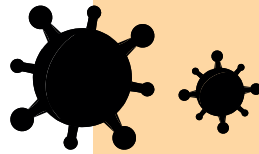# 04

Global and regional innovations in social policy

Key messages

- Although COVID-19 has created immense hardship for millions of people in the Arab region and across the world, it has also generated innovative responses and important lessons for Governments that should not be forgotten once the current crisis is over.

- All the innovative efforts by Governments to ensure citizens' uninterrupted access to basic social services in health care, education and social protection that were introduced during 2020 should be sustained and built on post- COVID-19 because they represent a minimum provision of essential services in line with the international human rights law.

- The innovations introduced during the crisis in the design and delivery of education, health care and social protection not only protected access to services under extraordinarily challenging conditions, but also facilitated more inclusive outreach. Many of these technologies relied on artificial intelligence (AI), Open Education Resources (OER), radio, TV, and other offline and online platforms.

- TV-based learning is another solution introduced by countries such as Egypt, Jordan, Lebanon, Mauritania, Morocco, Qatar, the State of Palestine, the Sudan and the Syrian Arab Republic. Radio-based learning has been used in Mauritania, the State of Palestine, Tunisia and the United Arab Emirates. Other online platforms such as YouTube TV have been used in Egypt, Iraq, Jordan, the State of Palestine, Qatar, the Sudan and the Syrian Arab Republic.

- Many Arab countries established partnerships with ministries of communication to facilitate access to services and increase the speed of the Internet.

- The digital divide remains a constraint in lower-income and fragile or conflict-affected countries in the region and exacerbates inequalities in access to Government services.

- Investments that were made in innovative solutions (such as online learning and telehealth applications) must be supported through investments in digital infrastructure and reduced costs of access to mobile and online technologies.

- Innovative strategies must be developed and underpinned by legislation, either to incorporate migrant workers, foreign residents and refugees into domestic social protection systems or to ensure the portability of benefits across national borders.

- Innovations in social services are not all technology-based. One option for moving towards rights-based access for all is to delink eligibility for social insurance and health care from contributions or payments. As per human rights principles, ideally, anyone who cannot afford to pay or contribute to funds should be entitled, nevertheless, to receive benefits such as unemployment insurance and health care directly from the State.

- Health insurance, or free and equitable access to health care, needs to be provided to all citizens and residents as a fundamental human right. The case of Morocco provides an instructive example of how this might be achieved.

- Across the world, and the Arab region was no exception, the delivery of social services was negatively affected in 2020 by COVID-19

restrictions such as lockdowns, travel bans and social distancing. Face-to-face education was suspended in most countries – schools and universities were closed for several months – and replaced with distance learning using open education resources or digital platforms, depending on the context. In all countries, health care was declared an essential service and continued functioning by following safety protocols as far as possible, for instance through the use of personal protective equipment. As for social protection, COVID-19 provided many countries with the opportunity to switch from manual to digital registration systems and payment mechanisms. These shifts in the delivery of governmental services are the focus of this chapter.

A. Innovations in access to education

The COVID-19 pandemic has created the largest disruption of education systems in history. UNESCO estimated that, by end-March 2020, 165 countries had closed schools, universities and other learning spaces nationwide, affecting 1.5 billion children and youth or 94 per cent of the world's student population, and 99 per cent in low- and lower-middle income countries. Many innovative solutions have been developed, using AI, OERs, radio, TV and other offline and online platforms. Despite all these efforts, a digital and innovation divide remains, which is huge in parts of the Arab region, notably affecting countries in conflict situations.

In the framework of the **UNESCO Open Education Recommendation**,[101] adopted by UNESCO member States in November 2019, UNESCO enhanced cooperation with the OER community to support openly licensed teaching and learning materials. UNESCO made a call to the OER community working on the implementation of the UNESCO OER recommendation to collect and share information on COVID-19 resources, to support learning during the COVID-19 crisis.

Given that the pandemic caused widespread school closures across the world, OERs are important to supplement formal online classes and even (temporarily) serve as the main form of education for those who are unable to access online learning. Many educational institutions, both schools and private publishing and assessment companies, opened up their resources so that students in quarantine who might not otherwise have access to learning resources could still continue to learn. UNESCO also identified a number of massive open online courses (MOOCs) and OERs which provide online courses and self-directed learning content through both mobile and desktop platforms.[102]

With a view to supporting the development of teaching and learning materials to enhance the capacity of instructors delivering online, UNESCO has made available openly licensed tools that can be used by Governments and institutions.

1. Education response to COVID-19 in the Arab region

In the Arab region, 13 million children and youth were out of school due to conflict pre-COVID-19. Due to the pandemic, more than 100 million learners across the region have been affected by school closures. Since the outbreak of the pandemic and the national lockdown measures, countries in the Arab region implemented a variety of solutions. Online learning gained ground as most countries introduced online platforms for continued learning.

