



RESEARCH REPORT

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Social Protection and Safety Nets in the Middle East and North Africa

Stephen Devereux

December 2015



**World Food
Programme**



**Institute of
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Summary

Countries in the Middle East and North Africa (MENA) region face a number of challenges, including ongoing civil unrest with associated displacement of people and disruption of services, stagnant economic growth and high unemployment, food insecurity and rising malnutrition, exacerbated by import dependence and natural disasters. Safety nets and broader social protection instruments offer partial solutions to some of these challenges. Consumer price subsidies on food and fuel, historically favoured in this region, are expensive and regressive, and are being phased out in many countries and replaced with targeted social assistance programmes. However, their coverage is low and targeting is inaccurate – less than a quarter of benefits reach the poorest quintile – which limits their impact on poverty and food insecurity. Apart from food subsidies and cash transfers or food vouchers, school feeding and public works are also popular social protection instruments in MENA countries. School feeding programmes promote improved nutrition as well as access to education, often addressing gender inequities by targeting girls. Public works projects provide food or cash through temporary employment on infrastructure projects, such as constructing or rehabilitating rural feeder roads. The large numbers of refugees, internally displaced people (IDPs) and migrants in this region require special attention, since most have no entitlements to social protection from either their home or host countries. Informal and semi-formal social protection plays a significant role, notably through religious redistributive mechanisms such as Zakat. Despite the pervasive political instability in this region, especially since the Arab Spring, social protection systems must be established that deliver predictable and reliable social assistance to those who need it, and the ‘subsidy dividend’ should be invested in expanded, flexible and more cost-effective safety nets. Social protection can and should make a more substantial contribution to reducing poverty and achieving food and nutrition security in all MENA countries.

Keywords: Social protection; safety nets; Middle East; North Africa; Arab Spring; food security; social security; subsidies; World Food Programme.

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Acronyms

ADRA	Adventist Development and Relief Agency
ARD	Agriculture and Rural Development
BO	Behzisti Organisation
CBO	Community-based organisation
CCT	Conditional Cash Transfer
CDD	Community-Driven Development
CEI	Center for Economic Institutions
CIA	Central Intelligence Agency
CIS	Commonwealth of Independent States
CLD	Community and Local Development
CNAM	National Health Insurance Fund
CNRPS	National Pension and Social Insurance Fund
CNSS	National Social Security Fund
CSO	Civil society organisation
CSPO	Civil Servants Pension Organisation
DEEP	Deprived Families Economic Empowerment Programme
DoS	Department of Statistics
DPPR	Development Plan for Poverty Reduction
EAP	Emergency Assistance Programme
ECHO	EU Humanitarian Aid and Civil Protection Department
EdL	Electricité du Liban
EFARP	Economic, Financial and Administrative Reform Programme
EGP	Egyptian Pound
EMOP	Emergency operation
ESC	Economic, social and cultural
ESCWA	Economic and Social Commission for Western Asia
EU	European Union
FAA	Food Assistance for Assets
FAO	Food and Agriculture Organization
FCS	Food consumption score

FTDA	France Terre d'Asile (land of asylum)
GAM	Global acute malnutrition
GDP	gross domestic product
GFD	General food distribution
GNI	gross national income
GSF	Government Social Fund
HDI	Human Development Index
HGSF	Home-grown school feeding
HIO	Health Insurance Organisation
HPG	Humanitarian Policy Group
HRC	High Relief Committee
IADH	Arab Institute for Human Rights
ICMPD	International Centre for Migration Policy Development
ICRC	International Committee of the Red Cross
ICT	Information and communications technology
IDMC	Internal Displacement Monitoring Centre
IDP	Internally displaced person
IDS	Institute of Development Studies
IFAD	International Fund for Agricultural Development
IFPRI	International Food Policy Research Institute
IFRCS	International Federation of Red Cross and Red Crescent Societies
IKSAC	Imam Khomein Social Assistance Committee
ILO	International Labour Office
IMC	Inter-Ministerial Committee
IMF	International Monetary Fund
IOM	International Organisation for Migration
IPRSP	Interim Poverty Reduction Strategy Paper
IR	Islamic Relief
ISIS	Islamic State of Iraq and Syria
JD	Jordanian Dinar
JOHUD	Jordanian Hashemite Fund for Human Development

LE	Livre égyptienne [Egyptian pound]
LIBNOR	Lebanese Standards Institution
LIW	Labour-Intensive Works
M&E	Monitoring and evaluation
MEHE	Ministry of Education and Higher Education
MENA	Middle East and North Africa
MIS	Management information systems
MoA	Ministry of Agriculture
MoDRD	Ministry of Detainees and Released Detainees
MoE	Ministry of Education
MoET	Ministry of Economy and Trade
MoEW	Ministry of Energy and Water
MoF	Ministry of Finance
MoFNE	Ministry of Finance and National Economy
MoH	Ministry of Health
MOHME	Ministry of Health and Medical Education
MoL	Ministry of Labour
MoLSA	Ministry of Labour and Social Affairs
MoPH	Ministry of Public Health
MoSA	Ministry of Social Affairs
MoSD	Ministry of Social Development
MoSS	Ministry of Social Solidarity
MoWSS	Ministry of Welfare and Social Security
MT	metric tonne
NAF	National Aid Fund
NFI	Non-food item
NGO	Non-governmental organisation
NHIF	National Health Insurance Fund
NOSI	National Organisation for Social Insurance
NPF	National Pension Fund
NPTP	National Poverty Targeting Programme

NRP	National Resilience Plan
NSDSL	National Social Development Strategy of Lebanon
NSIF	National Social Insurance Fund
NSSF	National Social Security Fund
NSSS	National Social Security System
NTC	National Transitional Council
NZF	National Zakat Fund
OSSREA	Organization for Social Science Research in Eastern and Southern Africa
PA	Palestinian Authority
PDS	public distribution system
PHC	Primary Health Centres
PID	Project Information Document
PLO	Palestine Liberation Organisation
PNA	Palestinian National Authority
PNCTP	Palestinian National Cash Transfer Programme
PPBSF	Public Private Business Sector Fund
PPP	Purchasing power parity
PRRO	Protracted Relief and Recovery Operation
PRSP	Poverty Reduction Strategy Paper
PSNP	Productive Safety Net Programme
PWD	People With Disabilities
RBC	Regional Bureau Cairo
RRP	Regional Response Plans
SAFE	Safe Access to Firewood and Alternative Energy
SAP	Social Action Plan
SCOPE	System for Cash Operations
SDC	Social Development Centre
SDG	Sudanese Pound
SFD	Social Fund for Development
SHCP	Special Hardship Cases Programme

SHHS	Sudan Household Survey
SMED	Small and Micro-Enterprises Development
SNAP	Safety Nets Alert Platform
SPSS	Social Protection Sector Strategy
SSC	Social Security Corporation
SSN	Social safety nets
SSNRP	Social Safety Net Reform Programme
SSO	Social Security Organisation
SSP	Social Support Project
SWF	Social Welfare Fund
THR	Take-home rations
TUA	Tkiyet Um Ali
UN	United Nations
UNCTAD	United Nations Conference on Trade and Development
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIDO	United Nations Industrial Development Organization
UNISDR	United Nations International Strategy for Disaster Reduction
UNOCHA	UN Office for the Coordination of Humanitarian Affairs
UNRWA	United Nations Relief and Works Agency
UNSMIL	United Nations Support Mission in Libya
US	United States
USAID	United States Agency for International Development
VP	Voucher Programme
WASH	Water, Sanitation and Hygiene
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization
YMCA	Young Men's Christian Association
ZSCT	Zakat Supreme Council of Trustees

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Executive summary

Context

Many countries in the Middle East and North Africa (MENA) region are in political transition or are experiencing civil unrest, which has created the largest number of internally displaced people and refugees in the world. Economic growth in MENA has stagnated at 2 per cent per annum since 1990, the lowest regional average in the world. Unemployment stands at 15 per cent, the highest in the world. Average income poverty has remained steady at just over 20 per cent since 1990, comparable to Europe and Central Asia, but is considerably higher in certain countries, notably Yemen and Sudan (Jawad 2014). Economic vulnerability, defined as living just above the poverty line and at risk of falling into poverty following an idiosyncratic shock (such as illness) or a covariate shock (such as food price spikes), is high. For instance, 55 per cent of Egyptians fell temporarily into poverty or near-poverty at least once between 2005 and 2008 (Silva, Levin and Morgandi 2012).

Food insecurity is a major challenge across the MENA region. The reasons are multi-faceted – war, civil unrest, economic sanctions (especially affecting Syria, Libya, Iraq, Palestine, Sudan and Yemen), high dependence on commercial food imports, increasing vulnerability to natural disasters and climate change. While the absolute number of natural disasters globally has almost doubled since the 1980s, the number of natural disasters in MENA has tripled over this period (World Bank 2014). Warmer temperatures, increasing frequency and intensity of droughts, and the impacts of increased aridity on already scarce water resources are of particular concern. Between 2000 and 2010, 75 per cent of the land in Arab countries was affected by drought for two years or more, exposing more than 150 million people to moderate or high levels of drought stress (Erian, Katlan and Babah 2010). The potential damage from droughts is considerable, given that 50 per cent of food production and over 80 per cent of rural livelihoods derive from pastoralism and rain-fed agriculture, both of which are highly climate-sensitive. Climate change is expected to exacerbate existing risks to food security, particularly for the poorest, and could add further momentum to the social, economic and political stresses already present in the region (Met Office and WFP 2013).

Because the region's agro-ecology is highly water-stressed with limited arable land, food production self-sufficiency is an unrealistic goal for most countries. MENA is the largest net importer of cereals in the world, with imported food providing about half of all calories consumed (Jawad 2014). Against a global trend of falling malnutrition rates, MENA is the only region where malnutrition rates have been rising since 2000. In eight MENA countries, including Egypt, Iraq, Libya and Yemen, child stunting and/or underweight rates are defined as 'high' (>20 per cent); in Yemen, the figure was 58 per cent in 2009. Because of a high dependence on markets rather than self-production for food, malnutrition rates spiked during the global food price crisis in 2008 (Marcus and Perezniето 2011).

The escalation of armed conflict in the MENA region since the Arab Spring has generated a surge in refugees and internally displaced people (IDPs), who typically

lose both their economic access and physical access to food, because they leave their livelihoods and assets and normal lives behind, so they become dependent on humanitarian assistance. These challenges and risks are increasingly complex, interdependent and are already having severe environmental, economic and political repercussions that affect the regional, national and human security of people living in the region. There are no simple solutions: planning and implementing support will require a diverse group of stakeholders from a number of fields. No single actor can manage the entire range of unfolding and unpredictable risks, protect development gains and find effective ways to support all the vulnerable and food-insecure people in the region.

Social protection and safety nets in the Middle East and North Africa

Governments introduce social protection policies with social, economic and political objectives. Social objectives include reducing inequality and promoting social inclusion. Economic objectives include reducing poverty and promoting economic growth. Political objectives include reducing civil unrest and promoting state legitimacy.

In the MENA countries, social protection has typically been incorporated into national development plans in support of employment creation and income generation, while safety nets aim to stabilise consumption against shocks and high prices. It is no coincidence that social assistance schemes in the region were substantially scaled up after the global food crisis of 2007/08, the political crises that accompanied the Arab Spring of 2011, and recent initiatives to reform subsidies in many countries. Large-scale food and fuel subsidies serve mainly political purposes, as is clear from the political resistance that follows whenever subsidies are downscaled or removed.

Social protection and safety nets

The terms 'safety nets', 'social transfers' and 'social assistance' all refer to non-contributory transfers, and are often used interchangeably. However, safety nets are only one component of broader social protection systems.

Safety nets are 'formal or informal non-contributory transfers provided to people vulnerable to or living in poverty, malnutrition and other forms of deprivation'.

Social protection 'also includes labour and insurance-related interventions – such as health insurance, pensions and various labour policies – and the provision of social services as part of sectoral policies for the education, nutrition, health and other sectors'.

(WFP 2012: 5–6)

Partly because of the high levels of market dependence for access to food, MENA governments have historically favoured consumer price subsidies as an instrument to reduce household food insecurity. There is a predominance of general food subsidies in this region, which are both expensive and regressive, since the benefits are captured disproportionately by the non-poor (over 80 per cent in Egypt). Governments in MENA spend more on subsidies, both absolutely and as a proportion of gross domestic product (5.7 per cent of GDP on average), than governments in other developing countries (1.3 per cent of GDP on average). Social assistance programmes, on the other hand, typically receive a smaller fraction

of governments' social protection budgets. For every US\$1 delivered as social assistance to a poor person in MENA in 2011, US\$158 was spent on subsidies in Yemen and US\$194 was spent on ration cards in Egypt (Silva *et al.* 2012: 19).

Recognising that general subsidies are inefficient and increasingly fiscally unsustainable, several MENA countries have recently initiated subsidy reform processes. Experiences in Yemen and Sudan confirm that lifting subsidies can push up the prices of basic food and non-food items and significantly reduce the living conditions of households, in the absence of a robust alternative system of targeted social assistance to counter these price and income effects. This points to a paradox in social protection provision in MENA. Although subsidies are inefficient, they have had a bigger impact on poverty reduction than targeted social assistance transfers, mostly because of their much larger scale.

Social assistance and safety net programmes in MENA have had only limited impact on poverty and inequality to date, because of low coverage, low benefits, inefficient targeting and poor or absent monitoring and evaluation (M&E) systems. Social assistance (excluding subsidies) is poorly targeted in MENA – less than a quarter (23 per cent) of total benefits reach the bottom quintile, compared to more than half in Latin America (59 per cent), Eastern Europe and Central Asia. As a result, social transfers contribute, on average, only 12 per cent to consumption of the poorest quintile, compared to 20 per cent on similar programmes elsewhere (Silva *et al.* 2012).

Role of safety nets in food and nutrition security and building resilience

Social protection programmes with explicit food security objectives are especially prevalent in highly food-insecure countries such as Palestine and Yemen, but food security is also implicit in most forms of social assistance interventions across the MENA region. The global crises of 2007/08 prompted an expansion in social safety net spending across the MENA region, from 10.1 to 12.5 per cent of government spending and from 4.2–4.6 per cent of GDP, within three years (Marcus and Perezniето 2011). There are several social safety nets interventions in place in MENA countries, targeting poor, food-insecure and vulnerable households and individuals, IDPs and refugees, and contributing to enhanced resilience.

School feeding is a form of social assistance that has both nutrition and education objectives, while contributing to the household economy. Secondary objectives include empowering girls and reducing child labour. School feeding programmes are operating in many MENA countries. Some programmes (e.g. in Iran and Yemen) aim to address gender inequities in access to education, by targeting girls. In Egypt, school meals and snacks are fortified to enhance their nutritional benefits, while WFP's food-for-education programme incentivises child labourers to return to school (Marcus and Perezniето 2011). When linked with local production, 'home-grown school feeding' is a powerful tool to stimulate local livelihoods and agriculture. In Sudan, for instance, WFP is working with the government to source food for the national school feeding programme from local producers.

Public works (food assistance for assets through conditional food or cash transfers) also address food insecurity in many countries, often targeting marginalised groups

such as Bedouins in Egypt (Marcus and Perezniето 2011). Well-designed public works projects can provide benefits in a range of areas and meet a number of closely linked objectives, including combating seasonal food insecurity by providing temporary income through employment schemes. Public work projects also support livelihood enhancement and diversification, which are central to resilience-building outcomes and to climate change adaptation. This can be achieved through skills training and the creation of community assets that could reduce the impact of disasters by protecting against a range of natural shocks or stresses, and promote better use of scarce natural resources. As an example, in Sudan, through the Safe Access to Firewood and Alternative Energy (SAFE) project, WFP, using a women-centred participatory approach, is addressing a lack of access to cooking fuel for the most vulnerable by distributing fuel-efficient cook stoves, thereby empowering communities as well as protecting the environment from deforestation.

Several countries are also implementing **nutritional programmes**, including both blanket and targeted support for prevention and treatment of chronic and acute forms of undernutrition among children under two, children aged two–five years and pregnant and lactating women. Along with vitamin A and iron supplementation, fortified and specialised foods are gaining significance in combating undernutrition.

Several MENA governments have developed **food security strategies**, but most countries display lack of coordination between agriculture, food security and social protection policies and programmes, although there are strong synergies between these policy domains. In Sudan, for instance, where agriculture contributes 35 per cent of GDP, social protection should be designed to promote household and national food security and build resilient livelihoods. Yemen developed a National Strategy for Food Security in 2010, which focuses on achieving self-sufficiency in key crops to reduce the food gap. At the same time the Social Fund for Development implements a public works programme that supports agricultural production through irrigation and terracing projects, rainwater harvesting and soil and water conservation. In Sudan, Yemen and elsewhere there is clearly scope for better coordination and integration between agricultural policies and social protection interventions.

Refugees, IDPs and migrants are treated differently in different contexts.

Some are fully integrated into host communities, but often they live in camps or in marginalised conditions, in rural or urban environments, with variable levels of access to humanitarian support, social services and livelihood opportunities. The extent of social protection for these groups also varies. Because social assistance and social security entitlements are not 'portable' across national borders, refugees typically lose access to these benefits and they are not entitled to receive the social benefits that host country citizens receive. In Jordan, for instance, Syrian refugees receive no social protection support from the Ministry of Social Development (MoSD) or the National Aid Fund (NAF). At the same time, the influx of Syrian refugees has negatively impacted local livelihoods among host communities, who face competition for casual labour opportunities and access to services. In Lebanon, social assistance and social security are not even available to all Lebanese citizens, and these programmes are under pressure due to the large numbers of Syrians in the country, who are also not fully entitled to access social services locally.

The relationship between **formal, semi-formal and informal social protection** is complex in the MENA region. ('Informal' social protection describes support within extended families and communities, such as remittances. 'Semi-formal' social protection describes institutions that operate outside government that are financed by members' contributions, such as rotating savings clubs.) Because of the centrality of religious institutions in social, cultural and political life, the boundaries between state and non-state provision of social protection are fluid in MENA countries. Zakat is a major source of redistributive social transfers, and faith-based organisations deliver significant safety nets to people in this region.

World Food Programme support to social protection and safety nets

The World Food Programme (WFP) has been providing support, at both a policy and technical level, to the development of national social protection systems, in order to strengthen resilience and build capacity for food and nutrition security. WFP's historical expertise and local field knowledge provides the agency with a comparative advantage to work with national governments in developing their social protection frameworks. In the MENA region, WFP food vouchers are a major source of survival for many vulnerable populations and represent a safety net in several countries. Taking into account the prevalence of urban food insecurity in the region, WFP e-cards (in Lebanon and Egypt, for example) are considered as innovative solutions. In other countries (such as Palestine and Sudan), WFP's projects such as Food Assistance for Assets (FAA) provide a conditional form of social assistance that improves livelihoods at the community level, while enhancing individual skills. School feeding programmes in the region are supporting 4.5 million children to complete their primary education, at the same time addressing their short-term hunger and nutrition gaps through provision of fortified meals or mid-morning snacks. Efforts are being made in several countries to hand over this intervention to government, as part of their social safety nets.

The gaps that persist in social protection systems in MENA represent an opportunity for WFP's further engagement. Considering the general volatility of the region, strengthening local capacities to expand the coverage of social assistance (either through direct food assistance, or using cash and vouchers) is vital at times of emergencies and shocks. Given the great number of refugees and IDPs in the region, WFP's support is also important for improving targeting methods, and for linking safety nets and humanitarian interventions to longer-term social protection that supports livelihoods and resilience building.

Challenges

As discussed above, social protection coverage is low and uneven in the MENA region. On average, just 16 per cent of the poorest population quintile receives any form of social assistance, less than half the global average of 40 per cent. State-administered programmes tend to be targeted worse than donor-run programmes. Leakages are highest for general food and fuel subsidy programmes, where the rich tend to capture the bulk of the benefits because they consume more than the poor. Even targeted social assistance programmes reach too few poor people and too many non-poor people, because of weak targeting design or registration processes (Jawad 2014).

One explanation for these unsatisfactory beneficiary incidence outcomes is an excessive reliance on geographical and categorical targeting, which are crude mechanisms, generally associated with high inclusion errors. However, categorical targeting can benefit certain vulnerable groups efficiently, for instance if undernutrition (including micronutrient deficiencies) is brought strategically into social safety net programming. Addressing undernutrition at early stages of a child's development – from conception until two years of age – would have far-reaching positive benefits to countries, including lessening the burden of high expenditures on health care. Some countries have recently switched towards more accurate targeting mechanisms, such as means testing in Jordan and proxy means tests in Lebanon, Palestine and Yemen (Silva *et al.* 2012). More work is needed on refining targeting strategies to identify and reach the food-insecure in countries where targeting is generally weak, leading to inefficient interventions that have limited impacts on poverty and vulnerability.

Beyond this, while the Arab Spring's potent demands for democracy brought new opportunities in the MENA region, the challenges posed by the ongoing instability, conflicts and displacement of people in countries already vulnerable to climate change and other stresses cannot be ignored. The need for linking resilience building to social policies remains a major challenge for the region, as the recent economic and social transitions are escalating the risk factors for food and nutritional insecurity.

Finally, with shrinking fiscal space and unprecedented rise in demand for humanitarian funding, sustainable funding for social protection is a challenge for several governments in the region.

The way forward

The policy imperative is clear: when food subsidies are reformed or removed, the 'subsidy dividend' must be invested in a substantial expansion of targeted social assistance programmes, to compensate the poor for their lost access to food and to achieve larger and more cost-effective impacts on poverty reduction and food insecurity.

Although long-term programming is challenging in the current context of high uncertainty and instability throughout much of the MENA region, planning and designing social protection should be underpinned by a vision for building a sustainable system that delivers predictable social assistance for building resilience to food and nutrition insecurity. Achieving food and nutrition security should be an explicit objective within countries' social protection and safety net programming in MENA. Also, given the high degree of urbanisation in this region, governments and other actors (both humanitarian and development) should clearly define social protection strategies and programmes for addressing urban food insecurity, which might require different approaches compared to rural food insecurity.

More analytical work is required on social protection and safety nets to enhance governments' capacity in designing national safety nets that are flexible and responsive to stresses and shocks and contribute to resilience building. This entails design aspects related to context analysis, targeting, selection of modalities

and determining the value of social transfers for improving food security and nutrition. Withdrawal of fiscal subsidies has happened or is imminent in many MENA countries. When fiscal subsidies are reduced or withdrawn food prices tend to rise and popular unrest often follows. Governments and agencies should design and implement time-bound safety nets to mitigate the harmful immediate effects of withdrawal of subsidies.

Conceptually, ideas for linking humanitarian and development interventions have been discussed since the 1980s, but are rarely implemented in practice. Operationally, emergency programmes such as general food distribution or cash and voucher-based unconditional transfers are not systematically coordinated with state-led social protection interventions. Institutionally, governments tend to administer and finance social protection programmes and social security systems, leaving non-government actors (UN agencies, international and local NGOs) to deliver humanitarian assistance during crises. One innovative idea is scalable safety nets that expand and contract during and after a crisis, such as unconditional food, voucher-based or cash transfers (e.g. the voucher programmes in Palestine and Jordan), or the Productive Safety Net Programme (PSNP) in Ethiopia and the Hunger Safety Net Programme in Kenya, which are co-funded by the government and development partners.

Many MENA countries have a combination of high (youth) unemployment, and seasonal hunger. Governments need to design interventions to simultaneously address household food insecurity and support linkages to labour markets, partly through public works programmes, using food, cash or voucher forms of income transfer modalities. In these contexts, public work programmes may contribute to resilience-building efforts by engaging participants in infrastructure-related projects that reduce specific disaster risks or by supporting diversification and adaptation of livelihoods to better withstand relevant shocks and stresses.

1 Introduction

The Cairo Regional Bureau of the World Food Programme (WFP) commissioned the Centre for Social Protection at the UK Institute of Development Studies (IDS) to conduct a scoping study of social protection and social safety net programmes in ten countries of the MENA region.¹ This scoping exercise is expected to contribute to the development of WFP's regional social protection strategy.

In-depth country case studies were produced for five countries – Iraq, Jordan, Lebanon, Sudan and Yemen – and desk reviews were compiled for five additional countries: Egypt, Iran, Libya, Palestine and Tunisia. This regional overview paper draws from the ten country reports and the wider relevant literature. Summaries of the ten country case studies are annexed.

1.1 Objectives

Each country case study, and this regional overview, aims to describe and analyse social protection and social safety nets from the perspective of food security, livelihoods and nutrition outcomes; with a focus on social protection for refugees and displaced people, as well as the contribution of informal safety nets to combating hunger and food insecurity. The reports also aim to analyse gaps in national social protection and safety net systems, and to draw out implications for WFP programming.

1.2 Methodology

Five country studies were commissioned from national consultants for this project – in Iraq, Jordan, Lebanon, Sudan and Yemen. A sixth country study was initiated in Libya but had to be cancelled due to the escalation of civil conflict since July 2014. In addition, desk reviews were commissioned to provide an overview of social protection and safety nets in four countries – Egypt, Iran, Palestine and Tunisia – to which Libya was subsequently added as a fifth country (though very limited information was available), making a total of ten countries.

A common methodology was adopted in all five commissioned country studies. A report template was designed with standardised chapter titles and section sub-headings, corresponding to modules in a semi-structured questionnaire that was designed to be administered to key informants in each country. Face-to-face or telephone interviews were conducted with relevant government officials, staff of international agencies and NGOs, and representatives of local civil society. Challenges were encountered in completing the planned schedule of interviews in some countries, notably Iraq and Yemen, due to security concerns that made officials unavailable for interview, or else restricted access to planned fieldwork sites such as refugee camps.

1 The World Food Programme's Regional Bureau Cairo (RBC) covers 18 countries in the Middle East, North Africa, Eastern Europe and Central Asia: Algeria, Armenia, Egypt, Iran, Iraq, Jordan, Kyrgyz Republic, Lebanon, Libya, Morocco, Palestine, Sudan, Syria, Tajikistan, Tunisia, Turkey, Ukraine and Yemen.

The second main source of information and data was the available academic publications and grey literature – government publications, agency documents and websites – on social protection policies and safety net programmes in each country and at regional level. Documents and data were obtained from various sources, either provided directly by key informants from governments and agencies, or downloaded from websites. Academic publications cited in this report are listed in the references. Policy statements, programme documentation and original sources of data for each case study country are referenced in the relevant country reports.

A major methodological challenge was created by the disruptive consequences of the Arab Spring and ongoing political instability in several of the ten countries covered by this study, which have created new patterns of vulnerability and humanitarian needs, including large-scale population displacement, and compromised the delivery of basic government services, including social protection. Given this fluid and volatile situation, data inevitably becomes outdated very quickly, and sources that were definitive as recently as 2013 might already be incorrect or irrelevant. Although the most recent available data were used in compiling this report, and information has been validated by soliciting feedback from people currently working in each country, these challenges to data quality and credibility are, unfortunately, unavoidable.

1.3 Report structure

Following this Introduction, Section 2 describes the context of MENA, focusing on the challenges the region's recent history has generated in terms of poverty, vulnerability and food insecurity. Section 3 discusses social protection policies and institutional arrangements in MENA countries, with social protection providers disaggregated between government and non-government agencies and institutions. Section 4 examines the dominant forms of social protection programmes in the region, including subsidies, social assistance and social security systems. Section 5 considers the role played by semi-formal and informal social protection, complementing formal provisioning. Section 6 considers social protection and safety nets that target refugees and IDPs. Section 7 reviews WFP's work on safety nets in the MENA region and efforts to link humanitarian responses to longer-term social protection programming. Section 8 concludes with an analysis of gaps and challenges for social protection – including extending coverage, improving targeting, and supporting food security – and suggestions for WFP programming. The Annexes present summaries of the ten country studies.

Note that summary paragraphs by country are provided on several topics throughout the report. However, instead of summarising the relevant information for all ten countries on each and every topic, a selection of countries is covered on each topic and these countries are varied to ensure balanced representation across the report overall. Interested readers are referred to the country reports to fill the gaps. The only exception to the rule is Libya, which is under-represented due to data limitations.

2 Regional and national contexts

There are some similarities but also great diversity across countries in the MENA region, in terms of national incomes and economic structures, demographic composition and trends, and political trajectories. These contextual aspects are briefly considered for selected MENA countries below. This is followed by a closer look at regional trends in poverty, vulnerability and food insecurity.

2.1 Recent political history

Many countries in the MENA region are in political transition, or are experiencing civil unrest ranging from low-level sectarian violence to humanitarian crises, which have created the largest number of IDPs and refugees in the world. The Arab Spring, which started in Tunisia in December 2010, subsequently resulted in governments being overthrown in four of the ten countries covered by this study – Egypt, Libya, Tunisia and Yemen – with ongoing political instability and social unrest in all these cases, as well as protests in four more countries – Iraq, Jordan, Palestine and Sudan. Iraq, Palestine and Sudan have also experienced ongoing violence and insecurity and Sudan was split into two countries with the independence of South Sudan in July 2011.

The popular uprisings in **Tunisia** which led to the overthrow of President Ben Ali in 2011 were triggered mainly by food price inflation, unemployment and corruption. The transition to democracy has been relatively successful, with the adoption of a new constitution in January 2014 and the first democratic elections in December 2014. But the challenges of high youth unemployment and deep social and economic inequalities remain. Regional instability has also affected Tunisia, with one million Libyan refugees and Tunisian workers being displaced into southern Tunisia by Libya's ongoing civil conflict.

The **Yemeni** Uprising in 2011 was part of the Arab Spring. The Gulf countries brokered an initiative that ended the conflict, conducted an inclusive national dialogue and led to the formation of a national unity government. However, widespread conflicts once again began escalating in late March 2015 which worsened further following massive Saudi-led coalition air strikes and fierce ground fighting. This crisis came at a time when the country was already struggling with an increased civil insecurity and political instability since September 2014.

Iraq's turbulent history since its independence from the British in 1932 includes military coups in 1958, 1963 and 1968, a devastating war with Iran, its occupation of Kuwait and the economic sanctions and First Gulf War that followed, the Second Gulf War of 2003 that resulted in the overthrow of Saddam Hussein, and the subsequent political instability and ongoing violence that continues even today, with devastating impacts on infrastructure, livelihoods and lives.

Sudan has been under military rule for most of its post-colonial existence, and has experienced persistent conflict and instability. The first civil war between north and south Sudan started shortly before independence in 1956 and continued until 1972, while the second civil war started in 1983 and continued until the Comprehensive Peace Agreement was signed in 2005, leading to the secession

of South Sudan in July 2011. Since 2003 there has also been a protracted conflict in Darfur, and in 2012 violence erupted in the South Kordofan and Blue Nile states, resulting in millions of IDPs in these three states. Conflict has destroyed infrastructure and made development projects impossible due to insecurity and diversion of government spending to the armed forces.

2.2 Economies

The economies of the MENA countries face several challenges. Economic growth has stagnated at 2 per cent per annum since 1990, the lowest regional average in the world. Conversely, unemployment stands at 15 per cent, the highest regional average globally. But labour force participation is also lowest in the world, at 54 per cent, mainly because female participation in formal employment is extremely low (Jawad 2014: 26).

Table 2.1 Gross domestic product per capita (US\$) in ten Middle East and North African countries, 2013

Country	GDP p.c.	Country	GDP p.c.	Country	GDP p.c.
Lebanon	15,800	Tunisia	9,900	Palestine	2,900
Iran	12,800	Iraq	7,100	Sudan	2,600
Libya	11,300	Egypt	6,600	Yemen	2,500
		Jordan	6,100		

Source: CIA (2014).

