Country Annex
This annex to the case studies provides more detail on each of the countries covered by the studies. A brief overview of the historical humanitarian/social protection context is provided for each country, followed by points on specific aspects of the humanitarian programme cycle and delivery chain that have been covered in the studies and are relevant in relation to links between humanitarian cash and social protection. Where feasible, COVID-19-specific links are also highlighted.

The country overviews primarily reflect the perspectives of the Sub-Group member agencies who have contributed to the associated case studies and do not intend to provide the full picture of pre-and-post pandemic humanitarian cash transfers (HCT) and links with social protection (SP) nor to reflect the activities of all stakeholders involved in the interventions referred to.

Bangladesh

Overview

Bangladesh has a long history of implementing social safety net programmes to reduce poverty and vulnerability for specifically targeted groups. Despite this, during the pandemic (as well as at other times) some socially marginalized communities and vulnerable groups faced hurdles in accessing their rights to health care and social protection (SP). Urban populations have also been traditionally underserved by formal SP support and this remained an issue during COVID-19 interventions.

Measures such as the movement restrictions and the general “Government Holiday” declared by the government, which were taken to reduce the spread of infections, are associated with serious socio-economic consequences for the particularly vulnerable groups in the country due to the restrictions imposed on them to generate income. Consequently, many slum dwellers have lost their income and do not have sufficient means to compensate for its loss. Vulnerable slum populations, including extremely poor households, climate migrants, women-headed families, elderly slum dwellers, persons with disabilities, are particularly affected. The occurrence of floods and storms during the cyclone and monsoon seasons, the consequences of which many slum dwellers face in addition to the pandemic, further constrain their ability to cope with the impact of the pandemic.

The supply of hygiene products and measures and sanitary installations is very limited and information campaigns are usually not sufficiently adapted to the specific information needs of particularly vulnerable slum dwellers. Hence, slum dwellers lack sufficient access to reliable and accurate information on how to prevent COVID-19 infection and on what to do in case of infection. Additionally, they do not have the means available to undertake preventive measures.

In Cox’s Bazar the pandemic has exacerbated the needs of the refugee population who do not benefit from the government’s expanded social protection approaches.

COVID-19 adaptations

In the course of the COVID-19 pandemic, numerous support measures (e.g. distribution of basic foods, unconditional cash transfers, information campaigns) were provided by the government and NGOs. However, these measures do not reach urban slum dwellers and, as noted above, access to government support services is often not transparent, linked to long and bureaucratic applications processes, during which the vulnerable poor require assistance. Personal networks are often necessary to successfully apply for social services. One part of the large-scale social assistance-based financial stimulus package issued by the Bangladesh Government consists of different initiatives including one-off cash assistance to five million poor households. Less than half of those who were targeted by these measures, however, had received this assistance by the end of July 2020.

Outreach/communication

As highlighted by World Vision in Bangladesh, vulnerable individuals and communities need to have access to the right information to ensure that they are aware of access criteria, the application processes, and available assistance. Using the World Vision’s social accountability approach through the organization’s Citizen Voice and Action project, awareness of and therefore access to the government’s social safety net programme increased significantly. The approach follows a process of informing, educating, and organizing a dialogue between local communities and their government to attain access to the services to which they are eligible. The Citizen and Action Project showed that even in those cases where government officials intend to reach the most vulnerable citizen, corruption remains a considerable access barrier to vulnerable people, as well as the complex administrative processes. Ensuring that those eligible to receive social protection support (a) have the information they need and (b) can contribute to discussions on cash transfers and additional services is key to guiding government efficiency and effectiveness in resource allocation. The Government’s Social Protection Programme was scaled-up in response to the pandemic. This has been complemented by World Vision’s Multipurpose Cash Assistance to address COVID-19 related needs. World Vision collaborated with bKash to transfer money to recipients via mobile banking accounts into recipient accounts. World Vision issued payment orders to the bank, the bank transferred funds to the mobile banking agent (bKash) for payment, and ultimately, the beneficiaries received the funds in their accounts. This allowed transactions of cash to over 18,000 families within only two days. The recipients were given guidance on how to register
with bKash. Using this context-appropriate client-focused tool ensured that recipients were rapidly able to access cash assistance. Work undertaken before the pandemic through this approach ensured wider access to government safety nets to those in need, ensuring better access for women and the most vulnerable, allowing them to understand their entitlement to government social protection payments. Target recipients accessing safety nets significantly increased, highlighting that although the roll-out of safety nets is important, ensuring that this is done in a way that ensures the increased provision of and access to information and providing a platform for citizen feedback can help ensure the inclusion of those who should be included.

Separately, GIZ also acted to address both the information gap as well as the need for immediate livelihood support. This includes short-term income-generating measures through multipurpose cash grants (MPCG) for the highly vulnerable population within the slums in the five partner cities, as well as a comprehensive information campaign implemented in the framework of the Urban Management of Internal Migration due to Climate Change (UMIMCC) / Urban Management of Migration and Livelihood (UMML). Accordingly, the GIZ support the implementation of information and awareness-raising measures adapted to the specific information needs of the target group, to improve hygiene measures. The beneficiaries of this COVID-19 response measure (MPCG) must explicitly not be recipients of any other governmental or non-governmental safety net programme in relation to COVID-19.

The UMIMCC projects support the setting up of information hubs (IH) through the decentral structures of the Ministry of Social Welfare, which disseminate information on the available public social services and the required application procedures. In all five partner cities, such information hubs are operational already and a link to the COVID-19 information campaign funded by the GIZ has been made. There is scope to further strengthen the link between similar structures and the dissemination of information on the prevention of infection with the COVID-19 also in other cities in the country.

**Coordination**

The GIZ-supported MPCG runs the risk of mayors and local administrations of the cities addressed feeling that they are not sufficiently involved and are unable to influence the orientation and implementation of the measures in slum communities in the five cities addressed. To avoid this, transparent communication with multiple influential local actors is necessary for all implementation phases.

**Ethiopia**

**Overview**

A National Social Protection Platform is set up to develop social protection policies and strategies, including the National Social Protection Policy (2014) and the National Social Protection Strategy (2016) focusing on a life-cycle approach to social protection based on contributory and non-contributory schemes. Long-term financing is a challenge. Social insurance was extended to the private sector in 2011, covering the full range of pensions and work injury. Ethiopia’s large informal economy presents challenges to extend social insurance beyond the 2 million current members (2019). The Productive Safety Net Programme (PSNP) is the referral point for social protection in the country: it reaches 8 million vulnerable households with cash or food transfers and includes a public work component focused on environmental restoration and climate resilience.