For instance, the **United Arab Emirates** put its online learning system into action during the first weeks of the crisis, and the Ministry of Education decided to continue the academic school year 2019-2020 through

this online platform. **Jordan** introduced two e-learning platforms, *Darsak* I and *Darsak* II, targeting all grade levels in the formal sector, in addition to an online teacher training portal.[103] **Lebanon** launched a national platform developed by Microsoft for all grades. **Qatar** announced the activation of the Microsoft Teams platform using video lessons for the early education stage. **Egypt** opted for the continuation of the school year through its national online platform, the Egyptian Knowledge Bank, which includes resources that provide access to learning resources and tools for educators, researchers, students from kindergarten up to grade 12, in addition to technical classes, and all citizens. Students in Egypt also had the opportunity to continue learning and interact daily with teachers through Edmodo. The **Kingdom of Saudi Arabia** put into implementation a national online platform targeting 6 million students. **Iraq** and the Kurdistan Region in Iraq established two platforms for all levels called Newton and e-Parwarda. The **Syrian Arab Republic** activated several online platforms, including one for early childhood learning.

TV-based learning is another solution introduced by countries such as Egypt, Jordan, Lebanon, Mauritania, Morocco, the State of Palestine, Qatar, the Sudan, the Syrian Arab Republic and Tunisia. Radio-based learning has been used in Mauritania, the State of Palestine, Tunisia and the United Arab Emirates. Other online platforms such as YouTube TV have also been used in Egypt, Iraq, Jordan, the State of Palestine, Qatar, the Sudan and the Syrian Arab Republic

In addition, traditional ways of delivering learning have been promoted, such as the home-based learning and home-based instruction programme implemented in Lebanon and Morocco.

A variety of solutions for orientations, training and planning sessions have been promoted by the private and non-formal sector, including MOOC, ZOOM, webinars, and Webex, among others.

Countries disseminated information on the different learning tracks to learners, families, volunteers and teachers through national campaigns, circulars, decrees, video messages, TV interviews and radio talk shows, in addition to social media, especially official Twitter accounts in the Gulf countries and Facebook in the Mashreq and the Maghreb countries.

The new solutions brought many challenges and much needed innovation for the education sector. Equity in access to online learning has been a major concern in the region, especially for underprivileged communities who have limited or no access to free Internet, electricity, computers, tablets and other devices. Some countries such as Egypt and Lebanon addressed this challenge by providing learners with free access to online platforms and providing users with extra free Internet bundles to compensate for increased Internet usage. Partnerships with the ministries of communication were created to facilitate access to services and increase the speed of the Internet. To ease disruptions, Iraq, including the Kurdistan Region of Iraq and the United Arab Emirates created hotlines for teachers and students to seek technical support if they face any difficulties.

Teacher preparedness to deal with online learning was another challenge faced during this crisis. Teachers are on the frontlines of the response to ensure that learning continues. Most countries of the region have implemented online learning at a national scale for the first time. For this, they had to mobilize teachers in order to facilitate quality learning. However, the exercise proved that most teachers are neither adequately supported or trained nor were they included in developing the COVID-19 education responses. In addition, contracted teachers are threatened to not receive their salaries and benefit packages.

Online and remote learning have put a heavy burden on parents and caregivers who are unable to support their children due to a variety of reasons. One major reason is digital illiteracy. Supporting digital literacy helps to provide more inclusive social protection and can positively contribute to an effective life-course approach though it is not in itself a requirement of that approach. Not all parents are able to facilitate online learning, being unfamiliar with the different applications, platforms and devices. Some countries such as the United Arab Emirates put in place instructional guidelines specifically for parents.

Universities and other institutions for higher education also stopped face-to-face teaching. This disruption was unprecedented and placed new challenges not only on Governments to ensure the continuity of learning but also on learners, parents and faculty. The impact on these institutions was abrupt, and there were no contingency plans other than to attempt to continue classes remotely. As ever, the most vulnerable and disadvantaged learners were hardest hit. Going forward, it is important that attention shifts to post-pandemic planning to ensure the highest possible degree of quality, inclusion and equity for all teachers and students. The crucial question now is whether, given inequities in access to quality online learning, there will be a return to the status quo or whether the pandemic has been a wake-up call for the higher-education community.

The COVID-19 pandemic has demonstrated that no education system is resilient to crisis. Even though innovations in education and the digital revolution have transformed the higher-education system more profoundly than anything else in recent decades, the pandemic has been no less hard-hitting. Its economic impact alone could force up to 7 million students to drop out. International students were stranded. In every country, students are struggling with access to remote learning, social isolation and economic strife. COVID-19 has amplified fragilities and inequalities across digital, gender, social, and educational lines, especially in regions already affected by conflict.

