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SOCIAL PROTECTION REFORMS IN THE MENA REGION: POSSIBILITIES AND CHALLENGES

Abdalhadi Alijla
Coordinator

Izabela Marcinkowska

Ahmed Aref

Imène Cherif



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THE MENA REGION:
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EuroMeSCo has become a benchmark for policy-oriented research on issues related to Euro-Mediterranean cooperation, in particular economic development, security and migration. With 116 affiliated think tanks and institutions and about 500 experts from 30 different countries, the network has developed impactful tools for the benefit of its members and a larger community of stakeholders in the Euro-Mediterranean region.

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Global Young Academy (GYA) advocates for science for all; science for the future, and its mission is to give a voice to young scientists around the world.

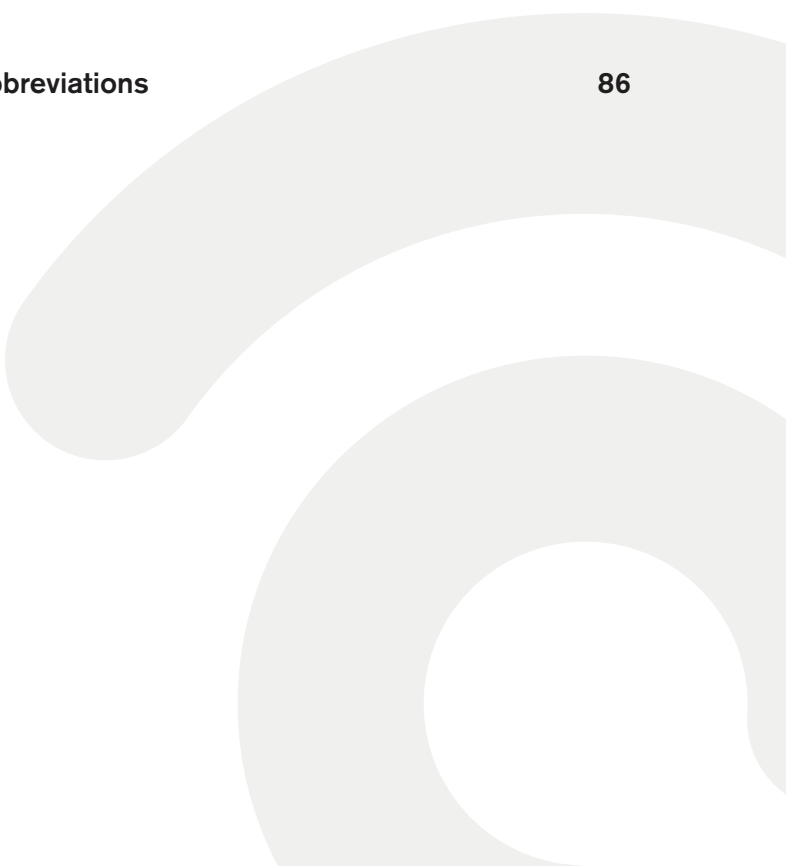
Counting on 200 members and 327 alumni from 94 countries, the GYA develops, connects and mobilises young talent from six continents, and empowers young researchers to lead international, interdisciplinary and intergenerational dialogue. The GYA aims to elevate the voice of young scientists in evidence-informed and inclusive global, regional and national decision making.

The GYA Working Group "Global Migration and Human Rights" offers an international interdisciplinary platform to address challenges related to international migration. It engages in scholarly research and serves as advisory group providing policy-oriented viewpoints and guidelines to international organisations.

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Policy Study

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Executive Summary

The COVID-19 crisis that hit the world in 2020 revealed a huge gap in access to public services, equality and government responsiveness to the consequences of the pandemic. In the Middle East and North Africa (MENA) region, the COVID-19 crisis showed the inadequacy of the public institutions and their abilities to protect the poor, and ensure that populations' needs are met, especially informal workers, women, children and the elderly. The social protection systems in the MENA countries are relatively weak, facing challenges or disfunctions through many ad-hoc programmes, making it difficult to respond to the COVID-19 crisis. This is particularly observed in countries facing a pre-COVID-19 economic crisis, such as Lebanon.

There is clear evidence that social protection systems have a positive impact on the lives of the population in times of crisis. They improve access to health and education, and increase economic security. Social protection systems work during times of crisis and times of stability, but they are strategic tools that show that states have the capacity to design and deploy policy tools to protect people. In divided societies, inequalities are usually wider and, therefore, a comprehensive social protection system with a high rate of coverage is needed. In this Policy Study, we present four chapters, examining the state-of-the-art of social protection systems in the MENA region, challenges, and potential opportunities that government, local non-governmental organizations (NGOs), international non-governmental organizations (INGOs) and the European Union (EU) could take to assist in establishing comprehensive social protection systems. The COVID-19 crisis is an opportunity to learn and identify where the gaps are and what needs to be done by formal and informal institutions in the MENA region to reform and re-engineer their social protection systems with help from the EU and its institutions. COVID-19 arrived in the MENA region during an economic crisis in Lebanon, Jordan and Tunisia, marked by huge inequalities, vulnerabilities with increasing poverty and low trust in governments and their performance. Lockdown, closure and physical distancing have also led to loss of jobs and income for millions of people, mainly informal workers, and businesses. The vulnerable groups who are already living in economic distress, such as informal workers, youth, women and the elderly, are the most affected parts of the population. They are the most vulnerable to loss of income and unemployment.

This study highlights that MENA states lack comprehensive and effective social protection systems. In many MENA countries, ad-hoc programmes substitute a comprehensive social protection system. The study examines the rural-urban and

socioeconomic group gaps in accessing services, such as health and education, and economic opportunities. It shows that the historic gap between urban-rural and socioeconomic groups' ability to access the same services and opportunities compared to other groups affected the ability of those groups to cope with the pandemic, exposing them to more vulnerability.

The study examines the policy response of the MENA governments to the pandemic, namely in Lebanon, Jordan, Tunisia and Morocco – four countries that have been particularly challenged by COVID-19. It identifies several gaps and opportunities to develop the social protection system. The study examines cash-based programmes, access to public health, informal workers, women's protection, digitalisation of social protection systems, and education, to some extent. It focuses on youth, women, the elderly, disabled persons and children as the most vulnerable groups in the region. It identifies that coordination between formal institutions and INGOs needs to be formalised, informal workers need to be included in the social protection system, women and the elderly should be prioritised, and informal social protection mechanisms could be supported through livelihood activities, but is not seen as a major part of any social protection mechanism. It finally highlights the need for digitalisation of reformed social protection systems or strategies.

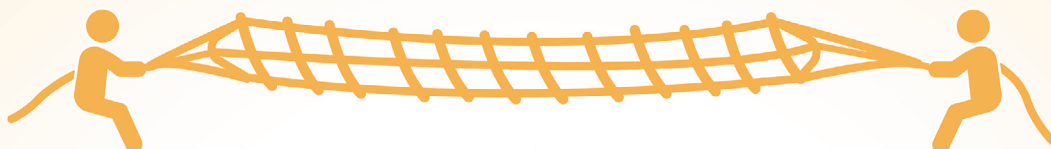
Main findings and recommendations

- The pandemic highlights a very serious gap within the social protection systems in the region, especially in countries that had already been facing an economic crisis, such as Lebanon and Jordan. To fill the gap, and meet the needs of the population, a reform process to reconfigure and re-engineer the existing social protection programmes is required. Any reform of the social protection system in the short and long term must consider the well-being of the whole population, especially those who are the most affected, such as children, women and the elderly in urban and peripheral areas of cities. The new system should be seen as a universal policy tool that is sensitive to religious, ethnic, class and gender sensitivities.
- The economic and COVID-19 crisis has aggravated inequalities, distrust, and collapse of the labour market, especially for the middle class who account for the large part of the population. Such inequalities include access to housing (during inflation), access to the health system, clean water and sanitation.
- Although the pandemic affects the whole population, informal workers, women and youth are the most affected because of the convergence of inequalities.

Most of those vulnerable groups have no savings and are more likely to fall rapidly into extreme poverty.

- Lockdown and physical distancing have prevented the informal workers from earning an income. The majority of them have no access to social protection. This means that they cannot benefit from certain supporting mechanisms (during the COVID-19 crisis). With the rising unemployment, informal workers cannot provide a decent life for their families, and that leads to social pressure on the family and society in general.
- Women and children from the poorest families in peripheries and rural areas may be driven to the labour market, which could lead to an increase in child labour. Governments and donors should develop strategies and policy tools (through programmes) to be gender- and children-sensitive policy tools that can respond to violence against women and children in times of crisis.
- The harmonisation of the ad-hoc programmes is a key element in establishing and modernising social protection systems in the MENA region. The EU should support strategic plans that aim at creating a comprehensive social protection system, and programmes that include more than one such ad-hoc programme.
- Information and digital technologies are an important part of developing a comprehensive, neutral and apolitical social protection system. However, reforms based on innovative digital solutions should be paired with significant investment in the infrastructure for both administration and households. The EU and INGOs should build their intervention on livelihood programmes and support of social protection systems to improve such infrastructure, as well as literacy in information and communication technologies (ICTs).
- Mental health has been neglected in the MENA region during the pandemic, despite its devastating psychological impacts. The institutionalisation of the mental health sector and related counselling services should be included as part of social protection systems.

THE STATE OF SOCIAL PROTECTION IN THE MENA REGION AND PROSPECTS FOR REFORMS



The COVID-19-related crisis sheds a light on the gaps in social protection systems

People who either **lost their jobs** or **suffered temporary interruption** of employment: 60% in Lebanon, 53% in Jordan, 48% in Tunisia and 41% in Morocco

Informal unemployment: only **30%** of the population is covered by social protection

Political instability is also an obstacle to the elaboration of clear strategies and effective social protection

Pathways to improve social protection systems in the MENA region



Short and long term considerations for the well-being of the whole population, including the **most vulnerable groups**, generally more likely to fall into poverty



Innovative digital solutions can foster more neutral, apolitical and comprehensive social protection systems, but they should be paired with **substantial investment** in infrastructure for the administration and households



Tools and programmes that are **gender- and children-sensitive** to respond to violence against women and children, on the rise during times of crisis



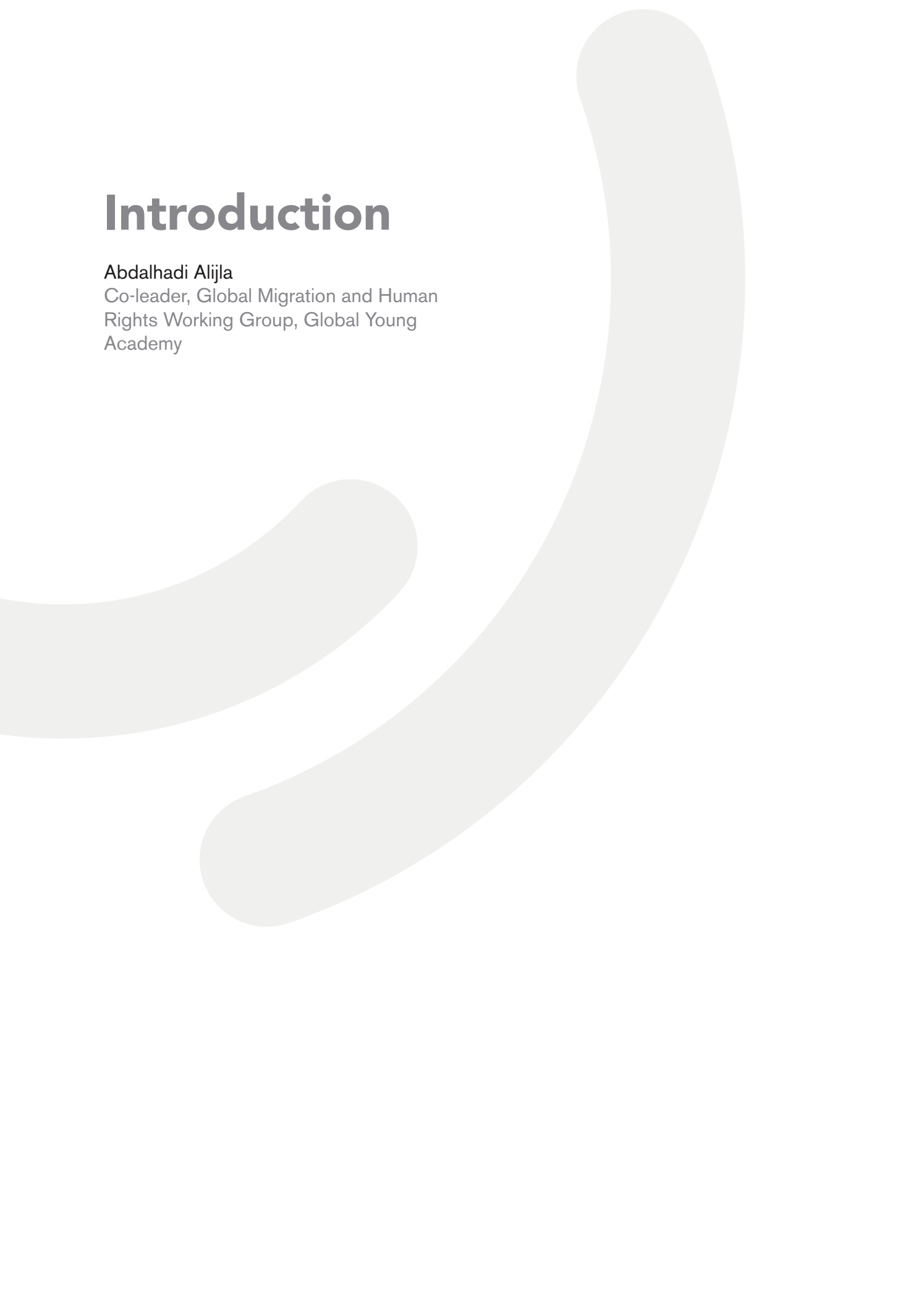
Morocco: a success story?

- The **Pandemic Emergency Fund** enabled the allocation of \$3 billion to different activities
- The **Tadamon cash transfer programme** allowed to support 5.5 million informal workers households
- As of January 2022, **66% of Moroccans were vaccinated**, accounting for the second highest vaccination rate in Africa

Introduction

Abdalahdi Alijla

Co-leader, Global Migration and Human
Rights Working Group, Global Young
Academy



The social protection system is an indispensable institution to deliver support for disadvantaged groups in any society in a crisis. It is an essential mechanism for keeping the community viable and minimising inequalities in the society. According to the International Labour Organization (ILO, 2021), a comprehensive social protection system includes:

- Removing barriers to high-quality health-care provision;
- Protecting income;
- Protecting jobs and preventing disadvantaged groups from falling into poverty;
- Effective and wide coverage.

Governments are responsible for developing social protection systems to shield the most vulnerable people and provide necessary assistance. These systems and their intervention programmes should work on three dimensions: the ability to scale rapidly in times of crisis, to have a long vision and a clear strategy, and to have the ability to respond to the needs of different groups of the population based on income, place and gender (ILO, 2021). While COVID-19 has been a significant challenge in the Middle East and North Africa (MENA) region, it came during a severe financial and political crisis for a few countries (such as Tunisia, Lebanon and Jordan). The public health and economic crises could lead to extreme poverty and inequality, resulting from gaps accumulated over many years. The lack of a proper social protection system and the financial and economic crisis aggravated the living conditions of many vulnerable groups in the region.

In addition, the COVID-19 crisis has severely worsened situations in Lebanon, Tunisia, Jordan and Morocco, with significant political and social consequences. It has shaken the already fragile political and economic systems that threatened the livelihood and income of millions of people, leading to a rise in poverty level. Of course, the consequences vary in each of these countries

depending on their social protection system, level of stability, informal solidarity, and level of engagement of non-state actors. Although the state, non-state actors and international organisations focus on the health sector, many organisations, such as the United Nations (UN), warned that measures should be taken to protect the population from falling into extreme poverty, especially those vulnerable groups. In many MENA countries, and despite weak formal institutions, social protection systems were the first front through which governments worked towards fighting poverty and reducing vulnerabilities and inequalities in times of crisis.

The social protection systems in many MENA countries are underdeveloped and face significant challenges, which affect their capacity to respond to any crisis. The COVID-19 crisis has further exposed a devastating gap in social protection systems globally and particularly in the MENA region. It has had tremendous effects on families and communities, from losing income to the inability to receive adequate healthcare, as the next chapter shows. Many governments have taken measures to fight the spread of the virus but could not effectively protect the most vulnerable people in the absence of well-developed social protection systems.

This study examines the challenges facing social protection systems in the context of the COVID-19 crisis in the MENA region and how governments can build a resilient, modern and responsive social protection system, considering the multi-layered traditional solidarity mechanisms. As MENA countries responded differently and showed weakness in their social protection system, this research examines the responsiveness and effectiveness of these systems, identifying gaps and providing solutions. In particular, the reform and establishment of social protection systems will highlight the need for a mod-

ern digital database for the disadvantaged population who are in a fragile situation, improve the social assistance system in emergencies, provide a high-quality healthcare system, make more significant efforts to meet people's basic needs, expand the coverage of unemployment insurance and allowance (in-cash). The research provided recommendations for the European Union (EU) among other regional and international actors on responding and supporting the building of modern and adequate social protection systems in times of crisis in the MENA region by focusing on several themes.

In the face of difficulties faced by MENA countries' social protection systems during the pandemic and the financial crisis, it is important to implement and create universal, redistributive and solidarity-based policies to ensure that no one is left behind (ILO, 2021). From a policy perspective, emergency responses rooted in social protection must be developed to avoid further deterioration of living conditions and more people falling into the poverty trap. In that respect, the EU could support the development of an emergency response mechanism integrated into the social protection systems, where COVID-19 becomes a pilot project for the future.

Short-term goals will be to counteract the loss of income, ensure public health, and safeguard women and youths from violence. Ensuring access to medical care for all should be a priority, as well as providing services to women exposed to violence. In the medium and long term, the central policy goal of the social protection system is to reduce inequalities and increase social trust. This implies that a universal social protection system is a need that is sensitive to sectarian politics and adopts a rights-based approach. The social protection

system must be able to strategically identify and respond to the impact of the crisis.

A central component of the social protection system in the MENA region should be the right to healthcare and the development of healthcare systems that protect the population in general but also the most vulnerable groups (ILO, 2021). This is especially important in Lebanon and Tunisia. Resolving the current fragmentation and commodification of the healthcare system will be the central lesson from the pandemic. It is also important to address the social determinant of health, making it easier for any social protection system to identify the crisis.

