### **Social Protection and COVID-19**

Inclusive Responses for International Migrants and Forcibly Displaced Persons in the MENA region









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## 1. Context: socio-economic effects of COVID-19

#### **GDP** contraction

 Estimated contraction of 5.2% of the economic growth in 2020 in the MENA region

### Loss of employment

■ Arab States suffered a loss of 10.3% of the hours worked compared to the last pre-crisis quarter (= 6 million full-time jobs).

### **Increase of poverty**

Estimations show that the pandemic will push a further 8.3 million people into poverty in the region.

### **Further aggravated vulnerabilities**

- Migrant workers comprise a large share of some of the sectors most affected by the economic downturn.
- They usually occupy precarious, informal and low-paid jobs with less access to SP and health insurance.
- Further aggravated the humanitarian situation of forcibly displaced populations.

The **limited access to SP systems** and current social policy responses has greatly reduced non-nationals' ability to cope with the negative socioeconomic effects of the pandemic.

## 2. Introduction

## **Goal and Scope**

Identify good practices of social protection responses to COVID-19 in the MENA region that included migrant workers and their families, as well as forcibly displaced populations.

The article documents governmental and humanitarian practices of inclusive social protection responses, including social assistance, social insurance and labour market policies.

### **Definition of SP**

Set of policies and programmes aimed at preventing or protecting all people against poverty, vulnerability, and social exclusion throughout their lifecycles, with a particular emphasis towards vulnerable groups (ISPA 2014). The following components were considered in the article:

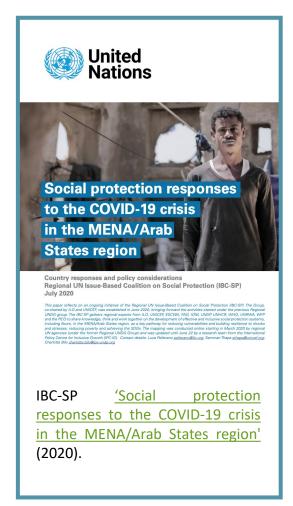
**Social Assistance** 

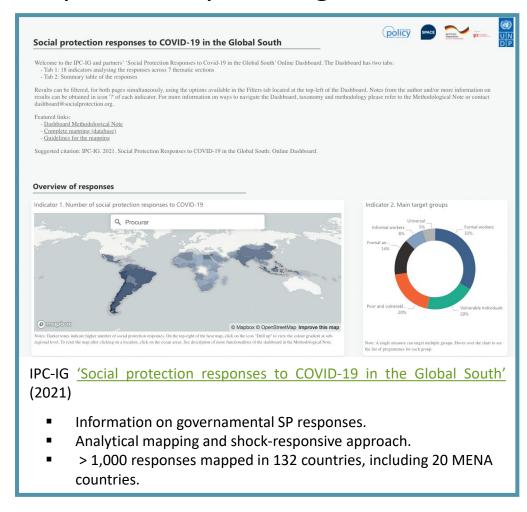
Social Insurance

**Labour Market Measures** 

# 3. Methodology

### Desk review and data analyses, mainly drawing on:







## 4. Overview of Inclusive Social Protection Responses

- 162 governmental social protection responses in 20
   MENA countries up to March 2021
- Only 15% (25 of 162) of the government measures mapped guaranteed access to non-nationals
- Labour market policies were the least common social protection response that included nonnationals (7 programmes), followed by social insurance (8) and social assistance (10)
- 36 responses led by IOM, UNHCR, WFP and UNICEF in countries facing humanitarian crisis as well as those hosting large forcibly displaced populations