Universities and faculty invested tremendous efforts in finding and proposing new and innovative teaching and learning modes. But one year after the eruption of the COVID-19 pandemic, the higher-education sector is still struggling both to provide alternative teaching and with issues related to student mobility, admissions, recognition of foreign qualifications and quality assurance. University administrations found themselves in uncharted territory – for example, on how to enrol students who have not yet obtained their secondary school leaving certificates because exams were cancelled, or whether to recognize qualifications obtained through alternative provision. Many countries, including in the Arab region, do not accept qualifications obtained online, being concerned about the quality of such qualifications.

In 2020-2021, in order to build the e-learning capacities of institutions for higher education in the Arab region, UNESCO's Regional Bureau for Education in the Arab States, in collaboration with the International Centre for Higher Education and Innovation in Shenzhen, China, provided certified online training on big data and AI, free of charge, in English and French. Participants from 153 institutions for higher education in the region joined.

2. What should be done in the education sector

Preventing the learning crisis from becoming a generational catastrophe needs to be a top priority for world leaders and the entire education community. This is crucial not just to protect the rights of millions of learners, but to drive economic progress, sustainable development and lasting peace. The Global Education Coalition comprised of United Nations agencies, international organizations, private-sector entities and civil society representatives, mobilized by UNESCO, has engaged actively to support national COVID-19 education responses. A new campaign, entitled Save Our Future, will help to expand global support for action on education at this time. In this regard, decision makers are encouraged to pursue the following recommendations and actions:

- **Ensure safety for all:** The United Nations and the global education community have developed guidance to help countries through the timing, conditions and processes for reopening education institutions. A key precondition is being able to ensure a safe return to physical premises while maintaining physical distancing and implementing public health measures, such as the use of masks and frequent handwashing. Such conditions may be more difficult in overcrowded classes and areas without basic infrastructure and services and will require additional investment.

- **Plan for inclusive reopening:** The needs of the most marginalized children should be included in school reopening strategies. Adequate health measures need to be provided for students with special needs. Conducting assessments to estimate learning gaps and prepare remedial or accelerated learning programmes is essential at the time of reopening.

- **Focus on equity and inclusion:** Measures to build back resiliently and reach all learners need to understand and address the needs of marginalized groups and ensure that they receive quality and full-term education. Learners in emergencies and protracted crises should be prioritized so that their education is not further jeopardized. School health and nutrition programmes (including school meals, water and sanitation) are of great importance to vulnerable children and a powerful incentive, increasing school re-enrolment and attendance, especially of girls and children living in extreme poverty or food insecurity. Governments and their development partners need to ensure that education systems address the vulnerabilities and needs specific to boys and girls, women and men, and to gender dynamics in times of crisis. Harmful gender norms, combined with economic strains on households, should not prevent girls and the least advantaged learners from returning to school and completing their education.

- **Strengthen financial resources mobilization and preserve the share of education as a top priority:** Education ministries should strengthen dialogue with ministries of finance in a systematic and sustained way to maintain and, where possible, increase the share of the national budget for education, particularly in contexts when internal reallocation is feasible.

- **Towards the recognition of online qualifications:** In many countries, and the Arab region is no exception, many higher-education systems do not accept online qualifications. Authorities and universities are concerned about the quality of qualifications obtained exclusively through online provision. It is, therefore, recommended that ministries of education and higher education, in the Arab region and elsewhere, develop high standards for online learning and its quality assurance.

- Digital literacy and inclusive digital and e-learning systems provide an important stepping stone towards more inclusive social protection systems. This can be seen across the world.

B. Innovations in access to health care

Limited access to health care is a major contributing cause of poverty. Every year, an estimated 100 million people fall into poverty because of unaffordable health-care expenses.[104] Illness and rationed access to health care reinforces pre-existing patterns of inequality and exclusion in societies across the world. As argued above, a life-cycle approach is very important for all social services, including health care. For this reason, the ILO's social protection floor has a fourth pillar in addition to income security for children, working-age adults, and older persons, namely, access to essential health care for all in need, throughout the life course.

Until recently, health care has not been a priority social sector in the Arab region, especially in low-income, fragile and conflict-affected countries, where Government spending on health services is generally lower than the global average. In fragile contexts, water, sanitation and hygiene facilities are lacking, health-care facilities have often been destroyed by conflict, and there are critical shortages of medicines, equipment and trained personnel. In the GCC countries, however, demand for health care has risen sharply due to ageing populations and rising levels of non-communicable diseases such as diabetes, which has prompted increased Government spending and private investment in health-care infrastructure (hospitals, clinics and medical equipment) and personnel (doctors and nurses). Whereas most Arab countries were inadequately prepared for COVID-19, all GCC countries, except Qatar, were assessed by the World Health Organization (WHO) in March 2020 as having adequate response capacity.[105]

Almost all countries allocated additional fiscal resources to their national health services in 2020, under COVID-19 stimulus packages that aimed to ensure accessible, quality health services for COVID-19 patients while protecting frontline health workers. Countries with well-functioning health systems and health insurance schemes in place that already covered all or most of the population were better able to respond to COVID-19 in a quick and inclusive manner. Examples of innovative responses include the following:

- Qatar and Saudi Arabia provided free screening and testing for migrant workers.