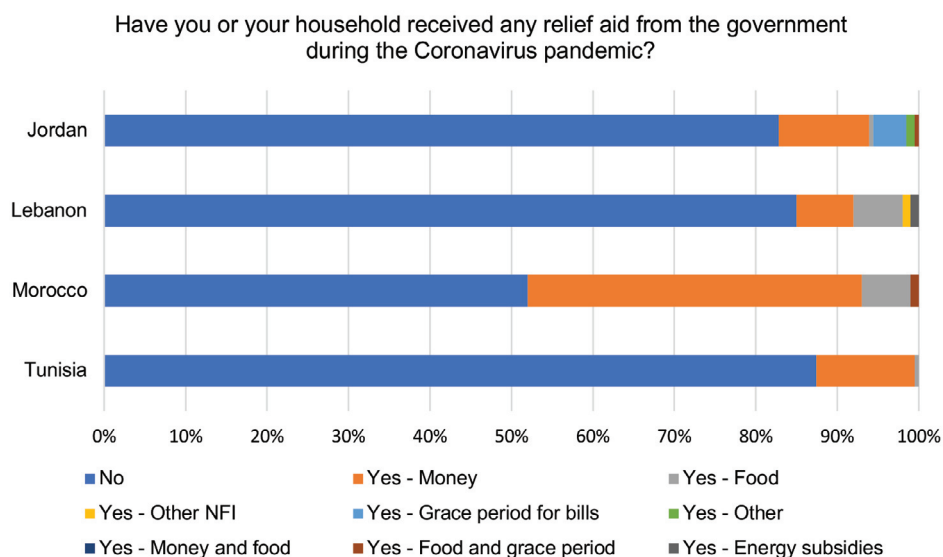
Weak social protection systems

The measures taken to mitigate the pandemic's consequences, such as restrictions on movement, made it more difficult for people, especially the poorest and informal workers, to meet their basic needs. It was urgent to ensure food security, basic income and healthcare provision to informal workers and their households. Although many countries have social protection systems, such as Jordan, others have ad-hoc programmes that barely meet the needs of the populations, as in the case of Lebanon. For instance, Jordan has two organisations that provide social protection benefits to certain groups and based on certain criteria. These are institutionalised organisations, working either independently or in cooperation with the government. On the other hand, Lebanon has one organisation that covers the public sector and partially the private sector, but this coverage is minimal. Meanwhile, it has one programme, the

National Poverty Targeting Program project,¹ to support households that have fallen into poverty. Other countries, such as Morocco and Tunisia, had institutional infrastructures such as laws and regulations and formal institutions providing social protection mechanisms to retired persons, the elderly, the widowed and disabled people. Thus, there is a considerable gap between the programmes implemented during the COVID-19 crisis and the people’s perception of governments’ responsiveness. According to Arab Barometer (AB), Morocco is perceived by the population of the MENA region as providing more assistance in cash-based form to many people, which indicates that Morocco had the capacity to have access and target people who have lost their jobs or require assistance. Other countries have routine programmes in place, and continued to operate and

provide assistance to people during the pandemic. Figure 1 shows the percentage of people who have received some form of assistance from the government since the start of the pandemic. According to AB, Tunisia and Lebanon have not made sufficient effort to provide social protection benefits as 86.5 and 85.3% of respondents, respectively, said they have not received any form of relief from the government during the pandemic (AB, 2021), although this study recognises the limitations of AB in spotting the different intervention programmes by many governments from the region. However, it stresses the fact that these interventions were concentrated in certain areas, and focused on specific categories and sets of the population (Alijla, 2021). The case studies of the following chapters show that Jordan and Morocco

Figure 1. Relief aid from the government



Source: Prepared by the author based on data from Arab Barometer (2021)

have advanced social protection systems with several institutions and programmes engaged in providing services. However, informal workers seem to be absent

1 <https://projects.worldbank.org/en/projects-operations/project-detail/P149242>

from the agenda of such programmes, as most of these in Jordan, Lebanon, Morocco and Tunisia do not prioritise informal workers as a vulnerable group.

Formal workers in the public sector are “more” protected compared to other groups, such as people who work informally. All countries halted all non-essential and governmental services to maintain social distancing and decrease the spread of the virus. In Lebanon, although governmental and formal workers were essential in the machinery of the society, many of them lost their income or part of their salaries, and the financial crisis and the currency devaluation led to a loss of the value of their salaries (Harake et al., 2020). For example, the minimum salary was 675,000 Lebanese Lira (LL), equivalent to \$450, per month. As of February 2022, 675,000 LL in the black market equivalent to \$30.

In many special protection programmes in the MENA region, groups who should have been prioritised, such as women, informal workers, children and the elderly, have been rather poorly included in the agenda of social protection systems, which reflects challenges and gaps in selection processes, targeting mechanisms and delivering.

Vulnerabilities, poverty and inequalities

Before the pandemic, the financial and socioeconomic situation in the MENA region had been deteriorating with the collapse of the financial systems in some countries, the rise of political unrest, poverty and the increase in inequalities and lack of trust in the governments. In Lebanon and Jordan, the COVID-19 crisis and the financial crisis had discriminatory effects on specific groups. The

physical distance and inability to work from home, lack of access to enough space for distancing (such as in informal settlements and refugee camps) increased the risk of infection of the people who live in poverty, mainly women, the elderly and children, who also had low-quality healthcare. It also increased their probability of dying.

The various socioeconomic impacts of the financial crisis and, later on, the pandemic are reflected in the social inequalities in the MENA region. The access to better healthcare, medication and income security is built around the stratum of social class, elitism, gender, political activism, and other factors, such as being a refugee or foreign worker.

These inequalities, which existed before, cause multi-layered and widened inequalities within the society. In such a scenario, poverty increases, and more people will fall into the trap of poverty, where a large section of the population is living in chronic financial insecurity. The situation of those in the middle strata is also likely to deteriorate heavily. The lower middle class are the most affected.

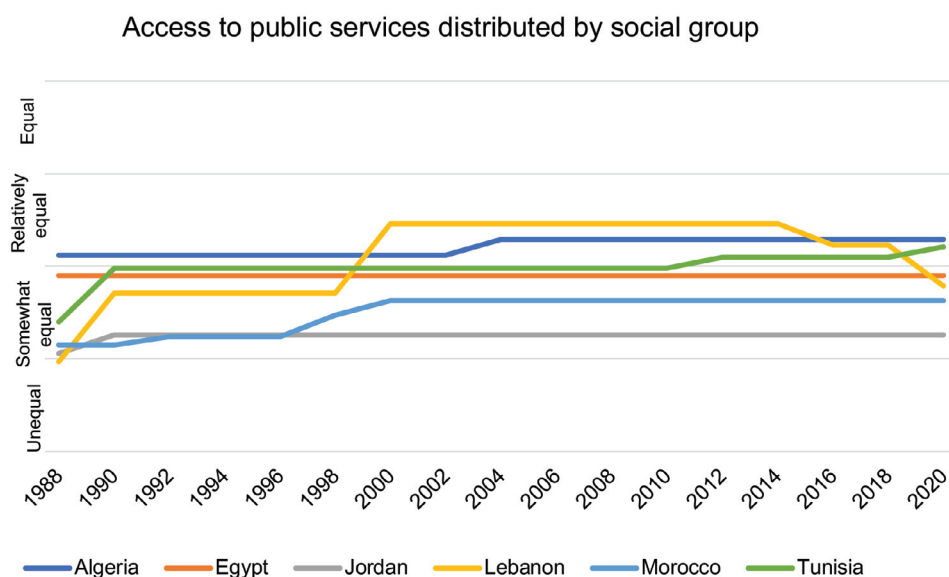
According to the Varieties of Democracy Institute (V-Dem) data, there is a historical inequality in the MENA region in access to public services. These inequalities reflect historical and complex ones that the COVID-19 crisis revealed, especially the urban-rural inequalities that seem to be rampant in all MENA countries, especially in Morocco, and need more attention. Inequalities in access to public health in Jordan are visible in the segregation of social classes and social groups. The upper-middle-class appears to have access to higher quality services. Meanwhile, in Lebanon, access to public services is deteriorating (V-Dem, 2021).

According to V-Dem, because of poor quality healthcare, for at least 25% of adult citizens the ability to exercise their political rights is undermined. In Lebanon and Tunisia, because of poor quality healthcare, 10 to 25% of adult citizens find their ability to exercise their political rights undermined. V-Dem is one of the most reliable datasets on democratic

indicators that take into consideration more than 350 indicators, including but not limited to public services. The data is collected and coded by experts from each country annually.

As for health inequality, based on V-Dem, Morocco, Lebanon and Tunisia suffer from inequalities in healthcare provision.

Figure 2. Access to public services in the MENA region²



Source: Prepared by the author based on data from Varieties of Democracy Institute (2021)

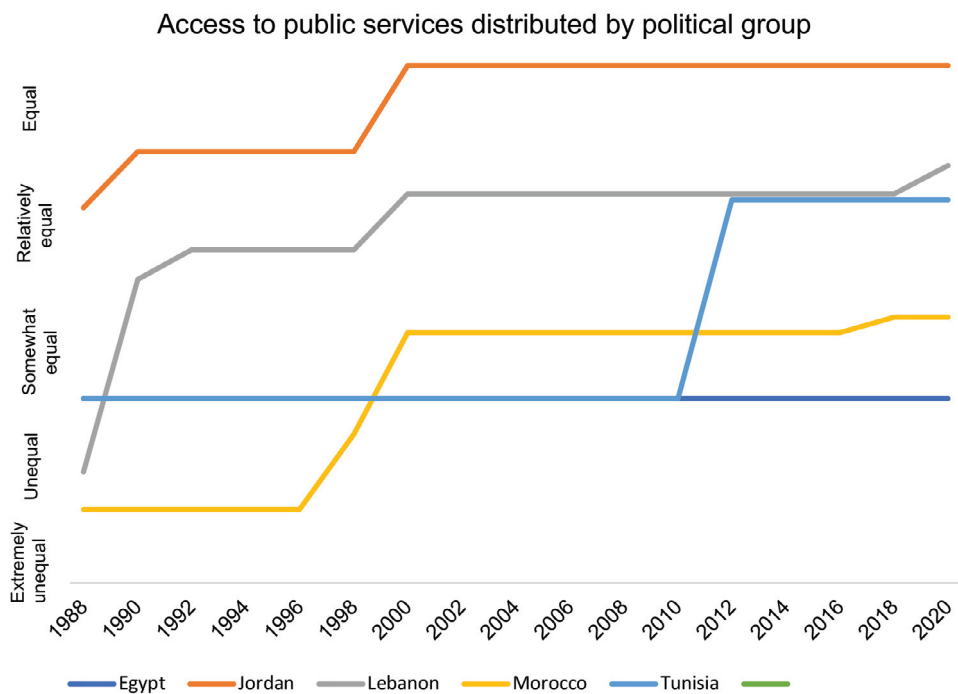
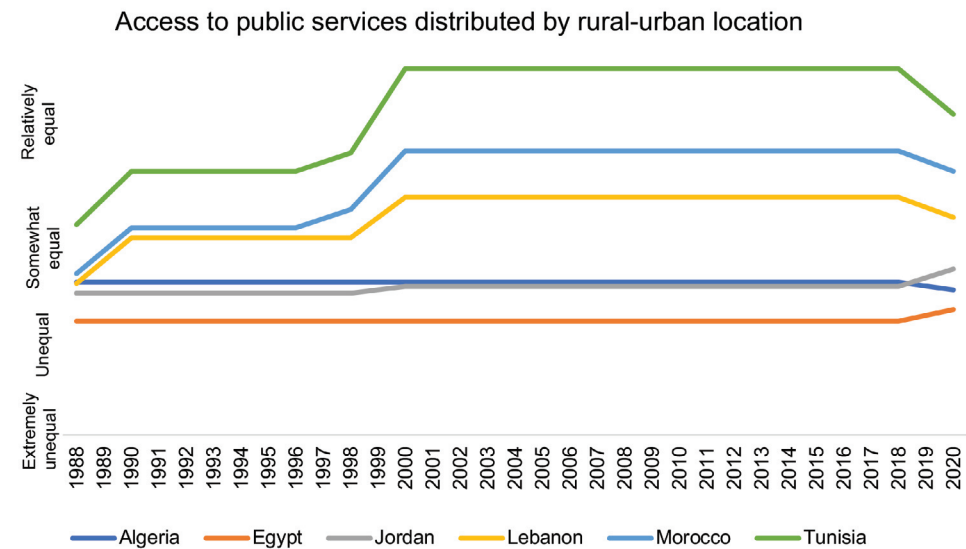
² Extremely unequal: Because of their [social group/political affiliation/gender/location], 75% or more of the population lack access to basic public services of good quality;

Unequal: Because of their [social group/political affiliation/gender/location], 25% or more of the population lack access to basic public services of good quality;

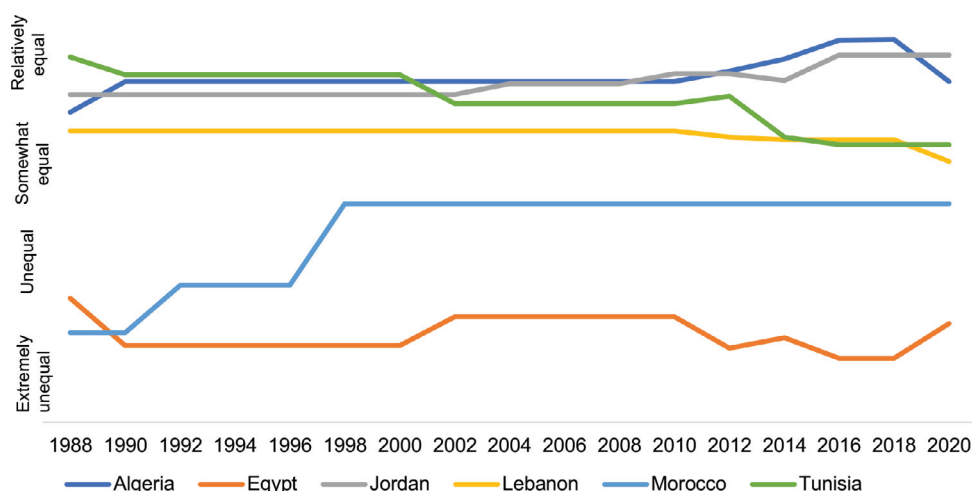
Somewhat equal: Because of their [social group/political affiliation/gender/location], 10 to 25% of the population lack access to basic public services of good quality;

Relatively equal: Because of their [social group/political affiliation/gender/location], only 5 to 10% of the population lack access to basic public services of good quality;

Because of their [social group/political affiliation/gender/location], less than 5% of the population lack access to basic public services of good quality.



Source: Prepared by the author based on data from Varieties of Democracy Institute (2021)

Figure 3. Health equality in the MENA region³

Source: Prepared by the author based on data from Varieties of Democracy Institute (2021)

Perceptions of social protection in the MENA region

A central component of the social protection system is to meet the population's needs in times of crisis, especially vulnerable groups. However, MENA governments' responsiveness to the needs can be seen through the perception of the population about health quality, trust in institutions, and challenges facing society.

According to AB data from 2020 and 2021 (from a survey focusing on COVID-19), Moroccans expressed satisfaction with the healthcare system during the

pandemic. For example, people who said they were satisfied with the healthcare system in Morocco increased from 14% in 2018 to 41% in 2021, and the proportion of people who claimed to be completely satisfied rose from 4% in 2018 to 13% in 2021. In Jordan, Lebanon and Tunisia, the satisfaction with the healthcare system shrank, indicating that the population's needs were not met (AB, 2019; 2021).

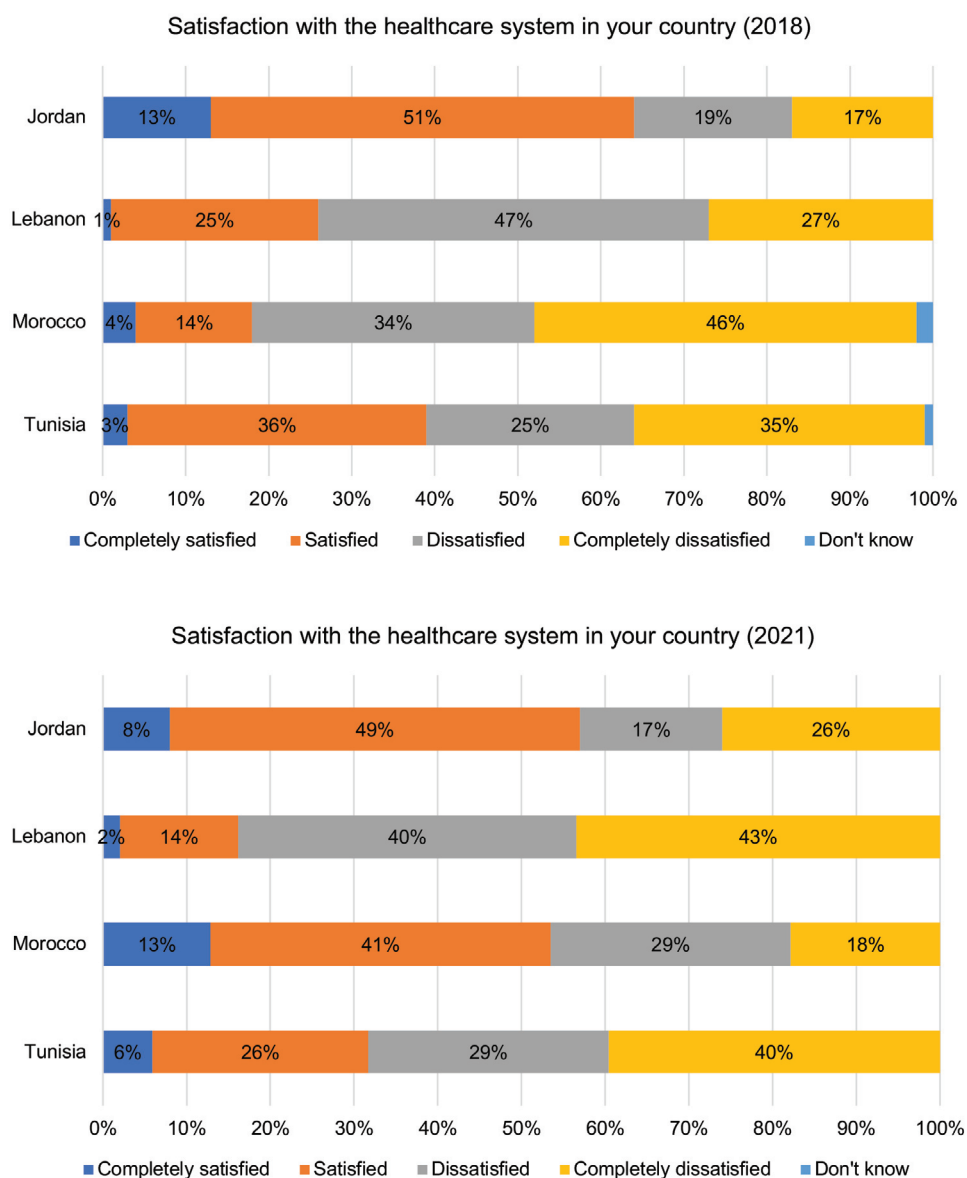
When asked about the most important challenge facing their countries, the majority of Jordanians and Moroccans indicate that the spread of COVID-19 is the main challenge followed by the economic situation, while in Lebanon and Tunisia, the economic situation came first as a chal-

³ Extreme: Because of poor-quality healthcare, at least 75% of citizens' ability to exercise their political rights as adult citizens is undermined;

Unequal: Because of poor-quality healthcare, at least 25% of citizens' ability to exercise their political rights as adult citizens is undermined;

Somewhat equal: Because of poor-quality healthcare, 10 to 25% of citizens' ability to exercise their political rights as adult citizens is undermined;

Relatively equal: Basic healthcare is overall equal in quality but because of poor-quality healthcare, 5 to 10% of citizens' ability to exercise their political rights as adult citizens is undermined.

