

Social protection provisions to refugees during the Covid-19 pandemic

Lessons learned from government and humanitarian responses

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Social protection responses to Covid-19 and beyond



Key messages

Refugees have been supported by innumerable cash or voucher interventions implemented by international humanitarian and development actors during the Covid-19 pandemic, but only a few of these have explicitly aligned or integrated with government social protection responses.

Refugees residing in low- and middle-income countries have mostly been excluded from government social protection responses, and where they have been included (largely in Latin America and the Caribbean) this typically represents a continuation of pre-pandemic policy.

The decision to include refugees in government social protection programmes is a political one. Political opposition to inclusion is likely to grow with economic downturns resulting from the pandemic.

The pandemic does not appear to have meaningfully shifted social protection approaches to refugees but has led to marginal changes, including in removing some barriers to access and intensifying collaboration between humanitarian, development and government actors, which may contribute towards more effective future responses.

The effectiveness of the four responses analysed in-depth in meeting refugees' needs has been mixed, with benefit values and timeliness not always adequate and variable levels of refugee coverage.

There are trade-offs between the inclusion in and alignment with government responses and providing effective and tailored support for refugees, which require close consideration by international humanitarian and development actors and governments.



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Acronyms

| | |
|---------------|--|
| CERC | contingent emergency response component |
| COP | Colombian peso |
| CRRF | Comprehensive Refugee Response Framework |
| ECT | emergency cash transfer |
| EEC | Ehsaas Emergency Cash Transfer |
| IDA18 | International Development Association 18 |
| IDP | internally displaced person |
| IGA | income-generating activity |
| JD | Jordanian dinar |
| KII | key informant interview |
| KYC | know your customer |
| LIC | low-income country |
| MIC | middle-income country |
| MASAH | Ministry of Social Affairs and Humanitarian Action (Republic of Congo) |
| NAF | National Aid Fund |
| PEP | <i>Permiso Especial de Permanencia</i> |
| PKR | Pakistani rupee |
| R4V | Situation Response for Venezuelans |
| UNHCR | United Nations High Commissioner for Refugees |
| UNICEF | United Nations International Children's Emergency Fund |
| WFP | World Food Programme |

Executive summary

The Covid-19 pandemic has had significant health, social and economic impacts throughout the world, affecting already disadvantaged groups more severely than others. Refugees were in many cases particularly affected due to their often-limited access to healthcare, their often-restricted rights to work, and their exclusion from most government social protection programmes – programmes that have come to the fore as key mechanisms to respond to the Covid-19 crisis. In recent years international discourse has moved towards the inclusion of refugees in government social protection systems and greater coherence between humanitarian and development interventions and national policies and strategies. This paper considers the effectiveness of Covid-19 social protection responses for refugees, emerging lessons (drawing primarily from four case studies) and whether the crisis and its response holds potential for a longer-term shift in social protection and humanitarian support to refugees.

This paper reviews the evidence on:

- the inclusion of refugees in government-led social protection responses to Covid-19, with a focus on the emergency interventions implemented as part of the Lisungi project in the Republic of Congo and the *Ingreso Solidario* in Colombia, and
- the alignment or integration of international humanitarian and development actors' cash assistance to refugees and government social protection responses – focusing on the National Aid Fund's (NAF's) collaboration with humanitarian and development actors in Jordan and the UNHCR-implemented cash transfer in Pakistan.

Findings from the four case studies paint a mixed picture of crisis response effectiveness. The interventions mostly experienced delays and challenges to **timely** implementation. In Pakistan and Republic of Congo, the majority of target beneficiaries only received payments more than six months after the first lockdowns were implemented. The absence of existing registries was one of the main reasons for this slow delivery. In Colombia and Jordan, timelines were shorter thanks to the pre-existing social registries, and, in the case of the latter, the NAF's use of tools developed by – or in partnership with – international humanitarian and development actors.