**COVID-19 adaptations**

Since March 2020, the “COVID-19: National Emergency Response Plan” called upon actors to extend the PSNP to people affected by the secondary impacts of COVID-19 on food security. From April to September 2020, the Prime Minister also declared a state of emergency under Article 93 of the constitution, which allowed it to forbid layoffs by private employers. USAID, in addition to the pivots of existing programming, including its support to the PSNP, launched a new COVID-19 Humanitarian Assistance (HA) to reach out to uncovered populations. The Collaborative Cash Delivery Network (CCD) actively supported coordination mechanisms between humanitarian CVA actors and social protection government departments. Additionally, the Ethiopian government with the ILO through social dialogue and social security institutions, implements the “Call to Action”, a cash transfer programme of 4.5 million USD as income support or wage subsidy to about 45,000 workers in the garment sector intending to develop in the long-term unemployment insurance.
Iraq

Overview

Despite an officially declared end of war with the Islamic State group (ISg) in 2017, the region’s volatile security conditions have kept Iraq in the throes of unrest and displacement. In neighboring Syria, violent conflict continues to rage on, displacing scores of people each day. As the protracted crisis continues, Iraq remains one of the most fragile states in the world.1

Continued cycles of unrest and displacement have added to the complexities of the humanitarian response in Iraq. Recurring crises have meant that conversations on potential transitions to durable solutions get sidelined as soon as a new emergency occurs. This has limited humanitarian actors’ ability to deliberate on and engage themselves in a solutions-centric paradigm, instead of being forced to focus on the immediate needs of the displacement-affected population in the short term. There is however a growing recognition that the humanitarian response in the country needs to take a long-term approach in its strategic planning, one that can at least enable, if not facilitate, solutions for the country’s vulnerable population, as well as create exit pathways for international humanitarian actors. The Government of Iraq has a social protection network that provides exit pathways for international humanitarian actors. The Government of Iraq has a social protection network that provides

Initially focused on refugees, humanitarian cash transfer programming has been in use in the Iraq humanitarian response since 2014. Humanitarian cash actors however lacked a common understanding of how to accurately identify and assist the most vulnerable households. As a result, the Cash Consortium of Iraq2 developed the Multi-Purpose Cash and Sectoral Outcomes (MPCS) assessment, scoring, and verification tools which have subsequently been endorsed by the Cash Working Group (CWG) and widely used by other Multi-Purpose Cash Assistance (MPCA) actors. A core tool used by MPCA actors in Iraq is the Vulnerability Assessment (VA). The tool was designed around a vulnerability model that uses socio-economic indicators to arrive at an overall vulnerability score.

Recently, MPCA has been adopted by a large number of NGOs and UN agencies to support the most vulnerable. However, MPCA has remained short-term in nature, designed basically as an emergency response support. And while widely accepted to be impactful in enabling households’ basic needs, its impact is seen to be temporary at best.3 As a result, MPCA programming has been lacking a long-term perspective that may help contribute to durable solutions for the country’s displacement-affected populations, especially the most vulnerable among them.

To improve the quality, accuracy and transparency of targeting approaches, the Cash Consortium for Iraq (CCI), led by Mercy Corps, led the development of a rigorous proxy means test (PMT) as part of its Vulnerability Assessment approach. The first PMT was developed in mid-2016 and adopted by the entire CWG later that year. This was then followed by the development of a more rigorous PMT in late 2018, again adopted by the CWG the same year. The common use of the PMT by CWG members has been key in facilitating the use of standard assessment tools as well as for monitoring and evaluation and price monitoring.

The new vulnerability assessment model developed for determining eligibility for humanitarian MPCA is methodologically aligned with poverty assessment models used by the World Bank. This alignment has helped create a humanitarian assessment method that can be used to identify vulnerable households for potential referrals to various social protection schemes, including those administered by the government for poverty reduction.4 One notable difference between the approaches was that the Mercy Corps analysis for the vulnerability assessment looked at negative coping strategies whereas the Government considered asset ownership in the analysis. The Government relied on its household (HH) survey and had its own eligibility criteria relying on different formulas. The Mercy Corps approach had a baseline that was established with regular monitoring and updates to the datasets. The methodology was evidence-based, context-specific, and identified socio-economic vulnerability. The approach was recognized by donors, UNHCR, WFP and eventually the World Bank who adopted it for the new Safety Net programme. The cash community was very well positioned to provide recommendations to the Government. There were areas of overlap in targeting with the two methodologies. As a result, referral processes were established, joint registration, and the overall expansion of the Government of Iraq (GoI) safety net.

Targeting - general

There are two key issues with a social safety net (SSN) targeting in terms of design: (i) the corruption of the database as a result of government’s discretionary transfers following protests, whereby around 600,000 households were added as beneficiaries who were not eligible as per the SSN targeting criteria; and (ii) the actual SSN criteria and process, in that those who are the highest priority as per the PMT may not be those most affected by COVID shocks. This is true for both existing

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1 The Fund for Peace, 2019.
2 Comprised of the Danish Refugee Council (DRC), the International Rescue Committee (IRC), the Norwegian Refugee Council (NRC), and Mercy Corps.
3 Currently, the maximum length of MPCA for IDPs in Iraq is 3 months; see Khan, et al., 2019.
beneficiaries (eligible for the larger transfers as part of the vertical scale-up) as well as the new households who were on the waiting list, as the information provided in both cases would have been pre-COVID. Therefore, based on the previous poverty assessment on which the PMT was based (from 2011), the PMT is likely to be skewed more rural than urban, not those who are more likely to have the greatest needs right now in urban areas. With an urban population at 70%, and 45% of the population informal workers, there is an acute need to look at the ‘missing middle’ that will now be affected by COVID-19 due to not receiving remittances or lockdown.

Humanitarian transfers had developed a targeting system based on a crude PMT to make it more ‘aligned’ with the SSN (although with different indicators, the extent to which it was aligned in practice is fairly limited). Also, there were concerns that there was a risk that the harmonization of approaches across the SSN and CCI’s humanitarian cash transfers while a good idea for the long term, may amplify any gaps in targeting for COVID-specific shocks.

Pre-COVID-19 MCPA Targeting

Pre-COVID-19, MPCA aimed to target 61,465 HHs. 36,270 HHs are considered ‘catastrophically vulnerable’ and therefore received three months of cash assistance. The remaining 25,195 HHs are considered ‘extremely vulnerable’ and received a package of two months cash support. With the MPCA sector currently just 8% funded fewer HHs will receive cash support than anticipated.

