6
Jordan	Supporting distance learning for vulnerable children without internet access	IK	Hum	UNICEF	CE: UNICEF supported distance learning for vulnerable children without internet access through the one-time provision of printed materials for children in grades 1–6 (Arabic and Maths) in camps.	Children in grades 1–6 living in camps	12,000 children (September 2020)	TBV		Source 1
Jordan	Providing tablets, computers and data packages for e-learning	IK	Hum	UNICEF	CE: UNICEF Jordan supported its beneficiaries through one-time provision of data packages, as well as tablets, to enhance their access to and meaningful participation in e-learning.	Youth, refugee children living in camps and children with disabilities	1,508 individuals	TBV		Source 1 Source 2

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Country	Name of measure	Type of measure	Hum/ Gov	Implementing agency	Brief description	Targeting/selection process	Coverage	Time-frame	Child-sensitivity (as per study criteria)	Sources
Jordan	*Hajati* programme	CT	Hum	UNICEF	CE: New vulnerable households were added to the *Hajati* monthly cash transfer programme, which provides JOD20 per child.	The poorest and most vulnerable children, irrespective of their nationality or legal status	18,208 children (December 2020)	Started in March 2020 and lasted for 9 months until December 2020		Source 1 Source 2 Source 3 Source 4
Jordan	Basic needs COVID-19 emergency cash response led by UNHCR	CT	Hum	UNHCR coordinated with the Basic Needs Working Group	CE: New, exceptional one-off support of JOD93–164 to help refugee families to cope with the consequences of COVID-19	It assisted new populations, including families who had lost their income due to the pandemic and who were not receiving other assistance. The organisations contributing to it followed the jointly developed standards that harmonised the targeting criteria.	235,951 individuals	TBV	NA	Source 1 Source 2 Source 3 Source 4
Jordan	UNHCR monthly cash assistance	CT	Hum	UNHCR and partners	IC: UNHCR implemented a series of implementation changes to its pre-existing monthly cash assistance programme.	The Central Bank of Jordan released online mobile money registration for Jordanians and foreigners with Ministry of Interior cards. UNHCR encouraged beneficiaries to subscribe for Wallets.	33,000 families	April 2020	NA	Source 1 Source 2 Source 3
Jordan	General Food Assistance programme	IK	Hum	WFP and partners	CE and IC: WFP included additional refugees in its monthly General Food Assistance programme of JOD15–23 to help households mitigate the economic impact of the pandemic.	WFP expanded its assistance to cover an additional caseload of refugees based on stringent vulnerability targeting, given their increasing vulnerability.	15,730 refugees	IC started in April 2020.		Source 1 Source 2
Jordan	Home deliveries of supplies of medications	IK	Hum	UNRWA	IC: Home deliveries of supplies of medications	The electronic health (e-Health) information system that UNRWA built in house has proven critical in facilitating deliveries for elderly patients and patients with non-communicable diseases.	75,145 patients (May 2020)	TBV	NA	Source 1 Source 2
Jordan	Cash distribution for ex-Gazans in Jerash camp	CT	Hum	UNRWA	CE: UNRWA distributed a one-off cash benefit to ex-Gazans in Jerash camp.	Vulnerable ex-Gazan families (refugees from the 1967 war) living in Jerash camp	5,432 households	Started in May 2020; announced in March 2020		Source 1 Source 2 Source 3

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Country	Name of measure	Type of measure	Hum/ Gov	Implementing agency	Brief description	Targeting/selection process	Coverage	Time-frame	Child-sensitivity (as per study criteria)	Sources
Jordan	Social Safety Net Programme	CT	Hum	UNRWA	VE: UNRWA provided a one-off additional JOD182 to beneficiary families enrolled in the Social Safety Net Programme.	Social workers were assigned to examine the eligibility of refugees, conduct ongoing home visits to assess the poverty levels and eligibility of applicants, and enter and update all socio-economic data of Social Safety Net Programme beneficiary families in the programme's database.	2,000 households	TBV	NA	Source 1 Source 2 Source 3
Jordan	Emergency cash transfer for refugees	CT	Hum	UNRWA	CE: UNRWA provided emergency one-time cash assistance of JOD182 to ex-Gazan families.	Vulnerable ex-Gazan families	20,000 households	TBV	NA	Source 1 Source 2 Source 3
Jordan	Delivery of food baskets	IK	Hum	IOM	IC: IOM mobile teams in Jordan expanded activities with the distribution of food packages to vulnerable tuberculosis patients of different nationalities residing in different governorates, including refugees inside camps.	Vulnerable tuberculosis patients living in refugee camps	TBV	Started in April 2020		Source 1 Source 2
Jordan	Basic needs cash assistance	CT	Hum	IOM	CE: IOM provided basic needs cash assistance to support families during the COVID-19 crisis.	TBV	11,000 households	TBV		Source 1 Source 2
Jordan	Distribution of hygiene kits	IK	Hum	IOM	CE: IOM distributed 1,000 boxes of hygiene kits to refugees in different governorates and remote areas of the country, alongside more than 2,000 washable masks.	TBV	3,000 households	TBV		Source 1
Kuwait	Financial aid to Zakat Fund beneficiaries	CT	Gov	Zakat House	VE and IC: Beneficiaries of monthly and quarterly Zakat Fund cash assistance received a one-off top-up of KWD880.92 in the first and second and third phases of the programme, respectively.	Registration was automatic for the beneficiaries of the monthly and quarterly cash assistance, but households were still obliged to update bank account numbers through an online portal.	22,882 households (July 2020)	Started on 16 March 2020 and lasted for 4 months until July 2020		Source 1 Source 2 Source 3 Source 4
Kuwait	Food support for people in shelters for people with disabilities	IK	Gov	Public Authority of the Disabled	CE: People with disabilities living in shelter homes and the workers who care for them received food support for 3 months.	People with disabilities living in shelter homes who need social care and workers in these nursing homes were selected based on existing beneficiary databases via waiting lists. No application needed.	TBV	Announced on 15 March 2020	NA	Source 1