Coverage of refugee populations was relatively low across the board, but more so for government responses covering refugees alongside the host population than for international humanitarian interventions targeting refugees. In the Republic of Congo, coverage of refugee households is about 8% – although numbers are expected to rise when the intervention is rolled out in areas with higher concentration of refugee populations – while in Colombia only 3% of displaced Venezuelans have accessed the *Ingreso Solidario* programme. Refugee coverage among programmes implemented by international humanitarian and development actors was relatively

higher, particularly in Jordan where UNICEF had a pre-existing large-scale programme. While funding constraints can partly explain some of the difficulties in covering larger shares of refugee populations, our case studies also highlighted administrative and legal challenges to access.

In all four country case studies the benefit amount was the same for citizens as it was for refugees – either because government responses provided flat rates to all beneficiaries, or because international humanitarian actors intentionally aligned benefit values with those of government responses to avoid social tensions. Anecdotal evidence from three of the four case studies highlighted that these **benefit values were not adequate** in meeting the needs of refugees – as these were identified as higher than those of nationals. This is one of the trade-offs between inclusion in/alignment with government responses and providing effective and tailored support for refugees.

In sum, the challenges to the effectiveness of responses covering or targeting refugees relate to:

- the rights that refugees hold in host countries (such as the support they are entitled to receive)
- the lack of sound foundations for social protection programme implementation – particularly in countries with less mature social protection systems
- the design and implementation features adopted by government and international humanitarian and development actors in their Covid-19 responses.

Factors that enabled more effective responses, included:

- strong and pre-existing relations and collaboration between international humanitarian and development actors and governments
- the maturity of the national social protection system.

There is limited evidence that the pandemic has led to any significant change in the approach taken towards refugees. However, there have been marginal changes that may lead to greater inclusion in the future, for example in removing certain barriers to access, in including refugees in socio-economic surveys, and in intensifying interactions between international humanitarian and development actors and governments.

Based on the findings, the following policy recommendations for governments, humanitarian and development actors were identified to strengthen the effectiveness of social protection and humanitarian responses for refugees:

- **Strengthen the foundations of national social protection systems for improved preparedness:** having updated registries of potential programme beneficiaries can improve the timeliness of responses. Where refugees are not included in such social registries, alternative approaches to targeting (including collaborating with international humanitarian actors who hold databases of refugees) could be considered.

-
- **Keep refugees' needs and rights in mind when designing social protection interventions in which they are included:** refugees' needs and rights can be different to those of nationals. Where governments aim to include refugees in government programmes, tweaks to the design or implementation of programmes may be necessary to ensure refugees' inclusion. International humanitarian and development actors providing assistance to refugees must consider trade-offs carefully in the design of their intervention to ensure effectiveness.
 - **Financing is critical:** the majority of refugees live in low-income countries (LICs) or middle-income countries (MICs) where there is limited fiscal space to provide assistance to refugee populations to the same degree as nationals. Donor support may therefore continue to be required to ensure sustainable solutions for refugees.
 - **Working together can help improve effectiveness and contribute to sustainable solutions for refugees:** responses were implemented swiftly when governments and humanitarian and development actors worked closely together prior to the pandemic. In turn, existing relations between such actors enabled refugees to be considered in government responses, or for rapid implementation of aligned interventions.
 - **Generate and share evidence:** there are significant gaps in knowledge about the design, implementation and effectiveness of social protection and humanitarian interventions targeting or covering refugees. More evidence is needed to design effective future programmes.

1 Introduction

Covid-19 has significantly amplified existing inequalities (Dempster et al., 2020). Its impacts are not evenly distributed; already disadvantaged and vulnerable population groups are more likely to face multiple burdens in relation to the health and economic impacts of the pandemic and may be less well equipped to cope.

One such group are refugees (see definitions in Box 1). Currently around 26 million people meet the specific criteria of refugee status, and 3.6 million displaced Venezuelans displaced abroad (UNHCR, 2020a).¹ Around 85% of refugees are hosted in LICs and MICs and 78% live in a protracted situation of displacement, and require urgent sustainable solutions (ibid.). The emerging evidence has shown that for refugees the pandemic has not only been a health crisis, but also a socio-economic and a protection crisis (Dempster et al., 2020). Indeed, while refugees often lack access to healthcare or are unable to afford it, they are also exposed to significant social and economic risks. This is often due to restricted rights to work associated with their legal status or the type of sectors in which they work. Recent analysis has shown that refugees are 60% more likely than the host population to work in sectors that have been severely affected by the pandemic (ibid.).