Demographically, the caseload comprises i) acutely vulnerable returnee HHs and ii) acutely vulnerable out of camps IDP HHs. There are five tiers of vulnerability listed in the CWG MPCA Vulnerability Assessment Guidelines. The two caseloads listed above are deemed the most vulnerable. The revised humanitarian MPCA assessment model, called SEVAT, developed by the task force, redefined ‘vulnerability’ in terms of consumption, bringing the notion closer to the concept of poverty used in social protection schemes. Methodologically, it applied a Proxy Means Test approach, the same methodology that the World Bank has been working on with government actors for improving poverty targeting in Iraq. HH targeting criteria have been relaxed due to COVID-19. A HH with a monthly per capita income of 110,000 IQD qualifies.

COVID-19 MPCA

Iraq has an existing social protection architecture, but significant humanitarian needs combined with continued political uncertainty and the ongoing economic crisis has compromised the ability of the government to expand its social protection approach to respond to the pandemic. In acknowledgement of the absence of a government-led social protection response to COVID-19, the CCI recognized the need to prioritize the economic needs of vulnerable communities and has pursued the rapid implementation of humanitarian Multi-Purpose Cash Assistance (MPCA). The MPCA aims to support the immediate needs of households and communities and ensure that markets remain functional. As the government-led response developed, the CCI focused on the provision of humanitarian MPCA to act as a complementary mechanism that could also facilitate the transition of the most vulnerable into the government-led response for sustained support.

As a result of the pandemic, one group in Iraq at particular risk are migrant workers who are often found to be living in crowded conditions with barriers to accessing health services and social protection systems.

Transition

The Terms of Reference (ToR) for the CWG include a specific responsibility to promote the linking of HC and SP as follows: “Provide strategic insight on the conceptualization of an exit strategy from CTP, with special emphasis on referrals and alignment with the social protection floor.” Although this action has to an extent been hampered by the pandemic, its inclusion in the ToR is a positive example of ensuring a lead for helping to define approaches to transition and potential exit.

Jordan

Overview

Jordan has been significantly impacted by the refugee crisis caused by the civil war in neighboring Syria in recent years. The rapid and ongoing influx of refugees has strained physical and social infrastructure, taking a toll not only on refugees themselves but also on their host communities. Jordan has over 670,000 Syrian refugees, and while over 80 percent of them live outside camps, just one camp, Zaatari, has become the equivalent of the fourth largest city in Jordan. Most refugees live below the poverty line. Local economies are strained because of limited infrastructure and service access and an increase in supply of informal labour. This has placed great urgency on finding resilience-building interventions for both refugees and low-income host communities. The distribution of HC and potential linkages with SP in Jordan are facilitated by the following:

5 Comprising the Danish Refugee Council, the International Rescue Committee, the Norwegian Refugee Council, Oxfam, and Mercy Corps.
6 Verme, 2016.
• Well-developed financial infrastructure, including distribution networks for digital payments, such as automated teller machines (ATMs).
• Availability of goods and accessibility of local markets.
• Successes in digitizing HCT, with the widespread use of cards and biometrics to deliver cash and vouchers.
• Well-used models of interagency collaboration focused on HCT delivery.

Jordan’s population of 10.7 million includes some 2.9 million non-citizens, including refugees. The pandemic has seen an increase in food insecurity across the population and unemployment on the rise. At the start of the pandemic, the government began implementing social protection responses for its citizens through the existing National Aid Fund (NAF). Refugees are not however entitled to access this system requiring the development of a parallel HC transfer system. For Jordanian nationals, several emergency cash transfer interventions were put in place to help respond to pandemic-related needs including:

• The Emergency Cash Transfer programme (ECT) targeting daily wage workers by using a formula that calculates eligibility based on deprivation, vulnerability and living standards indicators.
• Expansion of the government’s ‘Takaful’7 by increasing the number of transfers to existing recipients (to align with ECT payments) and increasing the number of recipients in total. between 2018-2021
• A ‘Bread Subsidy’ which assisted around 1.2 million families with one-off payments.

It is expected that communities with low coverage of social services and high levels of vulnerability will be particularly at-risk (Syrian refugees living in informal tented settlements, Dom communities and Jordanians living in hard-to-reach areas, etc.). In refugee camps, risk factors are exacerbated by high population density and socio-economic vulnerability. Agencies are working under the coordination of the Government, to intensify prevention and response efforts in sectors of concern.8

Needs/targeting

While targeting approaches between UNICEF’s humanitarian cash programmes and the government’s National Aid Fund (NAF) social protection schemes are different, they are complementary. Whilst the government and humanitarian agencies have different target populations (a refugee focus for the latter and Jordanian nationals for the former) they also have different interpretations of need and vulnerability. For example, UNICEF delivers humanitarian cash transfers and targets a caseload that consists of mostly Syrian registered refugees, Iraqis, Yemenis, Sudanese, Palestinians (non-UNHCR), fewer Jordanian nationals (6%) and some Egyptian economic migrants, while the government strictly targets Jordanian nationals. Although UNICEF’s beneficiary management information systems (MIS) and NAF’s MIS are not yet interoperable, a collaborative approach to data sharing allows for both entities to ensure that there are no recipient overlaps or duplications between both programmes.

In 2018, UNICEF developed the NAF’s modular MIS which is now a government-owned database focused on targeting, registration, communication, grievances and monitoring. The NAF MIS was built based on UNICEF’s experience in humanitarian cash transfers and included tools, such as RapidPro, used by UNICEF in its humanitarian programmes. In response to COVID-19, UNICEF is helping NAF add modules to its MIS to expand coverage of multiple governmental SP interventions including COVID-19-related emergency cash responses. Using experience from its humanitarian cash MIS, UNICEF has facilitated the NAF capacity to enroll 240,000 COVID-19 affected households into a government emergency cash transfer throughout the country’s lockdown period.

UNICEF also supported NAF by giving a child-lens to its vulnerability and poverty assessments (e.g. by ensuring age and gender-disaggregated data). Poverty targeting was led by the World Bank and done in coordination with NAF, UNICEF and WFP.

Given that many COVID-19 interventions are still being developed, there has been little information available on approaches to monitoring and evidence concerning HC/SP linked responses. The example provided in this case study comes from Jordan. Here, UNICEF has established a two-way SMS system, RapidPro, which is used not only to create awareness for recipients but also to collect data and monitoring programme implementation. It is however limited to contexts with good cell-phone coverage. Using the system in response to COVID-19 allowed UNICEF to expand its Hajati cash transfer programme to 200,000 vulnerable households, including Syrian refugees, with text messages confirming the identification of intended recipients, providing instructions on how to open a new mobile wallet without having to physically visit a service provider.