- Egypt, Morocco, Saudi Arabia and the United Arab Emirates supported COVID-19 vaccine research and trials, in partnerships with China and other countries.China, the Philippines and Vietnam added COVID-19 testing and treatment to their health-care benefits and extended access to these benefits to informal workers.

- Thailand gave all COVID-19 patients, both citizens and foreign residents or visitors, free access to health care under its Universal Coverage Scheme for Emergency Patients.[106]

These initiatives are commendable. They enhanced equitable access to essential health care in response to a pandemic that was not only globally destabilizing but also highly unequal in its impacts, affecting the unprotected poor and socially excluded groups disproportionately. However, most of these interventions were temporary and limited to COVID-19. In a sense, they drew attention to the access gaps that existed pre-pandemic and will return post-pandemic unless the opportunity is seized to extend health-care coverage to all on a permanent basis. As such, these examples show what challenges remain ahead for a life-course approach to social policy.

"Measures to enhance access to affordable health care should go beyond testing and treatment for COVID-19. They should also provide access to a comprehensive benefit package that covers the full range of communicable and noncommunicable diseases that in many cases act as comorbidity factors. In view of broader challenges, it is essential for countries to sustain and transform emergency measures into permanent, collectively financed mechanisms that will continue beyond the crisis in order to move towards universal health coverage."[107]

Before the global COVID-19 pandemic, the most visible applications of emerging technologies, such as AI, were initiated and found in entertainment and in areas aiming at increasing productivity or convenience. In 2020, however, the potential of digital technologies to contribute to managing a global health crisis became apparent. Emerging technologies have helped to expedite

the development of a vaccine, predict which public health measures would be most effective and keep the public updated with relevant scientific information. They also allowed people to move much of their lives online, maintaining economic activity and access to services when most people were staying at home, and helping people to remain connected to one another.

COVID-19 prompted substantial investments in digitization and telehealth in parts of the Arab region, with a 400 per cent increase in teleconsultations in the GCC countries in 2020. Morocco developed capacity through a research and development centre to produce one million COVID-19 tests per month. Along with other countries, including Kuwait, Qatar and the United Arab Emirates, Morocco delivered medical supplies, gloves and sanitary equipment to other countries affected by COVID-19, mainly in Africa. The United Arab Emirates also provided humanitarian aid to affected countries starting in March 2020.[108]

In 2020, Governments in the region also used innovative public communication strategies. Apart from awareness-raising campaigns about COVID-19 on television and radio, Governments used social media and websites to provide important health messages and information about preventive measures. The Ministry of Culture in Jordan filmed actors and local celebrities in their awareness campaigns, also to share ideas for how children could use their time indoors during lockdown. In Lebanon, a prominent NGO "organised online trainings for youth on mental health, distributed board games to families, and filmed and disseminated videos with youth on how to spend time in lockdown".[109]

C. Innovations in social protection

Four main areas of innovation in social protection have been observed in recent years. All of these were highlighted by COVID-19 in 2020, which provided an impetus to accelerate ongoing trends. These four areas are as follows: extension of coverage to categories of people who were previously excluded (such as informal workers, migrants and refugees); adaptation of social protection interventions (such as school feeding schemes) to

changing circumstances due to COVID-19 restrictions; increasing use of digital technologies for beneficiary management; and growing convergence between humanitarian relief interventions and developmental social protection.

1. Towards universal social protection

By exposing the glaring gaps in social protection provisioning across the world, especially in low- and middle-income but even in high-income countries, COVID-19 has given fresh impetus to advocates for universal – or at least more inclusive – social protection systems.

Coverage of social protection certainly expanded during 2020. As discussed in previous chapters, newly vulnerable beneficiaries were added to existing programmes, at least on a temporary basis, and new programmes were established to meet the needs created by COVID-19 lockdowns. Many of these new initiatives were located in urban areas, where COVID-19 lockdowns had the most severe effects on mobility and economic activity, and where social protection coverage is often lowest[110]. For example, "as part of COVID-19 responses, a new generation of urban safety net programmes is now starting to expand in a dozen African cities, including Kinshasa, Monrovia and Antananarivo".[111] Innovative modalities were devised or adapted to identify, register and pay beneficiaries of these programmes. Even if the new programmes scale back or close down after the COVID-19 pandemic recedes, the digital platforms will remain, and lessons learned from good practices will surely be retained and can be extended to the Arab region.