Sustainable solutions to (increasingly) protracted displacement situations are urgently needed and there is growing interest within the international donor community for the inclusion of refugees in national social protection systems – as exemplified by the 2016 Comprehensive Refugee Response Framework (CRRF) and the 2018 Global Compact on Refugees. Arguments in favour of this typically relate to concerns around social cohesion, cost-effectiveness, and potential efficiency gains. Refugees are typically excluded from government social protection systems in LICs and MICs for various reasons ranging from their legal status to political, financial, or administrative factors. The CRRF also calls for increased efforts to improve coherence between international humanitarian (cash) interventions with government social protection programmes. Here we consider both the call for inclusion and greater coherence. As this paper reveals, both the relevance and applicability of different policy options are context specific and thus need to be targeted to a country's specific conditions, as this paper shows.

The Covid-19 pandemic has brought social protection to the fore as a key policy adopted to respond to the socio-economic impacts of the pandemic. But has the crisis resulted in any changes for refugees in terms of their access to government social protection, or for international humanitarian and development actors involved in displacement responses in terms of their

¹ While Venezuelans fall under the broad umbrella group of forced displacement, they do not meet the specific criteria for UNHCR refugee status, hence they are included separately (see Box 1).

alignment or integration with government social protection responses? And what lessons can be learned from these experiences for effective responses to forced displacement in terms of strengthening social protection systems?

This paper will map responses to the Covid-19 pandemic that cover or target refugees, with particular focus on implemented responses. In so doing, this paper classifies responses at the country level into two overarching groups. Group 1, the ‘government-led responses group’, are those countries whose government social protection responses to Covid-19 have included refugees – sometimes for the first time. This paper explores the factors that enabled the inclusion of refugees into these national-led responses – and in particular, whether Covid-19 can be considered an enabler in this.

Group 2, the ‘international humanitarian responses group’, includes countries where international humanitarian and development actors’ responses to the pandemic that target or cover refugees have aimed to align or integrate with government social protection responses in their policy objectives, design and/or implementation – and vice-versa. We do not consider the manifold *parallel* responses. While the focus of the research project more broadly is on social protection, the research is limited to international humanitarian assistance responses as it represents a key form of support to meet the needs of – and alleviate poverty among – refugees. In turn, global fora, such as the 2018 Global Compact for Refugees, have increasingly called for greater coherence and collaboration between such humanitarian interventions for displaced populations and government *social protection* programmes as part of wider humanitarian–development–peace nexus.² As this is an ongoing discussion, it is important to generate new evidence on the feasibility and desirability of such approaches, as well as on the ways in which they can be designed and implemented to effectively meet the needs of refugees.

Finally, in some contexts, aligning international humanitarian assistance with government social protection programmes may be a first step towards paving the way for inclusion of refugees into government social protection systems as a sustainable solution. In this paper we draw out lessons on the effectiveness of such approaches in meeting the needs of refugees. We also explore whether Covid-19 represented a trigger or an enabler of such efforts, and whether and how these interventions have strengthened government social protection systems.

2 This vision calls for more holistic and integrated interventions from humanitarian, development and peace actors to create coherence, complementarity and more effective responses to emergencies, conflicts and disasters as well as protected displacement (Hujo, 2020).

Box 1 Concepts

Social protection

Social protection refers to the range of policies and programmes adopted by national governments to address, alleviate and/or prevent poverty and vulnerability when individuals or households face shocks or risks along the lifecycle. It encompasses a range of instruments that can be classified under social assistance, social insurance and labour market policies. This paper focuses mostly on social assistance as this is the most frequently utilised Covid-19 social protection response for refugees.

Humanitarian assistance

Humanitarian assistance is provided during crises or disasters with the objective of saving lives and alleviating suffering. Humanitarian assistance can take the form of resource transfers to individuals or households affected by disasters, and the tools adopted here can at times be similar to those used in social protection – including, for example, cash transfers or school meals. These are the types of humanitarian assistance we focus on in this paper. In turn, while humanitarian assistance can be provided by governments and non-government actors, this paper focuses on assistance provided by international non-state actors (**‘international humanitarian assistance’** hereafter) because of our interest in the alignment or integration between non-state interventions and government social protection. Examples of such actors include the United Nations High Commissioner for Refugees (UNHCR), the World Food Programme (WFP) and United Nations International Children’s Emergency Fund (UNICEF). Many of these organisations provide both humanitarian and development assistance; furthermore, there are also development actors active in this area, including development banks and implementing agencies, such as the GIZ and the World Bank. In this paper we focus on the ‘humanitarian assistance’ components of their work.