The ten countries covered by this study can be clustered into three groups based on their income or wealth (see Table 2.1). Three of the ten countries – Lebanon, Iran and Libya – have per capita GDP in excess of US\$10,000. **Lebanon** is the wealthiest country in this study, with strong industrial and services sectors (e.g. cement and banking respectively), but it has a trade deficit and heavy external debts due to the costs of rebuilding infrastructure following the civil war of 1975–90. **Iran's** wealth is based mainly on oil revenues and a diversified industrial sector that is still dominated by inefficient state-owned enterprises, although an ambitious privatisation and economic reform programme is underway. **Libya's** relatively high GDP is slightly misleading in that the economy is totally dependent on the energy sector, which generates almost all export earnings and government revenues, while 80 per cent of food is imported.

Four of the ten countries – Tunisia, Iraq, Egypt and Jordan – have GDP per capita between US\$5,000 and US\$10,000. This 'middle-income' cluster is led by **Tunisia**, an upper-middle-income country with a diversified economy that includes well-developed agriculture, trade, shipping and tourism sectors, and exports textiles, food, petroleum and chemicals mainly to the European Union (EU), but has seen its tourism and other sectors damaged by the political crisis since 2011. **Iraq's** economy is dominated by oil production, but lengthy wars have severely damaged the economy, unemployment is high and ongoing sectarian violence has inhibited

economic recovery. **Egypt's** economy is heavily dependent on tourism, which has been adversely affected by recent political events, while agriculture (food and cotton), private industries and trade (exploiting the Suez Canal) are also important economic sectors. **Jordan's** income derives largely from remittances (20 per cent of GDP) from migrants working mainly in the Persian Gulf, and a growing free enterprise economy with much foreign investment in manufacturing (especially textiles), information and communications technology (ICT) and other sectors.

The poorest three of the ten countries – Palestine, Sudan and Yemen – have GDP per capita below US\$5,000, actually below US\$3,000. The economy of **Palestine** has been dominated by foreign aid since the second Intifada in 2000, which led to Israel imposing heavy restrictions on trade and movement of people, with the Gaza Strip being affected more severely than the West Bank. **Sudan's** economy was severely compromised by the loss of oil revenues following the secession of South Sudan in 2011, leaving the country dependent on subsistence-oriented agriculture which traps almost half the population in poverty. **Yemen** is a low-income economy driven by limited and declining oil revenues, remittances from migrant workers mainly working in other Gulf countries, and by agriculture, especially the stimulant crop *khat*.

The 'youth bulge' in many MENA countries presents serious economic and social challenges. With 60 per cent of its population under 30 years old and youth unemployment at 20 per cent – double the national unemployment rate of 10.4 per cent in 2014 – **Iran's** oil-dominated economy urgently needs investment in non-oil sectors in order to generate decent employment opportunities and avoid social instability. Unemployment is even higher among women, at 24 per cent. Iran's agriculture, services, manufacturing and financial sectors are all small with a strong state presence and a weak business environment. Failure to diversify the economy sufficiently to absorb job-seekers could force the government into using state revenues to extend the social protection system as a social response to an economic problem – offering social grants for subsistence to millions of unemployed citizens.

Despite holding the world's third largest oil reserves and receiving sizeable volumes of development assistance, **Iraq's** economy has contracted and become more distorted in recent decades, with the industrial sector and agriculture now employing much fewer people and contributing less to GDP than previously. The well-developed oil sector employs only 2 per cent of the workforce but accounted for 42 per cent of GDP in 2010. Rising oil prices since 2003 have pushed up per capita incomes and created the illusion of a booming economy, but most of these windfall export revenues have been squandered and severe structural weaknesses remain. 'Without the oil sector, the service sector would account for more than 40 per cent of GDP, which reflects the fragility of the economy and the predominance of a fragile tertiary sector' (Iraq country report).

The economy of **Palestine** is profoundly affected by fluctuating levels of international aid flows and by a problematic relationship with Israel, which imposes restrictions on movements of people and imports and exports of commodities into and out of the occupied territories. The largest economic sector is services (including education, health, financial services, tourism and transport) which employed 36 per cent of the workforce in 2013 and contributed two thirds of GDP. This is considered unhealthy

as the services sector is less dynamic than manufacturing, for example (which contributes only 4 per cent to GDP) and it has limited potential for expansion. The share of agriculture in Palestine's economy has fallen by 70 per cent since 1994, partly due to diminishing natural resources, especially water. It now employs 10 per cent of the workforce and contributes only 5 per cent to GDP. The Israeli blockade and the shutdown of the 'tunnel economy' (smuggling of goods from Egypt into Gaza) has contributed to an unemployment rate of 36 per cent in Gaza, although unemployment is also high in the West Bank, at 22 per cent. Two thirds of young women (69 per cent) in Palestine are out of work, and those who are employed work mainly in the informal sector or in clerical jobs in the public sector (UNCTAD 2014).

Despite being abundantly endowed with natural resources, including agricultural (arable land, water, livestock) and mineral wealth (oil and gold), **Sudan** is a least-developed, low-income food-deficit country that was ranked at 171 out of 197 countries in the 2013 Human Development Index (HDI). Three reasons for the persistence of poverty and food insecurity are protracted internal conflicts, an over-reliance on oil revenues, and economic sanctions, all leading to under-investment in agriculture or diversification into other sectors for generating jobs and incomes. Following the secession of South Sudan in 2011, when Sudan lost 75 per cent of its oil revenues, the economy remains dominated by agriculture (35 per cent of GDP) and services (41 per cent of GDP), with smaller contributions from industry (13 per cent) and trade (11 per cent). Sanctions have restricted farmers' access to improved agricultural inputs and have affected exports of agricultural products like Gum Arabic. Flows of international development assistance have also been adversely affected.

Yemen's economy is dominated by oil exports, but depleting reserves and attacks on production facilities have restricted economic growth and created a severe fiscal deficit. On the other hand, more than two thirds of the population live in rural areas and depend on rain-fed agriculture for their livelihoods, which is of low productivity and susceptible to water scarcity and erratic weather. Agriculture employs 31 per cent of the workforce but contributes only 11 per cent to GDP.

Natural disasters also greatly undermine economic growth in the MENA region, where the number of natural disasters has tripled since the 1980s. Floods, earthquakes and droughts are the most frequent disasters, with devastating consequences in terms of mortality, displacement, and economic losses. In 2008 alone, floods in Yemen cost US\$1.6 billion, equivalent to 6 per cent of GDP (World Bank 2014: 1).

2.3 Demographics

National populations in ten MENA countries range from relatively small – less than 10 million in Jordan, Lebanon, Libya and Palestine – to very large – more than 75 million in Egypt and Iran. These populations tend to be young, with one quarter to one third being under 15 years old. There is a marked difference in urbanisation profiles. Most countries – Iran, Iraq, Jordan, Lebanon, Libya, Palestine and Tunisia – are highly urbanised, but in three countries – Egypt, Sudan and Yemen – more people live in rural areas than in towns and cities. This rural–urban dichotomy has implications for social protection needs and the appropriate forms of social protection instruments.

Egypt has a large, young population – over 80 million in 2012, with 31 per cent being under 15 years of age. The population is still more rural (56 per cent) than urban (44 per cent), which has implications for the appropriate modalities and targeting of safety nets and other social protection programmes.

Iran also has a large, young population – 77 million in 2013, with 23 per cent under 15 years of age and 60 per cent under 30. Urbanisation is relatively high (71 per cent) with less than one third (29 per cent) of the population living in rural areas.

Iraq's population reached 33 million in 2013, of whom 28 per cent are youth (aged 15–29), and 70 per cent of the population live in urban areas. Population growth is double the global average, at 2.9 per cent per annum.

Jordan had an estimated population of 6.5 million in 2013, one third of whom (34 per cent) are under 15 years old. Most Jordanians – over 80 per cent – live in urban areas.

The population of **Lebanon** stood at just under 4 million in 2005, but has since been incremented by more than 1.5 million displaced Syrians, who now represent more than a quarter of all residents. Only 12 per cent of Lebanese live in rural areas.

Libya has a relatively small population of just over 6 million in 2014. Libya is a heavily urbanised country, with 78 per cent of the population living in cities and towns.

The total population of **Palestine** (Gaza plus the West Bank) is 4.5 million in 2014, of which 40 per cent are under 15 years of age while 70 per cent are under 30 years old. Nearly half of the population are refugees or internally displaced.

Sudan's population is currently estimated at 34 million. The population is very young: 90 per cent is below 50 years of age and 42 per cent is under 15 years.

Tunisia is a relatively small country with a population in 2014 of 11 million, 23 per cent being under 15 years old. Two thirds of the population is urbanised (67 per cent) while one third live in rural areas (33 per cent).

Yemen has a population of 25 million, with two thirds (67 per cent) being under 25 years old, which puts pressure on the labour market as well as on the provision of social services. High population growth (3.6 per cent per annum against a MENA regional average of 2 per cent (Roudi 2011)) and high dependency ratios in Yemeni households are blamed for low rates of savings and investment, thereby being a drag on economic growth. The population is more rural (71 per cent) than urban (29 per cent), and dispersed settlements make it challenging to deliver services to rural communities.

2.4 Poverty and inequality

Poverty rates in the MENA region are relatively low, averaging 22 per cent. Moreover, 'poverty levels have remained unchanged since 1990 and are equivalent to those of Europe and Central Asia' (Jawad 2014: 26). In Jordan in 2010, for example, the absolute poverty rate was 14.4 per cent. At the other

end of the spectrum, Yemen is one of the poorest countries in the Middle East, and was ranked at 160 out of 187 countries in the world in terms of HDI in 2014. The poverty headcount is 54.5 per cent, unemployment stood at 17.6 per cent in 2012 and chronic child malnutrition is 47 per cent. More than 70 per cent of the population still live in rural areas. Poverty in MENA countries is multidimensional and has social as well as economic dimensions.

Economic vulnerability, defined as people who live just above the poverty line and are at risk of falling into poverty following an idiosyncratic shock (e.g. illness) or a covariate shock (e.g. food price inflation), is high in MENA. An estimated 15–17 per cent of people in Egypt, Iraq and Yemen ‘have consumption levels that are no more than US\$0.50 per day above the US\$2 per day poverty line ... between 2005 and 2008, 55 per cent of Egyptians experienced at least one episode of poverty or near-poverty’ (Silva *et al.* 2012: 14).

A combination of economic shocks and political instability over the past few years has increased the poverty level in **Egypt**. Poverty incidence has increased to 26.3 per cent in 2013, up from 16.7 per cent in 2000. As many as 49 per cent of people remain either poor or vulnerable. According to the World Bank, during the last quarter of 2014, about 13 per cent of the country’s 27.6 million labour force remained unemployed, with 70 per cent of them being under 30 years of age (World Bank 2015: 2).

In **Iran**, only 0.7 per cent of the population lived under the poverty line of US\$1.25 a day (PPP) in 2010. Income poverty in **Iraq** was very low in the 1980s, at around 3 per cent in urban areas and 8 per cent in rural areas. Following the imposition of economic sanctions on Iraq, poverty rates rose by 1993 to 25 per cent and 33 per cent in urban and rural areas respectively. A survey in 2007 found that 23 per cent of the Iraqi population – 16 per cent of urban residents and 39 per cent of rural residents – were living below the national poverty line, based on the cost of a basket of basic food and non-food items. The most recent household budget survey, in 2012, concluded that the poverty rate had fallen to 19 per cent, leaving 6 million people living in poverty. Vulnerability to poverty in Iraq is high, with a large proportion of the population clustered close to the poverty line, susceptible to being forced below the line if the family breadwinner falls ill or food prices rise sharply. Unemployment in Iraq fell from about 30 per cent in 2003 to 15 per cent in 2011.

Poverty in **Lebanon** fell from 31 per cent to 25 per cent between 1995 and 2005, before rising to 28 per cent in 2008, based on an ‘upper poverty line’ equivalent to US\$4 per capita per day. For the same three years, the absolute or extreme poverty rate fell from 7 per cent to 5 per cent and then rose to 8 per cent, based on a ‘lower poverty line’ equivalent to US\$2.40 per capita per day. Poverty is most prevalent among the unemployed and among unskilled agricultural and construction workers. Unemployment was lower a decade ago than it is now, at 8 per cent in 2004 but an estimated 22 per cent in 2014, partly due to the influx of Syrian refugees which boosted the labour force by approximately 30 per cent and increased competition for low-skilled jobs, especially in the informal sector which absorbs more than half of the workforce.

The poverty headcount in **Palestine**, based on the national poverty line, was 25.8 per cent of the population in 2011, but is higher among Palestinian refugees

and IDPs, and varies by location: 29 per cent for displaced people in occupied Palestine, 66 per cent among refugees in Lebanon, and 73 per cent for refugees living in camps. Unemployment among Palestinian refugees is estimated at 44 per cent for women and 20 per cent for men.

Poverty in **Sudan** is extremely high, at 46.5 per cent, with more than half of the rural population (57.6 per cent) and a quarter of urban residents (26.5 per cent) living under the national poverty line in 2010. Poverty is highest in conflict-affected states, touching 70 per cent in parts of Darfur and 60 per cent in South Kordofan. Poverty and indicators of deprivation have worsened in recent years, due to conflict in western and southern states, as well as the implementation of economic stabilisation policies that halved government spending, severely affecting social services, infrastructure and public sector investment in economic sectors such as agriculture. According to the World Bank (2014), the removal of fuel subsidies in 2013 raised the national poverty rate to 49 per cent.

Poverty in **Tunisia** is below the regional average, with just 1 per cent of the population living on less than US\$1.25/day and 4 per cent living on less than US\$2/day. The HDI has steadily improved, from 0.436 in 1980 to 0.683 in 2010. Nonetheless, living conditions are bad for large numbers of Tunisians and unemployment is high (WFP n.d.).

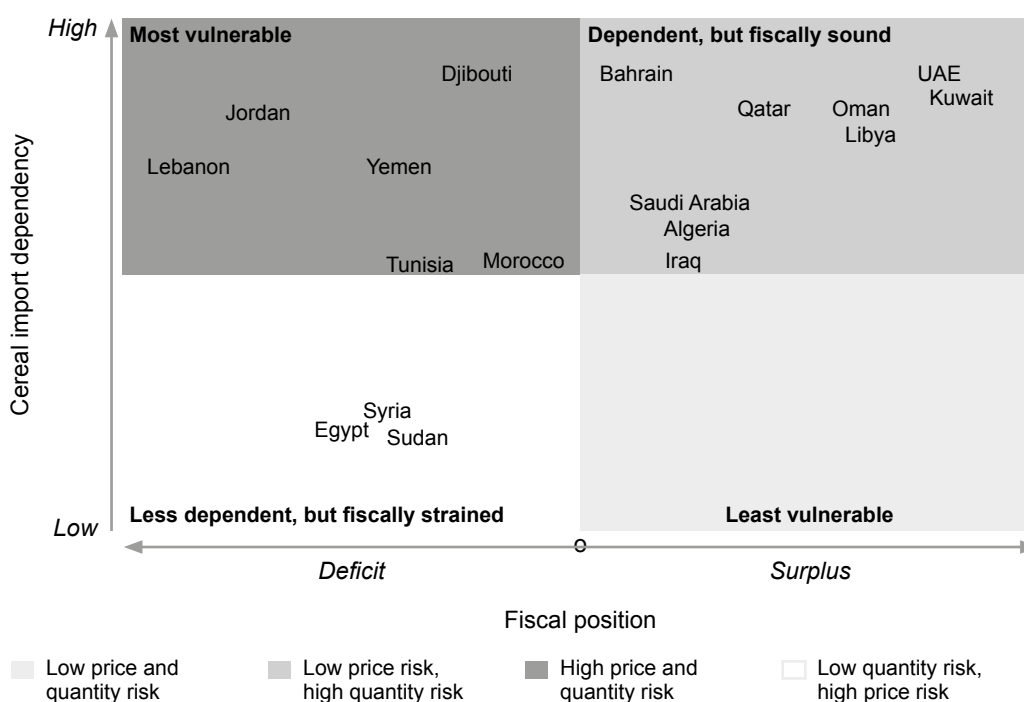
More than half the population of **Yemen** is poor (54.5 per cent), its per capita GDP was US\$1,209 in 2012, and it ranked at 160 of 187 countries in the 2014 HDI. The unemployment rate of 17.6 per cent in 2012 was projected to exceed 20 per cent by 2014, due to the volatile security situation. According to OCHA (2014), 10.5 million people in Yemen were food-insecure, 13.1 million had no access to safe water and sanitation, 8.6 million lacked access to adequate health care, and more than 1 million children under five are acutely malnourished. OCHA (2014) estimated that 14.7 million people (58 per cent of the population) are affected by the ongoing crisis and need humanitarian assistance. Causes of the crisis include: governance failures, political instability, internal conflict, collapsing social services, high food and fuel prices, demographic pressure and environmental stress, all of which are exacerbating poverty and vulnerability in Yemen.

A common measure of *income inequality* is the Gini coefficient, which varies in value between zero (full equality – each individual has the same income) and one (total inequality – one person has all the income). Inequality in Iraq is relatively low (Gini = 0.309) – the 18th lowest Gini coefficient of 128 countries – compared to Egypt (0.344), Yemen (0.377), Iran (0.384), and Jordan (0.388).

Gender inequalities are generally high in the MENA region, where women's rights are limited and females are disadvantaged in multiple ways throughout the life-cycle. For example:

- In **Iraq**, women are generally poorer than men, and the rate of economic participation is low, due to the lower contribution of women in the labour market.
- In **Lebanon**, labour market participation is highly gendered. A survey in 2004 found that less than one in four working adults was female (23 per cent), while three in four was male (77 per cent).

Figure 2.1 Cereal import dependency in the Middle East and North Africa region



Note: Since this analysis was done, the situation in Iraq, Libya and Yemen has changed, due to escalation in conflict and several MENA countries are impacted by the crisis in Syria. *Source:* Lampietti (2009: 15).

- **Yemen** ranks very low on the gender equality index, due to the exclusion of women from much of social, economic and political life.

There are some hopeful signs that the liberal ideas that accompanied the Arab Spring might include progress towards women's empowerment in some countries. For instance, when gender activists complained about the language of **Tunisia's** draft new constitution, which referred to women as being 'complementary' to men, the wording was changed to recognise full gender equality for the first time. 'All citizens, male and female, have equal rights and duties, and are equal before the law without any discrimination' (Constitute 2014: 10).

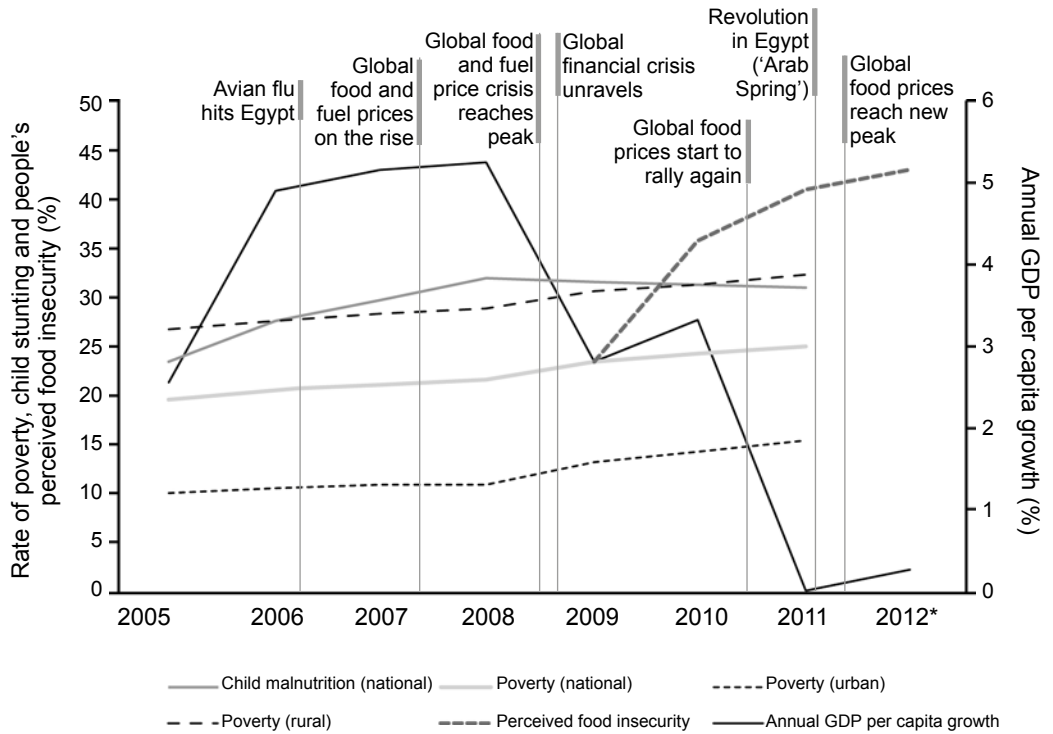
2.5 Food security and nutrition

This section reviews evidence on the nature and causes of food insecurity at the regional and national levels, and on the prevalence of different forms of malnutrition at the individual level, in the MENA countries covered by this study.

2.5.1 National and household food insecurity

Food insecurity is a major challenge across the MENA region. The reasons are related to generalised conditions of insecurity in the region – war, civil unrest, economic sanctions (especially affecting Iraq, Palestine, Sudan and Yemen) – but also to a high dependence on commercial food imports. Because the agro-ecology of the region is highly water-stressed with little arable land, food production

Figure 2.2 Food security trends in Egypt 2005–12



Source: IFPRI-WFP (2013).

self-sufficiency is an unrealistic goal for most countries. Agriculture makes a relatively small and declining contribution to GDP, falling from 18.6 per cent in 1992 to 12.4 per cent in 2011. As a consequence, MENA is the largest net importer of cereals in the world, with imported food providing about half of all calories consumed (Jawad 2014: 26). Food insecurity in MENA is likely to increase in the future, as droughts are expected to increase and crop yields are projected to decline by 30 per cent by 2050, due to the effects of climate change (Jobbins and Henley 2015: 4).

Figure 2.1 reveals that among ten case study countries, Egypt and Sudan have fiscal deficits but low food import requirements, Libya and Iraq have high food import requirements but fiscal surpluses, so both groups have relatively low risks of food insecurity at the national level. Conversely, Jordan, Lebanon, Palestine and Yemen have fiscal deficits and are heavily dependent on food imports, a combination that makes them highly food-insecure (Harrigan 2011). The conventional response by governments in the MENA region has been to introduce general food price subsidies, which are problematic and unsustainable, for reasons discussed elsewhere in this report.

While import dependence presents risks to national food security because it affects the *availability* of food, household- and individual-level food security is determined by economic and physical *access* to food. Economic access to food is determined by income, so indicators of food insecurity tend to be higher in countries with higher levels of poverty, such as Yemen. Physical access to food is often undermined by conflict-related insecurity, which disrupts trade flows and market functioning, and displaces people and/or restricts their mobility. The escalation of armed conflict in the MENA region since the Arab Spring has generated a surge

in refugees and IDPs, who typically lose both their economic access and physical access to food – because they leave their livelihoods and assets and normal lives behind – so they become dependent on humanitarian assistance.

Rising food insecurity has been associated with a declining role for agriculture in many national economies. In **Sudan**, for instance, the share of agriculture in GDP declined from 42 per cent in 2000 to 29 per cent in 2013. Although food production self-sufficiency is not necessary for national food security, at household level families that do not grow their own food need to earn sufficient income to buy the food they need, and with high levels of unemployment and sharp spikes in food prices, vulnerability to food insecurity is pervasive in the MENA region. Food security in **Yemen** is heavily influenced by its high dependence on commercial food imports, which makes poor Yemenis vulnerable to price shocks such as the 88 per cent rise in wheat prices in 2008.

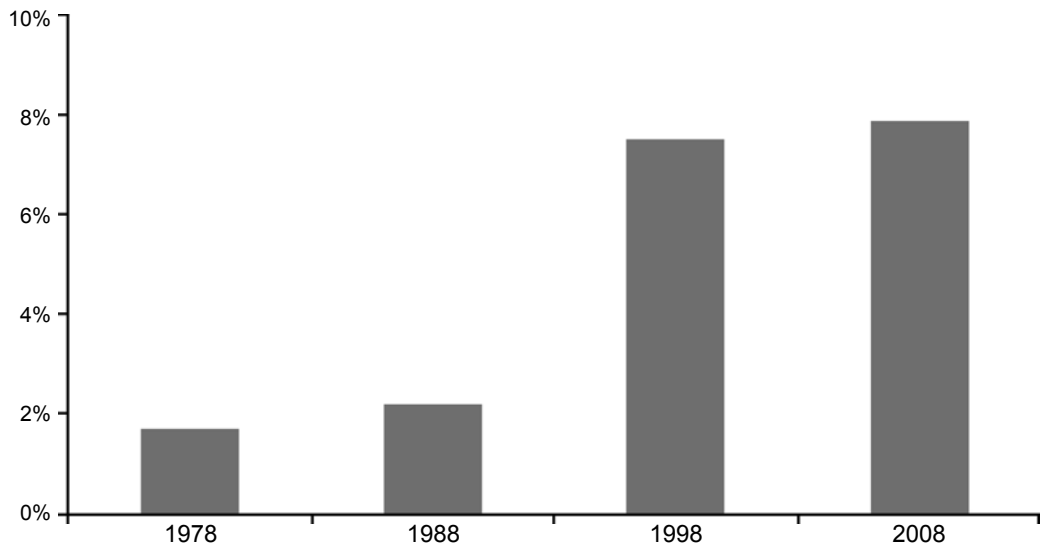
Figure 2.2 reveals a sharp increase in perceived food insecurity in **Egypt** since the 'triple F' (food, fuel and financial) crises of 2008. This indicator doubled from around 20 per cent to over 40 per cent in just four years.

Half of the population of **Palestine** is considered to be either food-insecure or vulnerable to food insecurity, while the other half is classified as food-secure or marginally food-secure, based on food consumption scores (WFP 2012). Less than 5 per cent of the cereals and pulses consumed in Palestine derives from local production. Natural disasters and climate change present serious challenges to food security in several MENA countries. For example, **Palestine** experiences frequent droughts and episodes of frost. Climate change is predicted to cause more extreme variability in weather patterns, which will threaten agricultural production since 94 per cent of cultivated land in Palestine is rain-fed. The Palestinian National Authority (PNA) has limited resources and is dependent on assistance from the international community, so it has little capacity to manage climate risks or introduce strategies to build resilience. **Tunisia** is prone to various natural disasters, ranging from floods and droughts to earthquakes. United Nations agencies, including UNOCHA, are working with the government of Tunisia to introduce emergency preparedness procedures such as contingency planning.

2.5.2 Nutrition status

Against a global trend of falling malnutrition rates, MENA is the only region where malnutrition rates have been rising since 2000. In eight MENA countries, including Egypt, Iraq, Libya and Yemen, child stunting and/or underweight rates are classified as 'high' (>20 per cent); in **Yemen**, this figure was 58 per cent in 2009. Because of a high dependence on markets rather than self-production for food, malnutrition rates spiked during the global food price crisis in 2008 (Marcus and Perezniето 2011: 8). The MENA region also has very high prevalence of obesity – at 48 per cent, **Egypt's** obesity rate is one of the highest in the world – due to a shift towards less healthy diets and more sedentary lifestyles.

Despite falling infant mortality rates, the percentage of children in **Egypt** who are malnourished has increased since 1978. The percentage of under-five child *wasting* increased from 1.5 per cent in 1978 to about 8 per cent in 2008. Between 2000 and 2003, the percentage of children who were *stunted* dropped from 23.5 to

Figure 2.3 Children under five with wasting in Egypt

Source: WHO Global Health Observatory (2014).

19.8 per cent before rising again to reach about 29 per cent in 2008 (Figure 2.3). At the same time, the percentage of *overweight* children increased between 2003 and 2008; from 8.8 per cent to 13.2 per cent.

Egypt suffers from the 'double burden' of malnutrition, where the dietary profile has created underweight as well as overweight sub-groups of the population. It is estimated that 48 per cent of women above the age of 15 are obese, one reason being the consumption of high calorie, cheap but unhealthy food that resulted from increasing staple food prices.

Food consumption in **Jordan** is adequate on average, though a small proportion of the population live in abject poverty and are unable to meet their basic food needs. An anthropometric survey found that 3.5 per cent of children aged 12–59 months were wasted, 2.5 per cent were underweight, and 10.8 per cent were stunted. As a food importer with little possibility of achieving production self-sufficiency, Jordan is also highly vulnerable to food price shocks on international markets. Jordanians are currently experiencing a nutrition transition towards less healthy diets, which is responsible for rising rates of micronutrient deficiencies and obesity. A National Micronutrient Survey in 2010 recorded high prevalence rates of iron deficiency anaemia (31 per cent among women and 17 per cent among children) and vitamin D deficiency (60 per cent of women and 20 per cent of children), with lower rates for vitamin A deficiency (5 per cent of women and 18 per cent of children). Obesity is reaching significant levels among women, and even children: 8.8 per cent of under-fives are overweight.

Malnutrition in **Lebanon** is relatively low. A nutrition assessment in 2013 found that the level of chronic undernutrition (moderate and severe stunting) stood at 11 per cent, considerably lower than the average for the MENA region of 28 per cent. The prevalence of global acute malnutrition (moderate plus severe wasting) was 5 per cent, well below the MENA regional average of 9 per cent. However, malnutrition rates are higher among Syrian refugees in Lebanon, with 17 per cent of children

showing stunted growth and 6 per cent being wasted. Although these figures also lie below the averages for countries in the MENA region, it is possible that they might rise if more refugees arrive from Syria in a worse nutritional condition.

In a 2010 survey, 10.3 per cent of children under five in **Palestine** were found to be stunted and 3.2 per cent were wasted. Surveys have found that consumption of high protein foods (meat, fish and dairy products) is low in Palestine, due to low purchasing power. Food assistance provided by UNRWA and the Palestinian Authority (PA) comes in the form of cereals, oil and sugar, rather than vegetables, meat and fruit. One consequence of deficient diets is high levels of anaemia, estimated at 65 per cent among children aged 24–62 months in North Gaza.

Nutrition status in **Sudan** is very poor. According to the 2010 Sudan Household Survey (SHHS2), the prevalence of underweight children under five is one in three (32.2 per cent), while one child in eight is severely underweight (12.6 per cent). One out of six children under five are moderately or severely wasted (16.4 per cent). One third of children under five are moderately or severely stunted (35 per cent). Malnutrition indicators are slightly worse for boys than girls, and for children of uneducated mothers. There has been no improvement in acute malnutrition since recording began in 1986. In 2010, 11 of the 18 states registered 'critical' rates of global acute malnutrition (above the World Health Organization emergency threshold of 15 per cent).

Malnutrition in **Tunisia** can be characterised as more of an overweight than an underweight issue. In 2012 the prevalence rates of stunting and wasting among children under five were relatively low, at 10 per cent and 3 per cent respectively, but 14 per cent of under-fives were overweight. In 2008 the prevalence of adult overweight (BMI>25) was 56 per cent, while the prevalence of adult obesity (BMI>30) was 24 per cent.

Chronic child malnutrition in **Yemen** was 47 per cent in 2012 and 41 per cent in 2014, according to Comprehensive Food Security Surveys conducted by the WFP. However, the stunting rate is still at critical levels and among the highest in the world. The wasting prevalence has not shown any significant decline over the past ten years. The 2014 survey further shows a high global acute malnutrition rate (12.7 per cent) for children aged 6–59 months, just below the 15 per cent critical emergency level, with 2.5 per cent being severely wasted. With the upsurge in conflict and massive displacement, the nutritional status of children is expected to worsen further.

The high prevalence of malnutrition in MENA calls for a fresh look at the social protection instruments in place – perhaps with a view towards implementing a set of more nutrition-sensitive interventions.