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Country	Name of measure	Type of measure	Hum/ Gov	Implementing agency	Brief description	Targeting/selection process	Coverage	Time-frame	Child-sensitivity (as per study criteria)	Sources
Kuwait	Emergency cash and in-kind assistance	CT and IK	Gov	Ministry of Social Affairs in partnership with charity organisations	CE: Emergency cash and in-kind assistance provided on an *ad hoc* basis to migrant workers in the private sector, as well as vulnerable families (including stateless individuals) and those in quarantine.	Migrant workers in the private sector, as well as vulnerable families and those in quarantine could request the benefit through an online website.	312,126 households (April 2020)	Announced on 28 March 2020	NA	Source 1 Source 2 Source 3 Source 4
Lebanon	National Social Solidarity Programme	CT	Gov	The Ministry of Social Affairs/ National Army	CE: One-off cash assistance of LBP400,000 was provided to people on the waiting list of the National Poverty Targeting Programme, and taxi and bus drivers who were forced to stop work by the lockdown and were not already programme beneficiaries. Beneficiaries also included families with children in grade 4 or below in public schools.	Taxi and bus drivers and households on the waiting list of the National Poverty Targeting Programme called local authorities, which filled in an online form to assess the family's needs. The form was collected manually. These data were analysed to determine eligibility through categorical targeting following UNICEF and ILO technical support.	290,000 households	Started on 30 April 2020 and lasted for 9 months until January 2021. Announced on 8 April 2020		Source 1 Source 2 Source 3 Source 4 Source 5 Source 6 Source 7 Source 8 Source 9 (Personal communication with UNICEF Lebanon, April 2021)
Lebanon	Distribution of hygiene kits	IK	Hum	UNICEF	CE: UNICEF provided one-off infection prevention and control kits and personal protective equipment, as well as disinfection kits to households with affected individuals.	UNICEF and the Ministry of Public Health set up a hotline for vulnerable people who tested positive to request infection prevention and control kits for home isolation.	14,800 households	TBV		Source 1
Lebanon	Hygiene kits and sanitary pads	IK	Hum	UNICEF	CE: UNICEF and partners distributed packs of sanitary pads and mini hygiene kits, which also included COVID-19 prevention items, to girls and women.	UNICEF set up tents for the provision of psychological first aid and psychosocial support and the dissemination of safety messages for women and girls in the areas affected by the Beirut blast, to ensure provision of GBV-related services to girls and women.	1,571 girls and women	5 August 2020		Source 1

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Country	Name of measure	Type of measure	Hum/ Gov	Implementing agency	Brief description	Targeting/selection process	Coverage	Time-frame	Child-sensitivity (as per study criteria)	Sources
Lebanon	Distribution of soap with handwashing awareness campaign	IK	Hum	UNICEF	CE: UNICEF, with the support of partners, reached Syrian refugees living in informal settlements and collective shelters through a door-to-door handwashing awareness campaign supported by the distribution of soap and critical WASH supplies/hygiene items and services.	Syrian refugees living in informal settlements and collective shelters	140,595 individuals	Started on 1 April 2020 and lasted for 2 months until June 2020		Source 1
Lebanon	Cash-based transfers	CT	Hum	WFP	CE: WFP assisted beneficiaries through cash-based transfers of LBP400,000 (totalling USD21 million) and the distribution of family food parcels as part of the COVID-19 and economic crisis response.	Vulnerable Lebanese citizens, Syrian refugees and refugees of other nationalities	1,181,217 vulnerable Lebanese citizens and refugees of different nationalities	1 February 2021		Source 1
Lebanon	Distribution of food parcels	IK	Hum	WFP	CE: WFP distributed family food parcels to Lebanese families affected by the economic crisis, and Syrian families affected by COVID-19.	Lebanese families affected by the crisis	160,000 individuals	2 February 2021		Source 1
Lebanon	Distribution of family food parcel s	SFP	Hum	WFP	IC: WFP adapted its monthly SFP to ensure children and their families could meet their food needs despite the continued COVID-19 restrictions, school closures and the deteriorating economic situation in Lebanon.	The families of Syrian and Lebanese children who attended public schools that were part of WFP's SFP	20,000 families (December 2020)	Started in July 2020		Source 1 Source 2 Source 3 Source 4 Source 5
Lebanon	Distribution of food basket to migrants	IK	Hum	IOM	CE: IOM in Libya distributed food basket to migrants who were unable to work due to lockdowns/curfews	Syrian refugee families identified by IOM	Over 500 vulnerable Syrian refugees and 131 families in North Lebanon	TBV		Source 1
Lebanon	One-off emergency multi-purpose cash assistance for migrants	CT	Hum	IOM	CE: IOM in Lebanon assisted stranded and vulnerable migrant workers through basic assistance programmes.	Migrant workers identified by IOM	443 vulnerable migrant workers	TBV	NA	Source 1
Libya	*Taraahamo wa Tarahamo* ('Have mercy and be kind') campaign	IK	Gov	Zakat Fund	CE and VE: Emergency one-off in-kind assistance provided by the Zakat Fund to its existing beneficiaries and new ones, including poor families and IDPs	Non-beneficiaries could register by sending their name and address to a number. Families affected by the pandemic could apply, and the *Zakat* beneficiaries were selected through the social registry.	2,000 households benefited from HE, and 10,000 benefited from VE.	5 May 2020; announced on 31 March 2020		Source 1 Source 2 Source 3