Refugees

Forcibly displaced people broadly includes those whose migration is ‘involuntary’ or coerced, for example because of war, violence, human rights violations or natural hazard-related disasters. It includes internally displaced people (IDPs), asylum-seekers (those who have applied for asylum but who haven’t been recognised as refugees yet) and refugees. A refugee is defined in international law as ‘someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion’, according to the 1951 Geneva Refugee Convention. The term refugee is also often used in a more colloquial sense to describe forcibly displaced people, for example forcibly displaced Venezuelans are sometimes described as refugees, though only some meet the criteria of the 1951 Convention. The UNHCR hence refers to them as ‘Venezuelans displaced abroad’.

Sources: O’Brien et al., 2017 and the UNHCR website

1.1 Methodology

We initiated this paper by conducting a rapid mapping of Group 1 and Group 2 countries, focusing on LICs and MICs as defined by the overall research project. This was initially based on explicitly searching for and analysing Covid-19 social protection responses in the ten countries hosting the largest number of refugee populations. We then widened the mapping by conducting Google searches using key search terms³ across LICs and MICs, as well as reviewing literature and webinars in relevant directories or websites including socialprotection.org and global databases of social protection responses to Covid-19. Finally, grey literature from key international institutions active in refugee responses – including UNHCR, WFP and UNICEF – were reviewed. We only included those cases where alignment or integration was explicitly mentioned in the literature or programme documentation.

Four case studies were then selected from that initial mapping, based on the following criteria: ensuring geographical diversity, including at least one Group 1 case and one Group 2 case, and availability of information about the relevant cases online, as well as access to key informants. The cases have been elaborated on by using literature reviews and key informant interviews (KIIs) with stakeholders involved in the relevant responses in country, as well as key informants at the global level (see Table A1 in Appendix 1 for a list of key informants). Interviews were conducted in late 2020, and information was last updated in January 2021, where updated information was available. Insights for the Colombia case study drew on primary research that a team from the University of Los Andes is currently conducting in Colombia, as part of a wider ODI-led project on social protection responses to forced displacement.⁴

1.2 Report structure

The rest of this working paper is structured as follows: Chapter 2 provides a mapping of Covid-19 social protection provisions to refugees across different countries, differentiating between government-led responses and humanitarian responses, which show some integration. The remainder of the section describes the four case studies in more detail: Republic of Congo and Colombia in Group 1 and Jordan and Pakistan in Group 2. Chapter 3 discusses effectiveness of government-led and humanitarian responses across different dimensions, including timeliness, coverage adequacy and level adequacy. Chapter 4 identifies lessons learned, including for system strengthening, and puts forward some recommendations for effective government-led and humanitarian responses covering refugees in crisis settings.

3 These include, for example, ((«social protection» OR «social assistance» OR «social insurance») AND «COVID» AND «refugees» AND «country name») or («WFP» AND «cash transfer» AND «COVID» AND «refugees»).

4 This research project is funded by a World Bank-managed, Foreign, Commonwealth and Development Office-financed Trust Fund on Forced Displacement. For more information, see www.odi.org/projects/17108-social-protection-responses-forced-displacement.

2 Covid-19 and social protection provision to refugees: a review

2.1 Mapping of social protection provisions to refugees in LICs and MICs

The tables below provide a brief overview of the examples identified in the mapping of Group 1 and Group 2 countries; it only covers examples of specific Covid-19 responses, which include or specifically target refugees. It includes all examples retrieved in the searches where basic information was made available to the authors. Table 1 outlines examples of Group 1 countries – namely, countries where refugees have been included in (part of) the government social protection response to Covid-19. Table 2, in turn, outlines examples of interventions implemented by international humanitarian and development actors in response to Covid-19 that target or include refugees, and which have integrated to some degree with government social protection responses to Covid-19.