Universal coverage of social protection does not necessarily mean universal benefits. A right to social protection means that people are entitled to claim assistance from the State only if and when they need it.[112] However, there has been lobbying for UBI for many years, led since 1986 by the Basic Income Earth Network, the objectives being not only to reduce poverty but also to reduce inequality and promote social inclusion.[113]

The world's first basic income grant was piloted in a rural town in Namibia for 24 months in 2008-2009. Food poverty decreased dramatically, economic activity and earnings increased due to local income multipliers, access to education and health services improved, levels of indebtedness fell, crime rates also fell, and child nutrition indicators improved.[114]

A basic income grant was piloted in Finland in 2017, where 2,000 unemployed people received €560 per month for two years. Apart from reducing income poverty, recipients also reported improved mental health on several indicators.[115]

In 2020, COVID-19 reignited debates about UBI, globally and in many countries. At the global level, the United Nations Development Programme proposed that a temporary basic income (TBI) grant – a minimum guaranteed income above the poverty line – that should have been introduced to protect poor and vulnerable people in 132 developing countries against the effects of COVID-19.[116]

Although no developing countries implemented the TBI suggestion, some high-income countries implemented near-universal basic income grants as a social assistance response to COVID-19. Spain paid €1,015 per month to 850,000 households through its guaranteed minimum income scheme, and the United States gave a $1,200 stimulus cheque to all adults who earned less than $99,000 per annum, under its COVID-19 relief programme.[117]

In the United Kingdom, a cross-party parliamentary and local government group on UBI wrote to the Chancellor, calling for pilot UBI schemes to be run by local councils, to cushion people against the end of the COVID-19 furlough scheme. "We must trial innovative approaches which create an income floor for everyone, allowing our families and communities to thrive. The pandemic has shown that we urgently need to strengthen our social security system. The creation of a UBI – a regular and unconditional cash payment to every individual in the UK – could be the solution."[118]

Also, in 2020, Kenya implemented UBI in 295 villages. A rigorous evaluation found that the incidence of hunger, physical illness and mental health issues were significantly lower among 14,474 recipient households.[119]

In South Africa, civil society campaigned for the introduction of permanent basic income support for low-income adults over 18 years olds (too old for the child support grant) and under 60 years olds (too young for the older persons grant).[120] The campaign gathered momentum as the COVID-19 special relief grants came towards their end and received support from the Ministry of Social Development, which held an online public consultation about this proposal in December 2020.

These debates do not appear to have permeated the public policy discourse in the Arab region, where social protection is generally limited in coverage and discretionary, rather than universalized and rights-based. "At the level of the Arab region, there has been 'accommodation' of social protection into existing political and institutional frameworks which fall short of the more transformative potential hailed in the literature."[121] Social protection efforts in this region have instead been dominated by a reverse trend, namely, pressure from international agencies such as the World Bank to dismantle universal food and fuel subsidies and replace these with targeted cash transfers. A notable exception is Morocco, which committed to implement a progressive expansion of coverage of family allowances and health insurance, to achieve universal coverage by 2024.[122]

2. Social protection for informal workers

There is a growing consensus on the need to extend social protection coverage to informal workers who are eligible for neither social assistance (which mostly targets non-working vulnerable groups) nor social insurance (which targets formally employed workers who pay contributions into social security funds). COVID-19, which has affected more than 1.5 billion informal workers, highlighted this gap and gave renewed impetus to this issue.

"The crisis has stressed the urgency of reinforcing national social protection systems, including floors, to cover workers in all forms of employment through appropriate legal frameworks, effective administrative systems and sustainable and equitable financing mechanisms. This should be achieved through a combination of contributory and non-contributory schemes, taking into account the diversity of the informal economy and giving priority to the most vulnerable."[123] One innovative proposal that would

make social security rights-based is to delink eligibility for social insurance from workers' contributions. All working adults would be entitled to receive unemployment insurance, paid maternity leave and other social security contingencies directly from the State.

"To 'build back better' post-COVID-19, it is proposed that rights-based national social protection systems shall be implemented with two components: categorical social assistance for non-working vulnerable groups (children, older persons and persons with disability); and universal social insurance for all working adults (formal, informal or self-employed), financed out of general revenues rather than mandatory contributions by employees and employers."[124] Extension of social protection to migrants and persons of concern

Apart from informal workers, other vulnerable categories that are often excluded from social protection include migrants, refugees and IDPs. The Arab region currently hosts the highest numbers of refugees and forcibly displaced people in the world.

a. Migrants

Migrants comprise a significant share of the workforce, especially informal workers, in several countries in the Arab region, especially in the GCC where they have supported the functioning of health care, nursing, transport, agriculture and the industrial sector, in particular the oil industry, throughout the crisis. However, migrants who were forced to stop working have been extremely vulnerable during the COVID-19 pandemic, as many were stranded in foreign countries due to travel bans, with no entitlement to local social assistance or social insurance schemes. Such benefits are typically not portable from home countries, which left millions of migrant workers unable to claim protection from any source. One case that received international media attention was the plight of thousands of Ethiopian migrants in Yemen who were excluded from basic services and repatriated to Ethiopia only after several months.[125]