3 Social protection policies and institutional arrangements

Social protection is increasingly recognised as a powerful policy instrument to promote both social and economic development in many countries of the MENA region. Even though the terminology of social protection is relatively recent, social security and social welfare have long traditions in MENA countries, and this history is briefly reviewed here, before we consider the contemporary state of the discourse and institutional arrangements for delivering social protection, both by governments and by non-governmental agencies.

3.1 Social protection in the Middle East and North Africa region in historical context

Historically, social protection in MENA countries derives from two traditions: Islamic charity and European colonialism. Both approaches have their limitations. A religious-based approach to social welfare tends to relieve the state of its responsibility for securing minimum subsistence for all citizens or residents, but without transferring full accountability for this role to religious institutions. Charitable or philanthropic approaches to social provisioning are typically less comprehensive and less effective than enforceable claims-based approaches that are grounded in citizenship rights.

European colonial administrations introduced social security systems similar to those that were developed in Western Europe in the late nineteenth century, and these were generally maintained after independence. Their main limitation is coverage. They are typically accessible only to workers in formal employment, notably civil servants, the military and some private sector employees, so they exclude the majority of working and non-working population groups and they do not reach the poor.

More recently, the antecedents of contemporary social protection interventions in the region can be traced to social safety nets and humanitarian assistance interventions. In the 1980s and 1990s many countries in North Africa and the Middle East introduced structural adjustment programmes, and safety nets (e.g. social funds) were set up to protect those who were adversely affected by economic reforms that often included retrenching workers, as the public sector was scaled back. Conflicts and civil unrest in the region also displaced millions of people, who lost their livelihoods and became dependent on emergency relief, often for years or even decades (Marcus and Pereznieta 2011: 5).

3.2 The contemporary social protection discourse in the Middle East and North Africa region

Governments introduce social protection policies with social, economic and/or political objectives. *Social* objectives include reducing inequality and promoting social inclusion. *Economic* objectives include reducing poverty and promoting economic growth. *Political* objectives include promoting state legitimacy and social cohesion.

In the MENA countries, social protection has typically been written into national development plans in support of employment creation and income generation, while safety nets stabilise consumption against shocks and high prices. Large-scale food and fuel subsidies serve mainly sociopolitical purposes, as is clear from the unrest that follows whenever subsidies are reformed or removed. It is no coincidence that social assistance schemes in several countries in the region were substantially scaled up after the global food crises of 2007/08 and the political crises that surrounded the Arab Spring of 2011. Clearly, formal social protection in MENA is driven mainly by economic and political priorities. Conversely, the social functions of social protection have been delegated to religious institutions and the family. (As Article 6 of Jordan's constitution states: 'The family is the foundation of the Society; it is founded on religion, morals and patriotism'.)

Jawad (2013, 2014) argues that reorienting social protection towards prioritising social functions is challenging in the MENA countries, because this would require establishing a 'social contract' between states and citizens that is usually associated with conferring citizenship rights, in a region where economic, social and cultural (ESC) rights are either absent or are not yet deeply embedded. A rights-based approach to social protection is unlikely to emerge in most MENA countries until institutional and political reforms are initiated that result in very different governance structures.

3.3 Social protection policies and strategies

Institutions that deliver social protection can be divided between the state (government agencies) and non-state actors, where non-state actors include the market (e.g. private insurance), the family (e.g. remittances), religious institutions (e.g. mosques and churches), as well as international agencies (e.g. the WFP), international NGOs (e.g. Save the Children) and local NGOs (e.g. Najmah in Jordan). This section considers state providers. Most countries in the MENA region do not have a National Social Protection Strategy, but social protection is typically mentioned in national policies and plans, and social protection programmes are usually administered by social sector ministries such as Social Affairs.

Egypt spends a sizeable proportion of its annual budget on social protection programmes, which are highly fragmented and have limited impact on poverty. The social protection system has been largely centred around fuel and food subsidies, costing around 6–9 per cent of the country's GDP, while only 0.2 per cent is spent on non-subsidy social safety nets. In July 2014, the newly elected government embarked upon an ambitious social protection reform plan, including gradual liberalisation of energy prices over a period of five to ten years. Part of the saving from the fuel subsidy is being invested in the reform and expansion of social safety nets. In 2014, the government also initiated reforms to its legacy food subsidy system, by introducing output-based financing to improve the supply chain. According to the new system, the government has stopped subsidising wheat flour for the bakeries who produce subsidised *baladi* bread. Instead, it introduced a smartcard-based system enabling targeted recipients to buy at a subsidised price. Under the new system, each citizen is allowed to buy a maximum of five loaves of bread per day, thereby minimising the misuse and pilferage of subsidised bread. Changes have also been introduced to the ration food system, by shifting from

subsidising commodities to an allowance-based system. Previously, each citizen was allowed a specific monthly quantity of subsidised basic food commodities, including cooking oil, sugar, rice and macaroni. As a result, poor quality products were sold in the market and an active black market became pervasive. Under the new system, a monthly allowance of EGP15 (US\$2) is provided per citizen, allowing the individual to buy any product from a basket of 20 food commodities.

Iraq has several social assistance programmes and social security schemes that are implemented by a range of government ministries and non-governmental agencies, but no unified social protection strategy. Lack of coordination results in duplication of efforts and serious gaps in coverage, as well as policy incoherence – for instance, inconsistent approaches to targeting beneficiaries. A new social protection law was adopted in Iraq in 2014. The Social Welfare Act (No. 126) applies to widows or divorcees and their children, minor orphans, persons who are completely unable to work due to old age or disability, and families of inmates.

There is no national policy for social protection in **Jordan**, where the Ministry of Social Development (MoSD) is the key state actor in the area of social protection. ‘According to MoSD officials, the current law needs to be amended to provide Ministry of Social Development (MoSD) with the required authority to assume its policy, regulatory, and oversight functions as an umbrella for social protection and gradually move away from providing direct services to regulating and monitoring’ (Jordan country report). An institutional and policy mapping of social protection and safety nets conducted for this study in Jordan reveals how social protection is a cross-sectoral issue involving many government ministries, led by the MoSD (which oversees social assistance programmes for the poor and support to vulnerable groups such as older persons and persons with disabilities) but also including the Ministry of Education (MoE) (which implements school feeding programmes), the Ministry of Agriculture (MoA) (which provides low-interest credit to farmers), the Ministry of Labour (MoL) (which regulates minimum wages, labour rights legislation and the social security system) and the Ministry of Awqaf (which administers the Zakat Fund).

In **Lebanon**, social protection has been climbing steadily up the policy agenda in the past decade, as reflected in the Social Action Plan of 2007 and the National Social Development Strategy of 2010, both of which reflect strong social protection features, although there is not yet a National Social Protection Strategy. The Social Action Plan (SAP) was prompted by a surge in the international community’s willingness to support Lebanon, following a military attack by Israel in 2006. The objectives of the SAP included reducing poverty, improving education and health outcomes, and reducing regional disparities in social indicators. Proposed interventions included: cash transfers to vulnerable groups (poor older persons, female-headed households and persons with disabilities); more programmes and resources targeting vulnerable children (e.g. street children, child labour); and fee waivers on social services for poor households. The National Social Development Strategy of Lebanon (NSDSL) of 2010 was the first attempt to articulate a national vision and integrated plan for poverty reduction and social development, by building on the SAP and relevant sector strategies and action plans. It aimed to put in place an effective social safety net for all poor and vulnerable families and individuals, to improve education and health outcomes by ensuring inclusive and equitable access

Box 3.1 Palestine's Social Protection Sector Strategy (SPSS), 2014–16

Palestine's SPSS has five strategic objectives, with associated policies and goals, which include:

Objective 1 – Develop systems for social assistance and empowerment of the poor and marginalised

- Policy 1.1 – Coordinate cash and non-cash social assistance, by building a national rights-based social assistance system that incorporates all cash and in-kind programmes.
- Policy 1.2 – Enable households to graduate from poverty and achieve self-reliance, by promoting income-generating projects or employment for economic empowerment of poor families.
- Policy 1.3 – Enhance food security of poor and marginalised households, by providing food and nutrition assistance and by promoting efforts to grow more food for sustainable food security.

Objective 3 – Develop a national social security system

- Policy 3.1 – Expand the participants in pensions and other social insurance schemes, by including employees of NGOs, universities and municipalities, to reduce the social assistance caseload.
- Policy 3.3 – Develop a 'social protection floor' for marginalised sections of society such as women, children, elderly, disabled and chronically ill individuals.

Objective 4 – Provide support, care protection, rehabilitation and empowerment to detainees, ex-detainees, and families of martyrs and wounded individuals

- Policies relate to delivering an integrated and comprehensive basket of social services to these 'special status' individuals and their families.

Objective 5 – Enhance governance and institutional arrangements for the social protection sector

- Policies include developing social protection laws, building institutional capacities to deliver social protection programmes, developing a monitoring and evaluation (M&E) system, and promoting social accountability through participatory mechanisms for citizen engagement.

Source: PNA (2014).

to good quality social services, and to improve opportunities for safe and equitable employment. The social safety net would be led by the Ministry of Social Affairs (MoSA) and would include livelihood assistance to poor households and improved quality and coverage of services for persons with disabilities.

Palestine's MoSA approved a Social Protection Strategy in 2010, with four objectives: (1) alleviating poverty; (2) caring for weak and marginalised groups; (3) reinforcing an integrated social security system; and (4) developing the necessary legislation, institutions and cooperation in the social protection sector. Palestine's social safety net programmes, implemented under the Social Protection Strategy, have achieved coverage rates above the world average – reaching over half of the poorest quintile – but their impact on poverty remains limited (Perezniето *et al.* 2014: 13). Apart from the flagship Palestinian National Cash Transfer Programme (PNCTP) the strategy delivers health insurance and education fee waivers to poor Palestinian families, an integrated approach that

brings together social assistance, social safety nets and pro-poor access to services. However, with limited resources and weak institutional capacity, Palestine depends heavily on the international community for financial and technical assistance, including in the areas of social protection, safety nets and humanitarian relief. The PNA is trying to coordinate its development partners and integrate the fragmented patchwork of programmes and projects, and social protection does feature prominently in the National Development Plan 2014–16. The PNA has also produced ‘The Social Protection Sector Strategy’ (SPSS) for 2014–16 (see Box 3.1). Some of its guiding principles include: a rights-based, developmental approach, integrating formal and informal mechanisms, and incorporating humanitarian assistance in the social protection system.

There is no national social protection strategy in **Sudan**, but social protection is embedded within major policy documents such as the Interim Poverty Reduction Strategy (IPRSP) and the 25-year National Development Plan (2007–25), as well as annual budget framework papers. The Poverty Reduction Strategy noted that social protection services, along with government investments in infrastructure and human development, ‘are crucial for the economic growth and poverty reduction that Sudan is seeking’. However, social protection initiatives are found in the sectoral strategies, policies and implementation plans of several line ministries, and the Ministry of Finance and National Economy (MoFNE) is attempting to unify these initiatives. In 2013, the Ministry of Health launched Sudan’s first National Nutrition Strategy, and is currently finalising a National Nutrition Policy. Two objectives of the Nutrition Strategy are to reduce the prevalence of micronutrient deficiencies (iron, iodine, vitamin A, zinc) and to increase consumption of fortified foods.

In September 2014 the MoSA in **Tunisia** hosted a ‘National Conference on Social Protection’, and the government is developing a strategic vision for the period 2015–25 that will set out the new development policy, including reforms to the social protection system. Delegates to the National Conference stressed the need for an expanded social protection system to be grounded in economic growth and stability and the promotion of employment, reflecting a pragmatic concern with (especially) youth unemployment that could shape the direction social protection takes – i.e. towards supporting economic growth rather than extending entitlements. The United Nations and the World Bank are strongly supporting the social protection reform process in Tunisia. In its country programme, approved in June 2014, the United Nations Development Programme (UNDP) identifies three priorities for United Nations work in Tunisia, the third priority being ‘Social protection and equitable access to quality social services’ (UNDP 2014). The World Bank’s ‘Social Protection Reforms Support Project’ for Tunisia aims ‘to strengthen institutional capacity to design social protection reforms and improve targeting of safety net programs’ (World Bank 2013a), which it will do by providing technical assistance, developing a unified database and targeting system, and building consensus specifically around reforming pensions and health insurance.

Although **Yemen** does not yet have a social protection strategy, social protection is incorporated in Yemen’s Development Plan for Poverty Reduction (2011–15). ‘In 2006, the Yemeni government requested the technical assistance of the World Bank to develop a strategy of social protection that will enhance the coordination

between different actors including government and non-governmental bodies, but it has not been formally approved by the Council of Ministers' (Yemen country report). Yemen does have a number of relevant strategies in place. These include:

- The National Strategy for Food Security (adopted in 2010) aims to achieve self-sufficiency in key crops and reduce dependence on food imports, decrease the number of food-insecure people by one third by 2015, and ensure that 90 per cent of Yemenis are food-secure by 2020.
- The National Agriculture Strategy (2012–16) aims to strengthen the role of the agriculture sector in food security and poverty reduction, in a context of climate change.
- The National Strategy for Nutrition (adopted in 2008) aims to improve the health status of the people of Yemen by 2020 through nutritional interventions that address malnutrition problems including undernutrition, anaemia, vitamin A deficiency, iodine deficiency, rickets, zinc deficiency and household food insecurity.

Yemen has adopted a narrow 'social safety nets' rather than a broader 'social protection' approach. Targeted social assistance measures have been put in place to provide support to poor people who were adversely affected by the gradual phasing out since 1995 – under the Economic, Financial and Administrative Reform Programme (EFARP) – of general subsidies on basic food commodities (wheat, flour, oil) as well as on basic services (education, electricity, health). These social safety nets include the Social Welfare Fund, Social Fund for Development, Agricultural and Fishery Promotion Fund, Public Works Programme, the National Programme for Productive Families, and Small and Medium Enterprises Fund.

4 Social protection programmes and safety nets

Social protection programmes in the MENA region can be classified into four categories: social assistance, social insurance, safety nets for food security, and fiscal subsidies. Because subsidies have played a disproportionate role in the region, they are considered first.

4.1 Fiscal subsidies

A consumer subsidy arises when government intervention reduces the price of a product below the market price that would otherwise have prevailed. ... Subsidies are thus perceived as a form of social protection, often compensating for the absence of comprehensive and adequate social security systems. (IMF 2014: 4, 6)

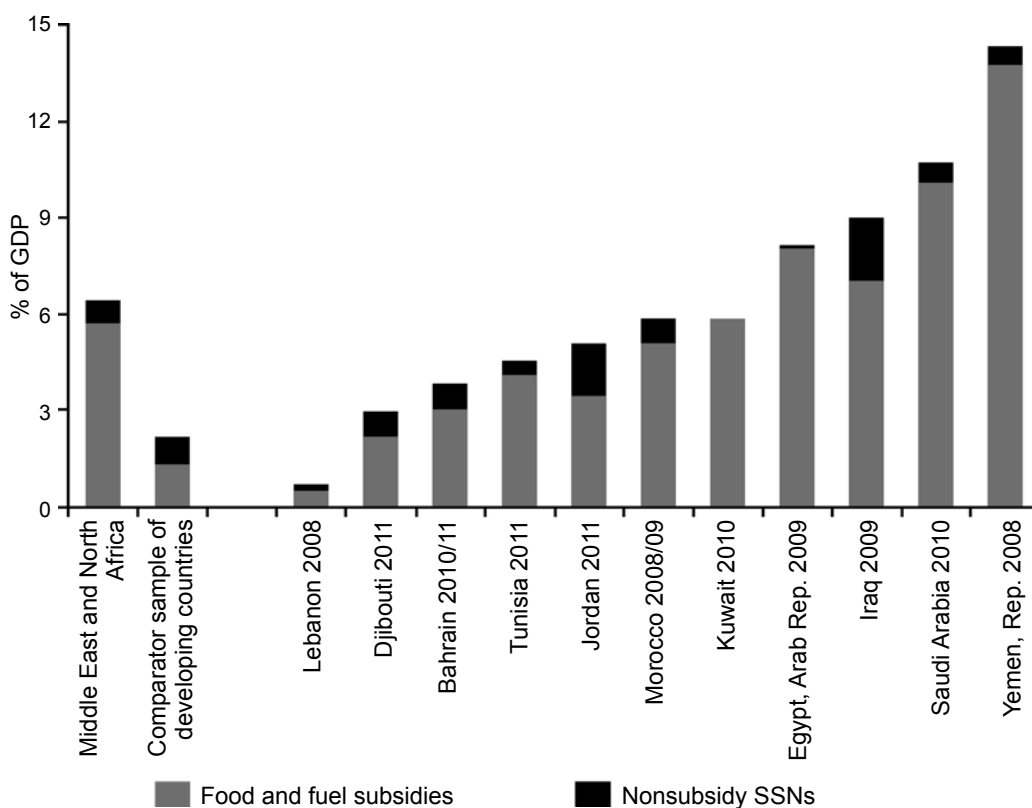
Partly because of the high levels of market dependence for access to food, governments in the MENA region have favoured consumer price subsidies, in an attempt to reduce household food insecurity. In Jordan, for instance: 'The government is also subsidising through its fiscal policy food items (flour and bread), electricity, water tariffs, in addition to education and health services. The government considers these subsidies as part of the support provided mainly for vulnerable groups in the country' (Jordan country report).

Two major drawbacks with general food subsidies are that they are both expensive and regressive. Governments in the MENA region spend more on subsidies, both absolutely and as a proportion of GDP (5.7 per cent of GDP on average), than governments in other developing countries (1.3 per cent of GDP on average) (see Figure 4.1). Social safety net programmes typically receive a tiny fraction of governments' social protection budgets, compared to budget allocations to subsidies. For every US\$1 delivered as social assistance to a poor person in MENA in 2011, US\$158 was spent on subsidies in Yemen and US\$194 was spent on ration cards in Egypt (Silva *et al.* 2012: 19).

The benefits of general food subsidies are captured disproportionately by the non-poor, who spend more on food than the poor. In 2011, food subsidies accounted for more than 2 per cent of GDP in Egypt (more than 3 per cent in Iraq), but only 15 per cent of the benefits from subsidies on bread reached the poorest quintile in Egypt (25 per cent in Jordan and Lebanon) (Sdrlevich *et al.* 2014: 12, 17). But subsidies have become institutionalised and are politically extremely difficult to scale down or remove, precisely because the benefits are enjoyed by the politically influential middle classes.

The World Bank and the International Monetary Fund (IMF) have led a push to reform the subsidy system in MENA countries. Simulations by the World Bank found that halving energy subsidies in Egypt and redistributing the savings as untargeted cash transfers to the entire population would reduce poverty by one third. Simulations by the IMF found that replacing energy, bread and water subsidies in Jordan with targeted cash transfers would enhance the living

Figure 4.1 Social safety net spending in Middle East and North African countries with and without subsidies, 2011



Source: Silva et al. (2012: 20).

standards of the poorest 40 per cent (IMF 2014). But experiences with subsidy reforms have been mixed. Many countries, including Jordan, Sudan, Tunisia and Yemen, have scaled back their subsidies, often in the face of heated public debate and sometimes protests.

In **Yemen**, a Social Safety Net was established that aimed to replace general consumer price subsidies on flour, wheat and oil with less costly social assistance programmes that target the poor. But Yemen's experience highlights a negative synergy between commodity subsidies and targeted cash transfers: reducing or removing subsidies on food and fuel causes their prices to rise, reducing the purchasing power of cash transfers. 'The government's recent attempt to slash fuel subsidies resulted in inflation and caused erosion of the relative value of the transfers. Several studies indicate that Yemeni households' living conditions have deteriorated sharply' (Yemen country report).

Sudan's economic policy objectives include eliminating all subsidies on wheat, sugar and fuel, and alleviating the adverse social impacts with targeted social assistance. When subsidies on oil were lifted in September 2013, this immediately increased the numbers of people living below the poverty line by an estimated 1 million, from 46 per cent to 49 per cent of the population. In October 2013 the government doubled the social spending budget and scaled up the cash transfer programme, delivering 150 SDG per month to 350,000 poor families instead of 100 SDG per month to 100,000 households. Nonetheless, this remains a relatively modest programme, given the high poverty headcount in Sudan (46 per cent in a

population of 35 million) and the low value of the transfer (enough to buy a bag of sorghum), suggesting that only a small proportion of the fiscal savings from the fuel subsidy are being reallocated to the cash transfer programme.

These examples point to a paradox in social protection provision in MENA. Although subsidies are inefficient, they have had a bigger impact on poverty reduction than have targeted social assistance transfers, mostly because of their much larger scale. In Egypt and Iraq, food ration cards reduced the poverty headcount by about 30 per cent (Silva *et al.* 2012: 28). The policy implication is clear: when food subsidies are reformed or removed, the 'subsidy dividend' must be invested in a substantial expansion of targeted social assistance programmes, to compensate the poor for their lost access to food and to achieve larger and more cost-effective impacts on poverty reduction. On the other hand, targeting introduces its own challenges, as discussed later in this report.

4.2 Social assistance

[T]ax-financed transfers to individuals and households aimed at addressing poverty ... In most cases they are formulated and managed by government agencies, although they can involve a variety of providers and non-governmental organisations (NGOs).
(Barrientos 2013: 5)

A World Bank review of social safety nets in the MENA region concluded that these programmes have had 'relatively small impacts on poverty and inequality', because of their low coverage, poor targeting, and insufficiently generous benefits (Silva *et al.* 2012: 25). Payment levels on social cash transfer programmes in MENA are very low, constituting only 12 per cent of the consumption or expenditure of the poorest quintile, compared to 20 per cent on average programmes across the world. The same study found that only 23 per cent of social safety net budgets (excluding subsidies) reach the bottom income quintile in MENA countries, much lower than in regions such as Latin America, Eastern Europe and Central Asia, where the figure exceeds 50 per cent.

Social protection in **Egypt** is dominated by social insurance – contributory social security schemes – while non-contributory social assistance receives only 2 per cent of social protection budget allocations, and is dominated by *ma'ash eldaman*, popularly known as 'Mubarak's pension', which was introduced in 1980 as a monthly grant paid to vulnerable groups, including households without male breadwinners; abandoned, widowed and divorced women; older persons and orphans. Social assistance redresses some of the imbalances of the contributory social insurance system: *ma'ash eldaman* is paid to three times as many female-headed households as to male-headed households, while three times as many beneficiaries live in rural areas than in urban areas. Low levels of expenditure result in low coverage rates and low benefit levels, while poor targeting results in low outreach to the poor and limited impact on poverty. Only 13 per cent of households headed by persons over 60 receive this 'pension'. In 2006 social assistance reached only 12 per cent of poor Egyptians, while 70 per cent of government social assistance spending 'leaked' to the non-poor. Small-scale projects complement these national programmes. Conditional cash transfers have been piloted in parts of

Cairo, while the Ministry of Social Solidarity is initiating an integrated social welfare strategy in Egypt's 1,000 poorest villages, combining education, health, housing, water supplies and job creation focusing on youth unemployment.

Several social assistance organisations were established in **Iran** in the aftermath of the 1979 Islamic Revolution, including: Imam Khomeini Relief Committee (assists elderly, rural and urban households in need); Mostazafan and Janbazan Foundation (assists the distressed, disabled and war veterans); Martyr Foundation (supports survivors and martyrs of the Islamic Revolution and the Imposed War); Welfare Organisation (runs welfare programmes targeting families without guardians); and Fifteen Khordad Foundation (runs charity services as well as cultural, educational and commercial activities).

Iraq's Ministry of Labour and Social Affairs (MoLSA) established the 'social protection network' in 2005, with aims that included redistributing income to the poor (to raise their living standards to an acceptable level), protecting poor and vulnerable people against the consequences of economic reforms (including the lifting of subsidies on basic commodities), and assisting job-seekers to find employment. Target groups include the unemployed, persons with disabilities, orphans, married students, widows and divorcees, families of inmates and missing people, displaced populations, and people who are unable to work due to old age, illness or acts of terrorism. The social protection network reached about 750,000 households by 2014 and delivered transfers to 472,000 people, 144,000 of whom were unemployed. Cash transfers are calibrated by household size, rising from US\$55 per month for a one-person household to US\$127 for households with six or more members. Beneficiaries surveyed reported that the social protection network was their main source of support in 2012. However, the effectiveness of the network was undermined by dysfunctional and inadequate management systems, a weak information base and inaccurate targeting processes (e.g. a bias towards urban areas and neglect of remote rural communities), which led to the exclusion of many eligible people and the inclusion of many ineligible non-poor people.

The government of Iraq introduced a ration card system in 1995 as a safety net response to economic sanctions imposed by the UN Security Council, following Iraq's invasion of Kuwait in 1990. It has never been discontinued. Despite providing vital food assistance to millions of people over many years, it was implemented inconsistently, later becoming politicised (e.g. benefits were withheld from opponents of Saddam Hussein) and subject to malpractices. A survey in 2012 found that 98 per cent of households own ration cards, and they continue to provide about one third (35 per cent) of daily calorie requirements. In 2011, about 80 per cent of households received at least one food item through the ration card system, which is an indicator of substantial leakage to the non-poor. Other social assistance programmes in Iraq provide support to marginalised groups such as children, young people with special needs and political prisoners. The Establishment of Martyrs and Political Prisoners Foundation provide financial support to cover the costs of pilgrimage, education and health care.

Jordan's flagship social assistance programme is the National Aid Fund (NAF), established in 1986 as a semi-autonomous arm of the MoSD, with a mandate to provide financial assistance and other benefits to needy individuals and households. In 2013 the NAF provided cash transfers to almost 100,000 households (7.5 per

cent of the population) and to 271,000 individuals, providing essential support to the subsistence food and nutrition needs of vulnerable groups. Incidence analysis (which measures how programme resources are distributed between different segments of the population) revealed that NAF is relatively well targeted to the poor; however, there is still significant leakage of programme resources to the non-poor, with more than one third of NAF resources going to beneficiaries who were already above the poverty line. In 2012 the National Poverty Strategy emphasised an urgent need to update NAF's targeting mechanism. New targeting and eligibility criteria were subsequently announced for NAF beneficiaries, and a review of the database resulted in 13,000 households being removed from NAF support.

In **Palestine**, 71 per cent of households benefited from at least one social transfer in 2009, and social assistance contributed 31 per cent to total expenditure in the poorest households (UN 2012). One of the largest interventions is the Food Voucher Programme (VP), which started in 2009 for poor families in Palestine whose food consumption was compromised by food and fuel price rises following the global 'triple F' crisis of 2008. Beneficiaries received vouchers worth US\$12.50 per person each month that could be redeemed at designated local shops. In 2012 the beneficiaries of the food assistance programme under the national social safety net were added to the VP to eradicate duplication, and by June 2014 the VP was reaching 119,653 people. An evaluation found that voucher recipients have increased their food consumption and improved their dietary diversity, which are robust indicators of food security. Apart from its direct consumption impacts, the programme also benefits the local economy: each voucher dollar redeemed by beneficiaries generates 40 per cent of additional sales for the local shops, and over 200 new jobs have been created in Palestine (WFP n.d.). Under Palestine's Social Protection Strategy of 2010–13, the MoSA implemented a range of social assistance programmes, notably the following.

- Special Hardship Cases Programme (SHCP) – delivered food items and cash transfers to 50,500 very poor and vulnerable individuals
- Social Safety Net Reform Programme (SSNRP) – aimed to reform the SHCP but instead duplicated it, by delivering cash transfers independently to 5,000 poor families
- Emergency Assistance Programme (EAP) – offered cash and food assistance and housing repairs to families affected by natural disasters or political shocks
- Deprived Families Economic Empowerment Programme (DEEP) – offered loans and grants to 10,200 poor families to start micro-enterprises or small projects.

The strategic revision that resulted in the Social Protection Sector Strategy for 2014–16 aimed to link all social assistance projects and programmes into a coordinated national system, with the intention of reducing duplication and improving targeting. The system includes the following components.

- Cash and in-kind assistance to poor families and marginalised individuals, including cash transfers, food assistance, emergency relief, economic empowerment, free education, electricity and health insurance. (This programme unifies the SHCP, SSNRP, DEEP and Food Voucher Programme, and provides the basis for a national social protection floor.)

- Protection of vulnerable groups (people with disabilities, orphans, older persons, women victims of violence), including in-kind transfers, training, rehabilitation and social services.
- Support to special categories (detainees, ex-detainees, families of martyrs and wounded individuals), including cash stipends, education and training for children and spouses, access to health care, legal and financial services, and assistance in finding employment.

In **Sudan**, the Ministry of Welfare and Social Security (MoWSS) runs several social assistance and safety net schemes, including:

- The Social Support Project (SSP) delivers unconditional cash transfers of SDG 150 each month to 260,000 households, who are identified using poverty targeting criteria. Beneficiary numbers are projected to scale up to 750,000 by end-2015. The Technical Committee for the Service Sectors, Social Protection and Poverty Reduction has set a universal coverage target of all 2.5 million poor households in Sudan by 2019, by when 500,000 households are supposed to graduate out of poverty. Operational challenges faced by the SSP include inefficient management, inadequate payments, limited outreach to date and irregular resource allocations.
- The National Health Insurance Fund (NHIF) is a contributory social security scheme but coverage is extended to poor households who cannot afford to pay the premium, including all recipients of the unconditional cash transfer programme, who are automatically included in the scheme. The NHIF is projected to provide access to health services to 1,130,000 households by 2018.
- The National School Feeding Policy was adopted in 2013, and will be implemented by the Ministry of Education and the WFP, with the government taking over full control by 2016.
- A Social Safety Net Project has been designed that will target the poorest quintile (but scaling up and down as required) with income support and access to services, and will pilot a 'productive cash-for-work' programme to protect the rural poor against seasonal fluctuations in food prices.

In **Yemen**, several targeted interventions were introduced that aimed to put in place a social safety net for people who were adversely affected by economic reforms, notably the lifting of subsidies. Most of these are run by the government, with technical and financial support from international agencies such as the World Bank, the United Nations Children's Fund (UNICEF), WFP and the Arab Fund for Development. Programmes include a Public Works Project, the Fund for the Care and Rehabilitation of the Disabled; the Agriculture and Fisheries Production Promotion Fund; and the National Programme for Productive Families. Also, the Ministry of Education runs a 'Nutrition Programme' that provided wheat, cooking oil and dates to 197,000 learners in 2012. However, the most prominent interventions are the Social Welfare Fund and the Social Fund for Development. Owing to heightened conflict and massive internal displacement, these funds are temporarily frozen.

The Social Welfare Fund (SWF) was established in 1996 under the supervision of the MoSA, with a mandate to protect the wellbeing of poor and vulnerable people in Yemen by delivering social assistance. Coverage is high, with 1.5 million families and 7.9 million individuals (55 per cent males and 45 per cent females) benefiting from quarterly cash transfers in 2014. A proxy means test is used to identify the poorest, while socially vulnerable categories such as people with disabilities and elderly widows with no caretakers are also eligible. Beneficiaries receive US\$9–18 per person depending on household size, which has not been adjusted since 2008 and has been criticised as inadequate by beneficiaries surveyed, especially given recent high inflation which has eroded the real value of these transfers. Other challenges include late disbursement of payments and long waiting lists of eligible people who are not registered due to budget constraints. One government response to the deteriorating living conditions that followed the virtual eradication of fuel subsidies in 2014 was to add 250,000 beneficiaries to the SWF list and to raise the cash payment by 50 per cent.