Table 1 Examples of group 1 countries

| Country | Government social assistance responses to Covid-19 for which refugees are eligible | Were refugees included in government social protection system prior to Covid-19? | Type of social assistance response | Source of information |
|-----------|--|--|--|--------------------------|
| Argentina | Refugees that have resided legally in Argentina for at least two years are eligible for the Ingreso Familiar de Emergencia, implemented in response to Covid-19 to cover unemployed persons, informal workers and domestic workers | Yes (for refugees having resided legally in Argentina for at least two years) | New programme | WFP et al. (forthcoming) |
| Brazil | Refugees are eligible for the emergency basic income benefit Auxilio Emergencial covering informal workers, self-employed and unemployed people | Yes | New programme | WFP et al. (forthcoming) |
| Cameroon | Refugees are eligible for the emergency cash transfer and high labour intensity works programme implemented in response to Covid-19 | Yes (planned) | New programme building on existing design and implementation of Social Safety Nets Project | Private correspondence |

Table 1 Examples of group 1 countries (continued)

| | | | | |
|-------------------|---|--|--|---|
| Colombia | Venezuelans displaced abroad are included in the <i>Ingreso Solidario</i> programme implemented in response to Covid-19 | No (except for school feeding programme) | New programme | WFP et al. (forthcoming) |
| Chile | Refugees are eligible for the <i>Ingreso Familiar por Emergencia</i> as well as the <i>Bono de Emergencia Covid-19</i> programmes implemented in response to Covid-19. The former covers workers with informal or insufficient earnings while the latter covers beneficiaries of the existing <i>Subsidio Familiar</i> programme or who are identified as among the 60% most vulnerable according to the social registry (RSH for its acronym in Spanish) | Yes | New programme | WFP et al. (forthcoming); ECLAC (2020) |
| Congo-Brazzaville | Refugees are eligible for the emergency cash transfer implemented in response to Covid-19 | Yes (planned) | New programme building on existing Lisungi design and implementation | World Bank (2020b) |
| Djibouti | Refugees are eligible for the temporary voucher system for vulnerable families implemented in response to Covid-19 | Yes (planned) | New programme | KII, UNHCR Africa regional office |
| Panama | Refugees are eligible for <i>Plan Solidario</i> programme implemented in response to Covid-19 to cover vulnerable families | No | New programme | WFP et al. (forthcoming) |
| South Africa | Refugees are eligible for increased payments of existing social grants to vulnerable groups and the Covid-19 relief grant | Yes | Programme adjustment/tweaking of design feature and new programme | socialprotection.org (2020a); UNHCR (2020b) |

Table 1 Examples of group 1 countries (continued)

| | | | | |
|---------------------|--|----|---------------|--------------------------|
| Trinidad and Tobago | Refugees are eligible for <i>Asistencia Covid-19</i> programme implemented in response to Covid-19 to cover independent workers and vulnerable individuals | No | New programme | WFP et al. (forthcoming) |
|---------------------|--|----|---------------|--------------------------|

In the second group, examples are included where international humanitarian responses to Covid-19 targeting refugees have shown some form of alignment or integration with the government social protection system. That is, we have excluded completely parallel responses.

Table 2 Examples of group 2 countries

| Country | Implementing institution | Type of alignment with government social protection system or response | Source of information |
|----------|--------------------------|---|---|
| Colombia | WFP | WFP aligned the benefit value of the pilot intervention in Arauca with that of the government response, and accessed the government's SISBEN data for targeting host and displaced Venezuelan households | WFP (2020) |
| Jordan | UNICEF | <ul style="list-style-type: none"> UNICEF aligned the value of the cash transfer for refugees in June with that of assistance provided by government under <i>Takaful II</i> programme for informal and daily-wage workers The Government of Jordan piggy-backed on administrative mechanisms of international humanitarian and development actors (communication system) | KII, UNICEF Jordan |
| Morocco | UNHCR | The UNHCR cash transfer for refugees mirrors the design of government cash transfer implemented in response to Covid-19 in terms of grant size, duration and delivery mechanism | socialprotection.org (2020b) |
| Pakistan | UNHCR | The UNHCR cash transfer for refugees mirrors the design of government social protection response to Covid-19 in terms of benefit amount, duration, eligibility criteria of vulnerability and partly payment mechanism | socialprotection.org (2020b); UNHCR (2020c) |
| Peru | UNHCR | The value of UNHCR's cash transfer for refugees aligns with that of government's social safety grant for vulnerable families implemented in response to Covid-19 | UNHCR (2020d; e) |