Innovative strategies must be developed, underpinned by legislation, either for incorporating migrant workers, foreign residents and refugees into domestic social protection systems, or to ensure the portability of benefits

across national borders. Two relevant international protocols in this regard are the Comprehensive Refugee Response Framework – adopted by all 193 member States of the United Nations in September 2016 – and the Global Refugee Compact that followed in 2018, which assert that refugees should be integrated into local communities and should be entitled to access all social services provided by the host Government, including social protection.

b .Remittances

Remittances from citizens working abroad, especially in Europe and the Gulf countries, make a major contribution to the economies of several countries in the MENA region. In Egypt and Lebanon, for instance, remittances accounted for 10 per cent and 12.5 per cent of GDP, respectively, in 2019. Due to the economic shock caused by COVID-19, which reduced the incomes of remitters, remittances were projected to decline by 20 per cent in 2020. Countries such as Egypt (the world's fifth largest recipient of remittances), Lebanon and Tunisia (where remittances fell from 5.5 per cent to 4.4 per cent of GDP between 2019 and 2020) were severely affected.[126] This had negative effects on households receiving remittances, whose subsistence often depends on these income flows, and created additional needs for social protection or humanitarian relief.

c. Refugees and IDPs

The number of refugees and IDPs in the MENA region has increased sharply during the last decade, largely due to the protracted civil war in the Syrian Arab Republic. Jordan and Lebanon currently host the world's highest number of refugees per capita. More than half of all refugees are women and girls, who face gendered vulnerabilities such as gender-based violence, female genital mutilation and early marriage, in addition to constrained access to social services and education, with lower enrolment and higher dropout rates among refugee girls than boys.

Refugees often live in poverty (one third of refugees in Lebanon are poor), either dependent on humanitarian assistance in refugee camps or searching for work in the informal sector, earning a living day by day as street traders, beggars, daily labourers, or farm workers.

These livelihoods were susceptible to being suspended during COVID-19 lockdowns in 2020, leaving these low-income households destitute and excluded from mainstream social assistance and social insurance schemes in host countries.[127]

Refugees living in camps and high-density housing areas were at heightened risk of contracting and spreading COVID-19. The Ministry for Social Affairs in Lebanon, with support from development partners, implemented a plan to prevent this through the delivery of awareness campaigns and disinfecting materials to refugee camps, among others. The Government of Jordan, supported by UNHCR, made sure that refugees had uninterrupted access to public health services.

3. School feeding adaptations

An estimated 1.6 billion children in 197 countries faced disrupted education during 2020 due to school closures, and 370 million of these children lost access to their daily meals at school.[128] Many countries with school feeding programmes adopted a variant of WFP's 'school feeding at home',[129] which involves switching the provision of cooked meals to learners at school (usually a hot lunch, sometimes also breakfast and/or a snack such as fortified biscuits) with rations provided to these children at home as long as schools had to stay closed due to COVID-19.

School feeding at home takes several forms (box 2) for case studies from Africa, Asia and Latin America. In Libya, for example, WFP assisted the Ministry of Education by delivering nutritious snacks to learners and their families. In 2020, similar initiatives existed in different countries with the following variations:

- **Collection/delivery:** In some countries, food parcels were delivered to learners' homes, door-to-door; in others, parents came to the school or another pick-up point to collect the food.

- **Composition of food:** The contents of food parcels provided as take-home rations varied, from dry food such as cereals to fresh vegetables and fruit and to fortified snacks.

- **Quantity of food:** Many countries delivered only a small quantity of food or once only, while in other cases, larger quantities were provided in repeated deliveries throughout the lockdown.

- **Provider:** In some cases, the Government delivered food to learners at home; in other cases, food was provided by WFP in partnership with the Government.

School feeding at home performed an important function during 2020, but it had certain limitations. First, quantity and quality of the food provided at home were generally lower than of that provided at school. Dry rations were provided rather than cooked meals; the food delivered was often not fresh due to lack of vegetables and fruits; and deliveries were not always daily. Second, the nutritional impacts of school feeding at home were diluted because take-home rations were inevitably consumed by the entire family, not just by the child who used to consume all the meals at school.

School feeding at home was introduced as a temporary emergency measure and as part of the support to households forced to stay at home under COVID-19 control measures. Yet, it raises the issue of discontinuities in regular school feeding programmes. Children receive meals only on schooldays, excluding weekends and holidays, which reduces potential food security and nutritional impacts. Extending the school feeding at home principle could cover these gaps and ensure continuous provision of nutritious food to malnourished and vulnerable children throughout the year.

4. Innovations in the digital delivery of social protection

COVID-19 accelerated an ongoing process worldwide, namely that of transitioning from manual delivery of social services to delivering certain components of these services via digital platforms, such as the Internet, television, mobile phone and social media applications. The most progress in this regard was observed in terms of innovative processes associated with social protection, notably beneficiary registration and payment mechanisms, including switching the delivery of social transfers from manual to electronic or digital platforms, such as mobile money through mobile phones.