Information systems

In Jordan, UNICEF has built a strong relationship over previous years with the government due to its presence in the country for decades, its pre-existing (pre-COVID-19) relationship since 2016 on social protection programming, its ongoing implemen-

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7 Takaful is part of the country’s national social protection strategy through the National Aid Fund.
tation of humanitarian cash transfer programmes and a well-established information management system (MIS) to deliver cash assistance. A key aspect of linking humanitarian cash and social protection has been the establishment of technical working group to work through issues identified in using the humanitarian-focused RapidPro system and extending it for use by the government NAF. An important aspect of the collaboration between UNICEF and its humanitarian MIS and the government’s NAF MIS is the data-sharing agreement they have which allows both entities to ensure that there are no recipient duplications in either cash-based responses.

Outreach and communication

UNICEF was able to use learning from its humanitarian cash management information systems (MIS) (which is also a communications platform called RapidPro) with the government’s NAF, facilitating the rapid scale-up of the NAF in response to the pandemic. This enabled the provision of emergency cash support to an additional 240,000 households. RapidPro can be used for two-way SMS and other digital communication (such as WhatsApp and Viber) for multiple reasons including data collection and awareness-raising. UNICEF Jordan reports that RapidPro is highly trusted by recipients who value the opportunity to communicate directly. In the pandemic response, the 240,000 new recipients were able to receive emergency cash quickly, remotely and safely with text messages being sent through the RapidPro system, confirming the ID of targeted recipients to help determine whether they had an active mobile wallet. UNICEF was also able to provide instructions on how to open a new mobile wallet if necessary.

Registration/enrolment

In response to COVID-19, the Jordanian government agency NAF requested UNICEF’s operational support and technical expertise concerning recipient registration and enrolment in its Emergency Cash Transfer programme. This included using tools developed by UNICEF for its humanitarian programmes such as RapidPro.

Adopting other approaches applied by UNICEF in its humanitarian cash programming, included adding a child-lens to the NAF vulnerability and poverty assessments. The poverty targeting was led by the World Bank and done in coordination with NAF, UNICEF and WFP. While targeting approaches between UNICEF’s humanitarian cash programmes (which focus on non-Jordanian nationals) and NAF’s social protection schemes (which focus on Jordanian nationals) are different, they are purposely complementary to supplement assistance and avoid overlaps.

Transition

UNHCR’s COVID-19 response in Jordan included an exit strategy to ensure that the population does not move into a “welfare status” but can continue to work towards self-reliance once the economy opens up and restrictions on access to jobs ease. The purpose of the exit strategy is to assist the sector in defining indicators to consider when judging the stages for expansion/retraction/withdrawal of the emergency HC. The indicators are designed to reflect the global and national economic recovery.

In the absence of solid data on this, the Basic Needs Task Force has defined proxy indicators that will allow for expansion or retraction of the emergency response which tracks the reality on the ground in Jordan. The indicators are as follows:

- **Removal of restrictions by the Government of Jordan**
  - removal of curfew and lockdown restrictions imposed by the Government. With the lifting of restrictions, opening of business and access to transportation, the population would be able to move and engage in economic activities, thus removing the need to be provided with additional assistance.

- **Withdrawal of the Government of Jordan’s assistance package for COVID-19 response**
  - The Basic Needs Assistance provided by UNHCR and partners is aligned to the Government of Jordan’s assistance to the population. The exit of the assistance for refugees will coincide with the Government of Jordan’s exit of the assistance for the general population as it considers the improved access to economic activities due to the change in the situation.

- **Full resumption of NGO-led activities**
  - Another indicator that would be considered would be the resumption of income-generating activities that are carried out by different stakeholders: livelihood programmes, cash for work programmes etc. These are all designed to create economic activities for the target population with the assumption that most of the population assisted under this response would be engaged in such activities. The resumption of these activities also indicates that economic life in Jordan is slowly moving to normalcy.

Kenya

Of Kenya’s population of 51.4 million, approximately 1.7 million people living in informal settlements and urban areas are projected to face food insecurity due to the impact of the COVID-19 pandemic on the economy, increased food prices and decreased incomes or job losses. Following intense rainfall, multiple lakes in Kenya and waterways are at record-high levels, causing displacement and loss of livelihoods for surrounding communities. As of 31 May 2020, Kenya hosts 494,649 refugees and asylum-seekers in Kakuma and Dadaab refugee camps, as well as urban areas.

9 More details can be found [here](#).
10 [Kenya Situation Report, 20 October 2020](#).
(84% live in camps and 16% urban areas). In addition, an estimated 18,500 stateless persons live in the country. The Inua Jamii is the Government’s flagship National Safety Net Program (NSNP) targeting orphans and vulnerable children, older persons, persons with severe disabilities and includes the Hunger Safety Net Programme (HSNP). The objective of Inua Jamii is to uplift the lives of poor and vulnerable citizens of Kenya through regular and reliable bi-monthly cash transfers.

**Payments and delivery**

The Kenya Red Cross Society (KRCS) began implementing cash transfers as early as 2011, using cash assistance in response to multiple crises since then. Kenya provides a conducive environment for cash transfers for multiple reasons as it has a vibrant, market-based economy that has shown the capacity to recover from disaster quickly. Kenya has an advanced private sector and financial institutions which provide innovative delivery mechanisms such as M-Pesa, a mobile money transfer mechanism, which has become a recognized, popular and efficient form of cash e-transfer. Banks (Equity Bank, KCB and Cooperative Bank) have a presence at the community level and the payment service provision is competitive. Finally, the Government of Kenya is very supportive of innovation and promotes public-private partnerships.

In response to the pandemic, the Government of Kenya has used cash transfers to deliver support to the existing recipients of social protection support. However, the scale and impact of the pandemic has meant that the government has sought collaboration from humanitarian agencies, including the KRCS, to both vertically and horizontally expand its support. As a result, and using its in-depth knowledge of delivering rapid cash-based assistance in times of crisis, the KRCS is supporting the government in the form of providing cash top-ups to existing recipients as well as identifying new recipients based on established vulnerability criteria. KRCS has used the Red Cross and Red Crescent Movement of building its HCT capacity by developing enabling systems (e.g. including HCT in key institutional strategies and policies; signing agreements with a range of financial service providers; local vendors; telephone and mobile money transfer companies; and establishing standard operating procedures); ensuring updated programme tools and templates; strengthening its resources by undertaking an initial capacity assessment which it used to prioritize focus cash preparedness activities; and coordination activities such as co-chairing the national and county level Cash Technical Working Group.