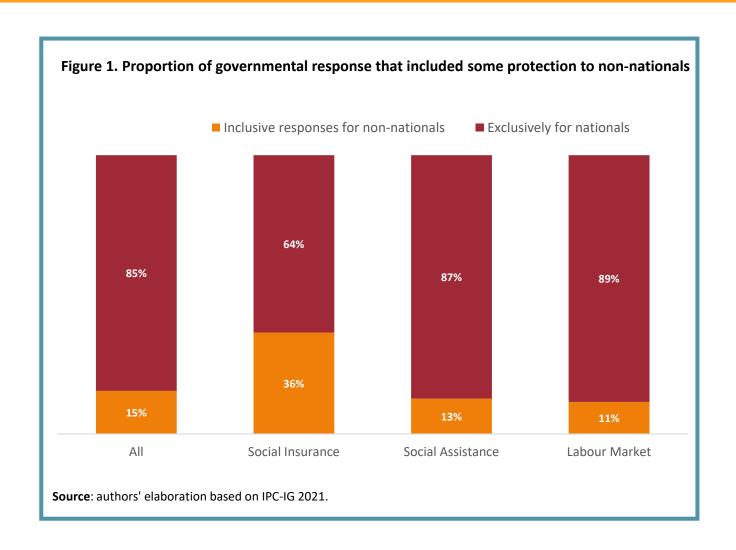
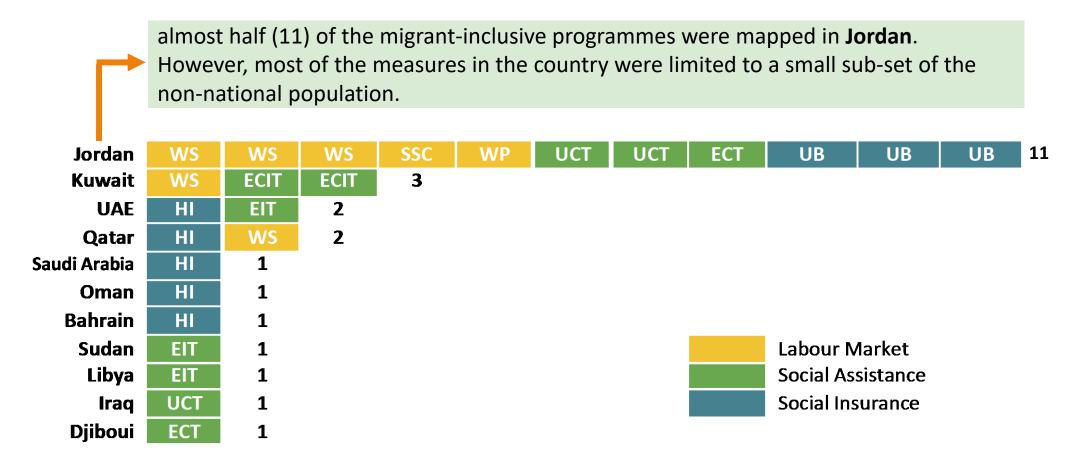


Figure 2. Governmental response per country and type



**Legend**: Social assistance: **ECT** = Emergency Cash transfer; **EIT** = Emergency in-kind transfer; **ECIT** = Emergency cash and in-kind transfer; **UCT** = Unconditional cash transfer; Social insurance: **HI** = Health insurance; **UB** = Unemployment benefit; Labour Market: **WS** = Wage subsidy; **SSC** = lowering/deferring social security contributions; **WP** = waiving/deferring rent/reducing rent/loan/tax payments

Source: authors' elaboration based on IPC-IG 2021.

# 4.1. Access to Social Assistance

Emergency income support is a good practice to **protect non-nationals** given that large numbers of migrant workers and refugees **were not registered in contributory insurance** given the predominance of **informal work arrangements.** 

#### **Country Examples**

- Jordan Takaful 2 for Daily Wage Workers provided access to Gazan families
- Djibouti food vouchers provided by MOSA included refugees in partnership with UNHCR
- Kuwait zakat fund provided cash and in-kind assistance for 15,642 undocumented migrant families

#### **Administrative Practices**

- Accepted alternative documents (e.g. expired passports, work permits, identity cards)
- Allowed online registration

# 4.2. Access to health & Social Insurance

Guaranteeing healthcare for all, including non-nationals regardless of their migratory status

#### **Country Examples**

#### **Extension of health insurance for migrant workers**

Saudi Arabia free tests and free covid treatments irrespective of migratory status

#### Universal health system and subsidised schemes for refugees

Iran refugees and undocumnted ones have access to health care services, free testing and treatment

# 4.3. Access to Labour Market

Unemployment insurance and other wage subsidy schemes have been extensively used to protect wages and incomes of vulnerable national workers in the MENA region, the extension of such schemes to non-national workers has been rare and limited

#### **Country Examples**

#### **Unemployment Insurance**

Jordan Musaned programmes benefiting both national and non-national insured workers

#### **Labour Market policies**

Qatar companies had to pay wages of foreign workers who are in quarantine or undergoing treatment for COVID-19 whether they are entitled to sick leave or not

# 5. Summary of good practices

	Good Practice	Examples
ess	Horizontal expansion of existing programmes	Iraq expanded its Social Safety Net programme, including new beneficiaries such as IDP families (IPC-IG, 2021)  Djibouti expanded its voucher system programme, including refugee families (IPC-IG, 2021)
siven	Vertical expansion of existing programmes	<b>WFP Algeria</b> will scale up the number of monthly food rations by 14 per cent to support refugee families who depend on small businesses (Meyer-Seipp 2020).
Responsiveness	Provision of emergency income support through new emergency programmes	<b>Libya's</b> Taraahamo wa Tarahamo programme provided one-off in-kind assistance for families affected by the pandemic, including IDPs (IPC-IG, 2021)
	Guarantee access to healthcare	Qatar and Saudi Arabia provided free testing and treatment for COVID-19 for migrants in the country, including undocumented migrants (IPC-IG, 2021)