Figure 4. Satisfaction with healthcare systems in MENA countries (2018-2021)

Source: Prepared by the author based on data from Arab Barometer (2019; 2021)

lenge (61% and 52%, respectively). In contrast, the spread of the virus came second for Tunisians, and corruption came as the second challenge in Lebanon (AB, 2021). The impact of the COVID-19 crisis

worsened the unemployment situation, especially in Lebanon and Jordan, which were already facing an economic and financial crisis. In Jordan, 53% of people either lost their jobs or suffered temporary

interruption, 60% in Lebanon, 41% in Morocco and 48% in Tunisia. The level of poverty and job loss is set to increase as long as formal institutions do not respond to the economic consequences in parallel with preventing the spread of the virus and distributing in-kind or cash-based assistance.

Although the Lebanese and Tunisian populations indicate economic crisis as the first challenge, the spread of COVID-19 and the economic consequences, mainly the lockdowns that had an impact on informal workers, combined with a weak social protection system (cash-based ad-hoc programmes), made the economic situation the main challenge. However, in Tunisia, the political unrest deteriorated the economic situation and responsiveness to the pandemic. In Lebanon, corruption, mismanagement, and sectarianised institutions have impacted the perception of the Lebanese. Corruption has become the main challenge, despite the consequences of COVID-19.

Digitalisation and social protection in the MENA region

In countries that faced a financial crisis prior to COVID-19, living conditions worsened the situation of the vulnerable groups, and the onset of the pandemic pressured the whole society. When the pandemic hit the MENA region, governmental institutions were not prepared to meet the consequences of the pandemic, failing to identify who should be the target and who lost their income. Therefore, there is a need to build a comprehensive and up-to-date database for the target population to be easily identified and ready to be supported through any social protection measures. Moreover, to prevent the spread of the virus and protect groups at risk,

social protection programmes, such as distribution of benefits and cash, should seek to prevent crowding during the collection of their benefits (payments and food). In such a context, digitalisation and decentralisation are essential. Modalities of cash transfer to tackle the effect of the pandemic showed a weakness in most MENA countries. Therefore, the modalities should be digitalised, expanded and institutionalised to maximise their effect. Except for Jordan, most MENA countries lack the necessary technological advancement in digitalising social protection systems at institutional or procedural levels. However, for the last two years, Morocco has made significant steps towards digitalisation and use of computerised systems.

Overall objectives of the study and policy impact

This study has multifaceted goals and objectives that focus on exploring the social protection mechanisms in the MENA region in the COVID-19 crisis. The study gives special attention to vulnerable groups, such as workers in the informal economy, women and youth. It does so by focusing on reforming the already existing social protection system in the region by establishing a modern and just system. It also aims to capture the impact of shocks of the COVID-19 crisis and to examine how a social security system should be responsive to them. This study focuses on four impacts of shocks: the impact of the virus, the effect of the measures, the impact of the economic crisis, and the effect of the economic and policy assistance put in place.

The main questions to be answered in this policy study are the following:

- What is the state of social protection mechanisms before and during the COVID-19 crisis?

- What are the social protection responses of state and non-state actors to the pandemic?
- What are the potential digital and innovative solutions that can contribute to better social protection systems in the MENA region?
- How can the current crisis be turned into an opportunity to reshape these social protection systems in a more inclusive way by targeting particularly vulnerable groups, such as workers in the informal economy, women and youth?
- What policies could the EU adopt to support social protection reform in the Southern Neighbourhood?

Methodology

The study, which deals with an under-researched topic in the MENA region, with a focus on four countries (Morocco, Jordan, Lebanon and Tunisia), will predominantly rely on qualitative data. It combines desk research, interviews and, in part, some quantitative data analysis to support the arguments and findings of the qualitative research. Interviews with international experts and key stakeholders, such as state institutions, local actors, non-governmental organizations (NGOs), activists and, in some cases, researchers and academics, have been conducted. Given the focus of the study on social protection responses to the COVID-19 crisis, and to supplement the primary data, the study also relies on the extensive review of qualitative data, such as laws, and governmental decrees, and media publications over the last months.

The departing point is the literature review on the pre-COVID-19 social protection system, various governmental documents, and related archival data, such as news outlets, legislation and ministerial decrees. The study also relies on an analysis of

COVID-19 responses, gaps in social protection systems, as well as the role of different actors in the MENA region. This is examined, in addition to desk research, through semi-structured interviews in the respective countries. Due to the mobility restrictions caused by COVID-19, most of the interviews were conducted online. Additionally, quantitative data and graphs from V-Dem and AB are used to provide historical but also quantitative data on people's opinions on social security systems, the performance of the governments and the challenges during the COVID-19 crisis. Both datasets are reliable sources based on experts' coding and analysis.

Structure of the policy study

This policy study has four different interconnected chapters dealing with COVID-19 and social protection systems in the MENA region from different regional and thematic standpoints. Although each chapter focuses on a country, the whole study is devoted to an integrated and holistic understanding of the challenges, trends and potential of reforms in the whole MENA region. The study includes a chapter on Tunisia and how to strengthen and reform the social protection system with a focus on informal workers and gendered policies, and a chapter on Morocco, which focuses on digital solutions for a social security system response. It also includes a chapter on Lebanon, which centres on the effect of the economic crisis and COVID-19 on the social protection system, especially the role of non-state actors and informal solidarity. And, finally, a chapter on Jordan, which focuses on the gaps within its social protection system.

The study will provide recommendations for development and reform of just and

modern social protection systems in the MENA region at various levels: governments, EU, and International non-governmental organizations (INGOs). The cases were chosen based on the challenges that face each country. Lebanon and Jordan were facing financial and economic crises prior to the pandemic, while Tunisia and Morocco were not facing a financial crisis on the same level as Jordan and Lebanon. In addition, the cases represent varieties of social protection systems and programmes.

The first chapter focuses on Morocco. It examines the status of social protection measures just before the pandemic, assesses the social protection responses to it, as well as the mechanisms that could be beneficial for the new social security programmes. Special attention is paid to the development of innovative digital solutions implemented during the crisis, and the impact of their implementation on the most vulnerable groups: informal workers, women and youth. The second chapter focuses on Jordan and provides a situation analysis of the state of social protection in Jordan during and after the pandemic. It examines the mismatch between social protection floors and the actual needs, and people's resilience mechanisms while living with a continuous financial crisis. The targeted population is the social protection beneficiaries among poor and vulnerable people, especially women and children. The third chapter focuses on the typologies of policy response to the pandemic and

highlights which benefitted social protection beneficiaries, and which did not. This chapter examines the state of the social protection mechanisms in Lebanon before the crisis, as well as during the ongoing financial crisis and COVID-19 pandemic, and the Lebanese (formal and informal) institutions' responses to them. It does so by also investigating the role of Lebanese non-state actors, as many of them have accumulated experience in response and preparedness. This argues that there is a need for a well-designed coordination mechanism for local, regional and international actors in providing social protection benefits. The last chapter focuses on Tunisia. It provides an overview of the pre-pandemic social protection system in Tunisia and analyses the latter's healthcare system and social protection responses to the COVID-19 crisis with a focus on youth as well as informal workers. The rate of informal employment based on a social protection definition is around 26% in 2018 (Ben Cheikh & Moisseron, 2021). The Tunisian National Institute of Statistics (INS) definition for 2019, which is not based entirely on social security considerations, gives an informal employment rate of around 44% (INS, 2019). The chapter emphasises the importance of reforming the social protection system through new social insurance and social assistance programmes together with labour market interventions, as a starting point, to overcome economic and social unrest, decrease inequalities and promote social justice.

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Digital Solutions for a New Social Protection Project in Morocco: Recent Developments and Post-COVID-19 Opportunities

Izabela Marcinkowska

President of the Management Board, Center for
Social and Economic Research (CASE)

Introduction

The first programmes of the social protection system in Morocco were implemented in 1965 almost a decade after obtaining the country's independence. During all these years the Moroccan social protection system has been extended, but in a very fragmented manner, with different newly-created institutions being responsible for diverse elements. Nevertheless, in 2018 two thirds of the active population was still not covered by a pension scheme, while over 45% of the active population did not participate in the medical insurance scheme. In order to increase the accessibility of the social protection system and increase its effectiveness, on the 20th anniversary of the coronation of Mohammed VI (*la Fête du Trône*) in 2019, the King announced the introduction of the huge social protection reform for all Moroccans. The number of households that are assumed to benefit from the reforms is estimated at 6.7 million, covering over 20 million additional Moroccans. One of the pillars of the reforms is the introduction of the digitalisation processes that should improve the identification of beneficiaries and establish the processes within the social protection institutions.

Nevertheless, the COVID-19 has forced public authorities to reformulate priorities and to focus on challenges caused by the pandemic and lockdowns. In response, social protection institutions changed their operational priorities and activities, by extending the base of their beneficiaries, introducing new societal measures supporting individuals, or by introducing innovative digital measures facilitating the accessibility of their services.

The aim of this chapter is to review the responses of social protection institutions to the challenges posed by the pandemic,

as well as to identify digital solutions being implemented to combat negative consequences of the lockdowns, in light of the recent social security reforms.

In the first section, the development of the social protection system in Morocco is summarised together with the identification of drawbacks and shortages. The next section presents the pillars of the reforms started in 2020 in detail. The following section highlights Morocco's responses to COVID-19 pandemic, while the subsequent section provides a review of digital tools being developed and implemented in the public sector. The last section presents policy recommendations and conclusions.

The development of social protection system in Morocco

The first programmes of the social protection system in Morocco were implemented in 1965. Initially, only a public pension insurance programme based on contributory social insurance was introduced together with old-age pensions and disability benefits for those officially employed. In consequence, the share of beneficiaries of social protection was modest and excluded all the most vulnerable groups, namely informal workers, unemployed, self-employed, women and children. With the population growth from almost 9 million people in the 1950s up to almost 37 million in 2020 (Worldometers, 2020), the Moroccan social protection system was changing and developing. New institutions responsible for diverse elements of the system were created, causing its fragmentarity (Oulidi & Diakte, 2020). In 2001, the social protection system consisted of a contributory scheme, the National Social Security Fund (CNSS) (Oulidi & Diakte, 2020);

the National Fund of Social Welfare Organisations (CNOPS) (World Bank, 2015); the Moroccan Pension Fund (CMR); the Group Retirement Allowance Plan (RCAR); a partially contributory system (the Medical Assistance Plan [RAMED]) (CESE, 2018) and a non-contributory system (consisting of programmes for vulnerable populations such as “Tayssir”, “Kafala”, and the National Initiative for Human Development [INDH]).

Two decades later, the Morocco’s CNSS has assessed the social protection system as being in poor shape, inefficient and corrupted (Centre for Public Impact, 2016). As a consequence, in 2001 some reforms were introduced to make the social protection more accessible, and less corrupt. As a result, the number of insured people has almost doubled and the availability of services has been extended (Centre for Public Impact, 2016).

Nevertheless, the 2018 report of the Moroccan Economic, Social and Environmental Council (CESE) revealed that the majority of the population still does not benefit from any form of the social protection system: two-thirds of the active population was not covered by a pension scheme in 2018, while over 45% of the active population did not participate in the medical insurance scheme. Only people employed in the formal private sector in stable employment, like civil servants, were eligible for social protection services. The access to neonatal care was very poor, especially in rural areas. Moreover, girls and young people in rural areas had higher chances of dropping out of school and falling into informal work and poverty. Two-thirds of people with disabilities did not benefit from any social security scheme (CESE, 2018). Notably, the Moroccan government described the existing identification system as inefficient. The national agencies had been using various identification programmes, which were fragmentary and uncoordinated (CESE, 2018).

The new social security project

In response to all the challenges raised throughout the years, on the 20th anniversary of the crowning of King Mohammed VI (la Fête du Trône), on 29 July 2019, the King acknowledged the inability of the Moroccan social security model to meet the growing needs and announced the introduction of a huge social protection reform for all Moroccans in order to reduce social inequalities and spatial disparities. Starting in 2019, the creation and extension of the social protection programme were planned over five consecutive years.

The priority of the social protection programme is given to the inclusion of the most vulnerable groups of people in the compulsory health insurance system. Until recently, all employees in the public and private sectors were covered by the social protection system. Since 2021, the healthcare coverage has been extended to self-employed people and professionals (freelancers). Secondly, the group of people being obliged to contribute to the pension scheme has also been extended to self-employed workers and freelancers (CLEISS, 2020). Another step foreseen in the programme is the inclusion of the informal workers and their families in the healthcare insurance system. In total, 22 million additional people should join the social protection system in Morocco.

The next step of the reform is to introduce family allowances and unemployment benefits between 2023 and 2025, covering situations such as childbirth or loss of employment. The number of households that will benefit from the reforms is estimated at 6.7 million (La Tribune, 2021). In line with the proposed changes, reforms focusing on the management aspects of the social protection system are announced, namely the reforms of the social

The priority of the social protection programme is given to the inclusion of the most vulnerable groups of people in the compulsory health insurance system

security bodies, supervision of social protection systems, as well as the activation of the Single Social Registry.

This announcement is aligned with the implementation of the reformulated strategy of the digital transformation of the public sector in Morocco, the “Maroc Digital 2020” strategy (OECD, 2018). Over the last 20 years, while the Moroccan government made an effort to integrate digital technologies into public sector services, the rapid technological progress and fast-changing digital solutions left many of the internal processes behind and posed a challenge for the Moroccan government. The main challenges came from the high pressure exerted by the new digital system to reduce the costs in the public sector. Legal and regulatory barriers were faced, organisational and cultural issues were identified, as well as the lack of interest by users, or the lack of institutional capacity to implement it. Therefore, the Moroccan government has reformulated its aims and priorities in line with new societal challenges.

In 2020, Morocco adopted Law 72.18 regulating a better identification of potential beneficiaries of the social protection system and clients of public services with the aim of improving the effectiveness of the implementation of the social support programmes (Larobi, 2021). As a result, in 2021, the Ministry of the Interior activated the pilot project on the creation of the National Population Registry (RNP) in the Rabat region, with the aim of extending it to the whole Moroccan population.

The RNP is shown as an innovative legal instrument based on digital solutions aimed at increasing the social support

management system through the electronic processing of personal data. It is also aimed at easing the verification process of data declared by people, especially for the potential beneficiaries of the system. Once a person is registered in the database, they receive a digital civil and social identifier (IDCS), which can then be used for the single social register (RSU), another digital database containing socioeconomic information about households. Both databases are overseen by the National Registry Agency (ANR), a public institution created by Law 72.18. Nevertheless, these reforms and processes were affected by the COVID-19 pandemic and related health, social and economic crises, leading to a quicker implementation of some solutions, or to the creation of new and different solutions.

Morocco’s responses to COVID-19 societal challenges

During the COVID-19 pandemic, Morocco, in line with other Middle East and North Africa (MENA) countries, implemented immediate security responses relatively early, which helped to mitigate the devastating consequences of COVID-19 on the social protection systems. Due to the strict lockdown rules also being enforced by the Moroccan government, the number of infected people was much lower than in other MENA countries (Our World In Data, 2021). Also the case fatality rate⁴ was one of the lowest in the world during the first wave of the pandemic.

However, the healthcare system in the country was not prepared for such a situation. With 149 public hospitals and around 12,000 physicians for the popu-

⁴ The proportion of people who die among all individuals diagnosed with the disease.

lation of 37 million, the system struggled with the delivery of healthcare services (ITA, 2021). The private healthcare services are heavily concentrated in the northern regions, leading to significant inequalities in access to the services. Therefore, the lockdown brought the government the necessary time to prepare proper facilities to secure testing, intensive care and intensive care beds.

Moreover, due to the first lockdown, the unemployment rate increased from 10.5% in the first quarter of 2020 to 12.5% in the first quarter of 2021. Around 600,000 jobs were lost across all sectors and provinces, impacting the agricultural sector to a huge extent. The situation was even worse for young people. Their unemployment rose by 11 percentage points, reaching 33%. Also, women are one of the most disfavoured groups. Only 21% of Moroccan women are active in the formal labour market (compared to the 70% share among men), and the share of women working has slightly decreased due to the increased needs for childcare caused by schools lockdown (Paul-Delvaux et al., 2020).

The COVID-19 pandemic also had a significant impact on poverty. The share of people living in poverty increased from 3.3% in 2020 to 3.6% in 2021 (Williams, 2021). This means that in a year, more than one million people in Morocco became vulnerable to poverty (Williams, 2021). The groups most affected are young people from low-income families, especially young women.

Regardless of the difficulties, at the international level Morocco has been identified as a “success story” of the MENA region for its significant progress in fighting COVID-19 and for the innovative digital solutions implemented during the pandemic (OECD, 2020). The Moroccan population also had a positive perception of governmental ac-

tivities. Over 86% of Moroccans said that they were satisfied with their government’s responses to the pandemic crises. Over 60% of them said that the national economy is performing well, despite the lockdown, economic crises and negative consequences of COVID-19. Half of the Moroccan population admitted that they received some social support from the government during the pandemic that provided relief for them in these challenging times (Arab Barometer, 2021).

Indeed, Morocco’s COVID-19 responses were immediate. In the first place, the national government created a Pandemic Emergency Fund, with \$3 billion being allocated to different activities: \$200 million was assigned to support the medical system, the rest to supporting financially vulnerable sectors, maintaining employment and mitigating the social and economic impact of the COVID-19 pandemic. Cash transfers were issued to families that lost their income. The redistribution programmes in the first place included cash transfers to those formal workers whose salaries were cut due to the lockdown. It is estimated that over 60% of workers had to stop working temporarily in this situation. Within the Tadamon cash transfer programme, also around 5.5 million informal workers households were supported (by using the RAMED health insurance waiver database).

The activities of the national institutions, and in particular the National Institute for Solidarity with Women in Distress (INSAF), offered support to single mothers, refugees and low-income households.

In addition, a mass vaccination campaign has been introduced, which helped reach the second-highest vaccination rate in Africa. While in 2020 around 21% of Moroccans were fully vaccinated, in January 2022 the share of those fully vaccinated reached the level of 66% (COVIDVAX, 2022).

The private healthcare services are heavily concentrated in the northern regions, leading to significant inequalities in access to the services

Moreover, foreign institutions supported Morocco's efforts to combat the negative consequences of COVID-19. The European Union (EU) offered €450 million of support, the Arab Monetary Fund contributed \$127 million, while €150 million were provided by the French Development Agency (AFD) and \$730,000 by the United States (USA). In December 2020, the World Bank (WB) supported Morocco's social protection system financially, as part of the Kingdom's sweeping reforms to strengthen its social safety net. Morocco is seen as a North African country that swiftly and decisively supported the most vulnerable groups during the pandemic.

Review of the digitalisation tools used during COVID-19 pandemic

As stated above, the COVID-19 crisis has accelerated the implementation of the digitalisation processes in the Moroccan public and social protection institutions. Within the social protection system, apart from the introduction of RNP, other innovative solutions were also foreseen: implementation of advanced automation of operational processes, the introduction of artificial intelligence (AI) in the processes, digitalisation of communication with customers, and digitalisation of data management. Forced by the pandemic, some of the solutions have been introduced earlier than planned, leading to the partially quicker digitalisation of the social security institutions (ISSA, 2021).

To a huge extent, the main digital activities have been implemented through the Digital Development Agency (ADD). This is a strategic public body, established in 2017, responsible for the implementation of the National Strategy for digital development and the promotion of digital tools and their use among the society. Just before the

COVID-19 pandemic, the Agency was financing several projects and initiatives created for the development of AI, the establishment of new interactive digital centres (Hatim, 2020), or the support of young people in their integration within the digital transformation (ADD, 2020a). Since the outburst of the COVID-19 pandemic, the ADD has intensified the implementation of several tools, whose aim was to facilitate access to the public and social security services for individuals during the lockdowns.