Alongside more traditional delivery mechanisms such as banks, mobile money and vendors, KRCS and its partners have been working on blockchain-based community currencies. Also, KRCS has used the RedRose integrated platform to manage cash transfers. The system offers functionalities of online and offline recipient registration, compliance with privacy certifications, assets delivery and monitoring and evaluation. This platform has not yet led to linking KRCS humanitarian cash transfers to social protection, but it is in close coordination with the government with a view to potential linkages in the future. Using such innovative and technological tools to distribute life-saving assistance in response to COVID-19, the government is interested, engaged and watching. Through using different payment mechanisms there has been a dramatic increase in the speed at which cash is delivered. Having institutionally-agreed and pre-signed agreements with a range of different financial service providers has also been critical for the rapidity of KRCS’ pandemic response.

**Lebanon**

Similar to Jordan, the Lebanese government responded to the pandemic through the expansion of its existing social protection approaches for its citizens. It is estimated that there are some 1.9 million refugees living in Lebanon making it the country with the highest ratio of refugees to population in the world. Humanitarian actors have spent the last five years trying to harmonize HC transfers provided to refugees to help address their food and basic needs. At the same time, the poverty of the Lebanese population has increased, and the national social protection system has struggled to support those in need. For both citizens and refugees, the pandemic has created a deeper vulnerability. The Lebanon Crisis Response Plan (LCRP) highlights the need for humanitarian actors to support affected Lebanese as well as refugees. Refugees are not able to benefit from the national social protection system and particularly the National Poverty Targeting Programme (NPTP). However, in an effort to better align HC and SP, on behalf of the government of Lebanon, WFP provides a monthly food e-voucher to NPTP recipient households, using WFP’s refugee distribution systems, to achieve efficiencies and economies of scale. In addition, the transfer values for the two population groups are aligned.

**Grievance mechanisms**

Efforts to overcome the challenges identified have centered on the continued use of well-known systems such as telephone hotlines. For example, the jointly run UNHCR and WFP call center has provided increasingly vital assistance during the pandemic as many face-to-face humanitarian activities have had to resort to remote implementation approaches, highlighting that innovation is not always necessary to ensure that information is both given and received. Other approaches in addition to such toll-free communication mechanisms include the use of SMS and smartphone communications (WhatsApp; Viber; Messenger) and social media. There is a desire to use the joint call center to support the Ministry of Social Affairs recipients but

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11 [UNHCR Kenya COVID-19 Response Update July 2020](#)
this is not taking place yet. Where technology is limited or not well-used, an initial understanding of information flows is essential to ensure that information is accessible and feedback routes are well understood. Working with community focal points and equipping them with communication tools (such as phones and radios) is one approach. The key point has been to develop and use multi-channel messaging approaches which are suitable for context and which are accessible by all.

Transition

A previous (not COVID-specific) pilot by Oxfam saw a scaled-up HC response to households to overcome short-term socioeconomic shocks, such as loss of job or illness. The Temporary Cash Assistance project targets Lebanese households already under the government’s social protection system, the National Poverty Targeting Programme, as well as Syrian households. The scheme works through the Ministry of Social Affairs’ Social Development Centres, which oversees social protection in the country. The aim is that by working with the government over a period of time and supporting appropriate targeting approaches, the increased caseload will be taken on by the government. In the context of the recent social unrest in Lebanon, compounded by COVID-19; the government is showing much more openness to such interventions.

Covid-19 adaptations

The government response to the pandemic has included several social protection measures e.g. food distribution. A cash transfer programme, TOSIKA FAMENO, was launched in collaboration with development partners (UN, IFIs, EU, IFRC, NGOs) providing nearly 368,000 households across eight regions with a one-off payment of 26 USD. Resources mobilization, response implementation and system strengthening were facilitated by the Cash Working Group (CWG) under the leadership of the Government and the alignment of the response to the NSPS. The C-19 crisis has highlighted the necessity to reform, extend and shockproof the Social Protection system in Madagascar.

Libya

Overview

As a result of the ongoing conflict and the fragile government system in the country, there is a severe shortage of imported goods. Long bureaucratic processes, a scattered financial system and logistical challenges all contribute to this problem. Moreover, the already overburdened health system lacks both the physical and human capacities to deal with the pandemic. A high unemployment rate, especially among women, is expected to further increase as a result of Covid-19.

Madagascar

Overview

In Madagascar, social protection is fragmented with expenditures spread across small-scale, isolated, and low-impact programmes. The National Social Protection Strategy (NSPS) for 2019-2023 defines a set of priority programmes (Education, Health) and a roadmap to develop an integrated national system around four pillars: social cash transfers, basic social services, livelihood support, and contributory social insurance schemes. In the context of the new National Employment Policy, unemployment insurance is being developed with the “Caisse Nationale de Prévoya Sociale” (CNAPS) as well as a mechanism to expand social protection to workers in the informal economy.

13 Malawi Key Message Update: Impacts of COVID-19 cause food and income gaps for the urban poor, July 2020.
14 Malawi Emergency Appeal (May - October 2020).
15 Malawi Emergency Appeal (May - October 2020).
Coordination

The Humanitarian Country Team (HCT) has provided inputs into the country’s multi-sectoral National COVID-19 Preparedness and Response Plan. In addition to the Clusters, the United Nations Country Team (UNCT) has put in place technical working groups (health coordination, socio economic impact, communication, financing and information management) to support the coordination mechanism. UNICEF is leading the Communication for Development and Communication working group and is a member of the other working groups.

Grievance and redress mechanisms

UNICEF and the government jointly developed a grievance and redress mechanism for the CUCI COVID-19 Urban Cash Intervention, which extended the government’s existing social protection scheme (which focused on rural areas) to some of the most affected urban populations. The creation of a toll-free phone line in this emergency cash-based response (which will last for four months) will ensure the management of grievances during COVID-19 for the short-term, but is also designed as the foundation for a long-term grievance and redress mechanism for social protection programmes in the country, highlighting a clear link between UNICEF’s humanitarian cash mechanisms and longer-term, government-led approaches.

Information systems

With no social protection interventions in urban areas to build on, the implementation of the entire CUCI programme required GIZ and development partners to leverage existing IT and information systems and provide technical support around information systems, registration and enrolment of eligible households in pre-identified hotspots. In addition, an e-payment delivery mechanism needed to be built and contracted and, working with UNICEF and the government, a new grievance and redress system developed. This included the development of rapid digital data collection tools and an app, as well as the development of an Application Programming Interface (API) to enable communication between the UBR to the intervention’s Management Information System (MIS). Technically, linking three IT systems (the Unified Beneficiary Registry, the MIS and a call center), was a challenge due to limited clarity on roles and responsibilities, which were not clearly defined at the initial design of the programme.