Table 2 Examples of group 2 countries (continued)

| | | | |
|--------|-------|---|---------------|
| Turkey | UNHCR | The value of the emergency cash transfer for vulnerable refugees aligned with emergency assistance provided by government to citizens in response to Covid-19; pre-pandemic international humanitarian cash transfers have also been aligned with government-led cash transfers | UNHCR (2020f) |
|--------|-------|---|---------------|

Note: SISBEN, System of Identification of Social Program Beneficiaries

2.2 Case studies

The four case studies – Republic of Congo, Colombia Jordan and Pakistan – are outlined below. For each case study we provide a brief overview of the refugee situation and pre-pandemic government and international humanitarian support for refugees. We then outline in more detail how, practically, government responses to Covid-19 have included refugees, or how responses implemented by international humanitarian and development actors have aligned or integrated with the government response.

2.2.1 Group 1 countries: refugees included in government social protection responses

Republic of Congo case study overview

The Republic of Congo is home to about 25,700 refugees (UNHCR country data), mainly from the Central African Republic and from the Democratic Republic of Congo. About 60% of the refugee population live in the relatively isolated north-eastern area of Likouala, while a further 32% live in the urban areas of Brazzaville and Pointe Noire (World Bank, 2019). UNHCR and WFP provide much of the international humanitarian assistance to refugees in the country, yet they – and host communities in these regions – continue to face ongoing needs regarding nutrition and access to healthcare, education, and other basic services (ibid.). The government social protection system in the Republic of Congo is relatively limited. The government implements a social protection programme comprised of two interventions, both through the existing Lisungi programme. This programme, currently implemented with World Bank support under the IDA18 (International Development Association 18) financing sub-window (see Box 2 below) with additional funding from bilateral donors, includes a cash transfer component and an income generating activity (IGA) component. On paper, a new phase was set to be implemented in December 2019 and was expected to include refugees. This phase is, however, delayed because the government had to divert their focus to the pandemic social protection response.

Covid-19 response

The Government's social protection response to the pandemic was designed to include refugees at the outset. In response to the pandemic, the Government of Congo has scaled up the

Lisungi programme in two ways. First, an emergency cash transfer (ECT) programme is being implemented for poor households to compensate for any income loss and avoid any negative coping strategies. In terms of **coverage**, the ECT was initially set to be provided to about 200,000 households, although this has been increased to 355,082 vulnerable households (World Bank, 2020a) – including refugees. The ECT was originally planned to be implemented only in those areas most heavily affected by the pandemic, including urban areas such as Brazzaville and Pointe-Noire and southern regions, but is now being implemented nationwide.

The benefit **value** is set at 50,000 Central African CFA francs (FCFA) (\$82) per household, paid as a one-off cash transfer, although subsequent rounds may be provided depending on how the situation unfolds. In comparison, the average *monthly* payment amount under the regular Lisungi programme is about half that.

In terms of **targeting**, potential beneficiaries of the programme are informed about the programme through a community outreach initiative and interested households sign up with neighbourhood chiefs who input their data in the Registre Social Unique (RSU – Unique Social Registry used by the regular Lisungi programme) – or update data of those already included. Households are then ranked based on their level of vulnerability through community-based ranking using a predetermined set of criteria (such as reliance on charity, old age, access to other types of assistance, nutritional status) (World Bank, 2020b). Households identified as poor and extremely poor are prioritised for inclusion in the programme. Refugees are included in this process and there are no specific targeting criteria for them.

Second, the emergency response will also include a cash component after the most acute phase of the pandemic to assist households in rebuilding their assets and strengthening their resilience, integrated with the regular IGA component of the Lisungi (World Bank, 2020b). This component is expected to cover 20,000 households, including refugees, who are targeted using the same eligibility criteria as nationals.