One of the first steps of ADD forced by the COVID-19 pandemic was the implementation of digital measures within public administration to facilitate teleworking and the digital flow of documents. It included, among others, the creation of the digital platform allowing the electronic management and flow of emails and correspondence with citizens (*Le bureau d'ordre digital*) and the introduction of the electronic signature. Although established at the administrative level, it was obligatory for the solutions to be implemented in all public establishments, enterprises and local public institutions, including the social security institutions (ADD, 2020b).

As part of the efforts to minimise the spread of the coronavirus, the Ministry of Health launched a mobile app supporting the notification of exposure of individuals to the virus (called *Wiqaytna*) in June 2020. The app, like many others in other countries, was based on Bluetooth technology, which allowed it to notify its users in case they were in proximity to a person who tested positive for COVID-19 (Wiqaytna, 2021).

In parallel, the CMR, together with the ADD launched a remote service called "Tele RDV CMR", with the aim of reinforcing the means of communication between CMR and its beneficiaries. Pensioners, through the CMR portal, were able to

As part of the efforts to minimise the spread of the coronavirus, the Ministry of Health launched a mobile app

make a video appointment with a CMR manager to discuss and get advice on issues related to their retirement, pensions, rights and obligations (ADD, 2020c).

The very interesting solution being introduced in Morocco for the first time in healthcare is the use of the Geographic Information System (GIS) for improved monitoring of the dispersion of the pandemic (Layati, et al., 2020). Morocco, as one of the very few African countries, introduced this preventive measure to deal with the negative consequences of pandemics. The Moroccan Ministry of Health implemented this measure from the start of the COVID-19 pandemic, i.e. March 2020 up to December 2020. The results of the implementation of the measure were satisfactory; the regions with the highest recorded cases were identified, helping to better manage the epidemiological situation in Morocco. Nevertheless, the effectiveness of the measure has not been evaluated by the Ministry, so it is difficult to assess how important its role in the fight against COVID-19 was.

Within the labour market, in order to target the most disfavoured informal workers, who lost their incomes, a specially created online platform was used. In the absence of a comprehensive registry of informal employees, initially the RAMED, the country's social protection and health programme database, including 6.35 million beneficiaries, was used. Nevertheless, for those that are not in the database and cannot be registered, the online platform and mobile applications for the transfer of money have been used (Kingdom of Morocco, 2020), especially for the informal workers and people from the most distant regions.

Recommendations

In Morocco, the COVID-19 pandemic places the social security system at a

crossroads. The demand for not-fully available social services and benefits has increased rapidly, putting pressure on the sustainability of the system. The increasing demand encompassed not only citizens, who are eligible for such services, but also those who have never had a chance to benefit from the social protection benefits in the past (informal workers not covered by the RAMED health insurance programme, women, young people). The crisis has also resulted in an unprecedented commitment from the policy-makers' side to improve the social protection system and extend its accessibility to broader groups of individuals. Through digital portals, cash transfers to formal and informal workers were provided, and submission of the allowances for social security contributions was facilitated. Moreover, poor households and households with informal workers were supported through a special social assistance programme (TADAMON). A study by Abdelkhalek et al. (2020) revealed that with the measures implemented by the government of Morocco, child poverty has increased by 5.1%, instead of the 10% growth if the measures had not been taken.

With the new social protection programme, while taking into account the lessons learnt from the pandemic, Morocco has the opportunity to restore the functioning of the system by using innovative digital tools. Nevertheless, some important elements should be taken into consideration for the effective social protection reforms and the use of digital technologies:

1. The pandemic has revealed an urgent need to broaden the base of individuals being enrolled in the social protection system. The extended coverage of medical health and family allowances to the informal workers should be universal, in order to avoid the risks of exclusion of the poorest ones;
2. The development of an autonomous harmonised action plan for a digital

strategy to complement the social protection reforms and reinforce their focus on digital management, and digital implementation of the tools would be of added value;

3. The effective national implementation of the RSU together with the integrated management information system should be strengthened, while taking into account the fact that RSU should be aimed at making different programmes and social protection actors converge within one integrated digital system of public policies;
4. When creating digital RSU, the data protection guarantee should be of the utmost priority. Some delicate information about the individuals and their households is to be gathered in the RSU. Later, they are going to be used as authentication data in various social protection system institutions. Individuals should be assured their personal information is used properly and with the utmost protection in order to increase their trust and credibility with the public sector;
5. The role of the ADD could be extended and strengthened in order to ensure the comprehensiveness and harmonisation of the use of the digital tools at different levels of public sector;
6. Evaluation policies that will strengthen the control of the effectiveness of information and communication technology (ICT) investments, digital policy, standardisation and harmonisation of processes should be developed to make the social security sector open, accessible and transparent to all potential beneficiaries;
7. Investment should be made for the digital upskilling tools to support Moroccan public officers and other stakeholders for their effective usage of the digital tools;

8. A proper investment level in the infrastructure (electricity, internet, ICT tools in administration and in households) should be secured.

Conclusions

The aim of this chapter was to review the responses of social protection institutions to the pandemic challenges, as well as identify digital solutions being implemented in order to combat negative consequences of the lockdowns in light of recent social security reforms.

During the COVID-19 pandemic, Morocco implemented immediate security responses relatively early, which helped to mitigate the devastating consequences of COVID-19 on the social protection system. Apart from the financial support of the medical system, vulnerable sectors and cash transfers, several digital activities have been broadly introduced. The programmes supporting telework and digital flow of documents, online activities of awareness-raising programmes, as well as the introduction of online tools minimising the spread of the virus were introduced. In parallel, the CMR together with the ADD or the Moroccan Ministry of Health were launching several innovative remote services (such as “Tele RDV CMR” and the GIS) for better monitoring of the dispersion of the pandemic.

The overall Moroccan response to the COVID-19 crisis seems to be immediate and well focused. The digital solutions being implemented seemed to provide the help needed by individuals, although no evaluation of the solutions has been carried out. These changes were well fitted into the new social protection reforms and look to be promising innovative tools that support the country’s reforms.

Morocco implemented immediate security responses relatively early, which helped to mitigate the devastating consequences of COVID-19 on the social protection system

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Out of the Frying Pan, Into the Fire: Lebanon, Financial Crisis, COVID-19 Crisis, and the Social Protection System

Abdalahdi Alijla
Global Young Academy
Varieties of Democracy Institute

Introduction

Lebanon has been facing severe economic and political challenges that questioned the state's institutional ability to provide services to the population, including healthcare, education and security. Even before the pandemic, Lebanon was going through a financial and economic crisis that rapidly led to an increase in poverty. The financial crisis revealed a severe gap in the Lebanese social protection system and a wide gap within the formal institutions' capabilities to deliver services (Harake et al., 2020). The traditional informal mechanisms of solidarity took the burden of the state's institutions ineffectiveness and lack of social protection system.

Although there have been tremendous challenges, the Lebanese state tried to respond to the crisis by providing some cash-based and in-kind support to thousands of households. These interventions relied on the already existing programmes. They focus on supporting targeted households, providing healthcare to COVID-19 patients, in-kind and cash assistance for families in need. The lockdowns, and the cessation of economic activities, including informal business, affected a significant share of the population in Lebanon, where more than 50% relies on the informal economy (ILO, 2021). The financial and COVID-19 crises are critical for the fragile Lebanese political, economic and social systems, especially the social protection system, which impacts the lives of many Lebanese families, particularly the elderly and women. Noticeably, the weak formal institutions and the sectarian political system allowed political parties to accommodate and compete with the state's institutions.

The economic situation in Lebanon and the financial crisis have affected Lebanon's population, increasing the destructive per-

ception of the state of the economy, especially after the economic and financial collapse in Lebanon. Although the Central Bank of Lebanon faced a 4.7 billion Lebanese Lira hole in reserves in 2015 (Nakhoul, 2021), the perception of the state of the economy in Lebanon was undetermined and ambiguous in 2016 as Arab Barometer (AB) 2016 shows that 49% of the Lebanese said that they did not know what the state of the economy was, where the perception of the dire economic and financial situation went up to 88% in 2018 and 91% in 2021 (AB, 2016, 2020b, 2021c).

The start of the pandemic, which was followed by lockdown, restricted and halted activities of informal workers. The closure of the airport, which was a source of income (with tourism and Lebanese from the diaspora visiting), endangered the most vulnerable groups in Lebanon, mainly informal workers, the elderly, youth, and women (EuroNews, 2021). Since the start of COVID-19, there have been more than four significant lockdowns in Lebanon, followed by aid distribution, and preceded by registration. Although the Ministry of Social Affairs (MoSA) was responsible for registration, the Lebanese armed forces led the distribution phases in April, July and November 2020. The whole process faced criticism and concerns over impartiality, transparency and efficiency (Siren Analytics, 2020).

As of 2 November 2021, Lebanon had a cumulative 643,047 confirmed cases and 8,515 confirmed deaths, according to the Lebanese Ministry of Public Health (MoPH). Lebanon vaccinated around 1.8 million with one dose and 1.6 million with two doses (MoPH, 2021b). Data reveals that most of the infections are concentrated in the main cities and urban areas, where Ba'abda has the highest number of cumulative cases (93,860), followed

by Beirut (61,558), Metin (72,224), Tyre (37,194), Aliya (36,873), Sayda (31,957), and Ba'albak (30,439) as the regions with the highest number of cases (MoPH, 2021a). The distribution of cases shows that rural areas are less affected by COVID-19 than urban areas, despite the lockdown and measures in these areas being less restrictive than in urban areas.

The worsening economic and COVID-19 crisis in Lebanon continues to burden all classes and sects in the Lebanese society, which also burdens and affects the abilities of the informal family solidarity mechanisms. The political parties' capacity to provide services is also not sustainable. It may harm the fabric of Lebanese society, deepening distrust and increasing fractions, which could lead to difficulties in building fair and equal institutions in Lebanon for all Lebanese (Alijla, 2020).

The concept of a social protection system in Lebanon takes two main forms; namely, the informal social protection provided by families and society, and the formal social protection system provided by the formal institutions (government, non-governmental organizations [NGOs] and international non-governmental organizations [INGOs]).

In this study, we focus on the second part of the social protection system as it deals with the abilities of the government and organisations to provide transfers, cash assistance, and in-kind material for those who are unable to work or have lost their jobs because of the restrictions imposed by the pandemic. Social assistance programmes or tools aim to protect vulnerable groups from falling into the trap of poverty again (ILO, 2020). Lebanon lacks a coherent and comprehensive social protection system. Over 70% of the population are not covered by any form of social security protection scheme or health insurance. The retirement scheme does not cover the

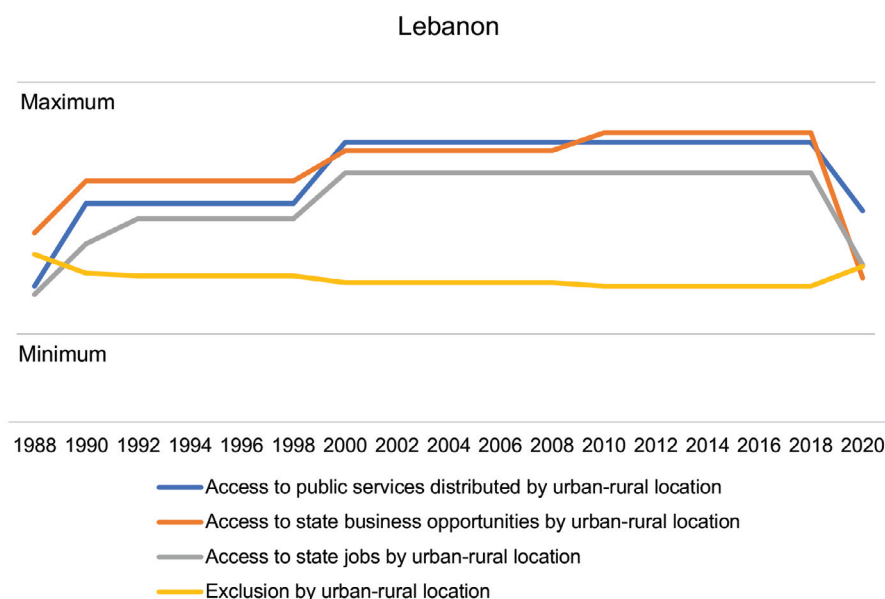
most vulnerable Lebanese groups, and others such as the Palestinian refugees who are facing discrimination, by law, in the right to work, to benefit from social security and own property (UNRWA, 2021). According to the United Nations Children's Fund (UNICEF) and the International Labour Organization (ILO) report published in 2021, 82% of the population in Lebanon lives in multidimensional poverty as a result of the financial crisis and effects of COVID-19 (UN ESCWA, 2021). In a 2020 report, the United Nations Economic and Social Commission for Western Asia (UN ESCWA) estimated that the poverty rate in Lebanon jumped from 28% to 55% (UN ESCWA, 2020). However, poverty rates and multidimensional poverty are much higher than official reports estimated due to the lack of accurate data covering all of Lebanon, including the Palestinian and Syrian refugees (Lebanese civil society organization [CSO] worker, personal communication, 25 November 2021). By looking closely at the percentage of the poverty rate based on areas, we find that rural areas suffer greatly compared to urban areas. According to the report, the percentages are 51.5% in Akkar, 49.3% in Ba'albak-Hermel, 46.7% in Nabatieh, 43% in Bekaa, while the rest of the areas have a lower percentage of extreme multidimensional poverty rate (UN ESCWA, 2021).

According to V-Dem, access to public services, state business opportunities, state jobs, and exclusion by the urban-rural division has been problematic over the last three decades, particularly inequalities that have been increasing since 2018 (Figure 1) (V-Dem, 2021). Access was defined by measuring the level of accessibility to services. The data was obtained and coded by several experts. AB 2020-2021 confirms V-Dem data. In 2020 and 2021, 53% of the Lebanese population (both urban and rural) said that COVID-19 had almost the same impact on them as in urban areas but 33% said it

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had a more harmful impact on people in rural areas (AB, 2021c). The UN ESCWA report from 2021 provides an accurate assessment of the rural-urban divide. According to the report, 400,000 households live in extreme poverty in rural areas.

Figure 1. Urban-rural division and access to services in Lebanon



Source: Prepared by the author based on data from the Varieties of Democracy Institute (2021)

This chapter examines the state of social protection in Lebanon before and during the COVID-19 crisis, and the ongoing financial crisis. It also examines the Lebanese (formal and informal) institutions' responses and the role of Lebanese non-state actors, and explores how reform and re-organisation of the health system beyond the private sector can strengthen the social protection system in times of crisis. It focuses on the necessity of well-designed coordination mechanisms of local, regional and international actors in providing social protection benefits by examining the existing programmes and gaps. It argues that informal social protection provided by political parties and tribal solidarity mechanisms strengthens the sectarian system (groupism) and increases inequalities in Lebanon. The alternative is that a formal, comprehensive,

well-designed, and efficient social protection system is needed in Lebanon.

It focuses on three main issues: poverty and inequality, informal workers and unemployment, and the healthcare system. Although there are many limitations to this study, policy recommendations will be suggested on how to turn this crisis into an opportunity to understand how to reform and develop a modern and robust social protection system in Lebanon.

Limitations include the changing dynamics of the current financial crisis in Lebanon and the ability of the government to operate and function. Moreover, the limitations include some gaps in the available data on the several existing programmes and criteria of current and previous beneficiaries, which complicated

analysis of the existing supporting mechanisms.

This study is based on qualitative data extracted from interviews with academics, CSO workers, journalists, and activists and secondary quantitative (descriptive) data from the AB. Besides qualitative data from media outlets, reports and archival data were used to provide a historical and institutional perspective on Lebanon's social protection systems and programmes.

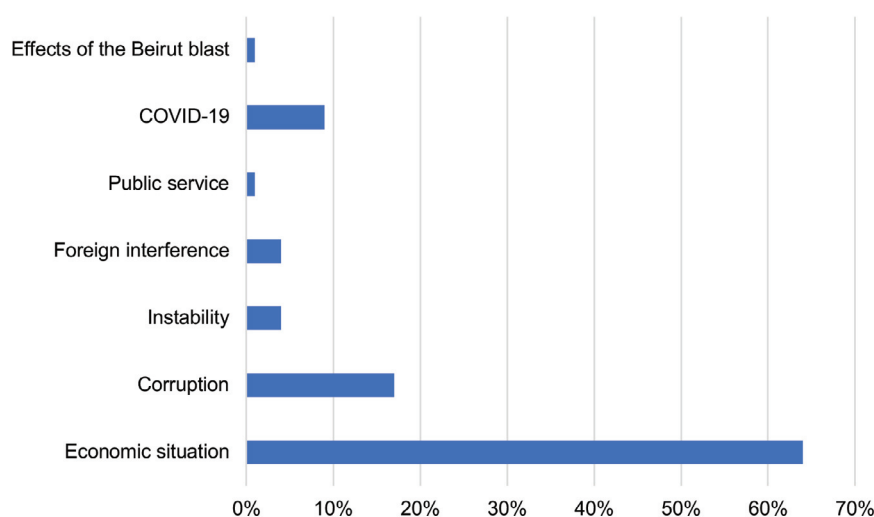
Governmental responsiveness to the crisis

Lebanese society has been suffering from a lack of institutional and generalised trust (social trust). As Alijla (2020) points out, the Lebanese conundrum of trust is caused by institutional inequality, corruption and lack of safety and security due to a sectarianised judicial system and civil society. The lack of trust is reflected in society's ability to rely on state institutions and insti-

tutional services and the reliance as much as possible on their sects' services and political elites' capacities to provide the people with such services (Journalist 1, personal communication, 13 October 2021).

The COVID-19 crisis for the Lebanese population was not a priority, especially after the Beirut port explosion and the drop in the value of the Lebanese Lira. As a Lebanese researcher put it, "COVID-19 was not seen as a crisis because people were suffering from a bigger virus: losing their lives, savings, corruption and the economic situation" (Lebanese academic, personal communication, 13 October 2021). In April 2021, and after the dramatic rise of deaths due to the virus, 61% of the Lebanese people still perceived the virus as the main challenge in Lebanon, while only 7% perceived the spread of the virus as the main challenge (AB, 2021c). However, by the end of 2020, only 5% perceived the spread of the virus as the main challenge, while 74% perceived the deteriorated economy as the biggest challenge (AB, 2021a).

Figure 2. The most important challenges Lebanon is facing, as perceived by surveyed population, in April 2021



Source: Prepared by the author based on data from Arab Barometer (2021c)

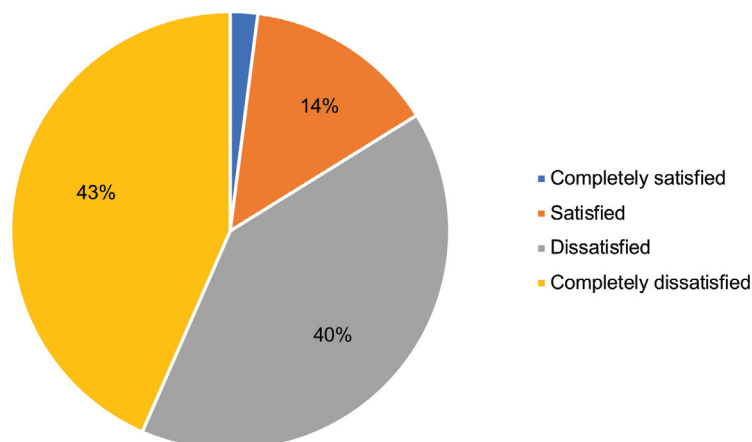
Lebanese satisfaction with the government's performance and service provision has been low

For a long time, Lebanese satisfaction with the government's performance and service provision has been low. It decreased dramatically with the current financial and economic crisis, the Beirut explosion, and mishandling of COVID-19. In April 2021, 68% of Lebanese surveyed said they were utterly dissatisfied, while 28% said they were dissatisfied, and only 3% said they were satisfied. The 3% satisfied with the government's performance are either employed, self-employed or housewives (AB, 2021c).