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Country	Name of measure	Type of measure	Hum/ Gov	Implementing agency	Brief description	Targeting/selection process	Coverage	Time-frame	Child-sensitivity (as per study criteria)	Sources
Libya	School feeding rations	SFP	Gov	Ministry of Education and WFP	CE and IC: WFP organised monthly take-home school feeding rations in consultation with the Ministry of Education.	Coverage was extended to more schools.	18,379 households (8,160 boys and 10,219 girls) (fourth quarter of 2020) [2]	HE started on 1 July 2020, the same date it was announced.		Source 1 Source 2 (Reporting matrix of monitoring indicators for Libya)
Libya	Cash transfer	CT	Hum	UNICEF	CE: UNICEF planned to support 300 families with monthly cash assistance in two rounds.	UNICEF's WASH programme planned to support Libyan families in Misrata, and families with their children at one Bayti Centre through a second cash programme. [1]	342 families	Started on 22 October 2020 and lasted for 3 months until January 2021		Source 1 Source 2 (Personal communication with UNICEF Libya)
Libya	Providing learning materials for school reopening	IK	Hum	UNICEF	CE: UNICEF and partners supported the Ministry of Education's 'back to school' campaign with learning materials.	112,225 children (57,302 girls and 54,923 boys) targeted across south, west and central regions	112,225 children	14 February 2021		Source 1
Libya	Distribution of cleaning and disinfection kits to IDPs	IK	Hum	UNICEF	CE: UNICEF and partners distributed cleaning and disinfection kits to IDPs in Tripoli and other camps.	IDPs	12,348 IDPs and children	1 February 2021		Source 1
Libya	Commodity vouchers for food assistance	IK	Hum	NA	CE: Beneficiaries received SMS-based commodity e-vouchers to redeem for food assistance at local stores in February 2021.	Vulnerable people	10,000 beneficiaries	Announced and implemented on 21 February 2021		Source 1
Libya	Distribution of rations	IK	Hum	UNHCR and WFP	CE: UNHCR and WFP jointly resumed the distribution of ready-to-eat rations in February 2021, reaching vulnerable refugees and asylum-seekers.	Vulnerable refugees and asylum-seekers	7,000 refugees and asylum-seekers	Announced and implemented on 21 February 2021		Source 1

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Country	Name of measure	Type of measure	Hum/ Gov	Implementing agency	Brief description	Targeting/selection process	Coverage	Time-frame	Child-sensitivity (as per study criteria)	Sources
Libya	Food distribution	IK	Hum	WFP	CE: WFP reached people in need through its programmes, which included direct general and emergency food distributions, emergency food distribution through the inter-agency Rapid Response Mechanism, food support through an e-voucher modality, food assistance for training activities and a school feeding/healthy kitchen project.	TBV	82,475 individuals (fourth quarter of 2020)	Announced and implemented on 20 November 2020		Source 1 Source 2 (Reporting matrix of monitoring indicators for Libya)
Libya	Distribution of ready-to-eat food kits to migrants in urban areas	IK	Hum	IOM and WFP	CE: IOM and WFP partnered to facilitate the timely provision of ready-to-eat food assistance to migrants in urban locations.	Migrants in urban settings in seven locations were identified.	25,800 (announced number of beneficiaries)	Announced on 15 April 2020		Source 1
Morocco	Distribution of school booklets	IK	Gov	Ministry of National Education, Vocational Training, Higher Education and Scientific Research, in cooperation with the Moroccan Publishers Association	CE: Free school booklets were distributed to students in remote areas.	Children were selected through geographical targeting: those attending primary schools in remote rural areas. No application needed.	1,000,000 students	31 May 2020; announced on 11 May 2020	 	Source 1 Source 2 Source 3 Source 4 Source 5 Source 6
Morocco	*Tadamon*: urgent measures of support for informal workers and households	CT	Gov	CVE	CE: Monthly cash transfer for informal workers (both RAMED beneficiaries and non- beneficiaries) of MAD800–1,200, depending on the size of the household	Applicants could send their request by SMS or register on a website (for non-RAMED households). The programme targeted workers in the informal sector with no income, both RAMED beneficiaries and non-beneficiaries.	4,300,000 (2,300,000 RAMED beneficiaries and 2,000,000 non-beneficiaries)	Started on 30 March 2020 and lasted for 3 months; announced on 23 March 2020		Source 1 Source 2 Source 3 Source 4 Source 5 Source 6 Source 7 Source 8 Source 9