The Social Fund for Development (SFD) was established in 1997 and has several sub-components. The Community and Local Development (CLD) Programme aims to improve access to basic services (education, health, water supplies). The Agriculture and Rural Development (ARD) Programme aims to raise farmers' productivity by financing income-generating and infrastructure projects (soil and water conservation, irrigation, flood protection, high-value crops). Capacity Building Programmes aim to strengthen local entities (local government, NGOs, communities). The Labour-Intensive Works (LIW) Programme provides a cash-for-work safety net to rural households to bridge consumption gaps during shocks and non-farming seasons. The Small and Micro-Enterprises Development (SMED) Programme supports local microfinance providers to offer small loans to the poor for investment in productive activities. By 2013 the SFD had spent US\$1,446 million on 14,800 projects and had created 67 million work-days of temporary employment, benefiting women (54 per cent) more than men (46 per cent).

4.3 Safety nets for food security

Social safety nets (SSNs) are defined as non-contributory transfers targeted to the poor or vulnerable. They include income support, temporary employment programs (workfare), and services that build human capital and expand access to finance among the poor and vulnerable.

(Silva *et al.* 2012: ix)

Social protection programmes with explicit food security objectives are noteworthy in highly food-insecure countries such as Palestine and Yemen, but food security is also implicit in most forms of social assistance interventions across the MENA region. The global crises of 2007/08 prompted an expansion in social safety net spending across the MENA region, from 10.1 per cent to 12.5 per cent of government spending and from 4.2 per cent to 4.6 per cent of GDP, within three years. In Yemen, **unconditional cash transfer** programmes increased both their coverage (more beneficiaries) and their value (higher payments). In Egypt, eligibility for **subsidised food rations** was extended in 2008 to two thirds of the population (Marcus and Perezniето 2011).

Egypt also runs targeted **nutritional programmes**, including vitamin A and iron supplements for children and pregnant women. To address micronutrient deficiencies, Jordan has undertaken two national micronutrient fortification programmes: a national salt iodisation programme initiated in 1995 and a wheat flour fortification programme initiated in 2002.

School feeding programmes are operating in many MENA countries, financed either by the state or donors, often with WFP support. Their objectives include improving children's nutrition status and access to education, as well as empowering girls and reducing child labour. Some programmes (e.g. in Iran and Yemen) aim to address gender inequities in access to education, by targeting girls. In Egypt, school meals and school snacks are fortified to enhance their nutritional benefits. WFP's food-for-education programme in Egypt aims to incentivise child labourers to return to school (Marcus and Perezniето 2011). School feeding programmes are a form of social assistance that have both nutrition and education objectives, but evaluations have consistently found that they have bigger impacts on pro-poor access to education than on the nutrition status of children, partly because of substitution effects (school meals often substitute rather than add to food consumed at home) and partly because chronic malnutrition outcomes such as stunted growth are determined in pre-school years (especially the first 1,000 days), so school feeding is a late nutritional intervention. However, school feeding programmes can achieve other nutritional objectives, through delivering a balanced diet and fortification against iron and vitamin A deficiencies.

Public works programmes (food assistance for the construction or maintenance of physical assets such as rural feeder roads and micro-dams) also address food insecurity in some countries, typically by targeting marginalised groups such as Bedouins in Egypt. Public works can provide temporary employment to combat seasonal food insecurity, transfer skills that are useful for livelihood diversification, and create assets that can strengthen household and community resilience. On the other hand, there is limited scope for conventional labour-intensive infrastructure projects in middle-income countries with adequate infrastructure, so this intervention tends to be more appropriate in low-income countries with infrastructure deficits, such as Sudan and Yemen, or in contexts where physical infrastructure needs to be rebuilt or rehabilitated after armed conflicts.

Several countries in the MENA region have **food security strategies**, but most display a lack of coordination between agriculture and social protection, even though there are strong synergies between these policy domains that could be exploited to achieve positive food security outcomes, especially in countries like Sudan, where agriculture contributes 35 per cent of GDP. Jordan's Ministry of Agriculture finalised the National Food Security Strategy in 2014, which mainly focuses on agriculture and food production and could elaborate more on actions to be undertaken by other sectors. Conversely, complementary safety net programmes help vulnerable Jordanians to maintain an adequate level of food consumption and protect their assets against damaging coping strategies. Yemen developed a National Strategy for Food Security in 2010, which focuses on achieving self-sufficiency in key crops to reduce the food gap. At the same time the SFD implements a public works programme that supports agricultural production through irrigation and terracing projects, rainwater harvesting and soil and water conservation.

4.4 Social insurance

Contributory social protection scheme that guarantees protection through an insurance mechanism, based on: (1) the prior payment of contributions, i.e. before the occurrence of the insured contingency; (2) risk-sharing or 'pooling'; and (3) the notion of a guarantee. (ILO 2014: 162)

All MENA countries run social security funds for civil servants and formal sector workers, which are usually co-financed by contributions from employers, employees and the government. Retirement pensions are the most common benefit provided, and most systems also cover compensation for injuries and disability at work (see Table 4.1). Some countries also provide unemployment insurance, sickness cover and maternity benefits – for example, Egypt and Libya offer three months' maternity leave on 75 per cent or full pay.

Coverage of these social insurance schemes is limited (as low as 8 per cent of the workforce in Yemen and 15 per cent in Iraq and Palestine) but variable (as high as 87 per cent of the workforce in Libya) (Jawad 2013: 2). This limited or variable coverage is explained by the structure of the labour market in each country. Most working-age adults in the MENA region do not have formal sector jobs, but the public and private sectors are larger in middle-income countries than in low-income countries.

Social security schemes are not generally pro-poor – most of the poorest citizens are unemployed, self-employed, or working in the low-paid informal sector. However, some countries (e.g. Egypt, Tunisia) do offer 'special schemes' to farmers and agricultural workers, self-employed workers, and household workers. Social insurance schemes also do not reach refugees and migrant workers, because social security benefits are rarely 'portable' across countries, and foreign workers are rarely entitled to register for local schemes. However, Egypt and Tunisia do offer voluntary coverage for their citizens working abroad.

In **Egypt**, employment-based social security schemes have been available, initially to public sector employees, but later also to private sector workers, since the 1950s. There was a contraction of these schemes and benefits during the privatisation drive of the 1990s, and their delivery mechanisms are generally weak and inefficient, but they do provide what the International Labour Organization (ILO) describes as 'semi-comprehensive' social insurance to most formally contracted workers. In 2010 a reform process was initiated to the social protection system, but it was interrupted by the Arab Spring in early 2011. Coverage of formal social insurance schemes in Egypt is not comprehensive because over 60 per cent of the labour force works in the informal economy, where social protection needs are arguably the highest. The Social Insurance Law (No. 79 of 1975) requires all employers in the public and private sectors to register their contracted employees and to pay contributions (along with employees and the government) towards a full set of employment-related insurance funds – old age, invalidity, employment injury, sickness, maternity, unemployment and death. However, temporary and casual workers in agriculture, self-employed workers, artisans and domestic servants are excluded from most of these funds. The Emigration and Sponsoring Egyptians Abroad Law (No. 111 of 1983) assures the right to social security for Egyptian emigrants working outside of Egypt.

Table 4.1 Social security schemes in selected Middle East and North African countries

Country	Old age, disability, survivors	Sickness and maternity benefits	Medical care	Work injury	Unemployment	Family allowances
Egypt	✓	✓	✓	✓	✓	-
Iran	✓	✓	✓	✓	✓	✓
Iraq	✓	✓	✓	✓	✓	-
Jordan	✓	✓	-	✓	✓	-
Lebanon	✓	-	✓	✓	-	✓
Libya	✓	✓	✓	✓	-	-
Palestine	n/a	n/a	n/a	n/a	n/a	n/a
Sudan	✓	-	-	✓	-	-
Tunisia	✓	✓	✓	✓	✓	✓
Yemen	✓	✓	✓	✓	-	-

Source: International Social Security Association (www.issa.int).

Iran has a long tradition of social security, dating back to a law enacted in 1907 that provided protective measures for families and survivors of public sector workers, which was later expanded by the workers' Social Insurance Law of 1952. Following the overthrow of the Shah in 1979, the right to social protection was established in detail in the constitution of the Islamic Republic, which considers social security as a human right that promotes social justice. The contributory social security scheme is administered through several agencies, including the Social Security Organisation, the Civil Servant Retirement Organisation, and the Organisation for Treatment Insurance Services.

Iraq's social security system is underpinned by legislation, notably the Law of Retirement and Social Security for Workers (No. 39 of 1971) and subsequent amendments. The recently revised retirement law assures a minimum pension – double its previous value – to state and public sector employees on their retirement from work due to old age, illness, disability or death, and makes special provision for working mothers. However, the state employees' retirement system is seriously flawed in practice, due to challenges in implementation that means only 15 per cent of the public sector workforce is covered in practice. The Social Solidarity Fund also faces a deteriorating and possibly unsustainable financial situation, due to inefficient management and the limited number of employees paying contributions into the fund. A new retirement law is in the pipeline.

In **Lebanon**, the National Social Security System (NSSS) includes public sector bodies (National Social Security Fund (NSSF), Public Servants Cooperative, Security Sectors Insurance), insurance schemes for professional sectors (mutual

funds for Members of Parliament and judges, syndicates for architects, engineers and lawyers), as well as private insurance companies. The NSSS is anchored in legislation. Most of the ILO's nine social security categories are covered – sickness, maternity, old age, employment injury, invalidity, survivors and family allowances – but unemployment insurance is not. The SAP (2007) included a complementary proposal to reform the pension system by merging the various funds into one and extending coverage to self-employed and casual workers. The NSDSL (2010) argued that protecting individuals against socioeconomic risks should include an unemployment fund and a disability insurance fund. Despite the multiplicity of institutions and schemes in the social security sector, coverage of the NSSS is limited to less than half the population (47 per cent), because eligibility is linked to formal employment and most of the workforce of Lebanon is unemployed, self-employed or employed in the informal sector. Those who most need social insurance have the least access to it. Even within the formal NSSS, there are overlaps and gaps. Also, public sector employees derive substantially greater benefits than private sector employees. Rationalisation of Lebanon's social security system is urgently needed.

Palestine's social security system is dominated by a national pension programme that targets all employees who are registered and pay their premiums. The pension programme is managed by the Palestinian Pension Authority, which collects monthly premiums and manages the investment of the pension funds.

In **Sudan**, the National Pension Fund (NPF) currently covers 447,000 public sector employees and serves 183,000 pensioners. One of NPF's objectives is to extend pension coverage to all government employees. Contributions are made by employers and employees. The average pension payment is SDG 500 per month, and the amount paid is raised occasionally in response to rising costs of living. The National Social Insurance Fund (NSIF) was established in 1975 and guarantees a monthly income to workers who pay contributions, if they are disabled at work. The Act was amended in 2004 to include Sudanese expatriates. The average compensation paid is SDG 347 per month, which is not adequate for a family larger than three persons, given that the poverty line in Sudan is SDG 114 per person per month. The NSIF is funded by contributions deducted from the employee's salary: 6 per cent from the employer and 4 per cent from the employee.

Tunisia has a 'comprehensive' social security system (ILO 2014). Social insurance programmes that are underpinned by legislation include old age pensions, employment injury, invalidity, maternity benefits, survivors and family allowances. Mandatory schemes are co-financed by employers and employees, and they are also open to self-employed workers on a basis of voluntary contributions. For example, employment injury covers 42 per cent of formally employed workers (mandatory) and 15 per cent of the self-employed (voluntary). Public expenditure on social protection amounted to 10.4 per cent of GDP in 2011, higher than the regional average for North Africa of 9.0 per cent (IMF 2014).

In **Yemen**, the General Authority for Insurance and Pensions regulates social security for public sector workers, while the General Organisation for Social Insurance regulates social security for private sector workers. Employees contribute to their own insurance against loss of income due to retirement, disability, death and injury at work, through deductions made from their salaries.

Although contributory social insurance is mandatory by law in Yemen, only 30 per cent of employees in the formal private sector are covered. Another challenge is the low level of benefits, with average public and private sector pensions paying only US\$4–6 per day. Enhancing the effectiveness of the social security system in Yemen requires extending coverage to all public, private and informal sector workers, increasing the range of benefits, raising benefit levels, and improving the management of social security funds.

5 Semi-formal and informal social protection

'Semi-formal' social protection refers to institutions that operate outside government but have regulations and accountability mechanisms and are financed by members' contributions (e.g. savings clubs, or community-based health insurance). 'Informal' social protection refers to private support (e.g. remittances between extended family members) and traditional solidarity mechanisms (e.g. reciprocity between neighbours, or support from communities or kinship networks) (Devereux and Getu 2013).

Several development partners – donor agencies, international financial institutions and international NGOs – are active in social provisioning in MENA countries. Section 7 will focus specifically on the activities of the WFP. Most countries also have active civil societies – local NGOs, mostly religious-based or philanthropic, but sometimes activist-oriented – that constitute an important component of the social protection system. International and local NGOs often deliver social protection, either on behalf of international donor agencies, or to fill gaps where government provisioning is inadequate. An example of a local NGO that delivers social protection with food security objectives is Najmah in Jordan (see Box 5.1).

Box 5.1 Jordan's National Alliance against Hunger and Malnutrition (Najmah)

Najmah, which is hosted by the Jordanian Hashemite Fund for Human Development (JOHUD), works with the Ministry of Agriculture, the WFP, the Agricultural Credit Corporation, and the Food and Agriculture Organisation among others in formulating policies and projects related to food security for needy individuals in Jordan.

During 2013 Najmah provided assistance to over 5,000 households that included food support and the establishment of development projects for needy households. Assistance was concentrated in the Jordan Valley, which has high poverty rates. During 2014, Najmah provided support to over 10,000 households, in addition to providing training to 440 needy individuals, to equip them with skills that will help them to find jobs. The volume of support provided during 2014 was worth 750,000 dinars.

The Food Bank of Jordan is an initiative that has been established under the umbrella of JOHUD, and works in close coordination with Najmah. The Food Bank provides food support to needy individuals around the country. One initiative of the Food Bank, in cooperation with the Coca-Cola Company, aims to fight hunger by providing 90,000 meals each month for needy families in three villages in the north and central regions of Jordan.

Source: Jordan country report.

The relationship between formal, semi-formal and informal social protection is more complex in the MENA region than in other parts of the world. Because of their unique historical trajectories and the centrality of religious institutions in social, cultural and political life, the boundaries between state and non-state provision of social protection are more fluid in these countries than elsewhere. The rest of this chapter therefore focuses on the role of faith-based organisations in delivering social protection to people living in the MENA region.

Religious institutions and practices play a large role in delivering social protection in most MENA countries, often being appropriated by or even eclipsing the role of the state. The Islamic principle of *Takaful* ('solidarity') makes provision for mandatory and optional individual commitments, which can be understood as semi-formal forms of social protection. Mandatory commitments by individuals include *zakat* (a 'tax' on profits, wealth and harvests that is distributed to the poor and needy), relatives' expenses (supporting family members who are in need), and blood money (intended to deter taking another person's life, but it is a large enough sum that it functions as a form of life insurance for the bereaved family). Optional individual commitments include charitable donations, endowments, and other voluntary philanthropic activities.

Zakat is simultaneously a religious practice and a mechanism for charitable redistribution, and in the latter context it has important implications for social protection, especially in those countries where the collection and disbursement of *zakat* monies is mediated through the state. 'To the extent that *zakat* is based on the extraction and redistribution of wealth to defined categories of recipients, it constitutes an intervention in the public sphere' (Schaeublein 2014: 22).

In different institutional contexts, *zakat* could be characterised as either informal, semi-formal or formal social protection. If individuals make their own private arrangements for their *zakat* payments to the poor, this is an informal mechanism. 'People with a certain amount of savings had to distribute 2.5 per cent of their savings to the poor, usually within the extended family. The *zakat* and other religious payment systems were carried out as voluntary payments, according to the strength of an individual's beliefs' (Sudan country report). If contributions are collected and distributed by mosques this is semi-formal. 'In most cases, *zakat* is administered by faith-based or Islamic institutions (ESCWA 2014). These institutions can be formal (i.e. registered NGOs and Islamic banks) or informal (i.e. community-based coalitions or groups who could administer *zakat* through mosques and schools). If the state collects *zakat* and redistributes this through government channels, this becomes part of the formal social protection system.

'Where other developing countries may have inserted social citizenship and human rights discourses into their constitutions, Arab countries tend to have references to Islamic or Christian social principles in their constitutions' (Jawad 2014: 27). There are two risks with this approach. The first is that over-reliance on religious principles of social solidarity, and their associated semi-formal and informal mechanisms of redistribution, may block the emergence of a 'social contract' with respect to the state's responsibility to provide for the minimum subsistence needs of its citizens, and may be partly responsible for the under-provision of formal social protection by the state in MENA countries. The second risk is that resources mobilised for redistribution through religious institutions or voluntary donations are likely to be lower, less predictable and less comprehensive than resources that are delivered by governments through formal social welfare ministries and social security agencies.

In **Iraq**, the Department of Zakat manages the collection and distribution of *zakat* funds from both Sunnis and Shiites. These contributions are given to Iraqis in need, typically those identified as poor, as well as widows and families of martyrs. Among Shias, *khums* is an additional tax on commercial profits that is disbursed

to the poor following similar protocols to *zakat*. Another form of Islamic charity is *waqf*, which involves giving up private ownership of an estate for the public benefit. During 2014 the Sunni Endowments Diwan in Iraq mobilised 377 million dinars through *waqf* contributions and provided support to over 1,200 widows, orphans and poor people. Religious institutions play an important role in humanitarian crises as well as in general poor relief. One example in Iraq is the General Secretariat of Shiite Holy Shrines. One Shiite Holy Shrine mobilised US\$456,000 within a few days to support 80,000 people who were displaced during a recent emergency in Mosul with food, clothes, other goods and services. Several Shiite Holy Shrines in Iraq are providing shelter for displaced people. *Hosseinieh* processions also mobilise food and other forms of assistance for displaced people on a voluntary basis, especially during the annual Shiite pilgrimage season.

In **Palestine**, as in other countries, *zakat* was historically an informal religious obligation on Muslims to alleviate poverty by donating up to one fifth of their annual income, either directly to the poor or towards philanthropic causes. In the last 30–40 years, *zakat* has become formalised and politicised in Palestine through the emergence of two institutions that manage the collection and disbursement of *zakat* funds. Islamic Charitable Societies have registered members and a general assembly. Local Zakat Committees (92 in West Bank, 16 in Gaza) were established by the Palestinian government, following the Jordanian model – they source their funds internationally, soliciting donations from Muslims living abroad, but they are required to pay 20 per cent of their funds to a central Zakat Fund, which is run by the Ministry of Awaqf. However, the fundraising abilities of the Zakat Committees have been undermined by Israel and the United States labelling them as terrorist organisations and questioning whether resources mobilised are used for their stated purpose – to provide cash, food and in-kind assistance, as well as education sponsorships, to poor and marginalised families, persons with disabilities and orphans. A survey in 2011 found that informal sources – relatives and friends – were the major source of social assistance in Palestine. In both the West Bank and Gaza these informal sources were followed by formal sources, namely the PNA, specifically MoSA, and the United Nations Relief and Works Agency (UNRWA). Although this assistance was acknowledged to be crucial for the survival of large numbers of Palestinians, it was not considered enough to lift them out of poverty.

In **Sudan**, *zakat* was informal until it was institutionalised and regulated about 20 years ago. Now the Zakat Fund is run as a semi-autonomous agency, administered by the Zakat Supreme Council of Trustees (ZSCT), under the MoWSS. It has two functions: to mobilise resources through *zakat* contributions and to distribute these funds to the poor. The Federal ZSCT issues directives about the mobilisation and allocation of *zakat* funds – in 2012 it decreed an expansion of the fund to mitigate the effects of food price inflation on the poorest. Each state has a Zakat Council of Trustees, and there are more than 19,000 Zakat Community Committees throughout Sudan, whose members are unpaid and include local representatives of women and youth. The Interim Poverty Reduction Strategy Paper (IPRSP) identified *zakat* as the primary mechanism of social protection in Sudan. Sources of *zakat* contributions include agricultural products and livestock sales, profits from trade, earned income and remittances from abroad. The funds mobilised through *zakat* are redistributed to several categories

of needy and deserving people, for equity reasons and to prevent destitution. *Zakat* beneficiaries include: the poorest of the poor (who receive 71 per cent of the *Zakat* Fund, either in cash transfers or for subsistence-oriented productive schemes); the indebted; wayfarers; and the reconciled (e.g. converts, returnees, Quranic schools). Approximately 20 per cent of *zakat* funds are spent on pro-poor projects in agriculture, education, health, water and other services. A poverty census undertaken by the *Zakat* Fund and Central Bureau of Statistics in 2011 identified 2.2 million poor and very poor families in Sudan that were eligible for *zakat* support. Their details have been inputted into a computerised database, which is intended to be used for targeting and should be updated regularly.

In **Tunisia**, 'traditional' norms of hospitality included private families voluntarily hosting refugees, but it is unclear if this practice continues – for instance, whether such hospitality has been extended to recent waves of Libyan refugees. In 2011, some 80,000 refugees were apparently housed with Tunisian families. Remittances from relatives working abroad are an important source of informal social protection within extended families in Tunisia, but the main source of remittances historically was from Tunisians working in Libya, which has declined dramatically since 2011.

Yemen passed a *Zakat* Law (No. 2 of 1999) that collects *zakat* contributions through local councils (contributing about 3 per cent to local council revenues and 0.2 per cent to GDP) and uses it mostly for financing infrastructure projects. Although *zakat* monies can be allocated to charitable activities instead of being given out directly as cash transfers to poor individuals, it is questionable whether it is having a strong social welfare or social protection impact, also because it has weak collection and disbursement processes. The government plans to move the administration of *zakat* from the Ministry of Local Administration to an independent Authority, and to target its allocation to conventional socially vulnerable groups – orphans, people with disabilities and women with no breadwinners. In terms of informal social protection, in Yemen this is dominated by remittances from Yemenis working abroad, which were equivalent to 6 per cent of Yemen's GDP in 2012 (Central Bank of Yemen 2014). These remittances have a positive impact on the economy and on the lives of the poor in rural areas.

6 Programmes targeting refugees and displaced people

The MENA region has an extraordinarily high number of refugees, IDPs and migrants, mainly due to civil conflicts. In 2011 there were an estimated 7.5 million refugees in the region (mostly living in Jordan, Palestine and Syria) and 10 million IDPs (mostly in Iraq, Lebanon, Sudan, Syria and Yemen) (Marcus and Perezniето 2011). These numbers increased following the Syrian crisis, which displaced almost 4.1 million people into countries throughout the region. As of end of September 2015, based on the United Nations High Commissioner on Refugees (UNHCR) data, 1.14 million Syrian refugees were being hosted in Lebanon, 629,000 in Jordan, 248,000 in Iraq, 132,000 in Egypt and smaller numbers in Libya and Tunisia. The other main destination is Turkey, which was hosting over 1.94 million Syrian refugees in December 2014, according to UNHCR data. Egypt is also a transit and a destination country for refugees and asylum seekers from many other countries, notably Eritrea, Somalia and Sudan.

Refugees, IDPs and migrants are treated differently in different contexts. Sometimes they are fully integrated into host communities, but often they live in camps or in marginalised conditions, with variable levels of access to humanitarian support, social services and livelihood opportunities. The role of social protection for these groups also varies. Typically, refugees have lost their access to any social assistance and social security entitlements they might have claimed at home (because these benefits are not 'portable' across national borders) and they are not entitled to receive the social benefits that citizens of host countries receive.

Iran has hosted the world's largest refugee population – more than 2.3 million Afghans displaced by the Soviet invasion of 1979 and the civil wars and chronic instability that followed. In 2012, 840,000 Afghan refugees and 45,000 Iraqi refugees were registered in Iran. Iran's policy towards refugees has generally been hospitable and generous. Integration with the local population is encouraged and most refugees live in urban areas while only 30,000 are housed in refugee settlements, where they receive free housing and basic services from the government, the UNHCR and the WFP. Refugees also receive social assistance in the form of health and education subsidies as well as food assistance or subsidised food rations, often provided with the support of international agencies led by the WFP. Nonetheless, poverty and food insecurity remain concentrated among refugee communities. There have also been social tensions, with complaints that refugees are involved in criminal activities and take jobs from local people, which is a sensitive issue given the unemployment rate in Iran.

Iraq was hosting over 248,000 registered refugees from Syria as of September 2015, mostly resident in refugee camps in Kurdistan. Many Syrians have left the camps to find work elsewhere in Iraq. The Ministry of Displacement and Migration manages the refugee camps, and provides food rations, winter clothing and oil heaters to complement the humanitarian relief provided by UN agencies. The Food and Agriculture Organization (FAO) has proposed two projects to reduce food insecurity among Syrian refugees in Iraq. One is to set up home gardens and the

other supports societal livelihoods and small industries in urban and rural areas of northern Iraq. There are no specific social protection interventions for IDPs in Iraq, but Iraqis who were receiving benefits (e.g. through the ration card system) can continue to claim these benefits if they have the necessary documents and smartcards. The Ministry of Displacement and Migration provides support to some IDPs. For example, it disbursed financial grants to over 9,000 families displaced by violence in Anbar.

In **Jordan**, Syrian refugees receive no social protection support from the MoSD or the NAF, and they receive only minimal support from local NGOs such as Najmah. At the same time, the influx of Syrian refugees is perceived as impacting negatively on local livelihoods among host communities, who face competition for work and access to services.

Lebanon has been severely impacted by the crisis in Syria. An estimated 1.14 million Syrians are now resident in Lebanon – amounting to one quarter of the total population – which is putting unprecedented pressure on local communities, the economy and social services. The MoSA recorded a 40 per cent increase in utilisation of its health and social programmes since the crisis started, and 35 per cent of learners in public schools are now Syrian. Because the government has not allowed refugee camps to be set up, displaced Syrians are living in host communities or in informal settlements. Although Lebanon and Syria have close ties on many levels and Lebanese people are generally sympathetic to the plight of Syrians, tensions are emerging due to perceptions – not necessarily accurate or fair – that unemployment and food prices are rising, while wages and the quality of public services are falling, because of the sudden influx of large numbers of Syrians.

In December 2012 the government of Lebanon adopted a ‘Roadmap of Priority Interventions for Stabilisation from the Syrian Conflict’, which recognised the risks of the crisis to basic services, the economy and institutions in Lebanon. The Roadmap proposed a series of measures to address these challenges, including restoring livelihood opportunities to vulnerable populations, ensuring sustainable and equitable access to basic services, and restoring social cohesion (peace-building in areas hosting Syrian refugees, and scaling up social protection while targeting women and girls). The Roadmap is complemented by a series of ‘Regional Response Plans’ (six since March 2012) which are effectively appeals for humanitarian assistance in various forms – food assistance, non-food items, financial assistance, ‘quick impact projects’ in host communities that are struggling to cope.

In 2014 the WFP and cooperating partners provided food assistance, either as food parcels or vouchers, to 871,000 Syrian refugees (70 per cent of those registered), based on a ‘Vulnerability Assessment of Syrian Refugees in Lebanon’ led by the WFP which found that 72 per cent of registered Syrians needed assistance. The food voucher is worth US\$30 per person per month (and in early 2015 reduced to US\$19 per person, due to funding shortfall) and can be spent on basic food items at hundreds of shops across Lebanon. This is not sufficient to meet all the food needs of Syrian households, and many are adopting ‘coping strategies’, such as reducing meals or portion sizes, buying cheaper and lower-quality foods, buying food on credit, and borrowing food or cash from relatives or friends. An unconditional cash transfer project for Syrians in Lebanon is being

piloted by the WFP during 2014–15, one objective being to compare the impact of this ‘cash-for-food’ against food vouchers.

Palestine has a history of displacement that dates back to the first Arab–Israel conflict in 1948, when approximately 900,000 Palestinians fled to other countries. A second wave of displacement followed the 1967 Arab–Israel war, which created another 350,000 Palestinian refugees. By 2011 two thirds of all Palestinians worldwide (7.4 of 11.2 million) were living outside Palestine, two thirds of these as refugees in other countries (about 5 million). Many live in refugee camps in Jordan, Lebanon and Syria, and are registered with UNRWA, which was established in 1949 to provide humanitarian relief to displaced Palestinians. Conditions in the camps are poor – overcrowded, unsanitary, with inadequate housing and land – so many refugees have chosen to live outside the camps and are not receiving support from UNRWA. Currently, UNRWA delivers health, education, housing and other social support to 4.9 million refugees and displaced Palestinians in Jordan, Lebanon, Syria, Gaza and the West Bank. UNRWA also provides cash and food assistance to some of the poorest refugees and displaced people. A total of 73,000 families or 288,000 individuals benefited in 2010. They were identified using a proxy means test. Due to UNRWA’s budget constraints coverage of this programme reaches only a fraction of those in need. The cash payment of US\$10 per person each quarter is inadequate and it has remained unchanged since 1978.

Sudan’s protracted internal conflicts have created a large number of internally displaced persons. Darfur’s population of 8 million people includes 2.3 million IDPs, and another half a million IDPs are located in South Kordofan, North Kordofan, Blue Nile and Kassala states. Total IDPs in Sudan have fallen from a high of approximately 5 million in 2010, due to people who were displaced to northern states returning to South Sudan following its independence in 2011. However, more than 300,000 South Sudanese still live in Sudan, and have neither IDP nor refugee status. In 2012 an agreement known as the ‘Four Freedoms’ was signed, giving citizens freedom of residence and movement between the two countries. There are also about 350,000 refugees in Darfur, mostly from Chad. Other refugees in Sudan are mostly from Eritrea. Programmes providing humanitarian relief and other assistance to refugees and IDPs are mainly implemented by the UNHCR and the WFP, working in collaboration with international and local NGOs. The government of Sudan makes a negligible contribution to these interventions.

Tunisia hosted an influx of an estimated 1 million refugees and economic migrants during 2011, mostly people displaced by the civil war in Libya, with about 200,000 coming from other countries. Support was provided by the WFP – a Protracted Relief and Recovery Operation that delivered food baskets to approximately 40,000 refugees living in host communities in southern Tunisia – and by UNHCR which registered and helped to resettle thousands of Libyan refugees in third countries. UNHCR is supporting the government of Tunisia to set up a comprehensive protection system that will assure refugees and asylum seekers of access to public services. Tunisia is also a transit country for Africans from other countries trying to reach Europe through irregular migration channels.

Yemen signed the 1951 Refugee Convention and has established a National Committee for Refugees in the Ministry of Foreign Affairs as well as an Executive Unit for IDPs, with mandates to verify and register refugees and IDPs, conduct

needs assessments and coordinate the delivery of food aid and other essential assistance. The government has an 'open door' policy with respect to refugees. In 2011 and 2012 more than 200,000 immigrants arrived in Yemen. There are now 237,717 formally registered refugees, but the government estimates that the total is in excess of one million, most of whom are not formally registered. The overwhelming majority of these political refugees or economic migrants are Somalis. All Somali refugees are granted sanctuary and allowed to stay in Yemen, with recognised refugee status under the guardianship of UNHCR. Many Yemenis question this policy, because they are living in abject poverty and the burden of hosting such large numbers of refugees is perceived as over-stretching the country's limited resources and weak administrative capacities. In 2013, over 50,000 new arrivals landed along the Red Sea and Arabian Sea coastlines, the majority coming from Ethiopia. Moreover, due to protracted civil unrest, there were an estimated 334,600 IDPs in Yemen as of September 2014, most of them located in the northern governorates. However, since significant upsurge in conflict and war since April 2015, the number of IDPs went up to 1.4 million (OCHA 2015).