The government performance and the quality of health services in Lebanon is complex as most of the hospitals in Lebanon are private. For instance, in Lebanon, 80% of hospitals are private, and 67% of the MoPH's clinics are private, where confessional sects have their hospital (but provide services to almost all Lebanese). There are around 149 hospitals in Lebanon as of 2018 data with 27.3 beds per 10,000 inhabitants, which is high compared to other countries (ILO, 2020a), and, according to the data, 119 are private hospitals and 30 are public (MOPH, 2018). Nevertheless, satisfaction with the healthcare system in

Lebanon deteriorated over time. In April 2021, 43% of Lebanese surveyed said they were completely dissatisfied with the healthcare system, while 40% were dissatisfied. After the Beirut explosion and the exponential increase of COVID-19 cases in August 2020, 50% said they were completely dissatisfied with the healthcare system's performance while 37% showed dissatisfaction (AB, 2021c, 2021b). In 2017-2018, only 27% were completely dissatisfied, 47% were dissatisfied, and 25% were satisfied. While in 2015 and 2016, 36% were satisfied, and 25% were completely dissatisfied (AB, 2016; 2020a). The change of perception during the last decade is linked to the government's poor performance, the lack of resources and corruption. The increasing level of satisfaction provides direct evidence that the government and the formal institutions are not meeting the people's expectations. However, most recently, COVID-19 and the financial crisis drove insurance companies to ask for fresh foreign currency, which is threatening the possibility of hundreds of thousands losing their insurance coverage and, hence, their ability to receive healthcare services (Annahar, 2021).

Figure 3. Satisfaction with the healthcare system in Lebanon (2021)



Source: Prepared by the author based on data from Arab Barometer (2021c)

Social protection system: gaps and challenges

Lebanon's social protection system is fragmented and ineffective, reflecting the political system there that relies on nepotism, groupism and partisan service provision. For instance, almost every political party in Lebanon has exploited and weaponised the COVID-19 crisis, trying to provide services and equipment and mobilise their members in society (Alijla, 2021). As Cammett pointed out, many political parties in Lebanon, especially Hezbollah, used a state-centric approach to provide services and seek national power (Cammett, 2014).

In Lebanon, the social protection system takes two forms. The first is the institutional representation of the National Social Security Fund (NSSF).⁵ The NSSF's protection is conditional and financed by the contributions and fees of the members. The beneficiaries are the members and their families who meet specific criteria. The NSSF provides health insurance, end of service indemnity, and family allowance. Yet, it does not cover any work accidents and unemployment. The private sector is also included in the NSSF but to a limited extent and with fewer benefits. As of 2016, more than 600,000 people were registered in the NSSF, and more than 700,000 benefited from it, with non-Lebanese enlisted as contributors but not benefiting from it. This is less than 20% of the working Lebanese population (ANND, 2018). The NSSF reflects the Lebanese political system and its weak institutions. For example, its general director is from the Shiite sect, the chair of the board from the Maronite sect, and the board members are distributed among

the sects (New Lebanon, 2018). It does not provide adequate social protection for its members, especially the elderly, who receive allowances on interrupted bases. Although the NSSF's fundamental law includes articles that provide unemployment and work accident benefits, the fund does not include these programmes and services in its hierarchy, which present a severe gap in its ability to meet the members' needs (NSSF, 2021). The fund's structure is split into three main branches: the sickness and maternity fund, the end-of-service indemnity fund, and the family allowances fund. Total NSSF expenditures for all three branches were LL2.3 trillion in 2019 (around \$1.5 billion on official rate), according to its general director Mohamed Karaki. The NSSF covers almost 90% of hospital care, and 95% for cancer treatment through direct transfer. As for family allowances, it provides allowance for disabled persons, child expenses, and payment for spouses. However, female members cannot transfer their benefits to their husbands while men can do so (except for disability).

In addition to covering a limited number of Lebanese, the NSSF suffers from several significant problems: lack of efficiency, digitalisation, information technologies (IT) support, and willingness of the political elite to increase its coverage and maintain its independence status. It also faces a severe financial problem due to the current financial crisis and currency inflation. In this context, the Lebanese government has failed to pay its 25% contributions of the total health expenditure for many years. In October 2020, the general director of the NSSF issued a statement asking the government to meet its duties and pay more than four trillion LL (around

Lebanon's social protection system is fragmented and ineffective, reflecting the political system there

⁵ <https://www.cnss.gov.lb/index.php/management/lois>

\$2.6 billion) (Addiyar, 2020). If the NSSF fails to fulfil its responsibilities, more than 1.5 million Lebanese will be at risk of not receiving financial assistance, allowance or even healthcare (Lewis, 2020). Furthermore, the pension system of the military and civilian employees in the public sector accounts only for 10% of the whole working force in Lebanon. It also suffers from financial challenges and unsustainability as it is based on governmental contributions and inequality in its services (AUB, 2020).

The main social protection programme is part of the office of the Council of Ministers and managed by the MoSA. The “National Poverty Targeting Program” (NPTP) was founded in 2006 after the Lebanese-Israeli war (MoSA, 2011). The programme started as part of funding by the World Bank (WB), the Italian government and the Canadian government, and has continued to operate since 2011 as a programme based on proxy-means testing to define the poorest households in Lebanon. According to the Council of Ministers of Lebanon, it aims to “provide social assistance to the poorest and most vulnerable Lebanese households based on transparent criteria that assess each household’s eligibility to receive assistance, given available public resources.” Currently, it provides services that include cash transfer, free healthcare and free education to the beneficiaries, who are around 43,000 households (237,958 individuals). The NPTP programme provides around 10,000 households with cash assistance cards, which is a marginal number compared to the poverty rate in Lebanon. It is a tool to identify and direct the social assistance to the extremely poor people (Bastagli et al., 2019). Although the programme is managed by the Lebanese government and works under the MoSA, the Prime Minister’s office intervenes in the operations of the programme, as no structural or legal framework manages it as part of a comprehensive social protection system. The

NPTP, as of 2021, is mainly funded by the WB, the United Nations High Commissioner for Refugees (UNHCR), the German government and the World Food Programme (WFP) (PCM, 2021).

The other form of social protection is a series of programmes or “ad-hoc” intervention projects run by NGOs, INGOs, United Nations (UN) agencies and others in cash transfer support, in-kind benefits and relief and assistance programmes for the poorest and vulnerable groups. Such programmes are implemented in collaboration with governmental institutions, such as the MoSA and MoPH, which are involved in managing the social protection programme. The MoSA has had experiences in running intervention programmes. For instance, it has supported thousands of low-income families affected by the Beirut explosion and the financial crisis, funded by the United Nations Children’s Fund (UNICEF) (MoSA, 2020).

Consequently, the Lebanese turn to the traditional informal mechanisms of social protection, mainly political parties, and family solidarity. As political parties have weaponised the crisis in Lebanon, and amid the absence of a fully-fledged social protection system, they support their bases and areas where they hold a majority (Alijla, 2021). For instance, Hezbollah established a few shops for basic needs (food) with subsidised prices where beneficiaries can buy using a card provided to them by one of the party’s charity organisations (Berjawi, 2021). In times of crisis and conflicts, both family and the religious group become the most crucial factor in surviving and feeling protected, and the COVID-19 crisis and economic crisis are no different (Younes, 2020). The familial and communal solidarity is strengthened because most of the businesses in Lebanon are owned by families, which allow families to employ and support their members (Matta, 2018).

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Despite these challenges, the Lebanese informal solidarity mechanisms between families and relatives have prevented many from falling into poverty. According to a Lebanese CSO worker, many young people left cities such as Beirut and went back to their villages (Lebanese CSO worker, personal communication, November 2021). An international information report from August 2021 indicates that the re-entrants in the Lebanese villages since the beginning of 2020 stand at around 5 to 7%, which could be more than 50,000, people (BLOMINVEST BANK, 2021). The wave of internal movement is due to the rising cost of living, loss of jobs and the Beirut explosion. Alternatively, those who went back to their villages will rely on the informal social protection mechanisms through familial solidarity values, which is more robust in rural areas. As food security became a threat to many families, they turned to agriculture at various scales in their villages, houses, pieces of land, and even balconies (Khatib, 2021). This is clear from the AB data, where 84% says that the government is doing badly in keeping prices down during the covid-19 and financial crisis (AB, 2021c).

All in all, the coverage and adequacy of the social protection programmes, tools and policies present a gap at all levels in Lebanon. The gaps are presented in accessibility to social protection benefits, access to health, having solid data, service provision and gaps in categorisation of the beneficiaries.

People's needs, partners and challenges

The Lebanese government has not developed a comprehensive social protection system and relies, financially, on foreign donors and international aid to run ad-hoc poverty reduction programmes. The Lebanese MoSA and the Council of Min-

isters have been calling for a social protection system, where foreign donors and international agencies provide full support, waiting for actions from the Lebanese government. The result is an absence of a social protection system, in a crisis that harms the Lebanese poorest and most vulnerable groups.

By April 2021, around 85% of the Lebanese had not received any relief aid from the government during the pandemic, while 7% said they received money and 6% received food (AB, 2021c). According to the same survey, 12% said they lost their job, and 26% said that their job was interrupted. According to the same sample, 18.8% of the persons who lost their jobs permanently claimed they had not received any aid from the government, while more than 41% of the people whose job was interrupted have not received anything. The inability of the government to address the needs of the most vulnerable groups is due to the lack of a modern social protection system with governmental oversight and support. Moreover, more than half of the surveyed population in Lebanon (51%) said that they get worried sometimes that their food will run out before they get money to buy more. In the same survey of April 2021, 19% pointed out that they are often worried about running out of food, compared to 28% who said that they do not think or worry about this (AB, 2021c). The inability to secure food or worry that they may not have food will be a challenge. They may not be seen as a vulnerable group, leading to more people falling into the poverty trap unrecognised by the formal and informal institutions.

According to the MoSA, there are three programmes: the newest is the ration card through the Broad Coverage Cash Transfer (BCCT) programme; the second is the Emergency Response Social Safety Net for COVID-19 and economic crisis

(ESSN); and the third is the NPTP (MoSA, 2021a). Although these programmes have been partially operational, and the parliament approved the ration card in June 2021, it is still on hold, as more Lebanese fall into poverty (Anadolu Agency, 2021).

“Al Bitāqa Al-Tamouliya” is the ration card which, according to the minister of MoSA, aims to support 500,000 households, including middle-income households, through a cash payment of an average of \$93 per month for one year. The card is replacing the current subsidies system, which will cost around \$1.2 billion per year. According to a former professor of policy and planning studies at the American University of Beirut and the current Minister of Environment in Lebanon, it is unclear how the government will fund the programme (Sabaghi, 2021).

As most of the funds for the new programmes will rely on foreign donations, the Minister of Social Affairs appealed to President Aoun to decide which governmental institutions will oversee donations from INGOs to avoid politicisation of social assistance (MoSA, 2021b). As of January 2022, Al Bitāqa Al-Tamouliya was still inactive, due to the unpreparedness of the government, logistics, donors and the criteria of selection, and concerns about the data privacy of the potential beneficiaries (Ibrahim, 2021). A group of experts from the American University of Beirut warned against the means-testing gaps of the BCCT. Their concern was on the selection criteria, fear of inflation, absence of oversight and monitoring and the lack of human capacities within the Lebanese government on cash assistance and social protection programmes (Bou-Karroum et al., 2021).

The ESSN is funded by the WB and the Italian government. A \$246 million fund aims to provide cash transfers and access

to social services to extremely poor and vulnerable Lebanese. The ESSN will be implemented in coordination with the Presidency of the Council of Ministers, the MoSA, and the Ministry of Education and Higher Education (MEHE) (ITA, 2020; World Bank, 2021). Although there have been three programmes that target poor families; they have ignored two groups at risk of falling into poverty: the elderly and women, who are not prioritised by the Lebanese government or the international aid agencies (ILO, 2020b). As Lebanon has the highest number of aging people in the region (10% of the Lebanese population are over 65) and considering that they are one of the most vulnerable groups in Lebanon, they need to be prioritised systematically in any social protection system or ad-hoc programmes. On the other hand, women are more prone to poverty, especially when they get older, due to the low income during their lifetime, which puts them at risk of higher needs, especially healthcare and poverty.

The new draft of the social protection system strategy that the UN and its agencies are working on as a response to the COVID-19 and financial crisis is based on five main pillars, according to the UNICEF representative to Lebanon. The five pillars are cash-based programmes, social services, healthcare and education access, including informal workers in the social protection system, and supporting the NSSF (LBC, 2021). In 2020, the Lebanon Crisis Response Plan, which was initiated in response to the Syrian crisis, started to include more Lebanese in its programmes in 2019 and more in 2020 and 2021. International partners could assist Lebanon in designing an effective social protection system with an effective tool that would prevent the exploitation of aid for political gains and ensure that all vulnerable groups have access and are reachable by such a

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social protection system. This study sees that the Lebanese government alone cannot develop a modern and comprehensive social protection system without considering sectarian lines. It is the main challenge to build a comprehensive social protection system. Another challenge is the ability of the governed to secure financial resources to cover the expenses and costs of such programmes. The main partners, such as the European Union (EU), the WB, European countries, and the UN and its agencies, face the challenge of the absence of a unified strategy for establishing a modern social protection system.

The Lebanese government has only generated more poverty by responding to crises using temporary intervention programmes, allowing (or indirectly delegating social protection systems to) political elites and sectarian organisations to penetrate the social protection system (World Bank, 2022). It also deals with poverty as a fate, and emergency programmes and temporary financial assistance could manage it through political parties, INGOs and NGOs (Karama, 2020). The programmes aimed at fighting poverty were considered a political tool for sectarian elites. Therefore, it overlooked the need to provide the necessary tools, such as livelihood activities, which could help families and society face poverty and strengthen informal social protection and social solidarity mechanisms.

Policy recommendations

To the Lebanese government

- An effective social protection system, where BCCT and NPTP serve as the core for responding to the needs of the poor, informal workers, with a transparent mechanism to oversee and define the poor, should be developed. The oversight mechanism should be

composed of a consortium from UN agencies working in Lebanon to ensure fair and equal distribution of the resources without favouritism, sectarian distribution or elite nepotism.

- The social security system should ensure access to healthcare and income security together. The experience of Lebanon during the financial crisis and inflation, combined with a public health crisis has led to many people being unable to receive medical care due to the inability of the formal institutions to pay the private health institutions. To ensure that no one is left behind in health access regardless of income a consortium of INGOs, government and private hospitals should be established.
- There is a weak organisational and digital infrastructure within public institutions in Lebanon, especially with regards to coordination, connectivity and shared databases on poverty, informal workers, and people in need. We recommend building a digital database that connects concerned public institutions with international organisations that provide social protection services to Lebanese and non-Lebanese, providing access to accurate data on households to facilitate decision-making and just distribution of assistance.
- Although the Lebanese government has taken steps towards digitalisation of social protection platforms, the platform (IMPACT) is based on ad-hoc programmes and not a comprehensive and inclusive digital platform that coordinates the work of all institutions in Lebanon (that could include other INGOs such as the World Health Organisation [WHO]). Therefore, a centralised, modern and comprehensive secured digitalisation of a database and a mechanism where needy people can access and easily update by formal institutions and beneficiaries need to be developed as a necessary infra-

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structure for any social protection system in Lebanon.

To the EU

- Addressing the Lebanese crises and the lack of formal social security mechanisms requires the Lebanese government and all stakeholders (including INGOs and NGOs) to quickly transform and support the current coping mechanism, mainly the informal social solidarity and familial solidarity mechanisms in place. The societal solidarity mechanism cannot adequately ensure a lengthy response to the crisis. Therefore, relying on formalising local funds, supported by the EU, among others, would allow such mechanisms to become hybrid where formal and informal can ensure an extended response to the current and future crisis.
- We recommend establishing a national solidarity fund governed by a consortium of EU-funded INGOs as part of an immediate response to the increasing poverty in Lebanon. This fund can be set up with support from local, regional and international sources such as the EU, UN and other aid agencies. The mid-term aim of the fund is to prevent the fall of more Lebanese into the trap of poverty while providing support to the traditional solidarity mechanism in Lebanon. The Lebanese government can collaborate with the fund by providing logistical support.
- Ensuring food and health security, which should be part of the social protection mechanism in Lebanon, is an urgent and necessary response. Foreign assistance, especially the EU, plays a significant role in the immediate and urgent response to ensure the health and food security of the Lebanese population and refugees in Lebanon.
- Livelihood activities and support with social protection system should be

linked, especially in rural areas where informal social protection mechanisms are more substantial and widespread. Given the limited financial resources for a modern social protection system, livelihood projects supported by the EU and others can indirectly support such informal social protection solidarity by generating resources, increasing social cohesion, and strengthening the salience of the community.

- Health provision in Lebanon is heavily privatised, and the financial crisis is harming the ability of the government to subsidise healthcare costs that expose people in need to further inequalities and perhaps the risk of physical harm and disabilities. Funding healthcare programmes as part of social protection and aid programmes should be a priority, aiming to present healthcare as a fundamental right, and all should have access to it, regardless of their class, job, age or gender.

Conclusion

This chapter has examined the social protection system in Lebanon during a severe financial and COVID-19 crisis. Although it is considered a middle-income country, Lebanon has been facing a collapsing financial, political and societal system due to a governmental and political system failing the Lebanese people (World Bank, 2022). As the poverty rate is increasing, which will reach more than 80% and is expected to increase by the end of 2021 and reach 85% in the first half of 2022, according to the UN and the WB, Lebanon needs to set up a comprehensive social protection system to meet the needs of the population, as this policy study suggests. As Lebanon has a fragile governmental situation with a high level of political corruption and distrust in the political system and its performance, intervention

and actions by non-state actors and INGOs are needed to protect more people from falling into the poverty trap, and gradually alleviate the level of poverty, while establishing a comprehensive social protection system in the country. Moreover, all three primary (yet unconnected) formal social protection programmes in Lebanon (NPTP, ESSN and BCCT) still rely on foreign funds, such as the WB, UN and the German government. They face many challenges that may affect the ability to

meet peoples' needs, which may lead to a higher level of poverty.

Although Lebanese society still has a level of family and tribal solidarity, the increasing rate of poverty, severe financial crisis as the Lebanese Lira continues to lose its value, and the corruption and political impasse will make it difficult for these kinds of informal solidarity mechanisms to continue to protect many Lebanese.