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Qatar	Social Security Assistance for Vulnerable Groups	IK	Gov	Social Security Directorate within the Ministry of Administrative Development, Labour and Social Affairs	IC: Automatic renewal of expired social security cards from 15 March 2020 until further notice.	Beneficiaries with limited or no income received the renewal automatically.	5,000 households	15 March 2020	NA	Source 1 Source 2 Source 3 Source 4
Saudi Arabia	Ramadan aid to beneficiaries of the Social Insurance Pension	CT	Gov	Ministry of Human Resources and Social Development [6]	IC and VE: Beneficiaries of the Social Insurance Pension received a one-off top-up during the month of Ramadan equalling SAR1,000 for the head of the family and SAR500 for dependents. Verification of eligibility criteria for Social Insurance Pensions for vulnerable groups was suspended during April 2020. Consequently, vulnerable groups who were no longer eligible in April remained as beneficiaries and received their assistance.	People were provided with a phone number to enquire whether they were eligible or not. [3] No application needed. Beneficiaries of the Social Insurance Pension received the benefit.	TBV	Announced on 13 May 2020		Source 1 Source 2 Source 3 Source 4 Source 5 Source 6
SoP	Urgent financial aid for families affected by the COVID-19 crisis	CT	Gov	Ministry of Social Development	CE: One-off cash assistance of ILS500 provided by the Ministry of Social Development for vulnerable families who lost their jobs or whose income was less than ILS1,400	Potential beneficiaries registered their information in an online form provided by the Ministry, which fed into a database and was distributed to social development offices and their directorates, in addition to the municipalities and the Workers' Union.	39,504 households	16 June 2020; announced on 5 April 2020.		Source 1 Source 2 Source 3 Source 4 Source 5 Source 6 Source 7 Source 8 Source 9
SoP	Palestinian National Cash Transfer Programme	CT	Gov	Ministry of Social Affairs	CE: Expansion of the National Cash Transfer Programme to include new beneficiary households from Gaza that were previously on the waiting list. Households received assistance of ILS750–1,800 every 3 months.	No registration necessary. Families on the waiting list for the programme were selected.	12,000 families	30 April 2020	NA	Source 1 Source 2

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Country	Name of measure	Type of measure	Hum/ Gov	Implementing agency	Brief description	Targeting/selection process	Coverage	Time-frame	Child-sensitivity (as per study criteria)	Sources
SoP	Hygiene kits through e-vouchers	IK	Hum	UNICEF	CE: UNICEF provided hygiene kits through e-vouchers.	Vulnerable households	23,000 households	TBV		Source 1
SoP	Provision of tablets for e-learning	IK	Hum	UNICEF	CE: UNICEF provided tablets loaded with offline self-paced interactive learning materials to children lacking access to the internet and/or the necessary devices.	Children of scholar age	3,496 individuals	TBV		Source 1
SoP	Provision of stationery kits	IK	Hum	UNICEF	CE: UNICEF provided vulnerable children with essential stationery kits.	Vulnerable children	36,336 vulnerable children	TBV		Source 1
SoP	Provision of life-saving drugs, medical consumables, and assistive devices for children with disabilities	IK	Hum	UNICEF and Ministry of Health	CE: UNICEF procured essential and life-saving drugs, medical consumables, and assistive devices for children with disabilities.	Children with disabilities, high-risk women, and young children	124,000 high-risk women and young children	TBV		Source 1
SoP	HE and VE of cash-based transfers (food vouchers)	IK	Hum	WFP and Ministry of Social Development	CE, VE and IC: WFP implemented an emergency monthly cash-based transfer (food vouchers) of USD10.30 in coordination with the Ministry of Social Development as a response against COVID-19.	People affected by the COVID-19 crisis, especially elderly people, and persons with disabilities	70,000 newly registered refugees, plus 170,000 benefiting from top-up	HE was implemented in May 2020 [1] and lasted for 3 months until August 2020.		Source 1 Source 2 Source 3 Source 4
SoP	UNICEF Multi-Purpose Cash	CT	Hum	UNICEF	UNICEF set up a multi-purpose cash transfer (ILS700) for female-headed households with persons with disabilities.	Female-headed households with persons with disabilities	3,041 individuals (687 households)	NA		Source 1
SoP	Cash transfer to newly poor households	CT	Hum	UNICEF	UNICEF provided a one-time payment of NIS700 for newly poor households.	Newly poor households, with a focus on households with children/persons with disabilities	3,916 individuals (687 households)	NA		Source 1