Registration

GIZ and other development partners have been supporting the government since before the pandemic to build a single registry for social protection beneficiaries - the Unified Beneficiary Registry (UBR). The UBR is currently used in 18 out of 28 districts and supports the identification of beneficiaries for the Social Cash Transfer Programme (SCTP) and the Public Works Programme (PWP), two of the five main programmes delivered under the umbrella of the Malawi National Social Support Programme II (2018-2023). During COVID-19, the main gap identified was that the UBR did not cover data for urban populations in the four major cities in Malawi - cities which were most heavily impacted by the pandemic. The SCTP was designed to target the ultra-poor and labour-constrained segments of the population in rural areas through regular cash transfers largely distributed through manual systems.

This significant gap, which excluded some of the most affected, triggered the Government to design the COVID-19 Urban Cash Intervention (CUCI) which aims to be implemented with the support of various development partners and seeks to protect the livelihoods of the urban poor and cushion the socio-economic effects of COVID-19. It targets approximately 185,000 households in the four concerned cities for four months with regular cash transfers. The ILO and WFP have supported the government in defining the target beneficiaries, and in the design of the selection mechanism that identified which neighborhoods need support the most. This is done using a mix of data analysis, consultations with local councils and the use of high-resolution satellite data to create a map of the cities “hotspots” for families living in poverty and depending on work in the informal sector. Within the hotspots identified, all households will be registered to benefit from CUCI for four months. To ensure the safety of communities and government workers, the ILO provided Occupational Safety and Health guidelines for the registration process. To date, targeting has begun in two of the four cities. The CUCI intervention uses a largely geographical targeting approach, targeting specific “poverty hotspots” within the major urban areas, but targeting only people without formal employment that are the most affected by COVID-19. GIZ currently supports the government with the validation of hotspots, actual data collection and enrolment of beneficiaries in two cities in Malawi, whereas the World Bank supports the other two major cities.

There was however limited government capacity to steer and coordinate a new cash intervention, resulting in huge delays in the implementation. This includes the absence of a clear roadmap guiding the preparation and implementation of the COVID-19 Urban Cash Intervention. Delays were further exacerbated by the 2020 presidential elections, creating fears over a political capture of the response. The government has requested support from the Food Security and Nutrition cluster.

Payments

The absence of a comprehensive digital payment infrastructure and clear government e-payment strategy results in a prolonged preparation phase to create a basis for the delivery of payments in the COVID-19 Urban Cash Intervention.
Niger

Overview

Situated in the Sahel, Niger experiences recurrent slow onset shocks, with pockets of flooding, animal and pest attacks, and conflict. COVID-19 led the government to implement lockdown measures which included restricted movement, closed schools, curfew, border closures. The government’s current safety net scheme provides 15,000 FCA per household per month for 50,000 very poor households across 23 communes in 8 regions. Currently, there is no shock responsive component within the government social protection system, although the government does have a Covid-19 emergency response project that covers 8,500 households for 12 months. The social protection scheme targets poor households for 24 months and the idea is that in 5 years the country will cover the entire 266 communes in the country.

Save the Children is exploring how Household Economy Analysis (HEA) could contribute to the design of the ongoing social protection scheme, an emergency expansion or scale-up would be required during these years to ensure poor households could meet their basic food and livelihoods needs.

The HEA historical analysis provided insight into the adequacy of the transfer amount and who the government might consider targeting over the year, based on vulnerability, livelihoods and seasonality. The analysis highlights that the existing government scheme is providing enough cash (in terms of transfer size) to very poor households to cover any food or income deficits from the previous eight years. However, households from the poor group do not benefit from the scheme and would require increased support (e.g. through the expansion of the government scheme) in certain years (the analysis showed that poor households in some livelihood zones experienced deficits in six of the previous eight years).

Expanding to respond to shocks

Within the context of COVID-19 (or any other shock), the same principles that were used within the historical analysis can be applied each year to identify if there are any additional needs outside of what is provided through the scheme. The outcome analysis that is run by the HEA working group twice per year identifies if any wealth groups in any livelihood zones face current, or will face future, food and income gaps. These gaps can then be compared to the transfer values being supplied through the government scheme and identify if any scaling up or out is required.

The historical analysis was completed in September 2020 and specific recommendations for action are being shaped at the time of writing. It is hoped, however, that the results will influence the existing scheme as well as humanitarian cash actors to prioritize groups of households and geographic areas for humanitarian cash; and to use HEA results to be more proactive by providing anticipatory support before families feel the impact of a shock to better cope (forecast-based shock responsive social protection).

To design a shock responsive safety net with the HEA, it requires:

- An up-to-date set of HEA baselines covering all areas benefitting from the safety net programme, and ideally covering the whole country.
- A monitoring system that generates data on crop production, livestock production, market prices and (ideally) other components of the household economy, in a timely fashion.

16 A livelihoods (analysis) framework which details and quantifies different types of households’ food, income and expenditure sources.
17 Note that an exceptional HEA analysis was carried out by the SAP and the HEA working group (led by Save the Children) in May, to assess the economic impact of COVID-19 on households.
• The data analysis tools required to run the HEA outcome analysis.
• People with a good understanding of HEA who can run the outcome analysis season by season.
• Buy-in to the system from all relevant stakeholders, including government and NGO implementing agencies and donor organizations.

Monitoring

From a monitoring perspective, HEA requires data on “key parameters” – that is, the most important food and income sources for households in a specific livelihood zone. Examples include food prices, crop and livestock production, and casual labour wages. This data is currently collected twice per year through a combination of government monitoring systems (mostly for price and production data) and direct collection by the HEA working group. This data needs to be collected in each livelihood zone.

North-East Nigeria

Overview

In Nigeria, the social security system is limited to the formal sector, only 3% of the population is registered to the National Health Insurance Scheme (2018) while 80% of the labour force is in vulnerable employment with no access to social protection. Despite the National Social Protection Policy (2017), systemic gaps remain, including a lack of coordination at federal and local levels leading to the fragmentation of social protection programmes throughout the country.