Box 2. Innovations in school feeding

Libya: While schools were closed due to COVID-19, the Ministry of Education continued its teaching programme through distance learning. WFP supported the Ministry by providing 2 kg boxes of mineral-and-vitamin-fortified date bars as take-home ration to 18,000 learners in southern Libya, enough to cover 30 per cent of the family's daily nutrition needs for five days.

Colombia: After schools were closed in April 2020 because of COVID-19, 112,000 learners lost their access to school meals. For 86,000 of these children, meals at school were replaced with take-home rations. One family member collected the food rations – a nutritious package that included cereals, dairy products, cooking oil and fruits.

Congo: When schools were closed due to COVID-19, the Ministry of Primary and Secondary Education delivered an 'education at home' programme on the radio and television. At the same time, WFP launched 'school feeding at home', providing rice, peas, vegetable oil, salt and sardines as take-home rations.

Cambodia: With support from WFP, the Ministry of Education, Youth and Sport gave 10 kg of donated rice to more than 100,000 learners at over 900 primary schools, to protect their families against the livelihood shocks associated with COVID-19 restrictions. As a one-off transfer that would be consumed by the entire family, this intervention probably had only limited impact on child nutrition outcomes.

Honduras: The National School Feeding Programme, which delivers hot meals to 1.2 million children, was suspended when schools were closed. School feeding committees prepared food parcels (including rice, beans, cornmeal and oil), following COVID-19 safety protocols developed by WFP and UNICEF. The parcels were collected from schools by adult relatives of each learner. In some areas, to avoid crowding at schools, teachers delivered the parcels door-to-door as take-home rations, using bicycles and motorbikes.

Source: WFP, 2020.

Box 3. Innovations in digital delivery of cash transfers

In Tunisia, in May 2020, the Ministry of Women, Family, Children and Seniors, in a press statement, announced that it was opening a digital line of credit in favour of domestic workers in partnership with the Tunisian Development Bank and the Professional Association of Microfinance Institutions, as one initiative to mitigate the effects of COVID-19 for the most economically vulnerable categories. This credit was capped at 1,000 Tunisian dinars and offered at a reduced interest rate, repayable over 24 months with a two-month grace period. The only modality specified is the deposit with the regional delegations of women and family affairs. The press statement stressed the need for employers to respect the rights of women workers. This programme would later allow the development of a legal and protection framework and the implementation of special programmes for their benefit, including Tunisia's accession to International Convention 189 on Domestic Work.[a]

In Cambodia, the equity card of the national poverty identification system allows more than 500,000 households (15 per cent of the population) to access multiple social services, including free health care, scholarships for schoolchildren and cash transfers for poor pregnant women. Eligible households are identified through a community-implemented proxy means test and are registered on a single national database. Digital technologies allowed faster processing of applications during the COVID-19 pandemic. "The use of tablets reduces labour and paper for questionnaires, makes data available immediately in the national database, improves data quality and facilitates payments to beneficiaries".[b]

Colombia provided cash transfers to economically vulnerable families affected by COVID-19 who were not covered by social protection, according to the national Sisbén database. The Solidarity Income Programme "was designed and operationalised in less than three weeks to rapidly provide transfers to households that would be affected by the confinement measures [...]. The pandemic has enabled the implementation of a master database, which is a first step to the creation of a national social registry." The programme also facilitated financial inclusion of 851,000 households that used digital financial services for the first time.[c]

In India, the 'JAM Trinity' – "three innovations in the widespread availability of basic bank accounts (the Jan Dhan Yojana programme), unique biometric identification (Aadhaar) and mobile phone ownership that permit a new approach to direct benefit transfers to the poorest households" – uses digital technology in multiple ways to deliver social transfers to millions of beneficiaries.[d]

In Namibia, COVID-19 provided an opportunity to use the National Population Registration System, an integrated civil registration and identity system, to promptly deliver an emergency income grant to almost one third (32 per cent) of the national population. "This was the first time the Namibian government had used electronic identity data to facilitate social protection programming and the distribution of grants".[e]

In Pakistan, COVID-19 precipitated the launch of "the most ambitious social protection programme to assist marginalised people" ever launched in the country, building on a recently introduced SMS-based application platform and a biometric payment system. "The programme accelerated the adoption of cost-effective, digital initiatives that enabled new ways of coordinating across multiple stakeholders and deploying a whole-of-government approach". Financial inclusion for women is also being accelerated through the 'One Woman, One Bank Account' initiative, which creates bank accounts linked to mobile wallets for all female beneficiaries of the programme.[f]

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a ESCWA, Background Note on SDG 10 at AFSD, 2020.
b Pagnathun, Cerceau and de Riel, 2021.
c Pabón, 2021.
d Rutkowski, 2020.
e Forsingdal, Munyika and Dokovic, 2021.
f Nishtar, 2021.