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SoP	Door-to-door in-kind food distribution	IK	Hum	WFP and Oxfam	IC: To avoid gatherings at distribution sites, WFP and Oxfam provided quarterly door-to-door in-kind distribution, with sufficient food for 3 months.	Families in Khan Yunis and North Gaza governorates	22,542 people (September 2020)	Started on 15 September 2020 and ended on 10 October 2020	NA	Source 1
SoP	Home deliveries of supplies of medication	IK	Hum	UNRWA	IC: Home deliveries of supplies of medication	Elderly patients and patients with non-communicable diseases. The electronic health (e-Health) information system that UNRWA built in house has proven critical in facilitating this initiative.	1,264 patients	TBV	NA	Source 1 Source 2
SoP	Home delivery of food baskets	IK	Hum	UNRWA	CE: New home deliveries of food baskets started in Gaza in April to mitigate community transmission of the virus.	Refugee households in Gaza affected by the crisis	213,545 families	Started in April 2020 and lasted for 4 months until August 2020; announced in March 2020		Source 1
SoP	Emergency Food Assistance	IK	Hum	UNRWA	CE: UNRWA distributed food baskets on a quarterly basis, including home delivery of baskets to some beneficiaries.	Palestinian refugees	1,000,000 families	Started in April 2020		Source 1 Source 2
SoP	Distribution of hygiene kits	IK	Hum	UNRWA	CE: UNRWA distributed emergency hygiene kits.	Palestinian refugees	9,350 families	TBV		Source 1

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Sudan	Informal Sector Rapid Response Plan/Food Support	IK	Gov	Ministry of Labour and Social Development	CE: In-kind assistance delivered to informal workers and other categories of disadvantaged individuals. Each food basket was expected to cover needs for 3 weeks.	Geographical targeting to identify vulnerable areas. Combination of household and community-level targeting, and an initial household assessment was carried out in Khartoum prior to the start of the lockdown, to select families and children affected by COVID-19.	504,689 families	Announced and implemented on 30 April 2020		Source 1 (Personal communication with UNICEF Sudan, 12 April 2020) Source 2 Source 3 Source 4 Source 5 (Ministry of Labour and Social Development, COVID Response Progress Report)
Sudan	Emergency Cash Transfer Programme	CT	Gov	Ministry of Social Development (with human resources support from UNICEF and UNHCR)	CE: Emergency vouchers in the amount of SDG3,000 were provided to poor households across Sudan.	Geographical targeting of vulnerable families in Khartoum and in other states. Local committees and government administrators registered beneficiaries and sent data to the Civil Registry Database for verification.	339,469 households	Announced and implemented on 30 April 2020		Source 1 (Personal communication with FAO, 30 September 2020) Source 2 (Personal communication with UNICEF Sudan, 12 April 2020) Source 3 Source 4 Source 5 (Ministry of Labour and Social Development, COVID Response Progress Report)

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Country	Name of measure	Type of measure	Hum/ Gov	Implementing agency	Brief description	Targeting/selection process	Coverage	Time-frame	Child-sensitivity (as per study criteria)	Sources
Sudan	Provision of food and basic services to children living and working on the streets	IK	Hum	UNICEF, Ministry of Social Welfare, State Council of Child Welfare and civil society organisations	CE: Children living and working on the streets, mainly in Khartoum, received food and other basic services.	Children living and working on the streets	6,691 children (December 2020)	TBV		Source 1
Sudan	Take-home rations	SFP	Hum	WFP	IC: Due to nationwide school closures, WFP distributed take-home rations for school children.	School children	900,000 children (August 2020)	TBV		Source 1
Sudan	Cash-based transfer for vulnerable families of schoolgirls	CT	Hum	WFP	CE: The cash-based transfer aims to keep girls in school and support dietary diversity. As part of this support, social behaviour change communication messages about nutrition were delivered, to encourage the purchase of fresh and healthy food for a diversified diet.	Vulnerable families of schoolgirls	28,000 girls and family members (2020)	TBV		Source 1
Sudan	Distribution of infection prevention and control supplies	IK	Hum	UNICEF	CE: IDPs, South Sudanese refugees, rural/urban populations, recent arrivals and prisoners were supported with the distribution of infection prevention and control supplies, including handwashing soaps, face masks, hand sanitisers, water jerricans, chlorine supplies, and information, education and communication materials.	IDPs, South Sudanese refugees, rural/urban populations, recent arrivals and prisoners	281,828 individuals (December 2020)	TBV		Source 1