Most assistance actually provided to refugees and IDPs in Yemen comes from international agencies, including the UNHCR (mainly on refugee status issues – verification, registration, integration, resettlement or repatriation) and the WFP (especially for food assistance), so the government's role is limited and it has no special programmes targeting these groups. Social protection projects for refugees and IDPs in Yemen are mostly run by international NGOs such as ADRA (Adventist Development and Relief Agency), INTERSOS, Oxfam, Save the Children, and the Danish and Norwegian Refugee Councils. Activities include skills development, adult education and language classes, provision of non-food items, and support to food security and livelihoods. A sensitive issue in all refugee and IDP situations is maintaining good relations with local people, and for this reason (and to reduce security risks) international agencies and NGOs in Yemen often include host communities as beneficiaries of projects designed for refugees and IDPs. One recommendation to increase government involvement and shift away from short-term projects is to implement longer-term social protection and livelihood programmes for refugees and IDPs in a participatory way, through partnership agreements between government ministries and international agencies and NGOs.

7 The World Food Programme's work on social protection in the Middle East and North Africa region

The WFP delivers assistance in various forms in virtually every country in the MENA region. The complex context and turbulent recent history in this region has blurred the boundaries between short-term humanitarian relief and longer-term social protection programming. In particular, the rise in conflict-affected populations throughout the MENA region has stretched the capacity of national systems and local administrations, and has escalated the role of agencies such as WFP, not only in delivering humanitarian assistance to affected communities, IDPs and refugees, but also in promoting an enhancement or temporary expansion of food and nutrition-related safety nets in support to the most vulnerable.

WFP has a long history of presence and assistance in the MENA region, including in managing extremely complex operations.² While the scale of WFP's interventions had been gradually reducing at the end of the last decade, during the period 2010–15, in view of the escalating crises affecting many countries in the region, the number of people reached by WFP has again risen dramatically from 6 million to over 24 million people, making WFP the single largest 'external' safety net provider in the region. WFP has been providing food assistance to refugees, IDPs and local food-insecure populations through a range of interventions and multiplicity of transfer modalities.

Over the past three years, different modalities have been used by WFP to ensure food security of the most vulnerable refugees, internally displaced and local populations. Increasingly, cash and voucher-based transfer modalities are used in several MENA countries, rather than direct food deliveries. Several specialised and fortified foods have been introduced into the food basket, ensuring higher nutrient intake. WFP food assistance operations are generally implemented in close coordination with the national governments and have an explicit intent to strengthen national systems and capacities in food and nutrition security. Increasingly, WFP is working with line ministries responsible for social protection to ensure better links between its humanitarian and development interventions, and the national social protection agenda. In view of this, WFP has emerged as an important stakeholder in the social protection policy debate in MENA.

WFP's current engagement with social protection and safety nets in the region can be broadly classified as 'direct provision of safety nets' and 'system building'. This is done through a range of initiatives and work streams, often combined, including engagement with national governments on policy dialogue, advocacy and reform;

2 WFP's operation in Iraq in 2005 was the biggest ever, supporting the national public distribution system in delivering assistance to over 23 million people in the space of six months to prevent a major humanitarian crisis during the country's post-war transition period. In Sudan, WFP is currently the largest safety net provider, reaching more than 1.1 million beneficiaries in 2014 through its food assistance. As noted in the previous chapter, WFP is playing a key role in the provision of humanitarian assistance to nearly 7 million people affected by the Syria crisis.

technical assistance and capacity development; and delivery of food assistance through the implementation of programmes and projects in collaboration with a range of national, international and local partners and stakeholders.

WFP's engagement on social protection includes, among others, the following:

1 Upstream policy dialogue and reform

In several countries in MENA, WFP is promoting dialogue on policy enhancements and reform, and advocating for synergies between social protection and food security and nutrition outcomes. For example, in Egypt, WFP's engagement contributed to the introduction of micronutrients in the wheat flour used to produce subsidised bread, reaching nearly each individual in the country, including vulnerable groups. In Palestine, WFP is engaged at both the policy and the implementation level in support of the PNA with a view to enhancing national social protection policies and plans. In this context it supported the MoSA in the development of the National Social Protection Strategy for 2014–16, it facilitated the inclusion of food security indicators in national poverty surveys, and it supported a stronger focus on the productive safety net element in the new strategy. Additionally, WFP played a key role in developing the M&E system for the national cash transfer programme. This policy-level engagement ran in parallel with WFP's efforts with MoSA to deliver food assistance to 911,000 chronically food-insecure people in the West Bank and Gaza. The existing safety net system in Gaza was used effectively by WFP to deliver necessary humanitarian food assistance through vouchers to an additional 300,000 beneficiaries during the 2014 war.

2 Working with national governments to reform public distribution systems

Public distribution systems form a strong part of government social protection policy instruments in MENA countries. In many cases the efficiency of these systems can be improved, for example through enhanced targeting and monitoring systems. To different degrees WFP has been engaging with governments in Libya, Iraq and Egypt, looking at the potential to contribute to an enhancement or reform of these systems. In both Iraq and Libya these efforts have clearly been affected by the escalation of violence.

3 Expanding national safety nets in view of socioeconomic shocks and natural disasters

This an important area of WFP's engagement in MENA. In Yemen WFP has been working with the social protection system to complement and expand existing safety nets, while also strengthening national systems. Following the political crisis of 2011, a sharp increase in the prices of basic food commodities in Yemen resulted in 45 per cent of the population becoming food-insecure. WFP worked closely with the SWF to deliver food assistance to 1.2 million people in 2011, scaling up to cover 3.8 million people in 2012 and 2013, and contracting to 2.5 million in 2014, when the level of food security improved. WFP again expanded its interventions to reach 3.8 million people in 2014, in light of the partial removal of the fuel subsidy in 2014 that affected prices and access to food. WFP's work in Yemen is a good example of integration with national safety nets systems and its ability to expand and contract to include transitory poor and food-insecure people and mitigate the potential impact of shocks. The current crisis in the country and large-scale displacement of the people have reversed the recovery efforts of the government and other actors, and several social protection programmes, including the SWF, are temporarily

suspended, until the situation improves. The lifesaving humanitarian support, however, provides an opportunity to use humanitarian assistance as a vehicle to revive the local economy and protect people's livelihoods.

Another example comes from Lebanon, a country currently hosting the highest number of refugees per capita. Beyond the extraordinary resilience of host communities in Lebanon, the presence of over 1.4 million refugees in this small country is exerting extraordinary pressures on public services and resources, in a context where refugees are also perceived by the local populations as competing for their jobs. WFP is assisting almost 900,000 Syrian refugees in Lebanon and this certainly helped in stabilising the situation and mitigating tensions. In 2014 WFP provided technical assistance to the government of Lebanon to expand the coverage of the National Poverty Targeting Programme (NPTP), providing assistance to 36,000 vulnerable Lebanese through e-Cards. Beneficiaries are chosen by the government using poverty and food insecurity criteria.

The WFP is active in supporting food security of refugees and IDPs throughout the MENA region. During 2014, this support included the following (see Box 7.1).

Box 7.1 World Food Programme food assistance to refugees and internally displaced people in the Middle East and North Africa region, 2014–15

In MENA, more than 8 million IDPs and refugees received food assistance in 2014–15.

- In **Egypt**, WFP delivered food assistance vouchers to 87,000 Syrian refugees.
- In **Jordan and Lebanon**, 548,000 and 897,000 Syrian refugees, respectively, spend electronic vouchers in local shops to help them meet their food needs every month.
- In **Palestine**, WFP and UNRWA delivered food assistance to more than 1 million displaced persons affected by the conflict in Gaza in 2014.
- In **Iraq**, WFP is delivering food parcels to over 1.7 million people displaced by the recent upsurge in violence. Additionally, over 100,000 Syrian refugees are receiving food assistance through electronic vouchers.
- In **Iran**, WFP is providing general food distributions to about 30,000 Afghan and Iraqi refugees living in 19 refugee camps.
- More than 1.2 million people displaced as a result of upsurge in conflict in **Yemen** are receiving food assistance.
- In spite of severe access constraints, the WFP has reached almost 48,000 IDPs in **Libya**.
- Over 3 million IDPs and 156,000 refugees receive the WFP's food assistance in **Sudan**.

Source: WFP (n.d.).

4 Linking safety nets interventions to productive outcomes, early recovery and resilience

In nearly all countries in which the WFP operates, efforts are under way to leverage opportunities to better link humanitarian relief interventions with resilience-building opportunities and productive outcomes. On one hand, the WFP

is identifying opportunities to connect to and revitalise local markets, for example through local purchases. On the other hand, the WFP is deliberately moving towards more transformational interventions, linking safety nets to productive assets and resilience building. Sudan provides a good example. Here the WFP is gradually moving away from unconditional food assistance to targeted food assistance by developing and strengthening national safety nets systems and capacities. This shift will facilitate early recovery and resilience among food-insecure households and individuals, who will be rehabilitating or creating assets and human capital. Similar approaches were underway in Yemen, prior to the recent escalation of violence.

5 Safety nets and nutrition outcomes

To the extent possible, the WFP strives to ensure that all its safety nets interventions are 'nutrition sensitive'. This is best achieved through integrating programmes with other sectoral interventions. In Sudan, the WFP's interventions (described above) are complemented by components that address nutrition through community-based nutrition-integrated platforms for prevention of moderate acute malnutrition among vulnerable groups (children aged 6–23 months and at risk pregnant and lactating women); the provision of micronutrient powder for home fortification of complementary food; and the provision of daily cooked meals in schools, fortified with micronutrient powders, to address short-term hunger in IDP camps and highly food-insecure areas, while improving children's micronutrient status, learning ability and access to education.

Even in conflict situations the WFP searches for opportunities to implement innovative nutrition-sensitive interventions. In some areas of war-torn Syria, to improve dietary diversity the WFP is delivering a fresh food vouchers programme in support of pregnant and lactating displaced and conflict-affected women. The fresh food provided through this programme complements the food basket received through general food distributions, and integrates with other health-care services provided by partners. Local markets and production are also benefiting from this initiative. Although this is not designed as a safety net intervention – it is more humanitarian support – it contributes to broadening the scope of social protection and making it more nutrition sensitive.

6 Leveraging school feeding programmes as safety nets

The WFP reaches about 4.5 million children in MENA and Commonwealth of Independent States (CIS) countries through its school feeding programmes. The primary objective of these programmes is to assist countries in their efforts to protect and promote education and human capital, facilitate transformative processes, while also ensuring food security and nutrition co-benefits. In Tunisia, the WFP works closely with the national government to ensure better nutrition for 200,000 primary school children. In Yemen, the WFP works towards contributing to gender and social relations outcomes through its conditional school feeding programme, whereby household rations are linked to girls' school attendance. In Sudan, in areas with high gender disparity rates, the WFP is introducing take-home rations (THR) to increase girls' attendance, also linked to local production and home-grown school feeding (HGFSF).

In specific circumstances school feeding programmes can be used as means to expand safety nets and reach a wider community, for example through THR

that also benefit the households. During the spring of 2015, WFP Yemen used its school feeding programmes as a conduit for delivering assistance to affected communities.

In Syria, as part of the Lost Generation campaign, the WFP launched a school feeding programme (August 2014) to boost enrolment and attendance rates, while contributing to an improved micronutrient intake. Starting with an initial 1,500 children in the summer school clubs, the programme has significantly scaled up to reach 111,500 children in Aleppo, Hama, Rural Damascus and Tartous. Children receive a daily snack of 80 grammes of micronutrient-fortified date bars on each school day. In 2015 the WFP aims to reach 500,000 pre-primary and primary school children in districts with a high concentration of internally displaced persons, high food insecurity and low education indicators.

8 Conclusions and implications for the World Food Programme

Most countries in the MENA region have a social protection system that comprises three major components: **social insurance** (contributory social security schemes, providing retirement pensions and other benefits), **social assistance** (SSNs, including cash transfers and food price subsidies), and **semi-formal or informal social protection** (NGO support and faith-based charity, especially *zakat*, remittances from extended families, and so on).

On the other hand, the level and quality of provisioning vary substantially across the region, and there is much scope for improvement. This concluding chapter identifies several key challenges facing the expansion of social protection in MENA countries, relating to coordination, coverage, targeting, instruments and data management. The chapter then offers a series of recommendations for WFP's role in supporting the strengthening of social protection and SSNs in the region.

8.1 Gaps and challenges

The ongoing context of political conflict and social instability makes the design and implementation of institutionalised forms of social protection very challenging in many countries in the region. While there is generally awareness of the need to enhance the efficiency and effectiveness of public social protection services, many other considerations come into play in relation to implementing such reforms.

To summarise, here are some of the overarching challenges facing social protection systems in the MENA region:

- lack of a holistic approach based on a long-term strategy, fragmentation of activities and absence of coordination, within and between government institutions and non-government stakeholders in the social protection sector;
- limited integration between social protection and food security and nutrition policies, as well as ways in which these could relate to resilience and climate adaptation challenges, although they address overlapping vulnerabilities and population groups;
- low coverage of social protection measures, with the corollary concern of the high proportion of resources wasted because of targeting errors – or no targeting at all, in the case of price subsidies whose benefits are disproportionately captured by the non-poor;
- despite their inefficiencies, challenges in removal of subsidies which may create social tension and new sources of vulnerability for people who are unable to afford the higher prices that follow (together with the need to respond effectively by spending the 'subsidy dividend' on well-targeted pro-poor measures);
- lack of adequate capacity in management information systems (MIS) and M&E systems, to support more transparent, efficient and accountable public services.

8.1.1 Fragmented and uncoordinated social protection systems

Only a few countries in the region have relatively well-articulated national social protection strategies. In most cases, there is no national social protection strategy or policy, and social protection remains an undeveloped component of social policy, with safety net programming often dominated by humanitarian relief interventions. There is a need for a national vision for social protection and for better coordination and coherence of policies and programmes, as well as clear divisions of responsibilities among relevant institutions, within government ministries and agencies, among development partners, and between government and development partners. Inadequate coordination of safety nets and social protection systems is recognised as a challenge across the region, both in wealthier countries dominated by government-run programmes as well as in poor countries where international agencies are influential in designing and financing interventions.

In Lebanon, for instance: 'A number of existing policies and strategies emanating from different ministries such as the MoSA, the MoPH [Ministry of Public Health], the MoA, MEHE [the Ministry of Education and Higher Education] and the MoL also have a positive impact on social protection, food security and nutrition; although they do not always specifically target this issue' (Lebanon country report). Similarly, in Sudan: 'There are scattered policies and strategies focusing on social protection, including food security and safety nets' (Sudan country report). In Iraq: 'The institutional structure of social protection is fragmented. The relevant responsibilities are divided among a wide range of institutions, some of which do not specialise in their assigned roles. ... some officials have complained of the lack of coordination at the level of a single ministry, let alone separate institutions' (Iraq country report).

Some positive steps are being taken. In Lebanon, the government established a national vision and plan for poverty reduction and social protection for the first time in 2010. In Sudan, the finalisation of the PRSP is expected to specify and harmonise the social protection efforts of various government actors – notably the MoWSS, with its SSP, Health Insurance Fund and Social Insurance Fund – as well as development partners such as the African Development Bank and WFP's Cash for Assets and Food for Work programmes. In Iraq, the new Social Protection Law, promulgated in 2014, is expected to improve cooperation and coordination among key actors, both centrally and at decentralised governorate level. 'Moreover, the Social Protection Fund is administered by a board of management that comprises representatives from the ministries of Labour and Social Affairs, Finance, Education, Health, Planning, Justice, Interior, in addition to any other body that the head of the social protection authority sees fit' (Iraq country report). In Yemen, prior to the onset of the current crisis, the Ministry of Planning had set up a unit for coordinating food security interventions, and several cluster working groups have been established (including Food Security and Agriculture; Nutrition; Emergency and Early Recovery; Water, Sanitation and Hygiene (WASH); and Cash Working Group) that would hold regular meetings and attempt to coordinate efforts of government ministries, donor agencies and international NGOs, both at national and at governorate level.

8.1.2 Lack of integration between social protection and food security policies

In contexts where agriculture is a significant economic sector – such as in Sudan and Yemen – there is scope for coordination and integration between agricultural policies and social protection interventions, to promote household and national food security. Also, given the prevalence of all forms of malnutrition in the region (undernutrition, micronutrient deficiencies and obesity), nutrition-sensitive social protection interventions should be promoted. The governments in MENA do not see food security as an objective of social protection, beyond provision of subsidies. Most national systems have weak or missing institutional linkages between emergency interventions and longer-term food security, nutrition or social protection programmes. The same is true for linking social protection and safety nets with objectives related to strengthening resilience of communities or supporting climate adaptation. Conceptually, ideas for linking relief and development have been advanced since the 1980s. Operationally, emergency programmes such as general food distribution are rarely integrated with national social protection interventions. Institutionally, governments tend to administer and finance social protection programmes and social security systems, leaving more space for non-government actors (UN agencies, international and local NGOs) to deliver assistance during crises.

8.1.3 Low coverage of social protection interventions

Social protection coverage is low and uneven in the MENA region. On average, just 16 per cent of the poorest quintile of the population receives any form of social assistance, less than half the global average of 40 per cent. State-administered programmes tend to be targeted worse than donor-run programmes. SSNs have a significant impact on the welfare of the poorest quintile in Jordan, the West Bank and Gaza, but other MENA countries are lagging far behind. In several countries national programmes based on cash or food transfers have had barely any positive impact on consumption levels among the poorest, because of ineffective targeting. Examples of the proportion of the bottom quintile reached by social protection programmes include: Egypt's Monthly Social Pension = 8 per cent; Jordan's NAF = 16.5 per cent; Iraq's Social Safety Net = 2 per cent. Conversely, UN social assistance programmes in Palestine reach over 50 per cent of the poorest quintile (Jawad 2014: 28).

Even where contributory social insurance systems are well established, large segments of the workforce are excluded – self-employed, informal workers, farmers and agricultural workers, and the unemployed. Coverage is also restricted in terms of the benefits provided. Lebanon's National Social Security Scheme, for instance, covers one-off retirement benefit and health risks, but not unemployment. On the other hand, donor-funded safety nets are time-bound projects with limited funding, while informal social protection cannot provide adequate protection against major shocks. Another source of 'under-coverage' arises from the impact of displacement on host communities, who are often negatively affected but are typically neglected when support is provided to refugees and IDPs. Interestingly, the approach proposed by some UN agencies in the context of the Syria crisis has contemplated from the beginning the inclusion of affected host communities in relief programmes, although on a limited scale due to insufficient donor funding.

Lack of updated and reliable poverty data is also a challenge. For example, in Lebanon, the last national household survey was done in 2004 and since then the context has changed significantly. Despite that (owing to lack of data), this data continues to be used for programming. In 2010, based on that data, 28 per cent of the population was estimated as living below the poverty line. Of this, 8 per cent was estimated to be extremely poor by the UNDP and who are targeted under the NPTP. Between 2008 and 2015 the number of extremely poor households would have risen significantly owing to the various crises the country has been facing. This has not been factored in the programming, resulting in severe inclusion errors. Similarly, in Sudan there is an absence of good quality data at the national level. In other countries, years of turmoil make it highly difficult to conduct objective data collection exercises. So in all, data availability and its quality is a challenge to social protection programming in MENA.

8.1.4 Targeting errors

The corollary of under-coverage of the poor (exclusion error) is over-coverage of the non-poor ('leakages' or inclusion error). If a social protection programme is well designed, one would expect that social benefits would cover a negligible share of consumption for the richest quintile. However, data from MENA countries depict a completely different picture. Leakages are highest for state-run general food and fuel subsidy programmes, where the rich tend to capture the bulk of the benefits because they consume more food and fuel than the poor. For pro-poor social protection programmes, coverage rates should fall from the poorest to richest quintiles, but with general subsidies they tend to rise. Even targeted social assistance programmes reach too many non-poor beneficiaries, because of weak targeting design or registration processes. 'On average, only a quarter of non-subsidy social assistance beneficiaries in the region come from the poorest quintile, while about 15 per cent come from the richest quintile' (Jawad 2014: 29). Apart from failing to meet the needs of the poorest, inaccurate targeting leads to high social, political and administrative costs.

One explanation for these unsatisfactory beneficiary incidence outcomes is an excessive reliance on geographical targeting and universal programmes (i.e. price subsidies), which are crude mechanisms that are typically associated with high inclusion errors. Some countries have recently switched towards more accurate targeting mechanisms, such as means testing in Jordan, and proxy means tests in Lebanon, Palestine and Yemen (Silva *et al.* 2012). Categorical targeting could also benefit specific vulnerable groups efficiently – for instance, if early childhood undernutrition is acknowledged as a strategic priority for social protection, then targeting children from conception until two years of age would be a relatively cost-effective approach.

8.1.5 Vulnerabilities resulting from the abolition of subsidies

The prevalence of price subsidies throughout the MENA region, especially on fuel and food commodities, has been identified as an expensive and inefficient way of delivering food security and social protection to poor households. Despite some resistance, general price subsidies are being scaled down or abolished in many countries, although this has created new patterns of vulnerability. In Sudan,

for instance, the proportion of the population living below the poverty line rose by several percentage points following the abolition of fuel subsidies. On the other hand, the 'subsidy dividend' offers an opportunity to invest the funds saved on subsidies into targeted social protection and safety net programmes for the poorest, potentially reaching more needy people with larger benefits. In practice, though, this has happened only to a limited and partial extent.

8.1.6 Inadequate management information systems and M&E

Social protection programmes require effective management information systems (MIS), in order to learn lessons about how to improve their design and implementation – are the right people receiving benefits? Are payments being made in full and on time? However, many systems in MENA countries are basic – manual paper-based records rather than electronic computerised databases – with under-resourced data management units and inadequate administrative reporting protocols. This means that not enough relevant data are being generated or captured to strengthen the social protection system and run it cost-effectively. There is also the issue of lack of coordination among different international organisations working on social protection in the region. Wherever there are MIS and M&E systems in place, they do not necessarily include food security and nutrition indicators, with the exception of Palestine where WFP has played a proactive role in the development of the national M&E system.

The evidence base on social protection is growing across the world – notably in Latin America, sub-Saharan Africa and South Asia – with rigorous evaluations that assess alternative design choices (cash versus food transfers, targeting mechanisms) and impacts (on poverty, food security, nutrition, education, women's empowerment and other outcomes). However, very few programmes in the MENA region have comprehensive M&E systems. Interventions financed by external agencies are more likely to be evaluated than government-run programmes. This omission is regrettable because there is great scope to compare the effectiveness of alternative approaches within and across countries, and to share positive and negative experiences for neighbouring countries to apply to their own contexts.

Capacities need to be strengthened in several areas: implementation manuals, data management, M&E units, commissioned impact evaluations and academic research. One suggestion is to adapt the MIS and M&E systems used by development partners.

The donors and other organisations have proper systems that could be used by the government entities to improve their implementation mechanisms.

For instance, the WB supported projects used to have strong M&E systems with technical advisors on different levels. The IFAD projects have one of the best M&E systems with clear guidelines and implementation processes. It is important, therefore, to concentrate on building the capacities in this field, and to establish MIS at some ministries and institutions.

(Sudan country report)

Interestingly, it is the relief sector that is providing innovative digital solutions to registration and data management, thanks to the development of new biometric technologies and registration systems, linked to the cash and voucher transfer

mechanisms, as for example implemented by WFP. The use of these technologies is now being extended to national actors, and the new platforms are in some cases perfectly integrated within national systems. WFP has developed a standard beneficiary and transfers management system (SCOPE), which is being rolled out in several countries across the MENA region. SCOPE is an online application to manage food assistance from beginning to end. The platform's core features are registering beneficiaries with biometrics, creating distribution lists for partners, and exporting invoices for retailers. In addition, SCOPE can also act as a service provider by offering transfer solutions when local providers are not available. It has proven very successful in beneficiary registration, using biometric devices (fingerprint readers) in remote locations in Sudan. More than 29,000 beneficiaries have been successfully registered, 17 per cent with photos and 69 per cent with fingerprints. In Jordan, SCOPE plans to power Jordan's e-voucher distribution to assist approximately 550,000 Syrian refugees using the One Card. In Iraq, SCOPE will consolidate beneficiary data for Syrian refugees registered on UNHCR databases and National IDP registers at the Ministry of Migration and Displacement. Together with the Ministry of Trade, SCOPE will support capacity building of the Iraqi government, as part of their public distribution system (PDS) reform.

Partly related to the above, another major gap observed in the region concerns the lack of information from early warning systems that can help anticipate price spikes and mitigate their impact on vulnerable groups. This gap is particularly surprising considering the high dependency of many of the MENA countries on food imports, and their vulnerability to market-induced shocks. Specifically in this ambit WFP is leading the development of an innovative Safety Nets Alert Platform (SNAP), together with IFPRI and other partners. SNAP is an innovative and agile regional food price monitoring system that can enhance food security early warning, risk management and social protection, particularly in relation to food prices and economic shocks.

8.2 Recommendations for the World Food Programme³

Social protection has a long tradition in MENA and most social protection interventions in the region are typically funded by national governments. However, of late, with the escalation of humanitarian crises in the region, large-scale and long-term humanitarian assistance has opened up significant space to look at the scope of social protection in humanitarian and crisis contexts, beyond its traditional roles in development.

Targeted safety nets comprise a very small proportion of social protection provisions by governments in MENA and they are largely inadequate to reduce either immediate or longer-term food insecurity. These national systems are fragmented and very few efforts can be seen in the region to link social protection policies and programmes to crisis triggers and resilience building.

³ These recommendations are specifically directed at WFP, and are linked to the purpose of the commissioned study. However, they have wider implications for social protection programming in the region.

With shrinking fiscal space in the region, coupled with rising conflict and widespread human insecurity, collapse of governance and public services, the presence of predictable, long-term financing of social protection in its current form in MENA is non-sustainable, as is evident from the efforts to reform subsidies in several countries. With an unprecedented rise in demand for humanitarian funding, donors are looking at value for money for every penny of their assistance, and linking humanitarian assistance with long-term development financing through social protection systems provides one such platform.

In this context, and given WFP's strong presence in the region, there is scope for governments and agencies to develop better designed and better coordinated social protection systems that enhance food security and nutrition outcomes. Some discussion points for consideration by WFP include the following.

8.2.1 Policy engagement

- 1 The importance of establishing an effective social protection regime in the MENA region is underscored by recent developments, highlighting the vulnerability of the region to shocks, both natural and man-made, and the dramatic consequences of social exclusion on development and conflict. Although long-term programming is challenging in the current context of high uncertainty and instability affecting several MENA countries, social protection planning and design must be underpinned by a vision for building a sustainable system that delivers predictable social protection and safety nets for food security and nutrition.
- 2 Ensuring adequate food and nutrition security for all is a key component of any contemporary social protection strategy. Working with governments and partners, WFP can actively contribute to the MENA social protection policy agenda at regional and national level. Achieving food security and nutrition outcomes should become an explicit objective of WFP's social protection and safety net programming and policy engagement with national governments and partners in the region.
- 3 WFP is a *de facto* partner of choice in several countries in the region. Its experience in establishing safety nets services and systems at scale and in fostering transformative interventions aimed at empowering communities and building resilience, can be leveraged by regional and national authorities to support the enhancement of national and regional capacities and the setting of higher common operational standards.
- 4 In light of the surging needs and deepening vulnerabilities in the MENA region, and building on the accumulated experience to date, WFP can contribute to the development of more systematic approaches to scalable food and nutrition security-related safety nets.
- 5 WFP can work towards the establishment of interventions and programmes that are more 'integrated' and nutrition sensitive, depending on contexts and opportunities.
- 6 Working with partners, WFP can also contribute to the setting of common standards in social protection in the area of food and nutrition security.

- 7 WFP is in a position to contribute to social protection systems reform efforts, by supporting a gradual refocusing of these systems, from universal food and energy subsidies to more targeted social assistance programmes that address the needs of the most vulnerable.
- 8 Given the increasing urbanisation experienced in this region, WFP can assist national authorities in reinforcing targeted social protection strategies and programmes for addressing urban food insecurity, which might also include innovative digital transfer solutions.
- 9 Because WFP is a global actor in the fight against hunger and malnutrition, it can facilitate the exchange of evidence-based experiences, including by fostering South–South policy dialogue among countries from different contexts and regions.

8.2.2 Programme design and implementation

- 10 WFP can leverage its strength in providing comprehensive analysis of food security and vulnerability, to enhance governments' capacity in designing national safety nets that are responsive to stresses and shocks and contribute to resilience building. For example, by ensuring that climate-related shocks are taken into consideration, social protection programmes can reduce poverty even under circumstances of more frequent and intense shocks and stresses. This 'adaptive' approach to social protection could help countries anticipate climate-related events such as droughts and scale up their social safety net programmes in response. This entails design aspects related to context analysis, targeting, selection of modalities and determining the value of safety net transfers for improving food security and nutrition.
- 11 Withdrawal of fiscal subsidies has already happened in several MENA countries and might be imminent in others. When subsidies are reduced or withdrawn food prices tend to rise, reducing poor people's ability to access commodities. This may also have repercussions on social cohesion. WFP can work with national governments to refine targeting methodologies and food security monitoring among the poorest strata of the population, as well as support the design and implementation of safety nets that can mitigate the impact of withdrawal of subsidies.
- 12 In many countries in the region WFP is *de facto* managing a scalable humanitarian safety net that expands and contracts during and after crises. Building on the experience to date, WFP can assist national governments in the design and implementation of flexible safety net mechanisms, to support both the chronic and transient food-insecure households in times of food stress.
- 13 WFP can work with host governments to strengthen national capacities, also borrowing from experience from other countries and regions.⁴ In principle, general emergency food and cash assistance could be brought within

4 For example, the Productive Safety Net Programme (PSNP) in Ethiopia, which is co-funded by the government and development partners, has a risk-financing facility to provide additional support or to reach extra beneficiaries during shocks such as drought.

the scope of an expanded social protection system, whereby state actors (with complementary roles for non-state development and humanitarian actors) could expand both the coverage and scope of their social safety net instruments in order to protect affected families, as a temporary measure.

- 14 Many MENA countries have a combination of high unemployment and seasonal hunger. WFP can more systematically work with national governments and partners to design asset creation, public works, capacity building and income-generation activities to simultaneously address household food insecurity and support linkages to markets. Where possible, WFP could follow a resilience-building approach and in partnership with other agencies support national governments to design and implement safety nets that lead to resilience outcomes for households and communities.
- 15 There is evidence that well-designed and targeted social protection mechanisms can contribute to building community and household resilience. WFP's safety net interventions can help achieve impact at scale and be transformative. In order to optimise these interventions, they must be aligned with national priorities.
- 16 The WFP's school feeding programmes, conducted in support of national institutions, provide a powerful and flexible platform to deliver social protection and safety nets benefits to vulnerable communities, also in emergency situations. Working with partners, WFP can further strengthen the offer of these programmes and the establishment of common standards across the region.
- 17 Building on its outreach and experience in the region, WFP can consolidate partnerships and collaborations with national and regional institutions as well as other actors, with a view to achieving coherent approaches to the delivery of food security-related safety nets and social protection programmes in the MENA region.