Covid_19 adaptations

In Nigeria, the Federal Government has been proactive in introducing several measures to stem the adverse effects of the pandemic on the country’s economy including the expansion of social protection packages for the most vulnerable. This was done using a World Bank loan, providing 20,000 Naira (52 USD)/month for 4 months to vulnerable households on the National Social Register under the National Social Safety Nets Project (NASSP). Despite an aid increased from 2.6 million households to approximately 4 million households, it remains far fewer than the 90 million people living in extreme poverty. Other measures included food packages, access to credit, tax rebates for employers who agreed not to fire employees in 2020.

With limited coverage in the North East of the country, the government turned to humanitarian agencies, connecting through the CWG to deliver cash transfers to those not already covered by the system. This approach was possible due to existing relationships and collaborative action in relation to linking HC and SP in the years preceding the arrival of COVID-19. The work of ACF provides an example whereby consistent advocacy efforts with the Abuja Cash Working Group, to ensure that recipients of humanitarian cash could ultimately be linked to state social protection. The ILO with EC/DEVCO supports the National Social Safety Nets Coordination Office (NASSCO) to strengthen the National Social Registry (NSR) as a shock-responsive social protection system to increase access to social assistance for the extreme poor affected by the COVID-19 crisis.

The payment process on the NASSP is still essentially ‘cash in hand’ as full e-payment services do not have coverage in rural areas. On the government’s planned COVID-19 social protection response in urban areas, however, there are other, more accessible channels available. The government is seeking to make transfers through mobile money accounts and UNICEF is supporting the federal government and 4 states to move forward with the digitization of the NASSP cash payment mechanism.

Pakistan

Overview

COVID-19 has created societal and economic disruption in Pakistan. Humanitarian agencies are working within the five pillars of the government’s ‘COVID-19 Socio-Economic Framework’ which focuses on the health of essential health workers, new-borns, women and the elderly, social protection and basic services around nutrition, food security, continuity of education, learning and social services, shelters and uninterrupted services to victims of sexual and gender-based violence (SGBV), as well as the economic recovery to protect the jobs of at-risk workers of small-scale farmers and daily wage labourers and also provide urgent aid for small and medium-sized enterprises and vulnerable productive actors hit hard by the pandemic as well as on social cohesion and community resilience nationwide. Pakistan’s flagship national safety net programme, the Benazir Income Support Program (BISP) provides income support through predictable 15 USD monthly cash transfers to more than 5.2 million families of the country’s nearly 20 million poorest people out of a total population of over 212 million. Over 3.5 billion USD has so far been disbursed to beneficiaries and the programme aims to reach 5.3 million families by the end of the current financial year. Since the BISP delivers cash transfers to female family members, this has significantly contributed to women’s empowerment and promoting financial inclusion. Pakistan also hosts 1.4 million registered Afghan refugees, of which approximately 68% live in urban and semi-urban areas alongside Pakistani host
communities. At least half live hand-to-mouth, most of those who had employment before COVID-19 were daily wage earners. UNHCR provides emergency cash assistance since mid-2020 to vulnerable refugee families with disabilities, medical conditions and daily workers and does so in collaboration with the Ministry of States and Frontier Regions (SAFRON).

Payments

Delivery mechanisms of existing government-led and run social protection programmes became more efficient and accountable due to the response to the COVID-19 emergency leading to horizontal and vertical expansions and scale-ups of those. For example, eligible beneficiaries with CNICs (IDs) were sent to partner banks which carried out due diligence and know-your-customer checks. Bank accounts were then opened and applicants received an SMS with instructions relating to the date of delivery. Biometrics have also been used at ATMs for recipients to access their transfers. This variety of delivery mechanisms are well known and tested by several humanitarian organizations, so their use to support government expanded social protection approaches during the pandemic has been critical in terms of facilitating increased and rapid access to cash for those in need.

The Philippines

Overview

There is a strong social protection system in the Philippines although for some populations, such as the indigenous/displaced, accessing social protection benefits is fraught with difficulty. Blighted by cyclical natural disasters and with ongoing conflict and violence in the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM), the humanitarian response to this protracted crisis is complex. Targeting and registration of at-risk and hidden households for both humanitarian and social protection support is an ongoing struggle with the local government acting as a barrier for political and cultural reasons. Concerning gender and inclusion, there is a legal and policy framework for gender-based violence (GBV) in the Philippines which has been developed over the last decade. However, with changing political climates the importance of local and political leadership is extremely influential in terms of enabling an environment for inclusion. Amongst others, UNFPA (which is co-lead, with the Ministry of Social Services and Development (MoSSD), of the GBV sub-cluster at national and sub-national levels) delivers HCT with a focus on cash for protection, cash for health and cash for work. At the beginning of the pandemic, UNFPA worked closely with other humanitarian and development actors, using its knowledge of at-risk communities through existing HCT programmes to identify barriers to accessing social protection support for pandemic-related needs.

COVID-19 inclusion

At the beginning of the pandemic, UNFPA conducted a gender and inclusion assessment to identify which groups were being left behind and what their barriers to accessing social protection services were using a purposive sampling approach. Five regional clusters and three constituency clusters were formed, and eleven categories of vulnerability were identified (e.g. persons with disabilities; young people; solo/indigent parents; IDPs; migrant workers; LGBT persons.). Twenty-seven agencies participated in the assessment and assessment data was shared with the MoSSD in order to assist them in refining their social protection services to include those most in need of support. UNFPA has also supported the Ministry with capacity building of social workers and policy and technical guidance around safety. The assessment was critical in ensuring local government endorsement of a response that ensured the inclusion of marginalized groups. Linking HCT and SP in response to the pandemic has been greatly facilitated not only by UNFPA’s long relationship with the MoSSD but also due to have a staffer embedded within the Ministry – an approach which has been critical in influencing the design and implementation of MoSSD activities since the outset.

Saint Lucia

Overview

The government of Saint Lucia had in place a national social protection system before the pandemic. In response to COVID-19, WFP signed a Memorandum of Understanding (MoU) with the Government to support an expansion to the existing Public Assistance Programme by 1,000 households.

Transition

In Saint Lucia, in response to the socio-economic impacts of COVID-19, the government is expanding the Public Assistance Programme from approximately 2,600 to 3,600 households for six months with support from the UN India Fund and the World Food Programme. This initial expansion/temporary transfers will be linked to a permanent expansion under the World Bank-supported Human Capital Resilience Project. This intervention is unique in resulting in the sustained inclusion of new beneficiaries into the social assistance programme.

19 UNHCR rolls out emergency cash assistance in Pakistan to help refugees impacted by COVID-19.
Turkey

Overview

Turkey hosts more than 4 million registered refugees, of whom 90% are Syrian. The ESSN was launched in December 2016 to meet the basic needs of the most vulnerable out-of-camp refugee households. ESSN was designed in conjunction with the Government of Turkey and implemented through a partnership with Turkish Red Crescent (TRC), WFP (ESSN I and II), IFRC (ESSN III), the Ministry of Family, Labour and Social Services and Halkbank.