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Country	Name of measure	Type of measure	Hum/ Gov	Implementing agency	Brief description	Targeting/selection process	Coverage	Time-frame	Child-sensitivity (as per study criteria)	Sources
Sudan	Provision of life-saving food and nutrition assistance (in-kind food or cash-based transfers)	CT and IK	Hum	WFP	CE: WFP provided life-saving food and nutrition assistance (in-kind food or cash-based transfers) to ensure critical support reached the people in need.	People across 14 states	2,700,000 children aged 6–59 months, and pregnant and breastfeeding women (October 2020)	TBV		Source 1
Sudan	Provision of food and hygiene packages	IK	Hum	UNHCR, UNICEF, WFP and the Ministry of Labour and Social Development	CE: UNHCR supported the Ministry of Labour and Social Development, together with WFP and UNICEF, in its programme to support vulnerable families, including refugee households, in the Khartoum area with food and hygiene packages.	Vulnerable families, including refugee households, in the Khartoum area	300,000 families (June 2020)	TBV		Source 1
Sudan	Provision of a monthly cash grant	CT	Hum	UNHCR and COR	CE: UNHCR supported vulnerable refugee households with a monthly cash grant of SDG2,400 via ATM cards.	Vulnerable refugee households	TBV	TBV	NA	Source 1
Sudan	One-off support to individual emergencies	CT	Hum	UNHCR	CE: For individual emergencies, when refugees could not afford food or other basics, UNHCR provided one-off support of SDG2,400.	Refugees who could not afford food or other basics	TBV	TBV	NA	Source 1
Sudan	Delivery of soap	IK	Hum	UNHCR	HE: UNHCR delivered bars of soap to refugees, IDPs and their vulnerable Sudanese neighbours across the e ntire country.	Refugees, IDPs and their vulnerable Sudanese neighbours	TBV	TBV		Source 1
Syria	Support for vulnerable persons	CT and IK	Gov	Ministry of Social Affairs and Labour	CE: Cash and in-kind assistance provided to persons with disabilities, and elderly people over 70 years.	Existing beneficiary databases of Ministry of Social Affairs programmes and the disability registry were used to identify beneficiaries. Elderly people and persons with disabilities could also request the benefit through a digital channel. Those who could not fill in the online form were assisted by volunteer groups.	750,000 households	24 April 2020; announced on 12 April 2020		Source 1 Source 2 Source 3 Source 4 (and WFP internal documents) Source 5 Source 6

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Syria	Electronic cards expanded to buy subsidised bread	IK	Gov	Ministry of Internal Trade and Consumer Protection [3]	VE: Electronic cards for the purchase of subsidised food were extended to include the purchase of subsidised bread set at SYP60.	TBV	TBV	15 April 2020; announced on 7 April 2020 [2]		Source 1 Source 2 Source 3 Source 4 Source 5
Syria	Distribution of family hygiene kits	IK	Hum	UNICEF	Distribution of family hygiene kits to families of children with severe disabilities who were not already targeted through the cash transfer programme for children with disabilities in the governorates of Rural Damascus, Homs, Lattakia, Tartous, Aleppo and Hassakeh.	Vulnerable families with children with severe disabilities	47,545 individuals	TBV		Source 1
Syria	Adaptations and scale-up of cash transfer for children with disabilities	CT	Hum	UNICEF and partners	CE: Adaptation of cash transfer of USD40 to include new beneficiaries, new geographical coverage and improved case management.	UNICEF identified vulnerable children with disabilities through a network of national NGOs, community platforms and outreach activities/ field assessments, where efforts were made to identify girls with severe disabilities.	10,711 children	TBV		Source 1 Source 2 Source 3 (UNICEF Syria internal document: Business Case: Integrated Social Protection for Children with Disabilities in Syria, March 2021)
Syria	Cash transfer for vulnerable families and children living in poor urban areas	CT	Hum	UNICEF	IC: Adaptation of modality and emergency cash transfer	When shifting the conditional e-vouchers to unconditional cash, beneficiaries could decide for themselves the type of support they needed most.	51,471 children	TBV	NA	Source 1 Source 2

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Syria	Provision of micronutrients	IK	Hum	UNICEF	CE: UNICEF enhanced the provision of micronutrients for children suffering from malnutrition.	Children were screened for malnutrition, including those in the most vulnerable communities in northeast Syria and IDPs/returnees in rural Damascus, and the northwest and southern parts of Syria.	1,500,000 children	TBV		Source 1 Source 2
Syria	Distribution of soap	IK	Hum	UNICEF	CE: In response to COVID-19, UNICEF strengthened infection prevention and control measures in communities, including by supporting the distribution of soap as part of WFP food distributions.	Vulnerable communities	3,500,000 people	TBV		Source 1
Syria	Distribution of school supplies	IK	Hum	UNICEF	CE: Increase in the number of children benefiting from school bags and stationery kits	Vulnerable children in formal and non-formal education	228,705 children	TBV		Source 1 Source 2
Syria	Provision of hygiene materials for return to school	IK	Hum	UNICEF	CE: After the reopening of schools, children were provided with bars of soap to strengthen hygiene, and schools were provided with cleaning kits.	Children of school age	738,828 children	TBV		Source 1
Syria	Seed funding programme fostering the social and economic inclusion of the most vulnerable youth	CT	Hum	UNICEF	CE: A seed funding programme fostered the social and economic inclusion of the most vulnerable youth, who benefited from entrepreneurship training opportunities. Youth aged 15–24 years received seed funding of up to USD2,000 to implement social and business entrepreneurship projects.	Vulnerable youth	112 youth aged 15–24	TBV		Source 1