Annexes. Country report summaries

Commissioned studies

- Annex 1 Social Protection and Safety Nets in Iraq – Hasan Latef K. Alzobaidee
- Annex 2 Social Protection and Safety Nets in Jordan – Ghaith Zureiqat and Hadeel Abu Shama
- Annex 3 Social Protection and Safety Nets in Lebanon – Ghaith Zureiqat and Hadeel Abu Shama
- Annex 4 Social Protection and Safety Nets in Sudan – Abdulgadir Turkawi
- Annex 5 Social Protection and Safety Nets in Yemen – Ali Azaki

Desk studies

- Annex 6 Social Protection and Safety Nets in Egypt – Deepti Ameta and Hadeer El Shafie
- Annex 7 Social Protection and Safety Nets in Iran – Deepti Ameta
- Annex 8 Social Protection and Safety Nets in Libya – Katharine Hagerman
- Annex 9 Social Protection and Safety Nets in Palestine – Deepti Ameta
- Annex 10 Social Protection and Safety Nets in Tunisia – Katharine Hagerman

Annex 1 Social protection and safety nets in Iraq⁵

Iraq is an upper-middle-income country located in Western Asia. It shares its borders with six countries: Syria, Turkey, Iran, Kuwait, Saudi Arabia and Jordan. Iraq's population of 33.4 million is, to some extent, ethnically and religiously diverse. The two main ethnic groups are Arabs and Kurds, comprising around 75 per cent and 15 per cent of the population, respectively. While Iraq is predominantly a Muslim country (the Muslim majority accounts for 97–99 per cent of the population), its Muslim population is 60–65 per cent Shia and 32–37 per cent Sunni. According to 2012 estimates, almost half of the Iraqi population is under the age of 18. Estimates provided by the World Bank in 2013 indicated that 57 per cent of the population was between the ages of 15 and 64, while the 0–14 age group comprised 40 per cent of the population. The unemployment rate in Iraq is 11 per cent, with 653,000 people currently unemployed, most of whom are in the 15–24 age group. UNDP reports that 18 per cent of youth aged 15–24 are unemployed.

The oil sector, which generates 96 per cent of government revenue and dominates Iraq's economy, employs only 1 per cent of the total labour force. The amount of revenues generated by the oil sector appreciate the real exchange rate, having a negative impact on the non-oil sectors, reducing the competitiveness of domestic products. This impedes the country's efforts to diversify its economy and make room for more labour-intensive activities. Unemployment is especially high in governorates like Dhi Qar and Al-Muthanna, where agriculture is the primary source of employment.

High unemployment in Iraq compounds its poverty rates. According to the 2014 Human Development Report, 22.9 per cent of the Iraqi population live below the national poverty line. Poverty rates are higher in rural areas than in big cities. Around 50 per cent of the number of poor people in Iraq live in rural areas, despite rural residents accounting for just 30 per cent of the overall population. Poverty is also compounded by conflict within Iraq and around its borders. Iraq's war with Kuwait in 1990 and the subsequent international sanctions on the former, the US-led invasion of Iraq in 2003, and the recent emergence of the Islamic State of Iraq and Syria (ISIS) in the region have all led to disastrous social and economic consequences, including high rates of malnutrition and displacement and migration of millions of Iraqi people.

Social protection policies and strategies

The social welfare system in Iraq is vast and varied. The absence of a central strategy for social protection and lack of cooperation between the various responsible authorities has led to an inefficient implementation of social protection policies. Iraq's newly instated Social Protection Law No.11 of 2014 aims to deal with such drawbacks and should lead to a more efficient targeting of social protection beneficiaries. However, these improvements have yet to take effect.

⁵ The Iraq country report was written by Hasan Latef K. Alzobaidee and translated by Mo Sholkamy, who also drafted this summary.

Social protection policies in Iraq can be divided into two main types:

- Permanent policies, which include the State Pensions System, the Social Security System, and the Social Protection Network. These policies have become ingrained in Iraq's social policy over time.
- Temporary policies, which include the Ration Card System and the Poverty Alleviation Strategy. These policies were designed to help deal with specific crises.

The many institutions that work on delivering social protection to Iraqi citizens include:

- Government agencies:
 - **The Ministry of Labour and Social Affairs:** Primary provider of social protection, responsible for overseeing existing policies and programmes to ensure the protection of specific groups of people as outlined by Iraqi law
 - **The Ministry of Commerce:** Effectively offers food security for the whole population by managing the Ration Card System
 - **The Ministry of Finance:** Manages the National Board of Pensions
 - **The Ministry of Displacement and Migration:** Provides care and protection for externally and internally displaced Iraqis. Also works with international organisations to manage camps for Syrian and Palestinian refugees in Iraq
 - **The Ministry of Planning:** Provides social protection through the Executive Management of the Poverty Alleviation Strategy
 - **The Martyrs Foundation:** Provides material and moral compensation for the families of martyrs
 - **The Political Prisoners Foundation:** Provides material and moral compensation for the families of political prisoners.
- Non-governmental organisations
 - **Local and international civil society organisations (CSOs):** Provide more or less the same types of services as governmental organisations to vulnerable communities in Iraq. Despite the absence of data confirming the scope and scale of those projects, the limited resources available to CSOs suggest a limited number of beneficiaries.
 - **Religious organisations:** These organisations played a critical role at a time when the government was crippled by international sanctions. Religious organisations have used resources collected through *khums* and *zakat* (alms taxes) to provide health and social services to vulnerable people in Iraq.

Social protection programmes and safety nets

Social protection programmes are affected by the surrounding social and economic environments in Iraq. The absence of a strategic vision for the country's development has led to the adoption of conflicting policies. A rethink of the country's current social and economic long-term goals is in order to help create harmony between social protection policies and the surrounding social and economic policies. The ration card system, for example, which covers practically the whole nation, goes in stark contrast with the government's long-stated desire to transition to a free market economy. The same goes for Iraq's heavily subsidised service sector.

The country's internal dynamics have also played a role in skewing the social protection systems. For example, despite serving similar interests, the Iraqi authorities have refused to include the Martyrs and Political Prisoners Foundations under the pensions scheme. The former two foundations were established despite there being clashes between each of them and the pensions system. The same applies to the Ration Card System, which was originally meant to be a temporary measure to cope with the hardships of the international sanctions on Iraq. Despite big improvements in food security in Iraq since that period, the programme has not been discontinued and is still used by the state.

Another major drawback is the failure to employ accurate targeting mechanisms for social protection programmes. For example, 98 per cent of Iraqi families own ration cards, despite many of them not being poor or in need of rations. This leads to an almost haphazard distribution of a seemingly random selection of ration commodities. The same can be said to apply to other social protection programmes, where many of the marginalised and poor families end up being excluded from the benefits that they need and deserve. The lack of cooperation between the entities involved in the provision of social protection complicates the efforts to monitor and evaluate the programmes, which, in turn, leads to the further deterioration of the social protection system and hinders the process of dealing with the system's weaknesses.

Nonetheless, the government of Iraq has repeatedly proven its dedication to social protection by contributing a considerable sum of money to its establishment and maintenance since 2007. Social protection programmes constitute 7–12 per cent of public spending. The government has also exhibited its dedication to improving existing programmes through conducting several evaluations of the ration card system and implementing some reforms to targeting mechanisms and means of operation (e.g. introducing smartcards). To a great extent, this ability to spend on social protection comes from Iraq's high oil revenues. The almost absolute reliance of social protection budgets on oil production is, of course, problematic as it conditions the provision of social protection on an unsteady source of income.

To guarantee a responsive and resilient social protection system, certain reforms should be carried out within the social protection system and outside it. In addition to ensuring the full dedication of the system's management and employees to its main goals, the Ministry of Labour and Social Solidarity lacks a sufficient number of social researchers to carry out the work needed. Also, the majority of researchers are from Baghdad. More diversity is needed in order for all governorates, with their varying problems and interests, to be represented.

Programmes targeting refugees and displaced people

The responsibility of looking after refugees in Iraq falls primarily on the Ministry of Displacement and Migration. With the support of international organisations such as the FAO, the WFP and the UNHCR, the Ministry takes the necessary measures to provide refugees with the basic necessities of life. The decision to allow Syrian refugees to enter Iraq was taken in July of 2012 after the onset of the Syrian civil war in early 2011. Fifty billion Iraqi dinars were consequently allocated to their care and protection. Several camps in the Kurdistan region and Al-Anbar governorate were dedicated to sheltering refugees from neighbouring Syria. The Ministry of Displacement and Migration has also provided food rations, winter clothing and heaters. The number of Syrian refugees in Iraq as of mid-July 2014 was estimated to be 217,192.

Displaced people in Iraq number much higher. Although violence is most often the reason behind internal displacement, droughts have caused their fair share of displacements between the years 2007 and 2009. The emergence of ISIS and the spread of its influence in 2014 is estimated to have led to the displacement of about 2.1 million people. The total number of displaced people in Iraq as of October 2014 was estimated to be 2.9 million. IDPs are more likely to constitute a bigger burden on society than most refugees, given their residence among other Iraqis (rather than in camps) and the pressure they exert on housing, the job market and public services. The Ministry of Displacement and Migration is responsible for attending to the needs of displaced people in Iraq and although the government is yet to introduce a mechanism that deals especially with displaced people, it is known to provide them with grants and shelter.

Food security and the role of WFP

The Ministry of Commerce assumes the main role of providing food security in Iraq through its management of the Ration Cards System. Despite a rise in the rate of calorie consumption per person in Iraq to 2,810 calories, close to 2 million people were suffering from food deprivation in 2011, more than 1 million of whom were located in Baghdad, Basra, and Dhi Qar. In 2012, in line with Law No.37 of 2011, the Ministry of Commerce invested US\$2.6 billion in creating strategic food reserves using the commodities it distributes through ration cards.

WFP has also played a big role with regards to providing food security for vulnerable groups all around Iraq. WFP is delivering food parcels to over 1.7 million people displaced by the recent upsurge in violence. Additionally, over 100,000 Syrian refugees are receiving food assistance in the form of food vouchers in Erbil Governorate that allow beneficiaries to pick and buy the food they actually need from local shops.

In order to strengthen SSNs, WFP has been providing technical assistance to the government of Iraq, through piloting a local food supply chain model for school feeding. Further support is also being provided to the Ministry of Commerce for improving the efficiency of Iraq's Public Distribution System.

Conclusion

The major shortcomings of the social protection system in Iraq have less to do with policies that are already in place and more to do with the weak implementation of social protection programmes. Lack of cooperation among relevant social protection authorities and the absence of a national strategy for social protection lead to difficulties in planning, evaluating, and implementing social protection. This is most apparent in the case of the current targeting mechanisms, which, in some cases, end up excluding the more deserving marginalised communities. Better targeting can be achieved through updating and computerising social protection information systems, cooperating with local councils to identify marginalised vulnerable communities, dealing with governance constraints that impede the implementation process, and setting a clear long-term strategic vision for social protection in Iraq.

While the new social protection law (No.11 of 2014) aims to eliminate many of the aforementioned weaknesses, its application requires the establishment of a new institutional structure, governance mechanisms, and programmes, all of which are yet to be established.

Annex 2 Social protection and safety nets in Jordan⁶

Jordan is a resource-poor, food-deficit country with limited agricultural land, no energy resources and scarce water supply. With a population of 6.5 million in 2013, it has a small but relatively well diversified economy. The economy is largely based on private enterprises and the government employs roughly one third of the workforce. The population is predominantly young with a high birth rate and the life expectancy is 80 years. Most of the population (nearly 80 per cent) live in urban areas. Jordan has increasingly been plagued by recession, debt, and unemployment since the mid-1990s, and the small size of the Jordanian market, fluctuations in agricultural production, lack of capital, and the presence of large numbers of refugees have made it necessary for Jordan to continue to seek foreign aid. There are 600,000 registered Syrian refugees. Internal migration from rural to urban centres has added a burden to the economy; however, a large number of Jordanians live and work abroad.

In 2010 the absolute poverty rate in the Kingdom was 14.4 per cent. Concerning food consumption, a positive trend has been observed over the past few years. Per capita consumption of energy, protein, and fats has increased from 2009–11. Jordan's status as an importer of food, along with the limited potential for food self-sufficiency, makes it particularly vulnerable to food price shocks. The United Nations International Strategy for Disaster Reduction (UNISDR) indicates that rural poverty is both a cause and a consequence of drought risk in Jordan. Drought erodes already impoverished livelihoods further, leaving households and communities more vulnerable to future droughts and hazards. UNDP works directly with national and international partners towards raising capacities of different authorities on managing disaster risks rather than responding to the destructive consequences of disasters.

Social protection policies and strategies in Jordan

Social protection in Jordan is focused on the family as the foundation of the society, as embedded in its constitution. There is no national policy for social protection. Each public entity has its own laws and regulations that define its roles and responsibilities. Key public players in the area of social protection in Jordan include: the MoSD, the NAF, the Ministry of Finance, the Ministry of Planning, the Ministry of Labour, and the Ministry of Health and other public entities including the Ministry of Municipal Affairs. The MoSD functions under Law No. 14 of 1956. The Law makes provision for a comprehensive and sufficient social pension, and coordination of social services for all citizens throughout their life stages. Currently the MoSD provides its services under four laws governing its main operations as follows:

⁶ The Jordan country report was written by Ghaith Zureiqat and Hadeel Abu Shama. This summary was drafted by Deepti Ameta.

- 1 Social Affairs and Labour Law No. 14 of 1956 and its amendments
- 2 Juveniles Law No. 24 of 1968 and its amendments
- 3 Family Protection Law against Violence No. 6 of 2008
- 4 Association Law No. 51 of 2008 and its amendments in 2009.

Several national strategies that partially target enhancing the social protection system in the country have been launched over the past decade. Most important was the National Agenda which was launched in the year 2006 under a Royal Patronage. The initiative included all national objectives to be achieved by 2017. Jordan's social protection programmes can be organised under five key components: Social Assistance, Social Insurance, Fiscal Subsidy System, Labour Market Interventions and Food Security and Nutrition.

Food security and nutrition in Jordan

According to WFP, Jordan has several risk factors for food insecurity, which include limited economic access and lack of job opportunities; degradation of agricultural land and self-insufficiency in food products (Jordan produces <10 per cent of its cereal requirements), and water scarcity (Jordan ranks among the five most water-deficit countries in the world). For public SSNs, food security is not highlighted as a key objective of these programmes; however, it comes as a sub-component of their poverty alleviation strategies and actions. Jordan's Poverty Reduction Strategy indicates that 64 per cent of food-insecure households in Jordan are poor, and about half of those vulnerable to food insecurity are living under the poverty line. Furthermore, the Food Security Report of 2011 highlights that 93 per cent of food-insecure households used food coping strategies during the survey year, against 69 per cent of the households that were vulnerable to food insecurity. The same report stated that about 14 per cent of the households in the Kingdom had received different types of assistance (food and non-food), while 10 per cent of the households received food assistance only, and about 5 per cent received non-food assistance.

There are several entities that are involved in SSNs and food security in addition to local NGOs. Furthermore, international development partners are working with many public entities to enhance overall capacity and efficiency with regards to food security. However, efficiency and levels of cooperation among different stakeholders are still weak. The recently drafted Jordan National Food Security Strategy is focusing on food production and overall food security.

Social protection programmes and safety nets

I Government social assistance

The MoSD manages a range of social assistance services and benefits to the poor, the disabled, the unemployed, the elderly, battered women and children, orphans and children of broken families, babies in nursery care and juvenile offenders. MoSD services reach 23,000 beneficiaries. The main safety nets include Handicapped Affairs, Community Development and Combating Poverty, Family and Childhood, and Social Defence. These services target Jordanians only;

however, certain segments of refugees can benefit from these services, mainly abused women and children and juveniles. MoSD implements an emergency cash transfer support of around 200,000 JD annually. MoSD provides its services through specialised centres distributed around the country. It includes three main programmes – Social Protection Services, the NAF and the National Zakat Fund.

Social Protection Services

Social Protection Services are facilitated by MoSD. The Direct Social Assistance provides shelter and rehabilitation to poor individuals and households, the homeless, juveniles, the physically or mentally challenged, orphans, abused women and children, victims of human trafficking (recently added) and the elderly. The Indirect Services provide housing, health insurance and income-generation activities.

National Aid Fund (NAF)

NAF provides timely financial assistance and other benefits to eligible needy individuals and households. It is also managed by MoSD. The National Zakat Fund is under the responsibility of the Ministry of Awqaf. It is the core of Jordan's social protection system. The NAF provides cash transfers to almost 100,000 households (8 per cent of the Jordanian population) and to 271,000 individuals. The NAF plays an important role in providing the cash assistance, but its targeting mechanism needs improvements in reaching to the poorest. NAF assistance helps needy individuals to cover 59 per cent of the required income to reach the national poverty line and only 49 per cent for poor households.

NAF estimates that the indirect and direct impacts of the Syrian crisis have resulted in an extra 20,000 Jordanian families in their assistance programmes (cash-for-work, microfinance, cash assistance) which require an extra JD 3 million for their annual budget. In the poverty study conducted by the Department of Statistics (DoS), the survey showed that only 24 per cent of the food-insecure and vulnerable households have received aid in cash or in kind from the NAF, while 76 per cent of those households did not receive any aid.

National Zakat Fund (NZF)

The Zakat Fund implements a number of services including cash assistance (long-term and seasonal) to poor persons of all ages, with a particular focus on orphans. Jordan's Zakat Fund is one of the oldest funds in the region. The largest of its programmes are the Cash Assistance, Orphan Cash Assistance, Occasional In-Kind benefits, and Rehabilitation Assistance programmes. It targets the abject poor or those near the abject poverty line. The NZF launches several activities during the holy Month of Ramadan which are focused on cash assistance, food and clothes. In 2014, 43,000 households received meat and bread donations during Ramadan, in addition to 15,000 households that received clothes donations, in addition to 10,000 households that received cash assistance. The Zakat Fund also supports vulnerable Syrian households in poor communities; the support to date includes around JD 200,000 to Zaatri Camp in the form of food support.

II Social protection assistance by NGOs

The majority of NGOs in Jordan are involved in socioeconomic development activities. A few major NGOs are chaired by Royal Family members and operate on a national level. Their efforts focus on Fiscal Subsidies, Social Insurance and Labour Sector Interventions for poor and vulnerable groups including the Syrian refugees.

- **Tkiyet Um Ali (TUA):** Its mission is to feed people below the poverty line and sustain them through monthly food parcels, daily meals programmes, Mawa'ed Al-Rahman hot meals during Ramadan, Takaya Al-Khair markets (supermarkets), and the Eradication of Food Poverty (Hunger) Project. Eligibility for TUA assistance is based on net income and income left for food.
- **National Alliance against Hunger and Malnutrition (Najmah):** Najmah is hosted by the Jordanian Hashemite Fund for Human Development (JOHUD), which has a network of 50 community development centres. It works with the Ministry of Agriculture, the WFP, Agricultural Credit Corporation, and the FAO among others in formulating policies and projects related to food security for needy individuals in the country.
- **The Islamic Charity Center Society:** The Society is the only society in the country related to a political party. It is the richest Society and is active in several areas including health, education and social protection. It has 64 centres around the country. Currently there are 74,500 households eligible for cash assistance, food, health and education support.
- **ICCS Support for Syrian refugees:** Currently, 20 per cent of the Society's work is for Syrian refugees. This includes food support, housing support and support for orphans.

III Development partners that are active in the area of social protection

A number of international partners are working in Jordan including the World Bank, UNDP, ILO, FAO, United States Agency for International Development (USAID), WFP, the EU Humanitarian Aid and Civil Protection Department (ECHO), UNICEF and IFAD. The focus of many of these organisations is food security, cash and in-kind assistance, building resilience in refugees and providing education and health care. WFP provides food assistance through electronic and paper vouchers. It also works towards creating jobs.

IV The Social Security Corporation (SSC)

Social security is considered as a key pillar of the social protection system in the country. In addition to regular coverage by the SSC for retirement, work injuries, illness and maternity leave, among others, and in order to further enhance the efficiency of SSC service and coverage, the new SSC law included two main new services: unemployment insurance and health insurance. In 2010, 70 per cent of Jordanians were covered by health insurance; however, over the next three years 800,000 beneficiaries were included in the public health insurance scheme, raising the coverage to 87 per cent in 2013.

Jordan's social protection net and the Syrian crisis

A minimum coverage by SSNs is provided to Syrian refugees. The short- and medium-term goal is to mitigate the impact of Syrian refugees on the livelihood of Jordanian citizens. Local and international NGOs and development partners are providing most of the support to Syrian refugees. It does so through two plans – the National Resilience Plan (NRP) and Jordan's Response Plan.

There is a functioning social protection system in Jordan which is increasingly under pressure due to the mounting economic and social challenges including the influx of Syrian refugees. It suffers from several problems including bureaucracy, poor targeting and monitoring, high administrative costs and exclusion of refugees from most of the SSNs. A national social protection strategy that includes food security as its core focus is recommended. Improving the efficiency and effectiveness of the systems with a clear MIS, capacity building of the key human resources, clear budget allocation and inclusion of other key partners in delivering social assistance will bridge the critical gaps that exist in Jordan's social protection system.

Annex 3 Social protection and safety nets in Lebanon⁷

Lebanon is a demographically and geographically diverse country with a population of 4.4 million. A distinctive feature of this country is the large recent influx of Syrian refugees. Although the Lebanese government is committed to support Syrian refugees, there is a growing friction between the Syrians and Lebanese which is indicative of a narrowing asylum space for Syrians and is compromising Lebanon's hosting capacity.

The private sector has a strong presence in the services, financial and banking sectors. These sectors represent 70 per cent of Lebanon's national income. In 2008, 8 per cent of the Lebanese population lived in extreme poverty (lower poverty line). General inflation increased by about 4 per cent in 2012, while food inflation stabilised at around 6 per cent. The prevalence of global acute malnutrition (GAM) for Syrian refugees in Lebanon is 5.9 per cent. This nutrition situation is considered 'poor' as per the WHO classification, although the situation differs significantly from one region to the other (from 8.9 per cent in the Bekaa, to less than 5 per cent in Beirut, Mount Lebanon and the South).

Poverty looms among the unemployed and unskilled workers, mostly in the agriculture and construction sectors. Striking regional disparities exist, whereby poverty rates are the lowest in Beirut and highest in the north. According to the ILO, youth unemployment in 2013 exceeded 22 per cent. Unemployed persons are one group that is strikingly affected by poverty, and this is further aggravated by the absence of any targeted assistance to this category of people.

Social protection policies and institutional arrangements

In 2010 Lebanon developed a National Social Development Strategy (NSDSL) for the first time. It outlines the policies and strategies emanating from different ministries and organisations. Among these policies and strategies, there is the Social Action Plan (SAP), strategies of the agricultural sector, and a number of laws and regulations related to the issue of social protection.

Social Action Plan (SAP)

In 2007 the SAP was developed with a focus on reducing poverty, improving education and health indicators, improving the efficiency of social spending, minimising the regional disparities and making the national budget more inclusive for the poor. A number of short- and long-term policy reforms are stipulated within this plan. Besides improving the existing social assistance programmes the objective was also to introduce new schemes targeting the more vulnerable groups, for example cash programmes for female-headed households and for poor people with disabilities. Similarly, it was decided to expand the resources for poor

⁷ The Lebanon country report was written by Ghaith Zureiqat and Hadeel Abu Shama. This summary was drafted by Deepti Ameta.

children, child labour and children in distress. Exemptions for poor households from paying for some social services are also included in the plan. The SAP called for the elaboration of a comprehensive longer-term social development strategy that would consolidate the cross-sectoral coherence needed to achieve the targets set for the reduction of poverty and regional disparities.

National Social Development Strategy of Lebanon (NSDSL)

In 2010, the NSDSL was developed by the Inter-Ministerial Committee (IMC) jointly with the UNDP. The strategy based its approach on people-centred, inclusive and participatory principles. The government of Lebanon is committed to ensure inclusive and equitable access to services. The specific focus is on:

- 1 Protection schemes, including a pension scheme, an unemployment fund, a disability insurance fund, and the elimination of discrimination in protection schemes
- 2 Assistance programmes to vulnerable groups, including the provision of livelihood assistance to poor households, and the improvement of the quality and coverage of People With Disabilities (PWD) services
- 3 Institutional reform of the entities in charge of these systems, including the empowerment of MoSA to effectively lead the social sector, and strengthening the governance and institutional capacity of the NSSF.

Aside from these strategic plans other ministries have five-year plans and correlates with a focus on food security and nutrition: for instance, the Agriculture Development Strategy and Five-Year Programme of Work 2005–09, the Strategy of Agriculture Sector Revival Action Plan 2010–14, and the Lebanon Country Programme Framework 2012–15. These aim at improving the competitiveness of agriculture and forestry products, fighting malnutrition and food insecurity, endorsing regional and rural development and fostering sustainable development of natural resources and improving market linkages, which directly and indirectly contribute to enhancing the living standards of the Lebanese people.

Policies and strategies focused on the Syria crisis

As the Syrian crisis intensifies, the government of Lebanon has stipulated a Lebanon Roadmap of Priority Interventions for Stabilisation from the Syrian Conflict and Regional Response Plan. It focuses on improving resilience and access to services by restoring and expanding livelihood opportunities and creating an enabling environment for private sector investments. The plan includes Regional Response Plans (RRPs), which are strategic documents that identify the regional priorities and thus propel the operational directions accordingly.

Institutional structure

The MoSA has been the key player for SSNs and social assistance since 1993. It is responsible for planning, managing, implementation and overall supervision of the programmes in collaboration with other ministries and partners. MoSA covers a total of 350,000 beneficiaries with 1.1 per cent of the total share of national budget every

year. It works independently through Social Development Centres (SDCs) and jointly with other NGOs and social welfare institutions. Currently, MoSA has 220 SDCs which administer the services at grass-roots level. UNHCR plays a central role in ensuring a number of rehabilitation, health and education, food security, nutrition and child protection services. These services are delivered in collaboration with other agencies such as UNICEF, MoSA, FAO, UNDP and local NGOs.

The other key ministries are the Ministry of Public Health (MoPH), the Ministry of Education and Higher Education (MEHE) and the High Relief Committee (HRC). The MoPH provides 1.6 million people with health care. Primary health care is provided through a network of 182 Primary Health Centres (PHCs) and Young Men's Christian Associations (YMCAs) (World Bank 2013b). The MoPH also works closely with the WHO in providing health care, food security and safe drinking water and sanitation. Other institutions involved are FAO, the Syndicate of Lebanese Food Industrialists, the Syndicate of Restaurants, the Lebanese Standards Institution (LIBNOR), the Industrial Research Institute and NGOs. Similarly, the government of Lebanon is the key driver for the protection of people and for humanitarian response, as laid out in the RRP.

The food security response

WFP provides food assistance to approximately 70 per cent of registered Syrians in Lebanon, equivalent to 800,000 persons. *Ad hoc* and smaller-scale food or unconditional cash assistance programmes are being implemented by NGOs, faith-based organisations, foreign governments who contribute to the humanitarian efforts outside the UN-led initiatives, and political parties in different regions around the country.

Social protection programmes and safety nets

Two types of social protection systems may be distinguished in Lebanon:

- 1 National social security system (NSSS), or national social insurance system
- 2 Social safety nets (SSNs).

The NSSS has a permanent institutional and benefits structure and is mainly contributory. The SSN is generally of a temporary or emergency nature. The NSSS covers sickness, maternity, old age, employment injury, invalidity, survivors, and family allowances. Unemployment, however, remains unaddressed. The NSSS fails to cover all Lebanese citizens. More than half of the population (53.3 per cent) is outside of any social insurance scheme. As a result, the SSN and other emergency or temporary programmes cover these populations. Furthermore, the multiplicity of institutions and an overlap in coverage translate into duplication, inefficiency and inadequacy of benefits for the needy.

In 2004, 41.8 per cent of deprived households had a head who was uninsured, compared to 16.9 per cent of deprived households with a head who was benefiting from some type of insurance. Usually, households without any social or health insurance coverage experience the increased burden of having to allocate a part of their resources to health care, for example, at the expense of improving their standard of living.

Social safety nets (SSNs)

SSNs are non-contributory social protection interventions that are sponsored by the government and multilateral organisations. SSNs cover income support, temporary employment programmes (workfare) and social services that build human capital and expand access to finance among the poor and vulnerable.

Three SSN programmes provide assistance to poor and vulnerable populations:

- 1 Social services to specific categories of vulnerable groups (e.g. older persons, PWDs, orphans) provided by MoSA-contracted CSOs and NGOs, and focusing mainly on caring and educational services. They are financed by MoSA.
- 2 Price subsidies for diesel, bread, domestic production of tobacco, and subsidies to Electricite du Liban (EdL). They are financed by the Ministry of Finance (MoF), the Ministry of Economy and Trade (MoET) and the Ministry of Energy and Water (MoEW).
- 3 Fee waivers for hospitalisation in public and private hospitals. They are financed by the MoPH.

The MoSA and MoPH act as a safety net to a substantial part of the population in delivering the SSN. In 2010, prior to the Syria crisis, government spending on SSN and subsidies in Lebanon was about 4 per cent of GDP (1 per cent for SSNs and 3 per cent for subsidies). Though SSNs are important for poor people's subsistence, there are significant gaps in targeting the right people, data management, as well as coordination within the departments. A study revealed that 80 per cent of people prefer to receive cash assistance over food parcels as it allows them the flexibility to choose which commodities they want to buy.

Community-Driven Development (CDD) programmes

The MoSA coordinates the CDD programmes which address poverty and regional disparities. They involve activities that have an important impact on health and nutrition (e.g. waste-water treatment, building health dispensaries), and contribute to the creation of jobs and improvement of income.

Ministry for the Displaced and Fund for the Displaced

To assist the displaced, the Ministry, through the Fund for the Displaced, makes direct cash payments to compensate for the evacuation of displaced Lebanese, and to repair and reconstruct houses by returnees.

Assisting poor and vulnerable Lebanese through the National Poverty Targeting Programme (NPTP)

The NPTP is a poverty-targeted social assistance programme and it undertakes individual assessments to provide social aid to those who are most in need. It guarantees equity by giving all Lebanese citizens the right to apply and benefit. It covers the health bills at public and private hospitals, covers the expenses for chronic diseases and provides education benefits to poor children. The MoSA and MoPH are the two main ministries involved in implementing this programme.

Food programmes in Lebanon

The WFP e-card programme is an important programme, for it caters to the food needs as well as enhances the livelihoods of the poor and vulnerable in Lebanon. The food assistance received by Syrians, either by WFP or other entities, consisted of food vouchers (73.6 per cent), in-kind food assistance (31.2 per cent), and subsidised food assistance (4.3 per cent). At present, 70 per cent of the Syrian displaced registered with UNHCR are receiving WFP food vouchers on a monthly basis. A recent study showed that, despite receiving food vouchers from the WFP, Syrians receiving cash assistance for purposes other than food (e.g. winterisation) are using the cash to satisfy food- and shelter-related needs. But despite this additional cash assistance, household income remained insufficient to cover all basic needs, particularly food.

At present, there are about 8,000 non-Syrian, non-Palestine refugees registered with UNHCR in Lebanon. Of these refugees, around 1,500 are benefiting from different types of services. Food assistance consists of vouchers of US\$150 to US\$200 per month for up to six months, depending on an individual assessment of cases.

Other types of food assistance

Random and sporadic school feeding projects are implemented in a non-systematic manner by various actors in different areas in the country. WFP does not believe that school feeding programmes are an adequate solution in the Lebanese context because only a minority of school-going Syrian children are able to enrol in public schools. Similarly, the communal kitchens are being organised by some local NGOs or faith-based organisations and the food assistance occurs in a sporadic and non-systematised manner. It is reasonable to perceive this as a semi-formal social safety net.

Informal and semi-formal safety nets

Informal SSNs are usually guided by religious and cultural, as well as family and community values. They are implemented by a broad array of actors including government, CSOs, faith-based organisations, political parties or groups, communities and families. Informal social protection schemes are the main source of survival for many poor families in Lebanon.

The work of NGOs in Lebanon ranges from the provision of social assistance to the poor and vulnerable in peaceful times to relief work during war. The faith-based organisations provide food assistance, especially during festivals such as Ramadan. The Zakat Fund, in addition to the provision of education or medical assistance and Ramadan meals, provides Adha meat or food rations. One challenge that informal SSNs face is their constant need for resources. They suffer from a range of institutional and implementation limitations such as weak targeting, nepotism and inability to manage covariate risks.