This emergency response to the pandemic is financed in part by an additional World Bank grant to the Lisungi project, additional to existing IDA18 funding to the project (see Box 2). In addition to the two approaches mentioned above, the grant will also contribute towards strengthening the capacity of the Ministry of Social Affairs and Humanitarian Action (MASAH) to strengthen the shock-responsiveness of the Lisungi programme.

As of 2 December, some 66,000 households in Brazzaville had been reached by emergency cash transfer, including 480 refugee households (KII, UNHCR Congo). The intervention is still being rolled out, with targeting and registration processes ongoing in some regions and yet to be started in others.

Box 2 IDA18 Regional Sub-Window for Refugees and Host Communities

The IDA18 Regional Sub-Window for Refugees and Host Communities is a dedicated funding instrument to support LICs hosting large numbers of refugees to address the social and economic dimensions of refugee situations. Countries eligible for the funding should host at least 25,000 refugees, or where refugees amount to at least 0.1% of the population; those that have adequate frameworks for refugee protection; and those that have a plan or strategy for long-term solutions for refugees and host communities.

The financing supports the creation of new or the expansion of existing projects that aim to bring durable solutions for refugees and host communities, in alignment with national development plans, including in education, health and employment sectors. On the social protection front, the sub-window supports national social protection system strengthening and enables these to expand coverage to nationals and to include – for the first time in some cases – refugees.

In turn, IDA countries can access up to 5% of undisbursed IDA investment project balances (or up to \$5 million) following an emergency through contingent emergency response components (CERCs). This enables the rapid disbursement of funds to contribute to emergency responses and has already been triggered in some contexts during Covid-19. For example, a CERC was included in the additional financing for a project in Chad that includes a safety net component which aims to cover refugees alongside host populations.

As of the time of writing, 14 countries are eligible to access the funding, and by the end of FY 2019, some 19 projects in 10 countries worth a total of \$927 million had been approved, out of a total \$2 billion committed to the financing window. Among these, nine countries have received funding to support social protection system strengthening and expanding coverage to refugees, namely Bangladesh, Burkina Faso, Chad, Cameroon, Djibouti, DRC, Ethiopia, Mauritania and Republic of Congo, although the status of implementation of these projects is unknown in some cases.

Source: World Bank webpages on IDA18 Regional Sub-Window for Refugees and Host Communities and on Immediate Response Mechanism

Colombia case study overview

In addition to its own protracted internal displacement situation, Colombia is also the main host of displaced Venezuelans. Of the 1.8 million displaced Venezuelans residing Colombia, an estimated 1.7 million are in need of support, and this population also face significant protection challenges due to ongoing conflicts. A large humanitarian response has been rolled out under the Situation Response for Venezuelans (R4V) to provide multi-sectoral assistance to the displaced.

Displaced Venezuelans are not eligible for regular poverty-targeted cash transfer programmes in Colombia such as the *Familias in Acción*, one of the largest social assistance schemes in the country. However, those with a work permit can access social insurance schemes and displaced children can access school feeding programmes as eligibility is based on access to education rather than citizenship (WFP et al., forthcoming).

Covid-19 response

In response to Covid-19, a number of international humanitarian actors (including WFP) have scaled up activities for displaced Venezuelans to meet their heightened needs during the pandemic. In turn, the Government of Colombia has launched a wide-ranging response to meet the health, social and economic needs of the most vulnerable, including making extraordinary payments to existing beneficiaries of its social assistance programmes.

In addition, the government rolled-out the *Ingreso Solidario* cash transfer programme to support poor and vulnerable households during the pandemic who were not already benefiting from routine social assistance schemes. This was the first government-implemented cash transfer programme to include displaced Venezuelans. The **value** of the monthly transfer is \$160,000 Colombian pesos (COP) (roughly \$42) per household.⁵ Payments began in April 2020 and are due to continue until June 2021, amounting to a total of 15 transfers (nine in 2020 and six in 2021) (Botero, 2020). In terms of **targeting**, the *Ingreso Solidario* aims to cover households living in poverty or vulnerability who are not covered by regular social assistance programmes (such as *Familias en Acción*). Beneficiary households are identified by cross-checking data from the social registry (SISBEN) – used to target beneficiaries of regular social assistance programmes – against existing beneficiary registries held in records by other government entities. In order to be included in the social registry, displaced Venezuelan households must own a *Permiso Especial de Permanencia* (PEP) card which regularises status and gives access to employment, health and education.