# 5. Summary of good practices

Good Practice	Examples
Include non-national workers in social	Jordan allows non-national workers to contribute to unemployment scheme, and this has allowed to extend wage and
insurance system, including for short term	income protection to non-national workers during COVID-19, though some elements introduced unequal treatment
risks such as unemployment	between Gazan refugees and non-national children of Jordanian mothers and other non-nationals
Alternative and simplified methods to identify beneficiaries, accepting undocumented migrants	<b>Kuwait</b> offered emergency cash and in-kind benefits through its Zakat House to undocumented migrant households (IPC-IG, 2021).
Working with the waiting lists and existing databases	<b>UNICEF Jordan's</b> Hajati database allowed rapid inclusion of 21,000 refugee households in WFP and UNICEF-led programmes (WFP, 2020a; Hoop et al., 2020).
Creating coordination groups	UNHCR Egypt developed a mapping tool for agencies and partners (Hoop et al. 2020).  In Kuwait, the Ministry of Social Affairs along with the House of Zakat coordinated with 30 other NGOs through the 'Fazaa Al-Kuwait' campaign to provide beneficiaries, including migrants in irregular situations, with assistance.
Distributing benefits in advance	<b>WFP in Jordan</b> delivered existing financial and food aid ahead of the usual schedule (Elmasri 2020) and implemented an extended staggered reload schedule for food assistance in camps (WFP 2020).
Expanding the ATM networks, scheduling payments on different days, providing home delivery and mobile teams	In <b>Jordan</b> , a new joint initiative of Jordan Ahli Bank and WFP enhanced the number of ATMs available to refugees receiving cash assistance. For refugees living in locked-down areas, WFP provided their monthly assistance through the Cash on Wheel ATM service of Cairo Amman Bank (UNHCR 2020c). <b>UNHCR Algeria</b> provided cash assistance to 550 persons of concern from March to June 2020 using home delivery and mobile distribution teams (UNHCR 2020g).
Provide digital payment modalities	WFP and UNHCR Iraq introduced digital payments for refugees in camps (IPC-IG, 2021).  The Central Bank of Jordan created specific permissions to recognise refugee IDs issued by UNHCR to enable them to open mobile wallets and receive assistance (IPC-IG, 2021).

# 5. Summary of good practices

	Good Practice	Examples
Communication and mmunity engagement	Guarantee community engagement	<ul> <li>UNDP Sudan has established more than 150 local networks, including management committees, peace committees, volunteer groups, and farming and water management groups (UNDP 2020).</li> <li>UNHCR Egypt trained volunteers and community leaders to deliver psychological first aid and non-specialised psychosocial support, as a rise in anxiety and depression amongst refugees has been observed (UNHCR 2020f).</li> </ul>
Community	Dissemination of quality information using multiple platforms and different languages	<ul> <li>UNHCR Sudan successfully reached most refugees using multilanguage SMS, billboards, posters, and community networks (UNHCR 2020d).</li> <li>UNHCR Syria mobilised 250 health volunteers to support COVID-19 awareness-raising campaigns (UNHCR, 2020l).</li> </ul>

## 6. Conclusions and recommendations

#### **Conclusions**

- Few governmental responses to COVID-19 explicitly covered and addressed the needs of non-nationals.
- SP responses reproduced pre-existing exclusion from national social protection systems and further aggravated the vulnerabilities of migrant workers and forcibly displaced populations in the region.
- The level of protection offered to non-nationals has depended greatly on the extent to which they were already accessing social protection systems before the crisis.
- Emergency expansionary SP measures introduced by most countries can be a springboard to accelerate reforms and set foundations for stronger national systems.

#### Recommendations

- Inclusive social assistance:
- Review national legislation adopting a human rights-based approach, including the principle of non-discrimination.
- Improve the nexus between humanitarian and development actors to build stronger national social assistance schemes.
- Built upon the inclusive responses to the pandemic to ensure that inclusion of non-nationals becomes a cornerstone of national SP and health systems.
- Inclusive social insurance, labour market and healthcare:
- Guarantee equal treatment in social security coverage and entitlements, and the maintenance and portability of social security rights.
- Consider the importance of extending coverage to informal workers and facilitating access of migrant workers to the formal labour marker.
- Seek universal healthcare systems.
- Improve shock-responsiveness:
- Set up inclusive social registries, or strengthen existing ones, including extending social registries for refugees.
- Easing identification requirements and considering their contribution to exclusion errors

# Thank you!

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