Conclusion

The government has developed a national vision plan emphasising poverty reduction and social protection for better health, education and employment

opportunities. While MoSA remains the key driver in implementation, the MEHE, the MoPH, the MoA and the MoL also play a positive role in social protection, food security and nutrition for the vulnerable groups in the country. To cater to the needs of Syrian refugees, the government has built a Roadmap of Priority Interventions for Stabilisation from the Syrian Conflict in collaboration with international agencies.

Currently, Lebanon's social protection system consists of:

- 1 A National Social Security System (NSSS) composed of a number of contributory insurance schemes, providing coverage mainly for hospitalisation and medical expenses, education, and end-of-service indemnity or pension.
- 2 SSNs, mainly non-contributory schemes aimed at improving the welfare of the poor and vulnerable through price subsidies, and fee waivers for hospitalisation. WFP's e-card programme addresses food insecurity in Lebanon.

In many of these social protection interventions, typical challenges are observed, such as inadequate reach, poor targeting mechanisms, inefficiencies in delivering services and in institutional capacities, lack of sufficient services in order to address specific problems such as retirement and health care. Unemployment also remains unaddressed by all existing schemes, and therefore the contribution of these schemes to livelihoods is insignificant. Furthermore, the public system lacks a unified structure, and is characterised by a multiplicity of actors and overlapping interventions. A significant gap remains in addressing food security and nutrition. The SSN are overburdened as the NSSS is unable to cover all the needs of all people. The government is committed; however, the resource allocation for social security is very poor.

Better coordination within departments and between all social security programmes could improve the efficiency in outreach and overcome duplication. Similarly, reforms in targeting and monitoring mechanisms will improve the overall efficiency of the system, will ensure the least advantaged are included in the system and long-term planning will help leverage the contribution of other formal and informal agencies in social protection. Integrating a development of livelihoods plan, along with existing short-term food assistance, will improve food security in the longer run and will allow communities to be more resilient.

Annex 4 Social protection and safety nets in Sudan⁸

Sudan is a least-developed, low-income, food-deficit country, despite being abundantly endowed with natural resources, including agricultural (arable land, water, livestock) and mineral wealth (oil and gold). It was ranked 171 out of 197 countries in the 2013 Human Development Index. The persistence of poverty and food insecurity are linked to protracted internal conflicts, an over-reliance on oil revenues, and economic sanctions, all leading to under-investment in agriculture or diversification into other sectors for generating jobs and incomes. Following the secession of South Sudan in 2011, when Sudan lost 75 per cent of its oil revenues, the economy remains dominated by agriculture (35 per cent of GDP) and services (41 per cent of GDP), with smaller contributions from industry (13 per cent) and trade (11 per cent). Sanctions have restricted farmers' access to improved agricultural inputs and affected exports of agricultural products. Flows of international development assistance have also been adversely affected.

Sudan's population is currently estimated at 34 million, with 90 per cent below 50 and 42 per cent under 15 years of age. The national poverty rate is 46.5 per cent, with more than half of the rural population (57.6 per cent) and a quarter of urban residents (26.5 per cent) living under the national poverty line in 2010. Poverty is highest in conflict-affected states, touching 70 per cent in parts of Darfur and 60 per cent in South Kordofan. Poverty and indicators of deprivation have worsened in recent years, due to conflict in western and southern states, as well as the implementation of economic stabilisation policies that halved government spending, severely affecting social services, infrastructure and public sector investment in economic sectors such as agriculture.

According to the World Bank, the removal of fuel subsidies in 2013 raised the national poverty rate to 49 per cent. The government's economic policy objectives include gradually eliminating all subsidies (sugar, wheat, petroleum products) with due consideration to the negative social impacts created and the need to put in place an alternative social protection system. To remedy the impacts of subsidy removal, in October 2013 the government of Sudan doubled the social spending budget and the cash transfer programme was reinstated. Over 350,000 poor families are being targeted to receive 150 SDG per month instead of the 100 SDG per month for 100,000 households since 2011. However, this remains a relatively modest programme, given the high poverty headcount in Sudan and the low value of the transfer (enough to buy a bag of sorghum), suggesting that only a small proportion of the fiscal savings from the fuel subsidy are being reallocated to the cash transfer programme.

⁸ The Sudan country report was written by Abdulgadir Turkawi. This summary was drafted by Katharine Hagerman.

Social protection policies and institutional arrangements

Although Sudan does not have a national social protection strategy, social protection and safety nets are embedded within major policy documents such as the Interim Poverty Reduction Strategy (IPRSP) and the 25-year National Development Plan (2007–25), as well as annual budget framework papers. Social protection, safety nets and food security initiatives are found in the sectoral strategies, policies and implementation plans of several line ministries, and the Ministry of FNE is attempting to unify these initiatives. The upcoming IPRSP will be the leading document specifying and harmonising the work on social protection in the country. The African Development Bank and the Ministry of Finance and National Economy (MoFNE) are executing a project aiming at finalising the IPRSP. The IPRSP states that: ‘The services that the government provides in many areas, including infrastructure, human development, social protection, are crucial for the economic growth and poverty reduction that Sudan is seeking’.

A conditional cash transfer system targeting the poorest groups is under development, to be led by the MoWSS, with its Social Support Project (SSP). UN organisations are providing support in food security and poverty reduction, as well as capacity building for social protection. The WFP initiated conditional cash transfer mechanisms through programmes such as Cash for Assets and Food for Work.

Additional key funds and programmes related to social protection include:

- The National Pension Fund (NPF), which currently covers 447,000 public sector employees and serves 183,000 pensioners. The NPF plans to extend pensions coverage to all government employees. Employers and employees make contributions.
- The National Social Insurance Fund (NSIF) was established in 1975 and it guarantees a monthly income to workers who pay contributions, if they are disabled at work. The Act was amended in 2004 to include Sudanese expatriates. The average compensation paid is SDG 347 per month, for a family of more than three persons falling below the poverty line.
- The National Health Insurance Fund (NHIF) is funded by contributions deducted from the employee’s salary: 6 per cent from the employer and 4 per cent from the employee.

Programmes for refugees and internally displaced people

Sudan’s protracted internal conflicts have created a large number of internally displaced persons. There are 12 official refugee camps where assistance is provided by the international community. The rest of the ‘verified’ refugees are in closed camps (15,000) and urban areas in the east. It is assumed that most of the un-verified refugees (estimated at 55,000) are integrated in urban areas of eastern Sudan, and some in rural settlements. There are approximately 350,000 refugees in Darfur, mostly from Chad. Other refugees in Sudan are mostly from Eritrea.

According to the Internal Displacement Monitoring Centre (IDMC), there are approximately 3,400,000 IDPs in Sudan, of whom 2.3 million are in Darfur. Another half a million IDPs are located in South Kordofan, North Kordofan, Blue Nile and Kassala

states. Total IDPs in Sudan have fallen from a high of approximately 5 million in 2010. However, more than 300,000 South Sudanese still live in Sudan, and have neither IDP nor refugee status. In 2012 an agreement known as the 'Four Freedoms' was signed, giving citizens freedom of residence and movement between the two countries.

Programmes providing humanitarian relief and other assistance to refugees and IDPs are mainly implemented by the UNHCR and the WFP, working in collaboration with international and local NGOs. The government of Sudan makes a negligible contribution to these interventions.

Semi-formal and informal social protection

In Sudan, the Interim PRSP identified *zakat* as the primary mechanism of social protection. Sources of *zakat* contributions include agricultural products and livestock sales, profits from trade, earned income and remittances from abroad. *Zakat* beneficiaries include: the poorest of the poor (who receive 71 per cent of the Zakat Fund, either in cash transfers or for subsistence-oriented productive schemes); the indebted; wayfarers; and the reconciled (e.g. converts, returnees, Quranic schools). Approximately 20 per cent of *zakat* funds are spent on pro-poor projects in agriculture, education, health, water and other services. A poverty census undertaken by the Zakat Fund and Central Bureau of Statistics in 2011 identified 2.2 million poor and very poor families in Sudan that were eligible for *zakat* support.

The Zakat Supreme Council of Trustees (ZSCT) administers *zakat*, with a prominent role played by the Ministry of Welfare and Social Security (MoWSS). The Federal ZSCT issues directives regarding the mobilisation and allocation of *zakat* funds. Each state has a Zakat Council of Trustees, and there are more than 19,000 Zakat Community Committees throughout Sudan, whose members are unpaid and include local representatives of women and youth.

The World Food Programme, food security and nutrition

In 2010 the prevalence of underweight children under five was one in three (32.2 per cent), while one child in eight was severely underweight (12.6 per cent). One out of six children under five were moderately or severely wasted (16.4 per cent). One third of children under five were moderately or severely stunted (35 per cent). Malnutrition indicators are slightly worse for boys than girls, and for children of uneducated mothers. According to the 2010 Sudan Household Survey, 11 of the 18 states registered 'critical' rates of global acute malnutrition (GAM) (above the WHO emergency threshold of 15 per cent).

It is evident now that the government is genuinely and legitimately considering poverty and food security in its policies and strategies of development. In 2013 the Ministry of Health launched Sudan's first National Nutrition Strategy, and is currently finalising a National Nutrition Policy. Two objectives of the Nutrition Strategy are to reduce the prevalence of micronutrient deficiencies (iron, iodine, vitamin A, zinc) and to increase consumption of fortified foods.

The WFP is currently the largest safety net provider in Sudan, reaching more than 1.1 million beneficiaries through its food assistance. WFP's general

food distribution (GFD) includes several interventions on the spectrum, from humanitarian relief (e.g. emergency food aid) to mainstream social protection programmes (e.g. school feeding). In 2014 WFP's emergency programme in Sudan distributed 300,000 MT of food to 4 million IDPs and refugees. In 2012 the WFP delivered food to 1.4 million participants in 'food-for-assets' projects, which support livelihood activities such as nurseries or handicrafts to generate self-reliant incomes. 2012 also saw the WFP deliver meals to 1 million children under its school feeding programme, to reduce hunger and promote school enrolment and attendance among vulnerable populations such as IDPs. In this complex political context, WFP is working to increase state ownership of the school feeding programme.

In Darfur, 240,000 children under five received targeted seasonal supplemental rations. Food aid is delivered either in kind or through a voucher delivery mechanism.

Annex 5 Social protection and safety nets in Yemen⁹

Yemen became part of the Arab Spring movement with the Yemeni Uprising of 2011. The Gulf States brokered an initiative to put an end to the conflict by forming a national unity government and conducting a National Dialogue Conference. The low standard of living, political instability, sectarian wars and Al-Qaeda activities have all contributed to rising poverty and unemployment rates.

Yemen has a population of 25 million, two thirds (67 per cent) under 25 years old. High population growth (3.6 per cent per annum against a MENA regional average of 2 per cent) and high dependency ratios in Yemeni households are blamed for low rates of savings and investment. Yemen is one of the poorest countries in the region, with a per capita GDP of US\$1,209, and ranks at 160 out of 187 countries listed in the 2014 Human Development Index. According to recent indicators, the poverty ratio is 54.5 per cent and child malnutrition is 47 per cent. An estimated 15–17 per cent of the population live on no more than US\$0.50 per day above the US\$2 per day poverty line. Yemen's Gini coefficient (a measure of inequality where 0 = perfect equality, 1 = perfect inequality) is 0.377. Yemen ranks very low on the gender equality index, due to the exclusion of women from much of social, economic and political life. Consequently, the government recognises that it will not be able to achieve most of the Millennium Development Goals.

Yemen's economy is dominated by oil exports, but depleting reserves and attacks on production facilities have restricted economic growth and created a severe fiscal deficit. Over two thirds of the population (67 per cent) reside in rural areas and livelihoods depend on agriculture, which employs 31 per cent of the workforce but contributes only 11 per cent to GDP. The scarcity of water resources, weak capabilities and lack of resources are among the challenges facing the agricultural sector.

Due to the volatile security situation, the unemployment rate of 17.6 per cent in 2012 was projected to exceed 20 per cent by 2014. Among young people aged 15–24 it had reached 33.7 per cent in 2014. According to the OCHA, 10.5 million people in Yemen were food-insecure, 13.1 million had no access to safe water and sanitation, 8.6 million lacked access to adequate health care, and more than 1 million children under five are acutely malnourished. The Norwegian Refugee Council estimates that 14.7 million people (58 per cent of the population) are affected by the ongoing crisis and need humanitarian assistance. Causes of the crisis include: governance failures, political instability, internal conflict, collapsing social services, high food and fuel prices, demographic pressure and environmental stress, all of which are exacerbating poverty and vulnerability in Yemen.

⁹ The Yemen country report was written by Ali Azaki. This summary was drafted by Katharine Hagerman.

Social protection policies and institutions

Governmental strategies relevant to social protection in Yemen include:

- The National Strategy for Food Security (2010)
- The National Agriculture Strategy (2012–16)
- The National Strategy for Nutrition (2008)
- Yemen's Development Plan for Poverty Reduction (2011–15), awaiting approval by the Council of Ministers and supported by the World Bank
- Strategic Vision of Yemen 2025, an integrated approach to development and poverty reduction
- Five-Year Socio-Economic Development Plan (2001–05) and the Five-Year Development Plan for Poverty Reduction (DPPR), (2006–10) focused on finding resources for and implementing social protection policy
- Transitional Programme for Stability and Development 2012–14, focused on improving food security, social protection, financial industries and small enterprises, and job creation.

Yemen has adopted a narrow 'social safety nets' rather than a broader 'social protection' approach. Recent economic reforms have called for gradually phasing out general subsidies on petroleum and basic food commodities, with targeted social assistance measures to support vulnerable populations. However, Yemen's experience highlights a possible complication when this strategy is too reliant on cash transfers: reducing or removing subsidies on food and fuel causes their prices to rise, reducing the purchasing power of cash transfers.

Several safety net programmes are operational in Yemen, primarily run by the government with technical and financial support from international agencies such as the World Bank, UNICEF, the WFP and the Arab Fund for Development. Key programmes are the Social Welfare Fund (SWF) and the Social Fund for Development (SFD). Coverage of the SWF is high, with 1.5 million families and 7.9 million individuals (55 per cent males and 45 per cent females) benefiting from quarterly cash transfers in 2014. The SFD has several sub-components including: the Community and Local Development (CLD) programme, the Agriculture and Rural Development (ARD) programme, Capacity Building programmes, the LIW programme and the SMED programme. Additional relevant funds include the Agricultural and Fishery Promotion Fund, the Public Works programme, the Family Productive programme, and the Small and Medium Enterprises Fund. In addition, the government has increased spending on education and health and the Ministry of Education runs a Nutrition programme that provided wheat, cooking oil and dates to 197,000 learners in 2012.

Social security is regulated by the 'General Authority for Insurance and Pensions' for public sector workers, and the 'General Organisation for Social Insurance' for private sector workers. Employees contribute to their own insurance against loss of income due to retirement, disability, death and injury at work, through deductions made from their salaries. Although contributory social insurance is mandatory

by law in Yemen, only 30 per cent of employees in the formal private sector are covered. Another challenge is the low level of benefits, with average public and private sector pensions paying only US\$4–6 per day. Enhancing the effectiveness of the social security system in Yemen requires extending coverage to all public, private and informal sector workers, increasing the range of benefits, raising benefit levels, and improving the management of social security funds.

Several cluster working groups have been established to coordinate efforts of government ministries, donor agencies and international NGOs, both at national level and governorate levels. These clusters include: Food Security and Agriculture; Nutrition; Emergency and Early Recovery; WASH; and the Cash Working Group. The Ministry of Planning has set up a unit for coordinating food security interventions.

Programmes for refugees and displaced people

The government of Yemen has an ‘open door’ policy to refugees, with recognised refugee status under the guardianship of UNHCR. This arrangement is seen by many to place a burden on an already impoverished country with limited resources and weak administrative capacities. In 2012 a total of 107,532 immigrants arrived on the shores of Yemen, an increase of 4 per cent from 2011. There are now 237,717 formally registered refugees, although estimates are closer to 1.2 million. The overwhelming majority of these political refugees or economic migrants are Somalis. Moreover, in 2013, over 50,000 new arrivals landed along the Red Sea and Arabian Sea coastlines, the majority of these coming from Ethiopia. Due to protracted civil unrest, as of September 2014, it was estimated that there were 334,600 IDPs in Yemen, most of them located in the north.

Yemen is a signatory to the 1951 Refugee Convention and has established a National Committee for Refugees in the Ministry of Foreign Affairs as well as an Executive Unit for IDPs. Most of the assistance provided to refugees and IDPs comes from international agencies including UNHCR and the WFP, and international NGOs such as the Adventist Development and Relief Agency (ADRA), INTERSOS, Oxfam, Save the Children, and the Danish and Norwegian Refugee Councils. Programmes include host communities as beneficiaries of projects designed for refugees and IDPs, to maintain good local relations.

Semi-formal and informal safety nets

Yemeni law provides for the collection of *zakat* through local councils, contributing 3 per cent to local council revenues and 0.2 per cent to GDP. The monies are primarily used to finance infrastructure projects. However, the impact of social welfare or social protection has been negligible and the government plans to move the administration of *zakat* from the Ministry of Local Administration to an independent authority. Allocations would be targeted to conventional socially vulnerable groups, such as orphans, people with disabilities and female-headed households.

Informal social protection in Yemen is dominated by remittances from Yemenis working abroad, which were equivalent to 6 per cent of Yemen’s GDP in 2012. These remittances have a positive impact on the economy and on the lives of the poor in rural areas.

Food security and nutrition

Food security in Yemen is heavily influenced by its high dependence on commercial food imports, which makes poor Yemenis vulnerable to price shocks such as the 88 per cent rise in wheat prices in 2008. Chronic child malnutrition is 47 per cent, according to the Comprehensive Food Security Survey conducted by WFP in 2012.

Yemen developed a National Strategy for Food Security in 2010, which focuses on achieving food security and self-sufficiency in key crops to reduce the food gap. At the same time the SFD implements a public works programme that supports agricultural production through irrigation and terracing projects, rainwater harvesting and soil and water conservation.

The WFP works to strengthen and support the existing social protection system in Yemen to deliver food assistance. The political crisis in 2011 resulted in sharp increases in the prices of food commodities, raising food insecurity to 45 per cent of the population. The WFP worked closely with the SWF to deliver food assistance to 1.2 million people in 2011 by targeting the poorest households. In light of the partial removal of fuel subsidy in 2014, this number was projected to increase to 3.8 million by the end of 2014. The WFP's work in Yemen is an innovative example of using the existing system to deliver assistance and also enhancing the national system's capacity to address the needs of the poor and food-insecure. School feeding programmes aim to transform gender inequities in access to education, through a conditional school feeding programme wherein household rations are linked to school attendance by girls.

Annex 6 Social protection and safety nets in Egypt¹⁰

Egypt is an ancient country in the MENA region with two unequal regions – one is extremely arid and the other is fertilised by the Nile River. Egypt has undergone a number of continuing conflicts with its neighbouring states (Syria and Israel), and more recently in combating Islamic extremists. President Mubarak, who was in power since the 1980s, was ousted in 2011. This sparked a series of events which have created ongoing political instability in the country. Today, the second president elect, Abdelfatah Elsisy, is leading the country that has challenging social, economic, environmental and political agendas.

Egypt's growing population (83.7 million in 2013) is largely young (between 18–29 years old) and unemployed. On the other hand, it is estimated that 1.6 million children are involved in hazardous work in Egypt. 80 per cent of the population is literate and infant mortality rates are low. The government spends about 6 per cent of total expenditures on health.

The country faces a high incidence of food insecurity. Rates of stunting among children are very high, at 31 per cent of children aged 6–59 months. The dietary intake of Egyptians largely lack vegetables and fruits. The food subsidy on bread is considered one of the reasons for this. Food subsidies are perceived by the society as the most 'concrete' benefit from government. Hidden hunger is a big problem in Egypt, especially the deficiency of vitamin A and iron among women and children.

Real GDP growth was low at 2.2 per cent in 2013, similar to the previous three years. Public debt has reached 92 per cent of GDP. The balance of trade has been deteriorating since 2003–04, with a deficit of US\$1.7 billion in 2011–12. Economic activity began to pick up in 2014 but the sluggish growth reflects mainly contraction in the petroleum and tourism sectors. The main economic sectors in Egypt are health care, renewable energy, pharmaceuticals, petrochemicals, education, real estate, tourism, textiles, agribusiness, and financial and information technology. Agriculture contributed 13 per cent of GDP in 2012–13. The tourism sector of Egypt is the largest in North Africa, making a 32 per cent contribution towards GDP in 2012–13. ICT is an emerging sector in the Middle East with an annual growth rate of 13.2 per cent in Egypt in 2013.

As many as 138,245 Syrian refugees are registered in Egypt with UNHCR (as of July 2014). Egypt does not have a policy for refugee encampment. Besides the Syrians there are Sudanese, Somali, Eritrean, Iraqi and Liberian refugees in Egypt.

Social protection policies and programmes

Social protection in Egypt has existed for over 1,200 years, embedded within the history and ideology of the Zakat and Waqf systems. There are four laws which regulate social protection in Egypt, namely, Law 79 of 1975, Law 108 of 1976, Law 50 of 1978, and Law 112 of 1980. These laws target different types of

¹⁰ The Egypt country report was written by Deepti Ameta and Hadeer El Shafie. This summary was drafted by Deepti Ameta.

employees in the public and private sectors. The social insurance schemes cater to disability, maternity, old age, sickness and unemployment, but they do not cover family allowances. Some schemes are more comprehensive than others.

Today Egypt is undergoing reforms to the social protection policy which were put forward in 2010 but interrupted by the uprisings of 2011. The Ministry of Social Affairs (MoSA) is the main provider of social protection in Egypt. The Ministry of Social Solidarity (MoSS) is another important body that takes care of many social assistance programmes. Both MoSA and MoSS work closely with a number of other ministries, international agencies as well as NGOs in delivering social protection to poor Egyptians. A large number of international agencies are operational in Egypt, including UNICEF, UNHCR and WFP, which focus on food security and the nutrition of vulnerable groups such as refugees, women and children. In recent decades the government has nationalised *zakat* under the Zakat Foundation, an important NGO which provides services (cash, food and in-kind assistance) to relieve the poverty and misery of local people, especially during religious festivals.

Social protection programmes and safety nets

The social protection system was reconstituted after the Structural Adjustment Programme in the 1990s. There are three broad components of social protection policy in Egypt, namely social insurance, health insurance and social assistance programmes. The safety nets include social assistance and the food subsidy programme. Social security in Egypt is a complex system with different schemes for different groups managed by the National Organisation for Social Insurance (NOSI) with two social insurance funds – the Government Social Fund (GSF) and the Public Private Business Sector Fund (PPBSF). The MoSS is the key player.

The social insurance system has several schemes, providing coverage for public and private sector wage workers, employers and the self-employed, Egyptians working abroad, and irregular or 'unorganised' workers. Health insurance coverage has been offered to different groups of the population under several different laws, and is managed by the Health Insurance Organisation (HIO) together with a number of government hospitals and other health care facilities at a highly subsidised rate. Social assistance is administered by MoSA. The main form of social assistance is a non-contributory monthly pension and it covers those who have no other source of pension and belong to a vulnerable group in the society, namely households without male bread winners; abandoned, widowed and divorced women; the elderly; and orphans. Other forms of social assistance include food subsidies, conditional cash transfers and SFD programmes.

Food security programmes

Egypt has been generous in providing food subsidies but they do not target a specific group. The two measures undertaken in this category are *baladi* bread and ration cards. *Baladi* bread represents 70 per cent of the total cost of food subsidies. All Egyptians can buy this bread. Compared to ration cards, *baladi* bread accounts for 61 per cent of food subsidies and ration cards account for 39 per cent. The ration cards enable the households to receive subsidised food on fixed monthly quotas.

Conditional Cash Transfers (CCTs)

Conditional cash transfers are being piloted in some areas in Cairo, such as Ain El-sira slum. The MoSS has developed a national strategy to identify and improve the poorest 1,000 villages in Egypt. This programme aims at applying an integrated approach to social welfare that involves health, education, housing, water and job creation, especially for the youth.

Social Fund for Development (SFD)

The Social Fund for Development focuses on creating employment opportunities, building the capacities of communities by improving access to basic services and encouraging small and medium-sized enterprises.

Impact of food subsidies in Egypt

Egypt's food subsidies are a highly controversial social assistance programme. The subsidies are fairly inefficient in targeting the poor, especially in rural areas. Food subsidies are provided in two forms – (a) a ration card which is targeted specifically at the poor, while the (b) *baladi* bread subsidy is available for everyone in Egypt based on a first come, first served basis. The weak targeting in the food subsidy programme reflects typical administrative and implementation challenges – poor data maintenance, incorrect representation of ration card holders who are dead or multiple card-holding in one person's name. The system of food subsidy is costly given rising commodity prices internationally and for reasons such as inflation, an increased number of food items and expanding coverage of ration cards more recently. It was estimated that if the coverage is narrowed, the leakage is managed and the inefficiencies are removed the government of Egypt could save up to 73 per cent of the cost of food subsidies.

Programmes targeting refugees and displaced people

In 1951 Egypt signed the Refugee Convention and in 1981 it ratified the Convention including the 1976 Protocol. However, it refrained to provide personal status (Article 12 (1)), rationing (Article 20), access to primary education (Article 22 (1)), public relief and assistance (Article 23) and labour legislation and social security (Article 24). Over the years Egypt has become relatively more open for refugees, with the provision of schooling services to refugee children. Although Egypt never denied the right to employment to refugees, work permits are very difficult to obtain. The new political landscape that has emerged in Egypt recently is unlikely to ensure a better future for refugees as xenophobia – a popular political strategy – may be used in future in favour of 'protecting' the natives from migrants.

The World Food Programme in Egypt

Egypt has a prolonged challenge of food insecurity and nutrition which the country attempts to address mainly through food subsidies under its social safety net programmes. The WFP works closely with local NGOs, government and international donors in mitigating the food needs of vulnerable groups. It does so through a range of programmes, including cash and in-kind schemes for the poor

and refugee populations. It also aims at improving education and combating child labour in Egypt.

The in-kind schemes include food vouchers which carry a small sum of money for a limited validity period per person per month. The WFP works closely with UNHCR in administering the food voucher programme for the poor and refugees. A study reports that 27 per cent of households had insufficient access to food and poor households are the worse affected by high food prices. The food voucher programme is the only resort for many refugees in Egypt.

Similarly the school feeding programme caters to the nutrition needs of children attending schools but it is also a measure to encourage school enrolment for refugee children. The WFP reports that the community school and nutrition programme is one of the best measures in ensuring girl education in Egypt. The WFP spent an estimated LE 44 million on the school nutrition programme between 2005 and 2010. In tackling malnutrition and stunting in children, Egypt has developed a ten-year Food and Nutrition Policy and Strategy (2007–17). The Ministry of Health and Population is the key player. The implementation of this programme faces a number of challenges.

In sum, a growing young population, rising food prices and political instability are some of the emerging concerns for Egypt in its commitment to protecting the poor. Despite good insurance coverage and world class health-care facilities, the nutrition rates in Egypt are dismal. Egypt has to undertake a number of measures to ensure that its social protection programmes target the needy more effectively, leakages are minimised and that the food subsidy is reformed. The funds saved from reforming food subsidies could be used to protect the poor and boost the economy.

Annex 7 Social protection and safety nets in Iran¹¹

Iran is an Islamic country in the MENA region, with abundant reserves of oil.

Iran had a population of 77.3 million and a GDP of approximately US\$366 billion in 2013. In addition, 60 per cent of the population in Iran is under 30 years old. Only 0.7 per cent of the total population in Iran lived under the poverty line of US\$1.25 a day (PPP) in 2010; however, about 4.5 million people live very close to the poverty line, indicating their vulnerability to any external shocks. The country suffers from high unemployment, with a small percentage of women participating in the labour force and 24 per cent unemployment among women, despite more women having access to higher education and low rates of new households being formed. Besides high unemployment and inflation and low productivity of the manufacturing and agriculture sectors, frequent droughts and an uneven distribution of wealth also pose significant challenges to the Iranian government in mitigating risks and managing crises.

Iran has a history of many wars with neighbouring states, especially with Iraq. As a result it has received many refugees (2.3 million over the years) from both Iraq and Afghanistan. A number of international agencies ensure food security for refugees, including the WFP. Half of the refugee population is food-secure while 19 per cent is severely food-insecure. Refugee families adopt different strategies to cope with poverty and food insecurity. Consuming cheaper food is one of these strategies. In these populations 12.7 per cent of children under five years old were found to be wasted and 8.5 per cent were stunted, while 11 per cent of children are underweight. No specific safety nets are implemented by the Iranian government and most refugees rely on the WFP, the UNHCR, rich Afghans and religious groups for their survival, occupational and other needs.

Social protection policies and strategies

Social protection is constituted in the law of the Islamic Republic of Iran under Article 29, recognising social security as a human right and the government as the custodian for ensuring welfare for its citizens. The law has a clear mission, objectives and articles for providing social security in the form of insurance and other means (financial and in kind) in the event of retirement, unemployment, old age, disability, absence of a guardian and benefits relating to mishaps in life. The Ministry of Health and Medical Education (MOHME) is the main player in delivering social insurance. Earlier it was the Ministry of Social Welfare which was later merged into MOHME and now with the help of 29 organisations, NGOs and a number of other ministries the MOHME spends about 21 per cent of the government's total budget in reaching out to 14 million people.

Since the fourth five-year plan social security has been an integral part of the development agenda of the Iranian government. NGOs have played a vital role in social assistance in Iran since the 1979 revolution which originally propelled

11 The Iran country report was written by Deepti Ameta, who also drafted the summary.

the birth of many NGOs under the supervision of the Leader of the Revolution. Later, the government recognised many of these NGOs as important players in providing social protection to Iranians. Insurance is the major form of social protection and both the contributory social insurance system and non-contributory social protection organisations work under the supervision of MOHME in delivering emergency and rescue assistance to Iranians.

Non-contributory social assistance organisations

The Imam Khomein Social Assistance Committee (IKSAC) is the most prominent player in this category, reaching out to 6 million people including 4 million women who receive continual assistance. Two other key players that emerged after the revolution are the Martyrs' Foundation (Bonyad Shahid) and Injured Veterans Foundation (Bonade-Mostazafin-va-Janbazan). The Fifteenth Khordad Foundation and the Society for the Protection of the Families of Prisoners are run by the Prisons Bureau of the Ministry of Justice. Many of these organisations deliver key health services and raise their support from public and religious institutions. After the revolution the government dismantled all the above organisations and merged them into a new entity called Behzisti Organisation (BO – literally means 'wellbeing organisation'). The BO delivers three types of rehabilitation services – medical, social and occupational for people with disabilities, orphans and residents of hospitals for the chronically mentally ill.

The contributory social insurance system

Contributory insurance systems include the Social Security Organisation (SSO) which is an NGO that covers 29 million people (44 per cent of total population), with 20 insurance funds including governmental and non-governmental schemes delivering 12 different types of insurance and supportive services. Under Article 10, the SSO is responsible for implementing, extending and expanding various types of social insurance and developing a consistent system for providing centralised cash and income transfers. Similarly, the Civil Servants Pension Organisation (CSPO) is an independent legal entity under the governance of the MoWSS. It runs as an insurance company and is responsible for the retirement provision of civil servants. It also covers the members of the university, judiciary, diplomats, municipalities (excluding mayors), contract employees and construction employees under the Ministry of Roads.

International institutions

A number of international agencies operate in Iran in order to protect poor and vulnerable citizens. The Red Crescent Society is the largest international organisation. It runs hospitals, clinics and maternity wards. Similarly, a range of UN agencies such as the WFP, UNICEF, the UNHCR, the United Nations Industrial Development Organization (UNIDO) and UNDP extend services for rehabilitation, education, health-care and occupational services. These agencies work closely with the local community-based organisations (CBOs) and CSOs in delivering their services.