Intervention and actions by non-state actors and INGOs are needed to protect more people from falling into the poverty trap

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Putting People at the Centre: Assessing the Realities Against Social Protection Frameworks in Jordan Amid Covid-19

Ahmed Aref

Institute for Policy Research, University of Bath

Introduction

Since the early 2000s, the social protection system in Jordan was subjected to numerous international development efforts. For instance, in 2012, the International Labour Organization (ILO) developed a customised Social Protection Floor (SOCPRO) for Jordan's labour sector. SOCPRO was then developed into the production of a National Decent Work Country Program (2018-2022). In addition, the United Nations Children's Fund (UNICEF) worked with the Jordanian government to overcome the risks and vulnerabilities that children face through the implementation of a Child-Sensitive Social Protection (CSSP) system to ensure that the social protection programmes are not leaving children behind. UN Women also played a critical role in the development of a national framework for Gender-Responsive Social Protection (GRSP) to ensure women are centred in the design of social protection programmes.

Despite the fact that SOCPRO, CSSP and GRSP frameworks were initiated in the early 2010s and developed further until today, the full picture portrayed prior to the pandemic shows a dichotomy between the social protection frameworks and the unmet needs on the ground. For instance, when exploring a few indicators of the state of child protection, there are 3.16 million children in Jordan, and one in five is multi-dimensionally poor. As per the 2016 National Child Labour Survey, over 75,000 children are engaged in economic activities, including nearly 45,000 children who are engaged in hazardous forms of labour. The same results are valid if a closer look is taken at women's lives. In fact, a recent report by the World Bank (WB) in 2019 mapped how laws affect women throughout their working lives. Jordan ranked 180 of 187 countries covered by the report. The report's set of indicators includes major components of GRSP, such

as pension provisions to women, maternity leave policies, women's ability to manage their assets, and the acknowledgement of a woman as a legal "head of household" or "head of the family" (World Bank, 2019). This pre-pandemic data places the effectiveness of such frameworks under critical examination, especially since the Jordanian social protection system is facing a complex context. While the country suffers from a financial crisis, living expenses in Jordan are still among the highest in the Middle East and North Africa (MENA) region. The pandemic intensified the hardship on the poor and the most vulnerable in Jordan, as COVID-19 forced the government to introduce new austerity measures and cut some of the social protection entitlements. The situation is even worse for refugees, where data shows that 86% of registered Syrian refugees live below Jordan's poverty line, which raises significant social protection-related concerns. In fact, recent reports indicate that the governmental response to the pandemic in Jordan did not consider the most vulnerable as a priority when designing policy responses.

This chapter uses qualitative research with a desk review to provide a situational analysis of the state of social protection in Jordan during and after the pandemic. It examines the mismatch between social protection floors and the actual needs and people's resilience mechanisms living with a continuous financial crisis. This is targeted at the social protection beneficiaries from the poor and vulnerable people, especially women and children. The chapter focuses on the typologies of policy response to the pandemic and highlights what went well for the sake of social protection beneficiaries and what did not. The gaps identified will direct a concise set of policy recommendations to boost the social protection system in Jordan towards being effective and responsive to people's needs.

Research method

The chapter applies a qualitative method of semi-structured interviews with experts, current and former policy-makers from different backgrounds, to provide a holistic overview of the social protection system in Jordan. This type of interview method provides a balance between covering a set of topics included in the interview guide, and at the same time providing space for asking open-ended questions. One of the core strengths of semi-structured interviews is the flexibility to modify questions substantially based on the interview flow (Robson, 2013). The sample was targeted as a purposive sample with certain criteria to fit the exploratory and policy-oriented nature of the research (Denieffe, 2020). Thematic analysis is conducted based on interviews' narratives. The findings presented from the qualitative research are supported by a desk literature review. The scope of literature is not limited to qualitative evidence research. It is extended to legislative mapping as well as "grey" literature including governmental reports and relevant secondary data (Tsangaris et al., 2014).

State of social protection policies before the pandemic

Macro-level picture

Jordan has a small, open economy with unique challenges as well as opportunities. The economy depends mainly on services, tourism, remittances and foreign aid. Given its location in the heart of the Middle East, the country is very sensitive to the region's economic and political volatility. Persistent water and energy challenges and the influx of massive numbers of refugees fleeing violence in neighbouring countries have put more pressure on an already debt-burdened economy. On the other

hand, Jordan has one of the youngest populations in the region, with 63% of the population under 30 years of age (JDoS, 2019). Hence, significant investments targeting young people have the potential to accelerate development and progress towards the Sustainable Development Goals (SDGs) in Jordan. However, with one of the highest youth unemployment rates in the world, this potential remains largely untapped (Pumarol et al., 2020). Currently, the overall unemployment rate among Jordanians is 25%. Unemployment among those aged 20-24 and 25-29 is even higher, reaching 61.5% and 36.5%, respectively (Al-Ajlouni, 2021)

In addition to unemployment, the country is suffering from food insecurity, a lack of energy resources, an ongoing economic crisis, and the repercussions of the Syrian refugee crisis (Alijla, 2021). The structure of the public debt in Jordan has pulled towards the domestic borrowings after the year 2000. This domestic debt was followed by external borrowings, especially since the 2008 economic crisis, which negatively affected the economic growth (Fseifes & Warrad, 2020). All these problems together contribute to the macro-level picture of the state multi-layers of efforts that need to be done to address inequalities and sustain a certain level of social justice.

Evolution of social protection in Jordan

With this in mind, Jordan's social protection system is crucial to reduce poverty and vulnerability by promoting efficient labour markets, diminishing people's exposure to risks, and enhancing their capacity to manage economic and social risks. Historically, Jordan's social protection sector began as charity-based (Zakat) but was institutionalised after the formation of the Ministry of Social Development (MoSD)

Persistent water and energy challenges and the influx of massive numbers of refugees fleeing violence in neighbouring countries have put more pressure on an already debt-burdened economy

Jordan's spending on health, education and labour declined progressively during 2000-2010

in the 1950s to include social insurance programmes.

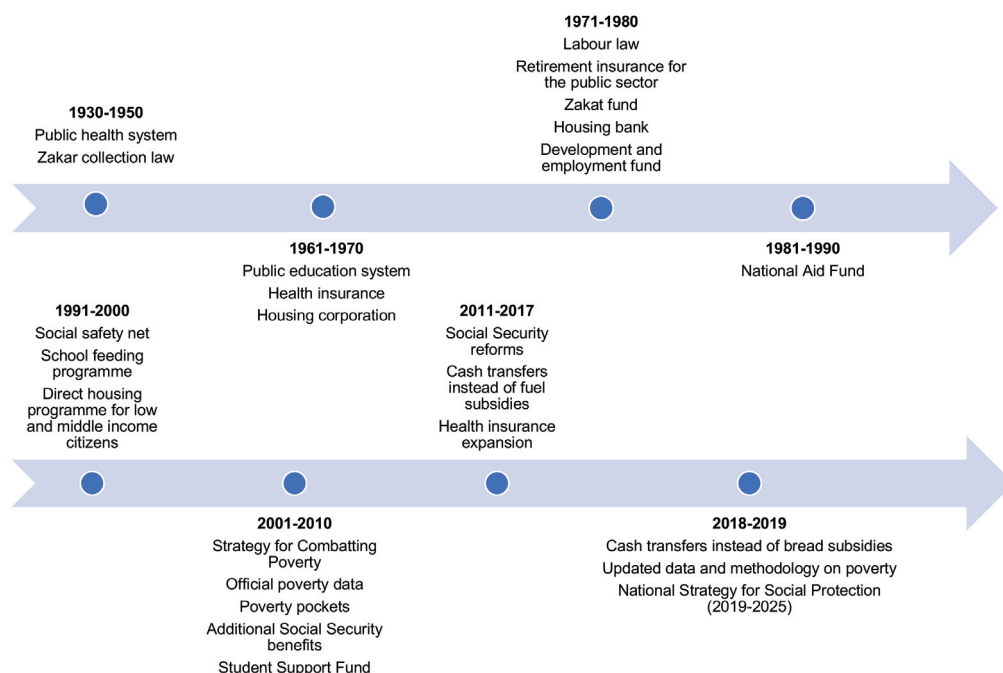
According to the national social protection strategy (2019), the development of institutional social protection started back in the 1930s with the Zakat collections law. In the 1950s-1960s the MoSD introduced the pension insurance programmes. This was followed by major legislative development in 1970s-1980s, especially with the issuance of a labour law and integrated social protection provisions. Before the 1990s, more institutional development took place with the establishment of the National Aid Fund. Starting from the 1990s onwards, social protection was mainstreamed as a system in many sectors. For instance, a school feeding programme to support education, and in the 2000s a cash transfer programme instead of fuel subsidies, etc. Figure 1 shows the institutional and pro-

grammatic progress and milestones from the 1950s to 2019 (Hashemite Kingdom of Jordan, 2019).

Funding, coverage and quality concerns

In addition to quantity in the sense that not all people eligible for protection have access to coverage, the quality of services has also been placed under question. Social protection services in Jordan have been denoted by their low quality and weak performance following limited public funding and resources. Awad (2016) notes that Jordan's social protection funding is impacted by economic policies adapted to control public spending. Hence, Jordan's spending on health, education and labour declined progressively during 2000-2010 but the massive influx of Syrian refugees has further weakened social services.

Figure 1. Historical overview of social protection milestones in Jordan



Source: Hashemite Kingdom of Jordan (2019)

One of the interviewees commented on this:

“Jordan witnessed remarkable progress in social policies as a whole since independence, specifically in terms of the legal side. However, due to financial hardship encountered by the government, policies to protect the poor and other vulnerable groups tend to have been insufficient to meet their obligations. Poverty incidence has increased, especially in the last two decades. In the period just before the pandemic, youth unemployment soared to record highs (exceeding 30 %) and women’s employment opportunities have also weakened.”

In general, in the regional context, only about 30% of MENA populations are covered by social security, the remainder are in the informal sector and have to turn to informal social assistance services, such as the family (Jawad, 2015). Jordan is no exception in this context of coverage gap. One of the respondents stated that:

“High levels of informality persist, with large numbers of the labour force, and reduced benefits packages targeting certain typologies of workers are important matters to address considering the ILO standards and social protection floor aspiration.”

Fragmented institutional setup of social protection system

The desk review and qualitative interviews revealed that there is clear progress in the social protection policies in Jordan. However, there are multiple governmental and non-governmental actors providing overlapping programmes, with a lack of centralised coordination mechanisms.

For instance, there are three government social security mechanisms in Jordan, which are the Military Pension System,

the Civil Servant Pension System and the Social Security System. In terms of institutional setup, the following government entities are involved (Röth et al., 2017):

- MoSD: The MoSD offers several social protection programmes and has the mandate to support poor Jordanians. Refugees, however, are not eligible for any of the programmes it provides. The MoSD has lately shifted its approach from offering cash transfers to one that integrates community development and financial independence through supporting employment and skills development.
- The National Aid Fund (NAF) is a comprehensive scheme that currently consists of six different programmes. The NAF was established in 1986, under the supervision of the MoSD. It is the main social assistance facility in Jordan and functions as an autonomous institution. The individual programmes include regular cash assistance for vulnerable families. NAF also provides one-off payments in emergencies and for physical rehabilitation. NAF beneficiaries are eligible for free healthcare and receive insurance cards issued by the Ministry of Health and provide regular cash and in-kind assistance to Jordanian households living below the poverty line or with people with disabilities, as well as one-off payments in emergencies. Refugees and other non-national citizens are not eligible for NAF support and mostly depend on assistance provided by international agencies.
- Ministry of Awqaf, Islamic Affairs and Holy Places (Zakat Fund): another important source of social assistance in Jordan. It provides cash and in-kind assistance to households/individuals per year who are not recipients of any other form of regular social assistance. In principle, both nationals and for-

Many non-governmental organizations (NGOs) and semi-governmental institutions are working to empower marginalised and vulnerable groups in the society

- eigners are entitled to benefit from the Zakat Fund.
- **Social Security Corporation (SSC):** The Social Security Law was promulgated in Jordan in 1978 (Interim Law No. 30 of 1978), then Law No. (19), of 2001. Subsequently, the interim amended law No. 26 of 2009 was promulgated, the interim Law No. 7 of 2010, and finally Law No. 1 of 2014, which entered effect on 1/3/2014. The Social Security Law, last amended in 2019, establishes an inclusive framework with no discrimination based on nationality, status or gender, enabling the inclusion of refugees and migrant workers under its scope. Social security is a general solidarity insurance scheme that aims to provide social and economic protection to people. The benefits and funding sources of this scheme are determined by the law. Benefits are funded by the contributions paid by the insured persons and employers. This scheme is concerned with achieving social sufficiency considerations.

The lack of coordination mechanisms between different institutions affects the functionality of the social protection system at large. One of the interviewees highlighted that:

"I think, to some extent, the various programmes and schemes carried out by the government have not been successful. Generally speaking, the number of poor families tends to have increased dramatically, in an era characterised by the weak and decreased role of the government in subsidising foods, fuel, electricity, education and health services. For example, the wheat subsidy has been removed and substituted with direct cash transfers to the poor. The government stopped this scheme recently as the public budget faces more fiscal pressures."

In addition to the national machinery, many non-governmental organizations (NGOs) and semi-governmental institutions are working to empower marginalised and vulnerable groups in the society, including the Hashemite Jordanian Commission, JOHOD, Tkiyt Um Ali, Al-Aman Fund for the Future of Orphans, and several other independent civil society organisations (CSOs). They provide different forms of relief and social assistance for the poor and vulnerable groups. Another participant commented on the lack of coordination, not only at the governmental level but also at the NGO level, saying that:

"Coordination is lacking among the relief service institutions, which in turn affect the effectiveness and eligibility of the services provided."

Legislative and strategic development

In fact, prior to and during the pandemic Jordan made good progress in terms of legislative and strategic frameworks of social protection, including the introduction of a new strategy and the development of social security law. The social security law, last amended in 2019, with the aim of coverage expansion, establishes an inclusive framework with no discrimination based on nationality, status or gender, enabling the inclusion of refugees and migrant workers under its scope (ILO, 2021). One of the interviewees highlighted that: *"Despite the development of the social security law, there is no social protection law in Jordan."*

The National Social Protection Strategy (NSPS) 2019-2025 captures a vision for inclusive and robust growth, reinforced by a comprehensive, transparent and equitable social protection system, with an emphasis on improved targeting, improved institutional capacity, and enhanced coordination.

In a review of the national laws and strategies in Jordan, Ormert (2021) highlighted that the strategy did not define social protection. It refers to social protection more broadly, as “programmes designed to support its citizens to meet their basic needs and to deal with poverty-related risks,” which makes the programmes exclusive to citizens, excluding refugees and expatriates from such entitlements.

In addition, the strategy was not accompanied by Plans of Action to operationalise the strategy. Ormert (2021) also highlighted the lack of monitoring and evaluation tools, although it has been mentioned explicitly in the strategy.

The NSPS did not address many gaps in protections, weakening the implementation of the Jordan Poverty Reduction Strategy in the first place, and did not provide steps to build public sector capacity or combat corruption (Al-Salem, 2021). According to Al-Salem (2021), the National Strategy blamed low wages and poor working conditions on migrant workers, while the real causes – which should have been carefully investigated – were mostly due to weak law enforcement and weak regulatory and inspection mechanisms, as well as weak legislation governing the category of migrants.

Policy response to COVID-19

Macro-level picture

Early and strict response measures limited the spread of COVID-19 in Jordan and helped ameliorate the outbreak (Samrah et al., 2020). Jordan has implemented one of the strictest lockdowns in the world to stop the spread of the coronavirus, forcing most people to stay indoors and temporarily shutting down even grocery stores and phar-

macies. When the lockdown started, the government arrested more than 1,600 people for breaking the five-day-old curfew, which bans even going for walks (Arraf, 2020).

However, the pandemic hit the country while facing a financial crisis that placed 15.7% of the total Jordanian people below the poverty line according to the NSPS adopted by the Jordanian government in 2019. The government justifies this proportion by the large size of some families, which often averages around 7.7 in poor families (Hashemite Kingdom of Jordan, 2019).

By looking at the patterns of health and socioeconomic policy responses to the pandemic in Jordan, from a social justice perspective, the economic response favoured support for big businesses, while similar resources were not injected into small and medium-sized enterprises (SMEs), which were strongly affected during the pandemic and had a lot to lose. In addition, instead of prioritising the needs of the poor and the most vulnerable, policy responses in relation to social protection remained very limited and there was a mismatch between social protection programmes and the unmet people needs, considering the existing fiscal deficits and fragile social protection systems in these countries. The same stratification was present in the response to health policies, taking into consideration that high-quality treatment was associated with the upper class due to the privatisation of the health sector. There was little effort to rapidly boost the fragile health sector for the poor (Aref, 2021b).

Despite the coverage of government and military health insurance for about 3.6 million, there are several challenges, including poor quality, inaccessibility, inhumane treatment of patients, and poor performance of specialised departments

The pandemic hit the country while facing a financial crisis that placed 15.7% of the total Jordanian people below the poverty line

and institutions. The health sector also suffers from weak governance and the multiplicity of regulations and laws on the sector, in parallel with overlapping roles between actors and government institutions (Al-Salem, 2021).

Alijla (2021) highlighted the issue of health access and the urban-rural divide. The public health services are to a major extent based on socioeconomic conditions and area of residence, which have consequences on the accessibility of public health services, and public services in general.

One of the interviewees stated that:

“The government did everything possible to ensure the availability of necessary funds to the health sector during the crisis. However, there is a clear dichotomy in terms of who can access ‘quality’ services, which is mainly very expensive, exclusive to who can afford such expenses. Otherwise, you can be waiting for days to secure a place in an underfunded public hospital.”

Extensive policy measures and unmet needs

Notably, the government of Jordan enacted several measures to confront the impact and consequences of the pandemic on health and the economy. Companies were required to remit social security contributions up to the end of 2023 without any fines or interest. To fund the growing social protection budget, 50% of the maternity funds for 2020 would provide in-kind support to vulnerable groups such as the daily wage workers and the elderly. There has also been modernisation and expansion of the cash transfer programme under the Takaful Program and the National Aid Fund to assist vulnerable groups such as the elderly and persons with disabilities (Mahmoud, 2020).

One of the interviewees highlighted that *“the social protection committee under the ministry of social development was very effective. The committee included government and non-government entities. The fund reached \$160 million from donations. These resources allocated supported social protection sector, health and education.”*

Another participant highlighted the role of national funds, saying that *“before the crisis, there were three national funds (Determination ‘Al-Hema’, Health ‘Al-Seha’, and Good fund ‘Hesab El-Kheir’). During the crisis, we established a new fund named Service of the Nation ‘Khedmet Wanat’. We made our mandate to support those not supported with a particular emphasis on the informal sector, where we have 41% of the labour force, not entitled to formal coverage.”*

The Jordanian government introduced measures to preserve the welfare of workers retrenched in the formal sector through the Solidarity 1, Solidarity 2 and Musaned programmes. Mahmoud (2020) notes that under the Solidarity 1 programme, workers receive 50% of their salaries, with the employer only contributing 20% while the National Social Security Institution provides 30%. Solidarity 2 targets the organisations unregistered with the National Social Security Institution. Each worker receives 150 dinars as monthly unemployed wage, while the Musaned enables employees to get advance payments from their unemployment benefit.

In fact, the government positioned itself clearly with the workers' rights, trying to make everything possible to avoid firing staff in the private sector, including the issuance of defence orders. One participant mentioned that *“from the start of the crisis, Jordan imposed heavy restrictions on the companies not to fire people.”*

These restrictions were formalised at the top level by issuing defence orders to protect the labour. These measures even enabled the workers to take salaries in advance while they are on leave. These responses covered Jordanian citizens as well as the non-Jordanians."