In order to meet the formidable and unprecedented challenge presented by COVID-19, the ESSN programme reallocated its resources to provide additional cash assistance to 1.7 million vulnerable refugees – with households receiving two instalments totaling 1,000 TRY in addition to regular monthly assistance. Great efforts were undertaken by TRC and IFRC to ensure coordination with NGOs and UN agencies and ensuring alignment in terms of transfer values with national social welfare system allowances for Turkish citizens.

Outreach and communication

COVID-19 containment measures had a direct impact on the way TRC conducts its work – relying on remote monitoring approaches instead of focus group discussions. Outreach activities focused on the innovative use of technology – with households being provided with tablets to carry out surveys (for the duration of the survey only). To respect social distancing measures during the pandemic, TRC staff pass the tablet to respondents and wait outside until the survey is completed, at which point the respondent hands it back. Critically, COVID-19 has also demonstrated the value of investing in localization – with TRC being the sole actor on the ground with dedicated staff still carrying out operations. Normally staff from the government local social assistance office (Social Assistance and Solidarity Foundations- SASFs) are present and whilst their focus is on the national social assistance programme for Turkish citizens, they undertake household verification visits to ensure that assistance is given to families who meet the eligibility criteria in the same way as they do for the national programmes.

However, with safety precautions in place, this approach has been hampered. As a result, during the pandemic, TRC has provided support to the SASFs through TRC Service Centres by taking applications not only for the ESSN but also for the national social assistance programme. TRC also provides translators and vehicles to support the daily activities of the SASFs if asked to do so by the Ministry of Family, Labour and Social Services (MoFLSS).

TRC has continued to improve and enhance its use of communications tools to ensure that people are not only updated on their cash transfers but are also aware of preventative measures with regard to COVID-19 – aligning key messaging with the Ministry of Health and safeguarding against the proliferation of rumors and misinformation.

Whilst TRC’s Kızılay kart Platform is not involved with communication for government caseloads, communication activities for the Kızılay kart programmes are closely coordinated with the MoFLSS to ensure accuracy and integrity of the information shared with both host and refugee communities. This is particularly important for Kızılay kart programmes as they mirror the national programme in terms of the transfer amount; payment cycle; and conditionality.

Zambia

Overview

As a result of the pandemic, Zambia has suffered an economic slowdown, disruptions to international trade and depreciation of the kwacha. The Government of the Republic of Zambia (GRZ) estimates that 7.6 million people in 43 districts, out of a population of 17.35 million, are at risk. The COVID-19 related movement restrictions and measures taken by the government are impacting the macro-economic conditions, resulting in job losses in several sectors of the economy20 and are having devastating impacts on livelihoods for vulnerable populations, particularly those working in the informal sector which consists of 65.4% of the entire population and are mostly women. Other vulnerable groups who rely on the informal sector to meet their basic needs, such as persons living with HIV/AIDS, children/adolescent girls and the elderly are being adversely affected. The pandemic is also likely to have a lasting impact on the country’s socio-economic conditions with an estimated 1.2 million households that could fall further behind, including nearly 230,000 female-headed households. The government-led Social Cash Transfer (SCT) is the country’s flagship social protection pro-

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gramme that provides unconditional cash transfers and targets 239,000 extremely poor households, starting with the poorest districts. The pandemic is unfolding at a time when the country is struggling with recent drought and floods which resulted in increased food insecurity in over 58 districts, leaving more than 2.3 million people in need of humanitarian assistance. Also, Zambia hosts 88,064 refugees which have limited access to health, basic services or government social protection within settlement areas.

Registration and enrolment

As part of the regular Zambia Humanitarian Response Plan pre-COVID-19, two Emergency Cash Transfer (ECT) programmes were implemented by the Government of the Republic of Zambia (GRZ) through the Ministry of Community Development and Social Services (MCDSS) and the Disaster Management and Mitigation Unit (DMMU) with support of the three agencies in the UN Joint Programme in Social Protection (UNJPSP-II), namely UNICEF, WFP and ILO.

The ECT was an extension of the regular Social Cash Transfer (SCT) Programme, which is the flagship national social assistance programme with national coverage. Donors contributing to humanitarian assistance in Zambia conditioned their funds to the ECT, requesting that UNJPSP-II partners, led by UNICEF, strengthen the registration and verification mechanisms of the SCT registry (which would be used for the ECT programme). Recipient primary listings under the food security component of COVID-19 ECT were obtained from the MCDSS-managed Zambia Integrated Social Protection Information System, complemented by lists of vulnerable households provided by Faith-Based Organizations. Additional households were included based on information provided on the informal sector by ILO and the Ministry of Labour and Social Security (MLSS). These were further supplemented by fresh registrations conducted by Community Welfare Assistance Committees (CWACs) and WFP trained monitoring assistants and in collaboration with the Provincial and District social welfare officials. MCDSS through the CWACs facilitated WFP monitors to confirm the authenticity of the beneficiaries, making this humanitarian/SP collaboration an essential element of the horizontal and vertical expansion.

In order to strengthen the social protection-focused expansion of the SCT, UNICEF supported the GRZ to conduct a large-scale household verification exercise of 97,000 households already on the registry to ensure that all information in the MIS was accurate. It was then possible to use this data for the expanded SP ECT.

Payments

Donors contributing to humanitarian assistance conditioned their funds to the ECT, requesting that UNJPSP-II partners, led by UNICEF; also set up a temporary parallel payment system to the government’s social protection programme due to some observed corrupt practices in the programme in 2017, which resulted in the alleged misapplication of funds by one of the parastatal payment providers. As such, financial service providers (FSPs) were contracted directly by UNICEF to carry out the ECT payments. UNICEF conducted financial strength assessments (micro-financial assessments) to assess capacity and risk, as well as to establish strict financial controls for delivery. UNICEF and the GRZ established procedures to use the SCT MIS to generate payment lists for the ECT, which were verified by UNICEF to support risk mitigation and then shared with the FSPs. UNICEF implemented data privacy agreements with the FSPs to safeguard beneficiary data. Detailed payment procedures were developed and agreed upon with FSPs and GRZ community structures, including pay point managers. Training were organised with all existing SCT community structures (district authorities, community volunteers) to familiarize them with the ECT programme and the modified payment procedures. UNICEF also partnered with the University of Zambia to establish an independent third-party monitoring and payment verification system for the ECT.