Ministries and government institutions

Various ministries at national and provincial level are involved in delivering social services. Besides the MOHME which is the key player, the Ministry of Education, the Ministry of Labour and Social Affairs (MoLSA), the Ministry of Housing and Urban Development, the Ministry of Jihad and Agriculture, the Ministry of Power (Water and Electricity), and the Ministry of Roads and Transportation are also involved in commissioning various services such as rehabilitation, free housing and energy distribution.

Social protection programmes and safety nets

The government of Iran is constitutionally committed to protect the elderly and women. A pension system with contributory and non-contributory schemes covers nearly 50 per cent of the labour force and 40 per cent of the population older than 60 years old. Both SSO and CSPO are the main bodies, covering more people in urban than rural areas. The SSO delivers social services for major life events such as accidents, maternity, sickness, disability and old age. These services are largely provided through pensions such as the old age pension, survivor pension, disability pension and sickness pension, as well as maternity benefits, unemployment insurance, the marriage grant and death grant.

The SSO works closely with many organisations such as the SSO Investment Company, Kar and Tamin Company, Refah Bank, the Tamin ICT and Management Consultancy Service Company, and the SSO Milad-e-Salamat Health and Medical Institute. The insurance is extended to employees and their dependents – parents, spouses and children. The self-employed can also apply for insurance with an agreement to pay contributions in order to obtain benefits for retirement, death and disability.

The World Food Programme in Iran

WFP has provided food assistance in Iran since 1987. It also supports education and technical training programmes, and is a major source of relief against hunger and malnutrition for thousands of Afghani and Iraqi refugees in Iran. In 2012 about 840,500 Afghan and another 45,000 Iraqi refugees were registered in Iran. Those living in settlements are entitled to free housing, basic services provided by the government, UNHCR and WFP. The WFP continues its emergency operations (EMOPs) in Iran. In 2003 it assisted the 100,000 people who were affected by a massive earthquake.

WFP is the principal provider of food assistance, together with the Iranian Red Crescent Society and the Be'Sat Iraqi refugee camp in collaboration with the International Federation of Red Cross and Red Crescent Societies (IFRC) and some local NGOs. In 1997 the WFP added oil incentives to food assistance to promote girls' education among Afghan refugees. Boys represent 12 per cent of the refugee population while girls represent only 5 per cent. The refugees are worse affected by conditions such as droughts and low economic growth of the country, as well as conflicts with Iranian citizens on account of perceptions that refugees are taking jobs away from local people.

Over the years, the government has adopted a stricter approach for refugees, which includes that they are required to have proper residency permits. It also implies that repatriation is strongly encouraged by the Iranian government with the provision of reform in laws under Article 48. The Ministry of Foreign Affairs reports that Iran contributes US\$3 per refugee per day, or US\$3 billion per year. Refugees are not entitled to own land. UNHCR provides support to the government for providing education and health services in areas of high concentrations of refugees.

Social protection programmes and safety nets for refugees

UNHCR coordinates with the WFP in ensuring nutrition and food security to refugees. UNHCR also implements livelihood projects with a range of organisations such as UNIDO, the Nippon International Cooperation for Community Development, the World Relief Foundation, the Technical and Vocational Training Organisation, and the Forest Range and Watershed Management Organization. Education services are provided with the involvement of the Ministry of Education, UNICEF and NGOs. Similarly, health needs are addressed by other implementing partners.

The Protracted Relief and Recovery Operation (PRRO) is the WFP's emergency relief programme for people living in distress as a result of natural or human-induced calamities. It reaches out to over 32,000 refugees (28,000 Afghans and 4,800 Iraqis) who live in 19 settlements. The programme ensures education for refugee girls and employment opportunities for youth. It also focuses on improving the food security and food consumption of marginalised sections within these settlements through provision of rations and food baskets. The programme also focuses on encouraging education of girls and occupational training, incentivising them with take-home fortified vegetable oil.

In summary, Iran's social service sector has a range of insurance programmes to protect its citizens from disasters of human origin and natural calamities including old age, poor health, accidents, war, droughts and famine. Though Iran embraces refugees and integrates them into its social security system wherever necessary, it lacks a strategic vision to help refugees.

Besides improving the efficiency and accuracy of targeting the needy, the Iranian government needs to address the inequality of distribution of wealth. Promoting better employment opportunities for its youth by encouraging private sector investment in the manufacturing sector is advisable. Similarly, improving the productivity of the agriculture sector will enable the poor and marginalised to gain better income; it will also address food insecurity among them.

Annex 8 Social protection and safety nets in Libya¹²

In February 2011, inspired by political and social mobilisation in the region, public protests swept across Libya against the regime of Col Muammar Gaddafi, who had been in power since overthrowing the monarchy in 1969 and proposing a new social system of 'Jamahiriya'. Theoretically, this was a form of direct democracy, with power held by people's committees for municipal governance without political parties. In practice, Gaddafi's power was absolute, as the committees were formed of regime loyalists. Gaddafi nationalised most economic activity, including the oil industry. In 2011 protests were met with a violent military backlash, which was condemned by the international community. An internationally recognised National Transitional Council (NTC) was formed in July 2011. In October 2011 Gaddafi was captured and killed.

Although the NTC held elections in 2012, since that time the country has struggled to stabilise. Elections in 2014 resulted in two rival governments, and Islamist and secular militias continue to fight for control across areas of the country. In August 2014 the militia group 'Libya Dawn' seized control of the capital, Tripoli, displacing the internationally recognised government. This government is based in the eastern city of Tobruk and is led by Prime Minister Abdullah al-Thinni. The last months of 2014 witnessed increased violent conflict and the destruction of physical infrastructure in Libya. In December, fighting damaged key oil facilities, which resulted in decreased exports. Along with falling global oil prices, this decreased export revenue will have a great impact on the only major source of revenue supporting Libya's national budget. At the time of writing (January 2015) a first round of UN-sponsored peace talks between representatives from the two rival governments are being held in Geneva, Switzerland. The ongoing violent conflict threatens to curtail oil production, which could send Libya into an economic crisis, affecting the provision of social protection, safety nets and subsidies.

Libya is an upper-middle-income country, with an economy relying primarily on oil production. The GDP in 2013 was US\$74.20 billion, with a gross national income (GNI) per capita (2009) of US\$12,930. Between 2010 and 2013, the GDP per capita purchasing power parity (PPP) declined from US\$30,261 to US\$20,716. Libya has a Human Development Index (HDI) of 0.784, ranking 55 out of 187 countries with comparable data. The gender inequality index is 0.215.

Libya has a small population of 6.3 million in 2014, with a median age of 27.2. Over three quarters of the population are urbanised (78 per cent). Literacy rates are high, with 89.5 per cent of adults over the age of 15 being literate. In 2012 life expectancy at birth was 75 and the under-five mortality rate (deaths per 1,000 live births) was 15.

12 The Libya country report was written by Katharine Hagerman, who also drafted this summary.

Social protection policies and institutional arrangements

Due to the ongoing civil war, a new constitution has not yet been ratified since the revolution of 2011. As such, the future placement of social protection on the public policy agenda is yet to be determined. Although systems of social protection and assistance prior to 2011 were relatively generous and well-functioning, the degree to which they are currently functioning is unknown, as are the specific humanitarian needs of Libyans affected by the conflict. With the country on the brink of being termed a 'failed state', and UN-orchestrated peace talks between the two governments ongoing at the time of writing this report, we are currently unable to make an accurate assessment of government policies related to social protection and safety nets.

With the fall of the Gaddafi regime, the country lost much of the bureaucratic and technical capacity needed for the implementation of government programmes. Civil society-led and non-governmental social assistance continues to be distributed across the country, although to varying degrees due to the constraints of physical insecurity. In July 2014, the UN agencies, embassies and many international humanitarian aid organisations withdrew the majority of staff from Libya due to security concerns, resulting in a dramatic decrease in social protection programming.

Areas greatly affected by the conflict and of key concern for social protection are:

- Food and nutrition security
- Access to health-care services
- Physical security
- Education
- Effective and inclusive governance
- Ebola measures/preparedness
- Public health
- Water and sanitation

In August 2014 a UN Inter-Agency fact-finding mission was organised to collect concrete and reliable information, assess emergency needs and prepare for a coordinated and efficient humanitarian response. However, the mission was curtailed due to security concerns, and as such the scope of the humanitarian crisis has yet to be assessed.

A number of key international organisations are currently active in Libya, or attempting to provide services from neighbouring countries. The United Nations Support Mission in Libya (UNSMIL) supports the Libyan government efforts to: ensure the transition to democracy; promote the rule of law and monitor and protect human rights; control unsecured arms and related material in Libya and counter their proliferation; and build governance capacity. The United Nations Office for the Coordination of Humanitarian Affairs led an appeal for increased financial support from the international community to provide aid and assistance

during the time of conflict and, hopefully, the eventual democratic transition and rebuilding efforts. As noted above, most UN and international staff have been pulled from Libya, and reports of some domestic hospital and clinic closures suggest that government services are not fully functional in many regions. Humanitarian aid organisations working in conflict, such as Doctors Without Borders, remain active in Libya, however.

Prior to 2011 the scope of social protection in government policy was termed 'limited' by the ILO, with six policy branches with at least one programme in social protection. Programmes are anchored in national legislation in the following sectors: health, maternity benefits, old age, employment injury, invalidity and survivors. The percentage of unemployed receiving benefits was unavailable. In 2010 public expenditure on social protection as a per cent of GDP was 6.55, with 2.11 per cent spent on health care.

Refugees, internal displacement and humanitarian aid

According to WHO, there are an estimated 2.5 million people in Libya in need of humanitarian assistance, including 1.5 million migrant workers and 331,000 displaced persons. The conflict has generated shortages in food, fuel, water, medical supplies and electricity, as well as reduced access to health care and public services. Security conditions and access to some affected areas are hampering the delivery of vital aid to affected populations in some areas. WHO is currently collaborating with national health authorities and neighbouring countries to support the Ministry of Health (MoH) with medical supplies.

The UN is carefully monitoring security developments with a view to redeploying international staff to Libya at the earliest possible opportunity. In July 2014, the International Committee of the Red Cross (ICRC) also removed its international staff from Libya due to deteriorating security conditions. However, operations with 130 locally based staff continued, in cooperation with the Libyan Red Crescent and other local partners. Key areas of work include: protecting civilians, refugees and displaced persons, health, media room, missing persons, environment and warfare, prisoners of war and detainees, security detention, and strengthening international humanitarian law.

In late 2014, UNSMIL launched a global Libya Humanitarian Appeal, in order to fund a humanitarian mission to Libya with the participation of several UN country agencies. The mission would: provide lifesaving protection and humanitarian assistance in the form of health services in emergencies, food assistance, non-food items (NFIs), hygiene kits, access to education for internally displaced children, psychosocial support to those in need, humanitarian assistance to migrants and vulnerable persons, including transportation to country of origin, post-arrival and family reunification assistance.

However, the office has not yet received the funds needed from the international community to launch this mission in full, and security conditions and lack of access to some affected areas are delaying the delivery of vital aid to affected populations.

Impacts of the recent and ongoing conflict to the health system

- Health needs have increased due to conflict: trauma and injuries
- Accurate assessment of health needs is difficult due to insecurity
- Ongoing fighting has restricted movement for people and health-care workers
- Many hospitals are forced to close for security reasons or have been damaged in the fighting, increasing demands on remaining facilities
- Care for patients with chronic diseases, disabilities and mental health disorders has been compromised by the closure of PHC Polyclinics, and new waves of internal displacement of population
- Shortage of medical professionals due to the departure of foreign medical workers – ensuring the safety of health staff in the affected areas is a serious concern
- Extensive shortages of medicines and medical supplies as medical warehouses were either destroyed or are in conflict areas.

Food security and nutrition

Malnutrition in Libya can be characterised as more of an issue of overweight and obesity, rather than underweight. In 2007 the prevalence rates of wasting and severe wasting among children under five were relatively low, at 7 per cent and 3 per cent respectively, but 22 per cent of under-fives were overweight. In 2008 the prevalence of adult overweight (BMI >25) was 65 per cent, while the prevalence of adult obesity (BMI >30) was 31 per cent – due to a shift towards less healthy diets and more sedentary lifestyles.

A report analysing food security and subsidy reforms in Libya post-2011 found that, based on 2008 data, the pre-existing programmes had been relatively successful in maintaining and promoting food security. This study found that despite leakage of food subsidies through smuggling, the food subsidy system was keeping food insecurity at bay by suppressing market prices and ensuring availability of food. In 2008 there was an 8 per cent incidence of food insecurity, using FAO hunger indicators. It was estimated that with an elimination of the food subsidies, as suggested by some government actors, the prevalence of food insecurity could increase to 26–28 per cent. After analysing data outlining how poor people were consuming subsidised food items, it was found that bread was the main staple consumed. The report proposes a combination of poverty targeting – cash transfers to the poorest 20 per cent of the population – while maintaining a universal bread subsidy, as opposed to a universal cash transfer.

The WFP has been engaged in the enhancement and reform of Libya's social protection public distribution systems, to varying degrees. While these efforts have been affected by the escalation of conflict, this remains an important area of focus for WFP in Libya in the future, when it is safe to do so.

Conclusion

The political situation in Libya is currently mired in a violent and chaotic civil conflict. At the time of writing, rival governments are meeting at UN-convened peace talks. With the hope of this outcome, governing leaders in Libya might move towards re-establishing and expanding the implementation of previously existing social protection programming in the country. Until these political goals are met, a new constitution is ratified and peace comes to Libya, it will be difficult to provide more than the most basic of humanitarian aid to meet social protection needs. As has been noted, due to the escalated insecurity in the country in 2014, the majority of international humanitarian aid agencies evacuated their personnel for safety reasons.

In the event of a move towards peaceful reconciliation, social protection programming in Libya would do well to focus on rebuilding a state that supports inclusive participation and capacity building in governance mechanisms, a diversified economy, repaired physical infrastructure and some forms of universal cash transfers, e.g. for children. Poverty targeting should be avoided for political reasons, as poverty can be mapped along regional lines, which could inflame regional rivalries between militias and ethnic groups. Investment in capacity for policy analysis and governance is urgently needed for a strengthened and inclusive Libyan state.

Annex 9 Social protection and safety nets in Palestine¹³

Palestine is a small fragmented territory, involved since 1948 in a conflict with Israel. It is divided into two main regions – the West Bank and the Gaza Strip – with a population of 4.5 million in 2014, of which 51 per cent in Gaza is under 18 years old. The average monthly per capita expenditure in Jordanian dinar in 2011 was 188 for West Bank, 110 for Gaza and 158 for the Palestine Territory. The poverty headcount ratio was 25.8 per cent in 2011.

More than 5 million Palestinians live as refugees and in an inadequate housing environment, lacking healthy, basic living conditions and privacy. Nearly 42 per cent of people in occupied Palestine are displaced. Unemployment rates are very high in this population and they suffer the highest rates of poverty: 39 per cent are poor in the camps.

The largest sector is the service sector, at two thirds of total GDP, while agriculture is 5 per cent and manufacturing is 4 per cent. Women's participation in the labour force is extremely low, at 17 per cent compared to 69 per cent for men. The unemployment crisis is particularly severe in Gaza, due to the persistence of the Israeli blockade and the shutdown of the tunnel economy. (Due to the blockade, goods are illegally smuggled from Egypt into Gaza through hundreds of tunnels.) In 2014 31 per cent of households were found to be food-insecure. Households spend, on average, close to 50 per cent of their cash on food. The poor cope with food insecurity by adopting a variety of short-term strategies, such as buying food on credit or reducing the variety, quantity and quality of foods they consume.

Social assistance programmes such as the Palestinian National Cash Transfer Programme (PNCTP) (covering 104,030 households, 54 per cent of which are located in Gaza) make a huge difference in people's lives. 74 per cent of households were found to be receiving at least one form of assistance in 2012. In Gaza this figure reached 80 per cent in 2011. Informal sources (friends and families) and the Ministry of Social Affairs (MoSA) were identified as the major source of relief.

Social protection policies and strategies

Historically, the country has been dependent on support extended by the international fraternity and traditional philanthropy by Zakat organisations, including donations from locals and the Diaspora. In the last few years the government – the Palestinian National Authority (PNA since 1994) has attempted to unify all the scattered social protection programmes by binding them into a national social protection strategy. In its National Development Plan 2014–16, the social protection sector has a prominent place and a Social Protection Sector Strategy was developed for 2014–16 (SPSS 2014–16), outlining the goals and the roles of various ministries in implementing social assistance programmes. The MoSA has a central role to play in planning, managing, implementation and supervision of all social protection activities.

13 The Palestine country report was written by Deepti Ameta, who also drafted this summary.

Vulnerable groups, including people affected by war, survivors and prisoners held in Israeli prisons, are recognised as target groups and the goal is to provide them with a decent living standard. The Palestine Liberation Organisation (PLO), Ministry of Health, Ministry of Agriculture, Ministry of Waqf and the Ministry of Detainees and Released Detainees (MoDRD) are some of the key players in delivering the mandate of the social protection strategy.

Informal actors also play a key role in social assistance to the poor in Palestine. These include the Zakat institutions, NGOs and international donors (individuals and organisations). A total of 2,400 NGOs in Palestine raise 80 per cent of their funds from the EU and the US including individual and institutional donors. The international agencies include UN agencies such as United Nations Relief and Works Agency for Palestine Refugees (UNRWA), the WFP, the FAO, the World Bank and other UN agencies. The EU is another key player in providing social protection in Palestine.

Social protection programmes and safety nets

In 2010 the first social protection strategy was written and implemented, in which all cash and in-kind assistance programmes were unified and the Proxy Means Testing Formula was developed as a special tool in order to correctly assess the needs of the poor. Two programmes were creating duplication in offering benefits to the same groups of people. These two programmes – the Special Hardship Cases Programme (SHCP) and the Social Safety Net Reform Programme (SSNRP) – focused on relieving immediate income poverty as well as assisting families with food insecurity. There are five objectives encompassing programmes that address the needs of people in specific categories:

1 Objective 1: Develop systems for social assistance and empowerment of the poor and marginalised

- (a) Poverty reduction: 120,000 families are reached by the SHCP, the SSNRP, and Emergency Assistance and the Deprived Families Economic Empowerment Programme (DEEP) for cash, food and emergency assistance. The MoSA is the main implementing agency.
- (b) Sponsorship of poor marginalised families and individuals: educational sponsorships and orphan assistance are the two needs-based programmes oriented towards families living in poverty. These are supported by religious groups during festivals and the Zakat Fund under the Ministry of Waqf play a central role in providing assistance.

2 Objective 2: Develop social services for vulnerable and marginalised groups

- (a) Protection, care and rehabilitation of marginalised and vulnerable groups: The focus is on vulnerable people such as people with disabilities, children (and orphans), women (victims of violence) and elderly people. The assistance is provided in the form of in-kind, rehabilitation, training, vocational education, day care and protection services with the help of CSOs. The key player is the MoSA which works in close collaboration with NGOs in delivering the services.

- (b) Sponsorship of orphans and distribution of assistance during the Muslim Adha holiday: this is a seasonal assistance programme managed by the Zakat Fund under the Ministry of Waqf during the religious season for orphaned children. The goal is to respond to their social, health and education needs.

3 Objective 3: Develop a national social security system

- (a) National pension programme: this programme is specifically targeted at employees who are included in the national pension system. It is managed by the PNA for monthly premiums. The goal is to ensure the collection, management and investment of pension premiums.
- (b) Poverty reduction: it specifically offers financial assistance to 500 families below the poverty line. It is a new programme which is part of the social protection floor. MoSA manages this programme.

4 Objective 4: Provide support, care, protection, rehabilitation and empowerment to detainees, ex-detainees and families of martyrs and wounded individuals

- (a) Provision of protection and care to detainees, ex-detainees and their families: the Ministry of Detainees and Ex-Detainees Affairs ensures the medical services, education for children and monthly stipend to detainees and ex-detainees.
- (b) Rehabilitation of detainees and ex-detainees: the Ministry of Detainees and Ex-Detainees Affairs provide the rehabilitation and social integration to targeted families by providing university education, vocational training and extending financial services such as credits and grants.
- (c) Protection, care and empowerment of the families of martyrs and wounded individuals: the monthly financial support is extended to families of martyrs and wounded individuals in Palestine and in the Diaspora. The programme is managed by the Association for the Care of Families of Martyrs and the Wounded.

5 Objective 5: Enhancing governance and institutional arrangements for the social protection sector

- (a) Administrative programme: the Association for the Care of Families of Martyrs and the Wounded aims at enhancing governance and NGOs in the field of rehabilitation.
- (b) Management and planning: it aims at building capacity of staff, developing the M&E system and upgrading the legal environment of the social protection sector.

The WFP has been instrumental for refurbishing the entire social protection system in Palestine. The strategic planning, streamlining of various programmes and development of a stronger M&E system using the Proxy Means formula are all significant contributions of the WFP in Palestine.

Programmes targeting refugees and displaced people

UNRWA's services are available to all registered refugees, including those who are descendants of the original Palestinians. It was observed that in Palestinian families in which a woman worked (22.4 per cent) the poverty rate was lower (42.7 per cent) than families in which a woman didn't work (65.1 per cent). Food security has improved in the West Bank and in Gaza, due to external assistance and the emergence of the tunnel economy. A study by the WFP in 2012 indicates that 74 per cent and 24 per cent of households reported receiving at least one type of assistance in the Gaza Strip and West Bank respectively. The food voucher programme has been very well received in Gaza and has improved food security as well as the local economy.

Food security and the role of the WFP

The Food Voucher Programme (VP) began in 2009 for non-refugee families in Palestine who were found to be food-insecure and whose consumption in dietary terms was poor due to a hike in food and fuel prices after the global financial crisis of 2008. In 2014 the VP was reaching out to 119,653 people. An evaluation conducted by the WFP confirms that food consumption increased among those who have been receiving the food assistance. This programme has improved dietary diversity conditions by 9 per cent over in-kind food assistance, as measured by the food consumption scores (FCS) of its beneficiaries. The programme has dual impacts: a direct impact on the consumption patterns of the households, as well as an income boost for local shops as a result of people buying other food items and daily life essentials. The study also found that each voucher dollar redeemed by beneficiaries generates 40 per cent of additional sales for the local shops.

The DEEP provides vulnerable and marginalised families with grants and loans for entrepreneurship. Their monthly incomes have gone up and their living conditions and food security have improved, as have their consumption level, financial capital (through savings), social capital and social participation.

Conclusion

Social assistance is the source of subsistence for many Palestinians, especially since 80 per cent of people in Gaza are dependent on social assistance. The Palestinian government recognises social protection as a right of its citizens under Palestinian Basic Law, in Article 22 and Article 25. Together with international agencies and local NGOs a range of programmes are delivered to address poverty and food security. The WFP has helped the PNA in its food analysis by including food security as one of the indicators in its targeting mechanism. Significant gaps remain due to sheer differences in needs – refugees, the displaced and the herding communities are affected by the ongoing conflict, droughts and blockades in different measure.

The recommendation is to continue the cash transfer programme because it helps the poor survive in difficult times; however, assessing people's needs correctly and introducing necessary reforms will improve efficiency and targeting. Jointly with the WFP, the Palestinian government has developed a logframe and has included food security as one indicator in its vulnerability assessments. Further strategies

are needed for reaching out to least advantaged people, such as people restricted by blockades and for sections who are socially marginalised, including women heads of households. Continuing with the WFP's food voucher programmes and expanding them will cover larger populations of poor and vulnerable people in Palestine.

Annex 10 Social protection and safety nets in Tunisia¹⁴

Tunisia led the Arab Spring of 2011, with a popular revolution and transition to democratic governance. In January 2014 parliament passed a new constitution, which included social protection and the right to health. A second parliamentary election since 2011 was held in October 2014. Uniting secularists, trade unionists, liberals and some players from the Ben Ali era, Nidaa Tounes won the largest block of seats, overtaking the Islamist Ennahda Party. On 21 December 2014, Nidaa Tounes candidate Beji Caid Essebsi defeated outgoing President Moncef Marzouki in run-off elections.

While Tunisia has experienced a relatively successful political transition since the revolution of 2011, efforts to address inequality have been overshadowed by the struggle to consolidate political power. Civil conflict in neighbouring Libya with the ousting of Colonel Gaddafi in 2011 caused an influx of close to 1 million Libyan refugees, Tunisian workers and third country nationals into southern Tunisia. The ongoing conflict in Libya continues to impact the economic stability and security of Tunisia and must be taken into account in any analysis and recommendations for national social protection strategies.

Tunisia is an upper-middle-income country with a diversified economy that includes well-developed agriculture, trade, shipping and tourism sectors. It is a relatively small country with a population in 2014 of 11 million, 23 per cent being under 15 years old. Two thirds of the population are urbanised (67 per cent) while one third live in rural areas (33 per cent). Poverty in Tunisia is below the regional average, with just 1 per cent of the population living on less than US\$1.25/day and 4 per cent living on less than US\$2/day. Tunisia's Gini coefficient of 0.36 ranks it 58/153 globally in terms of income inequality. The HDI has steadily improved, from 0.436 in 1980 to 0.683 in 2010. Nonetheless, living conditions are bad for large numbers of Tunisians and unemployment is high. Tunisia is prone to various natural disasters, ranging from floods and droughts to earthquakes. UN agencies including OCHA are working with the government to introduce emergency preparedness procedures such as contingency planning.

Social protection policies and institutions

Tunisia has a well-developed rights-based social protection system, based on a contributory system linked to health-care provision, education, cash transfers and other benefits gained through employment. Although Tunisia has recently scaled back its subsidies, a national social protection strategy is currently under development for 2015–25. Tunisia is a signatory of the 'Tunis Declaration on Social Justice in the Arab Region', a declaration committed to developing strategies to expand inclusive social protection, and has a technical cooperation framework with ESCWA aimed at moving Tunisia towards inclusive economic development.

14 The Tunisia country report was written by Katharine Hagerman, who also drafted this summary.

The Tunisian social protection system is essentially state-run and composed of two pillars. The first pillar is contributory and is composed of three schemes:

- National Pension and Social Insurance Fund (CNRPS), for the public sector
- National Social Security Fund (CNSS), for the private sector
- National Health Insurance Fund (CNAM).

The administrative boards of these funds are formed on a tripartite basis (state, employers and employees). Limited private sector interventions, such as insurance companies and mutual benefit organisations, take the form of complementary and optional management of health-care coverage.

The second pillar is composed of a non-contributory system based on direct transfer schemes, which includes:

- PNAFN (Assistance Programme for needy families, the elderly and disabled)
- A health access programme providing access to public medical institutions either free of charge or at a reduced rate.

Tunisia's comprehensive scope of legal coverage has programmes anchored in national legislation in the areas of health, maternity, old age, employment injury, invalidity, survivors and family allowances. The percentage of unemployed people receiving benefits was only 3 per cent in 2008. These statutory social security schemes cover the majority of the working population in employment. For those excluded, social development and assistance programmes such as aid programmes for needy families, programmes targeting the elderly and disabled, allowances to families taking in an elderly person and free medical assistance aim to cover these gaps. It remains to be seen how the recent political events will impact future government social protection programming and services such as health care.

The UN and the World Bank strongly support the social protection reform process in Tunisia. In its country programme, approved in June 2014, the UNDP identified three priorities for UN work in Tunisia, the third priority being 'social protection and equitable access to quality social services'. The World Bank's 'Social Protection Reforms Support Project' for Tunisia aims 'to strengthen institutional capacity to design social protection reforms and improve targeting of safety net programs' (World Bank 2013a), which it will do by providing technical assistance, developing a unified database and targeting system, and building consensus specifically around reforming pensions and health insurance. In cooperation with the WHO and the EU, Tunisia is reforming the health-care sector, which includes reinforcing the capacities of primary care, especially in disadvantaged areas, and taking charge of non-transmissible diseases connected to demographic transition.

Programmes for refugees and internally displaced people

Libya's civil war triggered an influx of approximately 1 million refugees into southern Tunisia, including 200,000 non-Libyan nationals. The Tunisian government collaborated with host communities, the WFP, the UNHCR and participating NGOs to provide assistance to refugees and displaced people from

Libya. During this time, some 80,000 Libyans resided with Tunisian host families, who received community-based support from the UNHCR. It is unclear if similar arrangements might be made in the event of increasing violent conflict in Libya and a subsequent rise in the refugee population in Tunisia.

The UNHCR coordinates humanitarian assistance and social protection services for refugees in Tunisia. Implementing partners include the Tunisian Red Crescent and Islamic Relief Worldwide, as well as the Arab Institute for Human Rights (IADH), the International Centre for Migration Policy Development (ICMPD), the International Organisation for Migration (IOM) and France Terre d'Asile (FTDA). The ICRC operates in Tunisia, visiting detainees, dealing with the consequences of the Western Sahara conflict, restoring contact between separated families and promoting international humanitarian law.

The United Nations Country Team in Tunisia has been integral to the Transition Strategy for Tunisia 2011–14 and the United Nations Development Assistance Framework 2015–19. The UN thematic Emergency group, co-chaired by the UNHCR, leads the inter-agency emergency preparedness efforts in case of an influx of refugees and asylum seekers from Libya. In the absence of a Tunisian asylum law, a priority for the UNHCR has been to conduct refugee status determination while building national capacity to assure international protection of refugees and asylum seekers. Priority areas of focus are: education, health, and community empowerment and self-reliance. The UNHCR is also involved with resettling refugees outside of Tunisia.

Semi-formal and informal safety nets

A number of religious charities operate in Tunisia to provide humanitarian assistance and relief. Islamic Relief Worldwide (IR) provided refugee camps on the Tunisian border and humanitarian services to over 15, 000 people in 2011. When camps were closed, they supported refugees unable to return to Libya. In addition, IR implements projects in health, water and sanitation, food security, education and income-generating activities in Tunisia.

Until 2011, foreign remittances from Tunisian workers in Libya provided informal social protection and safety nets to vulnerable families at home. The civil conflict in Libya has impacted the Tunisian economy via the return of migrant workers. In 2012 around 40,000 Tunisian workers left Libya and the number will likely continue to rise as the conflict escalates. Most migrant workers in Libya originate from very poor areas, and income generated is sent as foreign remittances to support large and vulnerable families at home. The World Bank estimates that formal and informal inward remittance flows from Libya accounted for 0.56 per cent of Tunisian GDP in 2012. Although remittances from Libya to Tunisia are small, their loss could affect the private sector and labour markets.

Food security and nutrition

Malnutrition in Tunisia can be characterised as more of an overweight than an underweight issue. In 2012 the prevalence rates of stunting and wasting among children under five were relatively low, at 10 per cent and 3 per cent respectively,

but 14 per cent of under-fives were overweight. In 2008 the prevalence of adult overweight (BMI >25) was 56 per cent, while the prevalence of adult obesity (BMI >30) was 24 per cent.

Physical access to food in Tunisia has been affected by the escalation of armed conflict in the MENA region since the Arab Spring, through both disruptions in trade flow and market functioning, as well as an increase in vulnerable populations such as refugees or IDPs. From an economic policy perspective, food security in Tunisia is also challenged by the high dependence on cereal imports and fiscal deficits. In Tunisia, WFP works very closely with the national government to ensure better nutrition for 200,000 primary school children.

Conclusion

Central to the 2011 popular uprising was a commitment to social equity and welfare development and the existing social protection system can be expanded along with subsequently strengthening the democratic system. Social protection has risen on the public policy agenda through the political events of 2014, including a new constitution, and parliamentary and presidential elections. However, the ongoing conflict in Libya and the MENA region threatens to destabilise progress made in the Tunisian political and economic landscapes and should be taken into account in the development of social protection strategies going forward.

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