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Country	Name of measure	Type of measure	Hum/ Gov	Implementing agency	Brief description	Targeting/selection process	Coverage	Time-frame	Child-sensitivity (as per study criteria)	Sources
Syria	Emergency cash transfer for refugees	CT	Hum	UNHCR	CE: UNHCR provided refugee households with a one-time emergency cash grant of SYP65,000 (approximately USD50) per family to help them address income losses because of COVID-19 preventive measures.	All refugees not receiving Multi-Purpose Cash Grants through cash over the counter, except for refugees residing in Saeyda Zainab	1,155 individuals	Started in May 2020	NA	Source 1 Source 2
Syria	Multi-Purpose Cash Grants	CT	Hum	UNHCR	IC: UNHCR transferred Multi-Purpose Cash Grants upfront to cover 2 months.	The Multi-Purpose Cash Grants plan is based on the updated eligibility criteria and market assessment that increased the assistance value.	4,851 households	TBV	NA	Source 1 Source 2 Source 3 Source 4
Syria	General Food Assistance	IK	Hum	WFP and 31 cooperating partners	CE: WFP increased its monthly number of General Food Assistance beneficiaries.	Targeting is based on gender-sensitive assessments, and implementation partially integrates gender through gender-disaggregated monitoring.	5,300,000 individuals	TBV		Source 1 Source 2
Syria	SFP	SFP	Hum	WFP in coordination with the Ministry of Education and in cooperation with UNICEF and 20 Syrian NGOs	CE and IC: WFP increased the number of beneficiaries of its SFP and adopted take-home modalities.	Geographical areas of Syria where food security, nutrition and education indicators were the poorest.	1,100,000 children	TBV		Source 1 Source 2
Syria	SFP component for out-of-school children	SFP	Hum	WFP in coordination with UNICEF	VE and IC: In response to COVID-19, all assistance conditionalities were waived from April 2020. Further, as part of the COVID-19 response, WFP signed an agreement with UNICEF in May, adding a one-off transfer top-up in May and June to the cash-based transfer voucher for the purchase of hygiene items.	Geographical areas of Syria where food security, nutrition and education indicators were the poorest	56,900 children [1]	VE started in May 2020, while the IC started in April 2020.		Source 1 Source 2

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Country	Name of measure	Type of measure	Hum/ Gov	Implementing agency	Brief description	Targeting/selection process	Coverage	Time-frame	Child-sensitivity (as per study criteria)	Sources
Syria	Top-up for pregnant and lactating women and girls who received cash transfers	CT	Hum	WFP, UNFPA and another 28 cooperating partners	VE: As part of the COVID-19 response, WFP signed a Memorandum of Understanding with UNFPA in May 2020, enabling households of pregnant and lactating women and girls enrolled in the programme to receive a transfer top-up to their WFP voucher to purchase hygiene items.	Households of pregnant and lactating women and girls enrolled in the programme	145,200 pregnant and lactating women and girls (2020)	Started in May 2020		Source 1 Source 2
Syria	Food distribution points	IK	Hum	WFP and partners	IC: WFP increased the number of food distribution points and the frequency of distributions to avoid crowding. Limited door-to-door distributions were conducted in some remote areas and areas with a high number of older beneficiaries and/or beneficiaries with disabilities.	TBV	TBV	TBV		Source 1
Syria	Home deliveries of supplies of medication	IK	Hum	UNRWA	IC: Home deliveries of supplies of medication	Elderly patients and patients with non-communicable diseases. The electronic health (e-Health) information system that UNRWA built in house has proven critical in facilitating this initiative.	8,000 vulnerable patients	Started in March 2020	NA	Source 1 Source 2
Syria	Distribution of self-learning materials (hard copies)	IK	Hum	UNRWA	CE: Hard copies of self-learning materials were distributed to students without internet access in Neirab, Khan Danoun and Khan Eshieh camps and the Ramadan unofficial camp.	Students without internet access in Neirab, Khan Danoun and Khan Eshieh camps and the Ramadan unofficial camp	10,000 students	Started in April 2020		Source 1
Syria	Emergency cash transfer for refugees	CT	Hum	UNRWA	CE: UNRWA provided emergency monthly cash transfers of USD 14 for refugees to provide them with 5 months' worth of cash assistance.	Refugee households, households headed by women, elderly people, persons with disabilities and unaccompanied minors	415,781 refugees	Started on 23 February 2020 and lasted for 5 months until July 2020		Source 1 Source 2
Syria	Emergency Food Assistance	IK	Hum	UNRWA	CE: UNRWA provided two rounds of food distribution as a response to the COVID-19 crisis.	Palestinian refugee households	247,289 individuals (November 2020)	Started in March 2020 and lasted for 2 months until May 2020		Source 1 Source 2 Source 3 Source 4