One of the interviewees commented on the progress made, stating that *"we developed the national unified registry with the pandemic. It includes data of 4.5 million people. In 2017, when we were developing the national social protection strategy, we were discussing the importance of the multidimensional targeting system, and the pandemic accelerated the implementation, in addition to the widespread digitalisation of services through the e-wallet platform."*

Despite these huge efforts, the COVID-19 pandemic has intensified inequalities and exacerbated vulnerabilities. Unemployment in vulnerable households has risen to 68% compared to 50% in general families, with only 7% of households maintaining their employment. Most poor families work in the informal sector, where up to 99% lost jobs following the pandemic, compared to 29% in the formal sector. 85% and 75% of vulnerable and general households reported difficulties meeting basic needs, respectively (UNDP, 2020). Besides a lack of income, many families indicated an increase in food prices despite the government's efforts. Other difficulties included access to healthcare.

The current fiscal deficit and economic crisis linked to the pandemic have put pressure on the availability of funds required to offer cash transfers and consumer subsidies. The number of applicants for social support in Jordan keeps growing even during the post-pandemic period. For instance, 300,000 households registered for the Recovery Takaful 3 programme of cash

transfers, which targeted support at only 100,000 families in the first quarter of 2021. To some extent, these measures helped to relieve the consequences of lockdown on the poor and most vulnerable. However, the number of applications was still much higher than the actual targeted beneficiaries. Specifically, the government responded by providing social assistance in the form of cash transfers (Gentilini et al., 2020).

Additionally, the government tried to continue with online education using Darsak, a website launched by the Ministry of Education. 46% of Jordanians could not have access to the website, a problem that primarily affected refugees, single-parent families, and those in informal settlements. About 44% cited challenges accessing the internet, while 22% from general households lacked a tablet or desktop, which means around 100,000 students are not engaged in online education (Ghaith, 2021).

The Jordanian social services suffer from a wide variety of programmes that create inefficiency in terms of performance and time required to access services. According to Mahmoud (2020), the need for social protection services has led to the implementation of under-developed programmes that are difficult to manage and audit, thus leading to inefficient spending. Jordan has a limited budget that further dwindled with the onset and persistence of the pandemic, and the multiple programmes have proven less effective and focused on priorities.

Informal social security and resilience mechanisms

Traditional social security provision refers to both the traditional systems of extended family, tribalism, charity, and community support (Devereux & Sabates-Wheeler, 2004). Before the pandemic, 150,000 families received aid through the Zakat

Unemployment in vulnerable households has risen to 68% compared to 50% in general families, with only 7% of households maintaining their employment

Fund and community support. In fact, the tribal society is characterised by the notion of solidarity in crisis. A participant stated that:

"In a crisis, our tribal values strongly emerge; people created the informal funds within tribes to help each other for medical coverage and to support those who have lost jobs."

Another participant emphasised the role of NGOs in supporting the refugees, stating that:

"The formal policy response was mainly shaped to target the national with few examples of inclusion to all. However, NGOs showed a real effort in fund-raising and supporting the refugees in particular."

The pandemic exacerbated hardship from different angles. Notably, men and women spend a disproportionate time in paid and unpaid work, hence a differential economic impact. Globally, women spend 3.2 times more than men on outstanding work, while men spend 1.8 times more time on paid work compared to women. Jordan lags far behind, with women spending their time on unpaid work 17.1 times more than men, and 6.5 times less on paid work than men (UNDP, 2020). With the pandemic and the consecutive mitigation measures, these demands are likely to rise to between 18 and 24 hours of unpaid work weekly, for childcare demands following school closures, extra care for the elderly and the sick (UN Women, 2020). Additionally, women will have to devise more creative measures to produce food locally due to reduced access to markets.

Aref (2021a) highlighted some resilience mechanisms of people, coping with the exacerbated hardship and increased prices. Resilience mechanisms include: 1) increasing numbers of children who have dropped out from school and joined the informal la-

bour market; 2) leftover or used food markets emerged, where the poor can buy food at reduced prices; and 3) in response to the rising prices of medicine in the region, people have turned to traditional medicine and herbal remedies instead.

Trust issues in the formalisation of the informal

The unemployed daily workers that are not part of the Social Security Institution were eligible for subsidies raised through social protection programmes during the pandemic. One participant highlighted that *"the new emergency cash assistance programme covered more than 255,000 daily workers in the informal sector. They are not formally covered by any social protection schemes. However, during the pandemic, they were able to benefit from a cash transfer programme for 6 months, in addition to their benefiting from the vouchers and aid parcels."*

One of the interesting findings is that while the national machinery is trying hard to cover the informal sector as stated in the abovementioned extensive measures section, the rejection was faced from the grassroots level because of the lack of trust. One of the respondents highlighted that *"while we were trying to reach out to some uncovered informal categories, such as nursery staff, the owners were very hesitant to cooperate and to give details of employees, as they usually register, for instance, 2 staff and have 5 or 6. They were afraid that we would give their names to the national insurance authority, and then the owner start to pay extra registration and taxation fees. The same is applicable to other sectors such as flower shops."*

Besides the trust issue, the dilemma of data and targeting was also present in the formalisation of the informal. A respondent

Women will have to devise more creative measures to produce food locally due to reduced access to markets

highlighted that *“another critical issue that we faced targeting the informal workers is the lack of reference points and databases, even if you go for instance to the agriculture union, there is no database for agriculture workers. The association for tourism advisors also lacks a database.”*

Another participant highlighted the issue of trust in government from a different perspective, stating that *“Charity and Zakat resources should be maximised. In this regard, as a Jordanian, I think if we can develop trustful local or non-government information centres on poor families, more resources will be made available. Jordan’s people are well-known for their loving of charity works, but the lack of trustful information constrains such behaviour.”*

Mainstreaming child-sensitive and gender-responsive social protection

Children in Jordan are at risk of exploitation, abuse and neglect due to a lack of effective social protection policies. The at-risk children include school dropouts, child labourers, survivors of abuse, children with specific needs, and girls forced into early marriage or domestic work. As mentioned earlier, a high percentage of children were deprived of continuing online education due to the lack of internet access or owning a laptop or a tablet.

Following the reopening of schools, the Jordan government undertook adequate measures to bridge the gap between those that have access to the internet and online education and those that do not (Ravallion, 2020).

Women in critical sectors such as health and education experience an alarming increase in paid and unpaid work up to 90 hours a week compared to an optimal high

of 47 hours for men. The many working hours and the pandemic situation have psychological and physical impacts on women, likely impacting their productivity and mental health (Raouf et al., 2020). Most women in paid work are also in the care sector, with women being twice as likely as men to work in critical sectors, such as health and education. The pandemic has increased the visibility of women in employment and their significant contribution to unpaid work (World Bank, 2021). Another key revelation is that men face a higher job risk as most work in non-essential sectors such as tourism, construction, manufacturing and transport. The disproportionate allocation of work between the two genders intensified gender inequality. Aref (2021a) highlighted that to cope with poverty more mothers are joining the informal sector in order to have dual-earner families. Daughters have also joined the workforce. But the problem is that this sector is not covered by any social protection schemes, which means that families struggled during the height of lockdowns to curb the spread of COVID-19.

One of the interviewees stated that *“the National Aid Fund has a national registry. those who are eligible must register, their cases are being studied, but the process is lengthy and tiresome, especially for disabled and women in some areas who have difficulty in accessing such services.”*

Part of the lack of gender-sensitive response is the unpacking of national strategies. Al-Salem (2021) pointed out the government’s failure to formulate a gender-sensitive national strategy. Despite the in-depth consultations with many international organisations and donors, women’s social protection needs were not met. One participant commented that *“the strategy of social protection was not gender-sensitive in addressing practical and strategic needs of women.”*

Another vulnerable group that benefits from social protection is the Syrian refugees. Approximately 13% of the population in Jordan comprises 1.3 million refugees (Turner, 2021). Syrian refugee children need support as most of them have experienced distress related to their home country's conflict. Jordan retains the position as the only country that has adopted a response model for refugees that is development-focused. The model aims to accelerate its economy while allowing the refugees access to both services and employment. Following the COVID-19 crisis, structural weakness and macro-economic issues have surfaced and posed a threat to the country's economy. There is growing unemployment among youths due to a decline in private and public investment and private and public consumption growth. In a European Union (EU) pact made in 2016, Jordan promised to allow refugees in the country an access to employment by giving them work permits, which are mostly temporary and last for a year (Carrera & Geddes, 2021). Nonetheless, refugees with these permits feel like citizens, even though many do not have access to decent work to provide them with a sense of job security. As mentioned above, national machinery in the policy response to the pandemic prioritised nationals and made efforts to include non-citizens, including refugees. A participant highlighted the role of NGOs in this regard: *"We realised with the pandemic the importance of strong partnership with the NGOs. In fact, they focused on dedicating adequate resources to help refugees. They covered what the state was not able to provide for all."*

Jordan witnessed a "dramatic increase" in domestic violence during the lockdown

Rising domestic violence and informal mental health response

Jordan witnessed a "dramatic increase" in domestic violence during the lockdown.

In 2020 as a total of 54,743 cases were recorded in the annual report by the Family Protection Unit at the Public Security Directorate (PSD). According to the report, the majority of domestic violence cases, 82%, was perpetrated by husbands against their wives. The report said that 58.7% of the recorded cases witnessed physical abuse, while 34% of the victims reported sexual violence (Al Muheisen, 2021).

Unfortunately, with this rise of domestic violence, the justice sector was not able to accommodate formal reporting. A participant highlighted that *"the crisis management committee was formed solely by males. The lack of women's representation affected the typologies of measures taken. For instance, the justice sector was paralysed by the lockdown. They did not consider reporting the needs of women facing domestic violence, and divorced women who have to go physically to the courts to follow cases or to get their monthly alimony."*

The rise in domestic violence along with the psychological consequences of the lockdown raised the need for mental support. However, the issue of widespread unprofessional mental health services was reported. Another participant mentioned that *"we witnessed an increase in violence against women. The problem is that mental health issues were left behind in policy response. This opened a door to non-professionals to cover this gap by providing counselling services through social media platforms."*

Conclusion and policy recommendations

Jordan has made commendable improvements in the institutionalisation of social protection starting from the 1950s. These

efforts resulted in the establishment of many national structures that complement each other, but still lack appropriate co-ordination mechanisms. These efforts also resulted in the issuance of a national social protection strategy. However, the strategy is still not inclusive of non-nationals and lacks a gender-responsive lens. In addition, evidence shows concerns regarding the quality and coverage of social protection programmes. Moreover, the influxes of refugees and economic shocks have strained the financing and delivery of social services at large.

These milestones have been disrupted significantly by the COVID-19 pandemic, which exacerbated the hardship. The outbreak forced the government to enforce a lockdown on all non-essential sectors, causing a rise in unemployment rates, especially among men. The pandemic has presented new challenges in addition to those in existence, especially as concerns vulnerable groups. More women joined the informal sector, and a large percentage of children were reported to be deprived of education due to lack of digital infrastructure.

The pandemic has challenged Jordan to improve the mechanism of cash assistance by now making available automated portal registration for e-wallet, interactive messaging, and automatic case handling systems with central monitoring dashboards to create efficiency, in addition to a national attempt to include the informal labour in the formal social protection coverage. However, trust issues from the Jordanians on the government and the information sources were highlighted in the narrative of many interviewees, and need to be addressed.

The pandemic significantly hit well-being as many households experienced reduced income and rising cost of food and so adopted several resilience mechanisms accordingly. The informal social protection was clear in response to the pandemic, including the Zakat fund. The role of NGOs is clearly reported to be more visible in supporting national efforts, especially for the most vulnerable, such as refugees.

Priority areas for policy intervention and recommendations, based on evidence produced in this chapter, are listed below:

Policy Gaps	Policy Recommendations
The National Social Protection Strategy lacks gender-responsive lens, and monitoring and evaluation mechanism.	Amend the National Social Protection Strategy to be more gender-responsive and child-sensitive, and provide clear monitoring and evaluation mechanisms.
The pandemic increased unemployment rates. The overall unemployment rate among Jordanians is 25%. Unemployment among those aged 20-24 and 25-29 is even higher, reaching 61.5% and 36.5%, respectively.	Inject the labour market with new foreign investments to boost employment and the economy at large.
Within their limited resources, NGOs played a fundamental role in community-based social protection of refugees during the pandemic.	Strengthen NGOs' capabilities to play a more organised role, particularly in supporting refugees.
The health sector suffers from weak governance, lack of funding, and low-quality	Invest in the infrastructure of the public health sector to improve the quality of

public services versus quality private health sector.	services and the readiness to accommodate to needs.
44% of households cited challenges accessing the internet, while 22% lacked a tablet or desktop, which means around 100,000 students are not engaged in online education.	Invest in information technology and related skills in the education sector.
The crisis management committee was formed solely by males, which led to issuing of measures that did not consider women's needs and paralysed the justice sector.	Ensure representation of women in crisis management mechanisms.
The National Aid Fund developed a national registry, but the process is lengthy and exhaustive, especially for vulnerable groups.	Develop the unified registry to make it more inclusive as a national database and a hub for beneficiaries from formal and informal sectors, including classification of vulnerability.
Widespread unlicensed and unprofessional mental health services were reported.	Institutionalise the mental health sector and related counselling services.
There are multiple governmental and non-governmental actors providing overlapping social protection programmes, with a lack of centralised coordination mechanisms.	Establish a national mechanism to coordinate all social protection efforts among the state and non-state actors, and strengthen partnerships with the public and private sectors, and NGOs.
While the government was trying to cover the informal sector, rejection came from the grassroots level due to lack of trust.	Establish a well thought out campaign to build a culture of trust in order to effectively expand social protection coverage to the informal sector.

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Political Instability and the Need to Strengthen the Social Protection System in Tunisia

The COVID-19 Crisis as an Opportunity

Imène Cherif

Friedrich Ebert Stiftung (FES), Tunisia

Introduction

As a social protection emergency response to COVID-19, Tunisia set up a new digital platform in August 2021 to consolidate the database of poor households affected by the pandemic (MAS, 2021a). Funded by the World Bank (WB), this project will provide cash transfers for approximately one million vulnerable Tunisian households and 100,000 vulnerable children under five years old (World Bank, 2021b). The platform responds to a need revealed by the crisis caused by the pandemic; namely, the lack of a comprehensive and updated database of vulnerable people in Tunisia. “It has become clear that governmental institutions are unable to accurately identify the people who have the right to benefit from this aid” (The Legal Agenda, 2020). The pandemic came at a time when Tunisia faced a multidimensional crisis, further exacerbated by the ousting of the prime minister and the suspension of the parliament by President Kais Saied on 25 July 2021, to assume near executive authority.⁶

At the economic level, Tunisia has experienced a severe economic recession in the last ten years with a decline in economic growth and rising debt levels. Gross Domestic Product (GDP) contracted by 8.6% in 2020 as the most significant GDP drop since Tunisian independence in 1956 (Rehbein, 2021). The budget deficit was about TND 11,615 million in 2020 (€3,568 million), representing 9.9% of GDP (Ministry of Finance of Tunisia, 2021). External debt reached 94.7% of GDP in 2020 and is supposed to jump to 99.2% (IMF, 2021).

This year, credit rating agencies like Moody's also downgraded Tunisia's rating, reflecting the country's economic fragility (Moody's, 2021). The national average poverty rate is 15.3%, according to the Tunisian National Institute of Statistics (INS) (2020b) and is supposed to increase to reach 20.1% (World Bank, 2021b). Regional disparities are also visible according to the INS Poverty Map. The poorest delegation⁷ belongs to the governorate of Kasserine with a rate of 53.5%.

The first case infected with the COVID-19 virus in Tunisia was detected on 2 March 2020.⁸ Aware of the fragile health system, the Tunisian authorities have gradually taken several measures to avoid spreading the virus. After the country's borders were closed, the Tunisian president announced total lockdown and travel limitations between regions from 20 March 2020⁹. It should be noted that in the moment of the catastrophic health crisis in many European countries, in early 2020, the health situation was under control in Tunisia. The real challenge was related to the economic situation (Rehbein, 2021). Social movements and protests reflect the challenging financial crisis in the country starting from the second semester of 2020 (FTDES, 2021). Despite their negative economic and social impact, these measures taken to prevent the spread of the pandemic did not protect Tunisia from a health crisis that escalated during the summer of 2021.

This crisis has shed light on the lack of equipment in Tunisian hospitals. The public health budget did not exceed 7.1% of the government's budget in 2020, according to the budget of the Ministry of

⁶ France 24 (2021).

⁷ The delegation [mutamadiyah] is the second level administrative division. There are 24 governorates in Tunisia divided into 264 delegations.

⁸ La Presse (2021).

⁹ France 24 (2020).

Health for the same year. Moreover, these expenses barely cover the wages of workers in this sector in addition to current costs. While several countries succeeded in vaccinating a vital part of their populations before the end of 2020, the vaccination of health workers in Tunisia did not start until mid-March 2021. The number of vaccine doses was limited, and there was no clear vaccination campaign strategy on the number of people who would get vaccinated in the following months.¹⁰ As a result, only 500,000 people had the vaccine by June 2021 (Tunisian Ministry of Health, 2021a). The lack of equipment in Tunisian hospitals due to the delay in the vaccination campaign has plunged the country into an unprecedented health crisis with a death toll caused by the virus that rose from 54 in mid-August 2020 to more than 22,000 deaths during the same period in 2021 (Tunisian Ministry of Health, 2020b).

From 3 January 2020 to 16 December, 2021, there have been 719,903 confirmed cases of COVID-19 with 25,443 deaths (WHO, 2021). After a long delay in purchasing vaccines, Tunisia managed to administer 11,224,788 vaccine doses. 5,451,548 persons completed their vaccination cycle out of a population of 11,708,370 (INS, 2021a) on 12 December 2021 (Evax, 2021). The crisis has shown great international solidarity with Tunisia. Several thousand vaccine doses and medical equipment have been delivered during the health crisis in summer 2021. The European Union (EU) and its

member states have also been mobilised in this mission through the EU Civil Protection Mechanism. 13 European member states reacted to the situation in Tunisia with urgent assistance.¹¹

To respond to the economic and social effects of the pandemic and to protect vulnerable populations, the Tunisian government reacted quickly to the crisis with a first cash transfers exceptional intervention¹². A second cash transfer programme was also launched in 2021 through the “Amen Social” platform. Civil society organisations (CSOs) showed strong mobilisation through fundraising, allocation of donations and coordination between vulnerable populations and formal and informal social protection safety net.¹³ Activists were present in all stages, from managing in-kind donations and contacting beneficiaries to participating in establishing and implementing vaccination campaigns with the government, according to a Tunisian CSO activist interviewed.

In Tunisia, 20.1% of the population is living in poverty (World Bank, 2021b), unemployment rates reached 18.4% in the third quarter of 2021 (INS, 2021b), almost half of the population work in the informal sector (INS, 2020a) and thousands of retirees have meagre pensions, as mentioned by the former head of the government Elyes Fakhfakh.¹⁴ The situation of women has worsened because of the lockdown with the increase in their share of unpaid domestic work with closed schools and children educated at home

The Tunisian government reacted quickly to the crisis with a first cash transfers exceptional intervention

¹⁰ Les Echos (2021).

¹¹ EC (2021).