Box 4. Financial inclusion through Brazil's Extra Single Registry

Brazil's Single Registry was used to deliver income support to three categories of beneficiaries in 2020, under the Emergency Aid (EA) and Extension of Emergency Aid (EEA) provisions of the Government. These categories are as follows: (a) households already receiving cash transfers from the Bolsa Familia programme received additional support; (b) households already registered in the Single Registry but not benefiting from existing programmes were added to beneficiary lists; and (c) informal workers, self-employed and unemployed people applied through a digital registration platform and were processed on the Extra Single Registry. The new digital platform (application plus website) was created by a State-owned bank. Successful applicants received payments into a digital savings account, which was also the modality used to pay other social protection beneficiaries during the lockdown. The Extra Single Registry prompted large-scale financial inclusion, as 48.6 million new savings accounts were set up for EA and EEA cash transfer recipients.

Source: Yamasak and Rodopoulos, 2021.

As seen in the cases of Colombia and Pakistan, financial inclusion is a secondary benefit of several programmes that deliver income support through digital platforms. Another example is the case of Brazil, which created bank accounts for millions of new beneficiaries in 2020 (box 4).

5. Harmonization of humanitarian relief and developmental social protection

Although COVID-19 lockdowns created a humanitarian crisis, Governments responded by using social protection programmes, modalities and platforms, where possible. Under the label 'shock-responsive social protection', existing beneficiaries received higher payments during the months of lockdown (vertical expansion), and new beneficiaries were fast-tracked into these programmes on a temporary basis (horizontal expansion). Building on existing programmes and using existing platforms enabled a rapid and effective response.

Examples of rapid response to COVID-19 using existing beneficiary databases include the following:[130]

- **Chile's** Emergency Bonus programme identified new beneficiaries through the social registry and delivered assistance within two weeks.

- **Morocco** made payments to informal workers registered in the national health assistance database (RAMED) within three days of the Emergency Support for Informal Workers programme being announced.

- **Togo** invited applications for the Novissi emergency programme through a mobile phone application that cross-checked applicants against the national voter database and made first payments to eligible beneficiaries into mobile wallets five days after the programme was launched.

Horizontal and vertical scale-up of functioning social protection programmes has proven to allow for an effective and rapid response to COVID-19. These learnings can be extended to post-COVID-19 contexts. "The COVID-19 crisis has put social protection at centre stage as a shock response tool, and it is likely that the demand of societies for stronger and more inclusive

systems will increase".[131] All social protection systems should incorporate shock-responsive features that allow harmonization with humanitarian responses – temporary expansion and contraction of payments and beneficiaries – in times of future crises.

Finally, despite the many innovative experiences reported in this chapter, it is important to note that not all countries and social groups are equally able to harness the potential of digital technologies. According to the State of Broadband 2019 Report,[132] global Internet user penetration rate is at 51.2 per cent; yet, it is only at 45 per cent in developing countries and 20 per cent in least developed countries. These digital and knowledge divides have always existed, but in a situation where many people have to stay home, it escalates from a disadvantage to a debilitating disability. Work is needed, in the long term, to increase access to digital technologies, and in the short-term, to ensure that lack of access does not translate into an inability to continue daily life and access essential services. COVID-19 is a timely reminder that the socially beneficial applications of digital technologies should be nurtured, with a focus on improving access and uses in countries where it is lacking, while ensuring that proper protocols are maintained for privacy, non-discrimination and personal data protection. The need also exists to recognize the potentially exclusionary impact of digital technology, especially when used in implementing targeting mechanisms in the provision of social protection.

Although COVID-19 has created immense hardship for millions of people in the Arab region and across the world, it has also generated innovative responses and important learning for Governments that should not be forgotten once the current crisis is over. Some of the positive lessons highlighted in this chapter include the following:

- All the innovative efforts by Governments to ensure citizens' uninterrupted access to basic social services (health care, education and social protection) that were introduced during 2020 should be sustained and built on post-COVID-19 because they represent a minimum provision of essential services, in line with international human rights law.

- Related to this, efforts to extend coverage of services to marginalized and excluded groups, from informal workers to migrants and persons of concern (refugees and IDPs), should be maintained and institutionalized going forward, not least because this is in line with the principle of the Agenda 2030 to leave no one behind.

- Disruption to school feeding programmes caused by school closures highlighted the gaps in this important support to children's nutrition, notably during weekends and school holidays. Since school feeding at home was introduced in some countries to ensure continuity of food assistance to needy learners, this innovation could continue even after schools reopen and school feeding is resumed, to ensure that children vulnerable to hunger and malnutrition receive food throughout the year.

- Health insurance, or free and equitable access to health care, needs to be provided to all citizens and residents as a fundamental human right. The case of Morocco provides an instructive example of how this might be achieved.