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Country	Name of measure	Type of measure	Hum/ Gov	Implementing agency	Brief description	Targeting/selection process	Coverage	Time-frame	Child-sensitivity (as per study criteria)	Sources
Syria	Distribution of hygiene kits	IK	Hum	UNRWA	CE: Hygiene kits were distributed to persons with disabilities and households headed by people aged 60 and older suffering from chronic diseases .	Palestian refugee households with persons with disabilities and households headed by people aged 60 and older suffering from chronic diseases	19,900 individuals	TBV		Source 1
Syria	Distribution of hygiene kits	IK	Hum	IOM	CE: IOM distributed COVID-19 hygiene kits to households in planned camps, reception centres and other locations.	Households in camps and reception centres	55,000 individuals (as of October 2020)	TBV		Source 1 Source 2
Tunisia	Exceptional Cash Assistance to Families Affected by the Full Quarantine Measures	CT	Gov	Ministère des Affaires Sociales	CE: New beneficiary families not registered in AMG1, the National Assistance Programme for Needy Families or AMG2 registered to receive emergency cash assistance, and were subsequently added to AMG2, receiving a benefit of TND200.	Registration through SMS. Other databases were used to cross-check whether the individuals were eligible for the AMG2 programme.	300,000 individuals	4 May 2020; announced on 23 April 2020	NA	Source 1 Source 2 Source 3 Source 4 Source 5 Source 6 Source 7
Tunisia	Expansion of existing AMG programmes	CT	Gov	Ministère des Affaires Sociales	CE and VE: One-off top-up for those benefiting from AMG1, and a new cash transfer for those benefiting from AMG2	The top-up and the new cash transfer were for beneficiaries in the AMG1 and AMG2 databases, respectively.	1,000,000 households	3 April 2020; announced on 22 March 2020		Source 1 Source 2 Source 3
Tunisia	Exceptional cash transfer to children for the return to school	CT	Gov	Ministère des Affaires Sociales and UNICEF	CE and VE: Children received financial aid for their return to school: those in the National Assistance Programme for Needy Families received a one-off cash transfer of TND50; other children considered the most vulnerable received a monthly transfer of TND30 for 8 months.	HE targeted children aged 0–5 from the most vulnerable families. VE targeted children aged 6–18 from beneficiary families of the National Assistance Programme for Needy Families.	HE: 40,000 households; VE: 290,000 children	Announced on 17 September 2020		Source 1 Source 2
UAE	*Al Meer* initiative	IK	Gov	Ministry of Community Development and Ministry of Economy	CE: The initiative provided 12,000 vulnerable families and foreign workers with essential food supplies.	Vulnerable families and foreign workers	Over 12,000 low-income families and foreign workers	Announced on 1 April 2020		Source 1 Source 2 Source 3 Source 4

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Country	Name of measure	Type of measure	Hum/ Gov	Implementing agency	Brief description	Targeting/selection process	Coverage	Time-frame	Child-sensitivity (as per study criteria)	Sources
Yemen	Yemen Unconditional Cash Transfer	CT	Gov	UNICEF	VE: Top-up for UNICEF cash transfer beneficiaries received twice in one month, amounting to about 45 per cent of the base amount for the quarter	Those living in chronic poverty, orphans, vulnerable children, widows, persons with disabilities, elderly people and female-headed households. No need to apply for the top-up.	TBV	31 July 2020		Source 1
Yemen	Take-home rations	SFP	Hum	WFP	IC: Due to nationwide school closures, WFP distributed take-home rations to school children.	School children	958,121 students (April 2020)	TBV		Source 1
Yemen	Distribution of consumable hygiene kits	IK	Hum	UNICEF	CE: UNICEF continued distributing consumable hygiene kits in Aden, Saada, Al Jawf and Amanat Al Asima.	TBV	244,046 people (December 2020)	TBV	NA	Source 1
Yemen	Provision of disposable masks to children and teachers	IK	Hum	UNICEF	CE: UNICEF distributed disposable masks to children and teachers.	Children and teachers	267,979 children and teachers (December 2020)	TBV		Source 1
Yemen	Humanitarian Cash Transfer to *Muhamasheen* (marginalised people)	CT	Hum	UNICEF and Social Welfare Fund	CE: UNICEF implemented the Humanitarian Cash Transfer initiative to provide immediate support to some of the most marginalised and disadvantaged communities in Yemen due to the ongoing socio-economic crisis and the extended impact of COVID-19 on families.	The initiative expanded on the beneficiary list of '*Muhamasheen* living in slums' under the Integrated Model of Social and Economic Assistance and Empowerment project to include *Muhamasheen* ('marginalised people' in Arabic).	5,499 households (December 2020)	TBV	NA	Source 1
Yemen	Cash distribution to displaced families in the northern governorates of Yemen	CT	Hum	UNHCR	CE: UNHCR and partners began cash distributions for displaced families in the northern governorates of Yemen.	Displaced families in the northern governorates of Yemen	72,000 families	TBV	NA	Source 1 Source 2

Country	Name of measure	Type of measure	Hum/ Gov	Implementing agency	Brief description	Targeting/selection process	Coverage	Time-frame	Child-sensitivity (as per study criteria)	Sources
Yemen	General food assistance	IK	Hum	WFP	CE: WFP targeted people with general food assistance: in-kind food assistance, food vouchers or cash assistance.	TBV	8,200,000 individuals	TBV		Source 1
Yemen	Multi-purpose cash assistance	CT	Hum	IOM	CE: IOM provided multi-purpose cash assistance to vulnerable newly displaced families with extremely limited economic resources.	TBV	3,947 Displaced families (as of March 2021)	TBV	NA	Source 1
Yemen	Cash Plus initiative	CT	Hum	UNICEF	VE: During the sixth payment cycle of the UNICEF-implemented Emergency Cash Transfer, the Cash Plus Initiative was launched. Cash plus combines cash transfers with complementary support to maximise the positive impacts of the cash transfers.	NA	8,000 households	July 2020		Source 1

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