¹² Decree-Law number 2020-33 of the Head of the Government on 14 April 2020, announcing exceptional and provisional social measures: “Exceptional and interim compensation of 200 dinars per month, for periods of temporary interruption of activity due to the implementation of total lockdown.”

¹³ Solidarité Laïque (2020).

¹⁴ Kapitalis (2020).

(UN Women, 2020). In addition, according to the same report, there have been 41% of reported cases of violence against women on the Ministry of Women's toll-free number in 2020.

The COVID-19 crisis was an opportunity for Tunisia to implement reforms, such as the digitalisation of national registers and databases of beneficiaries. Moreover, new legislation has emerged during this crisis to limit informal work. Knowing the economic situation in Tunisia and the lack of budgetary resources, this will be possible only through international solidarity.

This chapter examines the social protection system in Tunisia by looking at the existing social insurance and social assistance programmes, evoking the problem of the deficit of social security funds and the need to reform the current social assistance programmes for higher coverage and integration of people left behind. It also reviews the Tunisian government's response to the crisis caused by COVID-19 and the government's cash transfers programmes to protect vulnerable populations.

By analysing the existing social protection programmes in Tunisia and those implemented during the COVID-19 crisis, it aims to shed light on the opportunities in the context of the pandemic. At the same time, it focuses on the importance of accelerating the social protection system's planned reforms and makes recommendations to structure and connect the different institutions responsible for implementing these programmes in the country. The chapter is based on governmental and intergovernmental institution reports and data as well as qualitative data from semi-structured interviews with key government officials, academics, international cooperation agencies representatives and CSO activists. Recent figures and press

releases from the Ministry of Social Affairs (MAS) and the Ministry of Health (MoH) were collected on their official accounts on social networks, as social networks are widely used as a means of regular communication of government institutions in Tunisia. This data concerns the measures and decisions taken by these ministries in response to the pandemic, the numbers of people affected by COVID-19 and the number of beneficiaries of social protection programmes. In addition, the research was based on international and local press reports and articles to provide recent and up-to-date information about the political situation and the Tunisian government response to the pandemic.

The foundations of the social protection system in Tunisia

Following its independence in 1956, Tunisia adopted law number 60-30 of 14 December 1960, as a founding text for its social insurance schemes. The current social protection system is based on contributory and non-contributory schemes.

Contributory social insurance

The contributory scheme is implemented through two funds: the National Pension and Welfare Fund (CNRPS), covering the public sector employees, and the National Social Security Fund (CNSS), covering private sector workers. CNRPS affiliates are state officials from ministries and public administrations, agents of local authorities and employees of non-administrative public institutions and public enterprises (CNRPS, 2021a). CNRPS has 801,422 active affiliates and 679,051 retired or not active (CNRPS, 2021a). The CNSS has 2,402,269 active affiliates and 871,152 beneficiaries (CNSS, 2019).

Non-agricultural workers form the most important part, with 54.97% of affiliates. Agricultural workers represent only 8,218 affiliates, 0.34% of the total affiliated to the CNSS (CNSS 2020). CNRPS and CNSS pension funds are facing budgetary challenges. The budget deficit of the CNRPS reached TND604 million (€185,230 million) in 2020 against TND1,016 (€311,579 million) in 2019 (CNRPS, 2020). This deficit was expected according to the CNRPS annual report (2020), given the difficulties experienced by the fund since 2005 and the delay in the implementation of certain reforms. The state budget has funded parts of the deficit to maintain pension payments for the two funds; this amount represented 0.4% of GDP in 2015. Since the adoption of new regulations in the last few years, such as the increase of the mandatory retirement age to 62, which can even be voluntarily extended to 65, the adoption of an incentive procedure to voluntary departure of personnel, and the implementation of the social contribution by 1% of salary (contributed by the employee), the direct allocation affected to cover the deficit of these funds was not renewed in 2020 according to the finance law of 2020.

The legal coverage rate with social insurance schemes of the employed population was around 95% in 2021 (Ben Cheikh & Moisseron, 2021).

Formal workers in public and private sectors and their dependents benefit from the contributory social health service of the National Health Insurance Fund (CNAM) (UN ESCWA, 2016).

Non-contributory social protection

The non-contributory system based on a direct transfer programme includes the

National Programme of Assistance to Needy Families (PNAFN). It is a means-tested programme representing Tunisia's most extensive social assistance programme (UN ESCWA, 2016). The number of households benefiting from this programme increased from 250,000 in 2016 to 260,000 in 2020 (Rapport sur le Budget de l'Etat 2021). These targeted households earn TND180 (€55.3) per month in 2019 as well as cash for children and the free healthcare labelled AMG1, free medical assistance (AMG). The second flagship programme is the subsidised health programme labelled AMG2, or healthcare at a reduced cost to families who are not part of PNAFN but are close to the poverty line. In 2020, around 470,000 households were covered by the AMG2.

According to the evaluation of the performance of social assistance programmes in Tunisia carried out by the Center for Research and Social Studies, CRES (Centre de Recherches et d'Etudes Sociales) in 2017, the PNAFN achieves a performance rate in terms of reducing the severity of poverty of 65.6%. The current targeting process of the PNAFN and the AMG2 has succeeded in targeting the poorest 30% in Tunisia, according to the same sources. However, more than half of the poorest 8.3% of households in Tunisia are not covered by the PNAFN. At the same time, one out of two PNAFN households really deserves to be covered by the PNAFN. A good part of the second half should ideally join the AMG2. These imperfections are due to the current mode of targeting adopted by the country.

Social safety nets in Tunisia were mainly based on universal subsidies, in particular for the consumption of food and energy goods. Since the adoption of the structural adjustment plan in 1986, these universal subsidies have been gradually replaced

The legal coverage rate with social insurance schemes of the employed population was around 95% in 2021

by the cash transfer programme, PNAFN, in order to protect poor and vulnerable populations from the adverse effects of these reforms (CRES, 2017).

Areas of improvement

Women in Tunisia are entitled to 30 days of maternity leave, which may be extended for 15 days if there are complications, according to labour law. Paternity leave is only one day in the private sector and two days for public sector employees. The maternity leave period is considered one of the shortest leave periods among the African countries (ILO, 2014), and it is below the International Labour Organization (ILO) standard of 14 weeks.

Several texts further reinforced the legal framework of social protection after the Revolution of 2010-2011, such as the social contract of 2013, signed by the Tunisian government and its social partners, UGTT (Union Générale des Travailleurs Tunisiens), representing the central trade union and UTICA (Union Tunisienne de l'Industrie, du Commerce et de l'Artisanat), representing employers (MAS, 2013). Social protection is one of the priorities of the 2013 social contract; it aimed to revise the existing social protection programmes, improve health services, and restructure the three social funds (CNSS, CNRPS, CNAM). The social contract insists on the institutionalisation of social dialogue. A national tripartite social dialogue council was established in 2018. The CNDS (Conseil National du Dialogue Social), as a consultative body on economic and social policies, aims to establish new unemployment insurance to protect jobs and incomes through job retention schemes and unemployment benefits. This new fund is supposed to be financed by tripartite contributions but it has not yet seen the light of day (Lamour, 2020).

The non-digitised and non-updated databases make the mission of reaching vulnerable people difficult

COVID-19 as an opportunity for reforming the social protection system in Tunisia

The Covid-19 crisis has shed light on the imperfections of the social protection system in Tunisia. Thus, several measures were taken quickly, and this was an opportunity to accelerate the adoption of reforms in relation to the protection of citizens from vulnerability.

During his television interview on 2 April 2020, the Tunisian Head of Government, Elyes Fakhfakh, presented preliminary statistical data showing the issues of government databases. The non-digitised and non-updated databases make the mission of reaching vulnerable people difficult. According to the former head of government, more than 630,000 low-income households could have been left behind. After the measures taken in March 2020 to deal with the spread of the COVID-19 virus, the Tunisian government undertook a series of actions that aimed to help businesses and vulnerable households cope with the pandemic's repercussions. Cash transfers included 301,149 persons and families who lost their jobs due to the lockdown in 2020. Thus, for April and May 2020, these people received TND200 (€61.3) following a form that they filled in at the level of local administrations (World Bank, 2020). For the same months, needy families (PNAFN/AMG1) had an additional cash transfer to their initial pensions of TND180 (€55.3). This extra amount was TND50 (€15.3) for April and TND60 for May (€18.4). Households with limited income (AMG2) who only benefited from reduced cost healthcare received TND200 (€61.3) for each month (April and May). In April, 779 households caring for a person without family support received

TND100 (€30.7). Low retirement pensions under 180TND (€55.3) have also received the same amount. About 140,000 retirees had benefited from this supplement during the same period.

These exceptional cash transfers only covered the two months of April and May 2020. Although the complete lockdown that was declared on 22 March 2020 was lifted on 8 June, other measures have lasted longer, like the curfew. Many workers were not able to reach their workplaces even with the lifting of the curfew, such as workers in cafes and restaurants. Similarly, the excessive increase in unemployment rates showed that some workers had lost their jobs in the long term due to the pandemic. These cash transfers provided by the government could have been combined with other social protection programmes like universal healthcare as insurance in this exceptional period.

“Amen Social” towards the digitalisation of social assistance

The “Amen Social” was created by Law 2019-10 and revolves around the two social assistance programmes, namely the PNAFN and the AMG2. It aims to cover around 30% of the population (MAS, 2021c). The pandemic has shown the interest in implementing this law and creating a digital platform. This platform has been used to provide temporary cash transfers for people who have been affected by the pandemic. The permanent component of cash transfers covers nearly 266,000 needy households (PNAFN/AMG1), or about 8% of the population (MAS, 2021c). The WB partly supported this programme on providing cash transfers for approximately 1 million vulnerable households. This support amounted to \$300

million, and concerns the mitigation of the effects of movement restriction measures taken in the fight against the COVID-19 crisis (World Bank 2021). As announced in the Ministry of Social Affairs press conference on 21 October 2021, the exceptional cash transfer programme related to the mitigation of the effects of the COVID-19 is not a monthly cash transfer. The amount of TND300 (€92.14) only paid once to households in 2021 corresponds to two-thirds of the minimum wage (SMIG), which does not seem sufficient to protect the poorest from poverty during one year.

Digital solutions for social protection are considered as a tool to identify potential beneficiaries, digitise national registers, and to make electronic payments. However, since these social assistance programmes are intended for the poorest populations, digitalisation can be a factor of exclusion for certain vulnerable categories, such as the elderly. To do this, it is necessary to put in place a strategy to guarantee optimal coverage. The MAS implemented a communication campaign and established partnerships with CSOs to introduce the new platform (MAS, 2021b). An evaluation of the inclusion rates seems necessary in order to avoid leaving people behind.

A first step to integrate informal workers

Informal work remains among the significant challenges that post-revolutionary Tunisia faces. Informal employment accounted for 29.4% of the employed working population in 2015 (Ben Cheikh and Moisseron, 2021). The INS even states that 44.8% of workers in Tunisia work in the informal sector (INS, 2020a), which means they are deprived of social security and health insurance. The pandemic was an opportunity to accelerate the adoption

Digital solutions for social protection are considered as a tool to identify potential beneficiaries, digitise national registers, and to make electronic payments

of long-awaited laws like the one related to self-employed people (Decree-Law 2020-33); this allows any person carrying out an individual business in the industrial, agricultural, commercial, services, crafts or trade sector, as long as this activity generates a turnover of less than TND75,000 per year (€23,000) to benefit from social coverage and healthcare. This decree-law (JORT, 2020) complements the status of the self-employed already in place by making the conditions of affiliation more flexible. In July 2021, the Tunisian Parliament adopted the law on domestic work that stipulates, in particular, that domestic workers benefit from the guaranteed minimum wage, from working hours that must not exceed 48 hours per week, as well as a weekly day of rest.

These new texts of laws voted by the Tunisian Parliament after the start of the pandemic will help strengthen the social protection system and create an insurance against falling into poverty for informal workers. However, these laws have not yet been implemented by the administration and public institutions. Implementation of these reforms must be accelerated to protect potential beneficiaries in the current crisis.

Policy recommendations

To strengthen this social protection system, we recommend the following reforms:

Tunisian decision-makers should:

- Continue the restructuring and reform of the existing social funds (CNSS, CNRPS, CNAM).
- Connect Tunisian ministries and administrations and synchronise databases relating to beneficiaries of social assistance programmes as a priority. This will facilitate beneficiary selection, reduce inclusion and exclusion errors and enhance coordination across the

social protection system (CRES, 2017).

- Accelerate the establishment of institutional reforms and implement laws already adopted to reduce labour informality, such as the law on the self-employed and the law on domestic workers. Extend the maternity and paternity leave period to share the responsibility between parents.
- The establishment of a universal social protection system requires permanent funds. Tunisia should rethink the financing system of its programmes for a sustainable social protection system; lessons could be learned from the experiences in other countries.
- Develop the Tunisian social protection system to provide universal insurance preventing people from falling into poverty. The job loss fund provides important insurance against unemployment. It is necessary to accelerate the implementation of this new reform. The government and its social partners (UGTT, UTICA) need to choose the governance model and the mechanisms for its financing. Considering many unemployed have no access to social security or access to healthcare, health insurance needs to be extended to cover them.
- Finding sustainable solutions to the problem of informal work and high unemployment requires long-term economic policies to create decent jobs and an excellent economic environment to attract private investors, such as the modernisation of public administration. A good business environment also requires political stability. It is crucial to regain political stability for the coming years in Tunisia.

Tunisian CSOs:

- CSOs should monitor the transparency and the governance of social protection programmes and ensure the adequacy of measures taken.

- CSOs could also have a role in supporting the government in implementing new social protection reforms like the social assistance “Amen Social” programme.

The European Union:

- The digitalisation of the social protection system reduces the risks of corruption and can improve efficiency. However, digital platforms in Tunisia are not always technically efficient. The EU can provide technical support for Tunisia in digitalising its social protection system. Technical support could also include capacity-building programmes for public administration staff in charge of these platforms.
- Strengthening and reforming the social protection system requires significant investments and public spending, making these reforms challenging to implement given the budget deficit and external debt. The austerity measures related to the reduction of public spending adopted by the government of Tunisia and recommended by its donors would not allow funds to be allocated to strengthen the social protection system. Tunisia’s international partners and especially the EU as one of the most important creditors of Tunisia can provide the country with possibilities of debt relief oriented to financing reforms in the social protection system. “Previous crises have shown that austerity leaves deep social scarring, hurting the most vulnerable in society” (ILO, 2021).

Intergovernmental organisations:

- Continue to support the institutions in charge of social protection, such as the MAS, the CNDS, and the Ministry for Employment, by providing technical and strategic support via financing studies and reports. Provide these institutions with the necessary tools to put in place the reforms of the existing social protection system and develop new programmes.

- For the past two years, cash transfer programmes have been limited in time and have failed to reduce poverty rates. The continuity of social safety nets programmes could be possible by supporting Tunisia in finding innovative solutions to guarantee permanent funding for these programmes in the future.
- Youth unemployment is one of Tunisia’s alarming problems. Priority in cooperation projects with Tunisia should be placed on those creating decent jobs for young Tunisians and women. Despite the legal achievements in terms of women’s rights in Tunisia, the Tunisian social protection system still contains gender-based inequalities.

Conclusions

Tunisia has faced a double economic and political crisis in recent years. Political instability has slowed down the implementation of several political and social reforms like those related to the social protection system. The pandemic has deepened the financial crisis, and the country has had an unprecedented economic recession and the poverty rate has increased. The Tunisian Social Protection system in Tunisia had its first foundations after the independence of the country through insurance schemes that ensure a high legal coverage rate around 95% of the employed population in 2021 (Ben Cheikh & Moisseron, 2021). However, this system may be reinforced by other social insurance schemes to protect jobs and incomes through job retention schemes and the unemployment benefits fund.

The maternity leave period in Tunisia is also far from ILO convention No. 183, which states that the period of maternity leave will be no less than 14 weeks. Tunisia still faces challenges regarding financing, implementation and management of this reform.

The digitalisation of the social protection system reduces the risks of corruption and can improve efficiency

In addition to these social insurance schemes, Tunisia provides direct cash transfers to target poor households through the PNAFN social assistance programme, as well as cash for children and free healthcare. The targeting technique used leaves half of the poorest 8.3% of the population outside the PNAFN and in fact benefits other households that are less poor (CRES, 2017). A more efficient targeting technique would be needed to include these excluded households as well as better coordination between public administrations to improve the criteria and effectiveness of targeting.

During the last two years, Tunisia has taken many measures to deal with the impacts of the pandemic. The COVID-19 crisis was an opportunity to put in place specific reforms to strengthen the social protection system in Tunisia, like the implementation of “Amen Social”, the law on domestic workers and self-employed workers. These reforms require adequate governance and financing models to be effective. The implementation of these reforms requires the technical and financial support of Tunisia’s international partners such as the EU and the involvement of national and international civil society actors.

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List of acronyms and abbreviations

AB	Arab Barometer
ADD	Digital Development Agency [Morocco]
AFD	French Development Agency
AI	Artificial Intelligence
AMG	Free medical assistance
ANR	National Registry Agency [Morocco]
BCCT	Broad CoverageCash Transfer
CESE	Economic, Social and Environmental Council [Morocco]
CMR	Moroccan Pension Fund
CNAM	National Health Insurance Fund
CNDS	National Council for Social Dialogue
CNOPS	National Fund of Social Welfare Organisations [Morocco]
CNSS	National Social Security Fund [Morocco / Tunisia]
CSO	Civil Society Organization
CSSP	Child-Sensitive Social Protection
ESSN	Emergency Crisis and COVID-19 Response Social Safety Net
EU	European Union
FTDES	Tunisian Forum for Social and Economic Rights
GDP	Gross Domestic Product
GIS	Geographic Information System
GRSP	Gender-Responsive Social Protection
ICT	Information and Communication Technology
IDCS	Digital Civil and Social Identifier [Morocco]
ILO	International Labour Organization
INDH	National Initiative for Human Development [Morocco]
INGO	International Non-Governmental Organization
INS	National Institute of Statistics [Tunisia]
INSAF	National Institute for Solidarity with Women in Distress [Morocco]
JORT	Official Journal of the Tunisian Republic
MAS	Ministry of Social Affairs [Tunisia]
MEHE	Ministry of Education and Higher Education [Lebanon]
MENA	Middle East and North Africa
MoH	Ministry of Health [Tunisia]
MoPH	Ministry of Public Health [Lebanon]
MoSA	Ministry of Social Affairs [Lebanon]
MoSD	Ministry of Social Development [Jordan]
NAF	National Aid Fund [Jordan]
NGO	Non-Governmental Organization
NPTP	National Poverty Targeting Program [Lebanon]
NSPS	National Social Protection Strategy [Jordan]
NSSF	National Social Security Fund [Lebanon]
PNAFN	National Assistance Programme for Families in Need [Tunisia]
PSD	Public Security Directorate [Jordan]
RAMED	Medical Assistance Plan [Morocco]
RCAR	Group Retirement Allowance Plan [Morocco]
RPN	National Population Registry [Morocco]
RSU	Single Social Register [Morocco]
SDG	Sustainable Development Goals

SMIG	Guaranteed Interprofessional Minimum Salary [Tunisia]
SOCPRO	Social Protection Floor
SSC	Social Security Corporation
UGTT	Tunisian General Labour Union
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UTICA	Tunisian Union for Industry, Commerce and Handicrafts
WFP	World Food Programme
WHO	World Health Organization

eur@mesco

Policy Study