The total target **coverage** for *Ingreso Solidario* is three million households, of which 2.6 million households had already been reached by the end of June 2020, with a total target coverage of 3 million households (Prieto, 2020). Of the 44,598 displaced Venezuelan households included in the registry and who would in principle be eligible for the transfer, the programme has reached about 28,000 of them (KII).

Payments were made to beneficiaries' savings accounts, but since most displaced Venezuelans did not have one, the government therefore devised a strategy to make digital payments with digital payment platforms and mobile phone companies to enable displaced Venezuelans to receive the payments (Proyecto Migración Venezuela, 2020).

5 By comparison, the routine monthly transfer for an individual in the poverty-targeted social pension programme Colombia Mayor is COP \$80,000 (see www.fondodesolidaridadpensional.gov.co/portal/23-981-nuevos-beneficiarios-del-).

In turn, displaced Venezuelans have been able to access health services related to Covid-19 in the same capacity as nationals. They have also benefited from government food assistance, such as a large scheme to distribute food packages to various vulnerable populations. As part of this scheme, the government worked with local authorities, Venezuelan civil society organisations, NGOs and UN agencies to distribute 200,000 packages to vulnerable Venezuelan households regardless of migration status, which was expected to reach around one million migrants in total (Mattinen et al., 2020).

WFP also aligned their pilot intervention in Arauca with the government response in terms of the benefit value, although this is not the focus of this case study.

2.2.2 Group 2 countries: alignment between humanitarian interventions and government responses

Jordan case study overview

Jordan hosts the second highest share of refugees per capita in the world, with over 750,000 refugees, including 660,000 from Syria (UNHCR, 2020g). The majority live in camps in major urban areas. Since 2016, formally registered Syrian refugees can access work permits for certain sectors of the labour market (Barbelet et al., 2018). All refugees can also access public health services at the same heavily subsidised rate as uninsured Jordanian nationals (Hagen-Zanker et al., 2017).

The government social protection system in Jordan has historically been relatively weak, with limited government capacity, a small number of programmes and low coverage. Refugees' access to government social protection programmes is complicated. Refugees are not eligible for any support from the NAF, the government institution which provides a number of means-tested monthly cash transfer programmes covering different population groups and risks. However, Syrian refugees working in the formal economy with work permits are theoretically able to contribute to the national social insurance system and just over 100,000 do contribute to social insurance with World Bank support (KII, World Bank Jordan).

There are a number of interventions provided by international humanitarian and development actors, including WFP, United Nations Relief and Works Agency (UNRWA), UNHCR and UNICEF (Hagen-Zanker et al., 2017). Several of the major international humanitarian cash transfer programmes also have a small share of Jordanian beneficiaries who are identified by the NAF, unlike refugees who are targeted using separate mechanisms; however, both groups receive the same transfer (ibid.).

Covid-19 response

The government's main social protection response to the Covid-19 pandemic is the Emergency Cash Assistance Programme to Daily Wage Workers (also called *Takaful II*). It is provided by the NAF for those not covered by the contributory response. The *Takaful II* has several eligibility criteria including in relation to employment status, poverty status and household composition,

and it provided 250,000 households with a monthly cash transfer during the three-month lockdown that started in early March. While the scheme was targeted primarily at Jordanian nationals, certain categories of ‘non-citizens’, specifically ‘Gaza refugees’ (Palestinian refugees from Gaza born in Jordan, who have a different status than other refugees) and children of Jordanian mothers, but non-citizen fathers, are also eligible for this benefit (KII, Aya Jordan; KII, NAF Jordan). Furthermore, existing Jordanian beneficiaries of government social assistance programmes can potentially have their benefits topped up if they fall below a specific income threshold (ibid.).

Workers (including Syrian refugees) who had previously contributed to the government social security scheme were entitled to some unemployment benefits during the lockdown, though numbers are not available (KII, UNHCR Jordan; KII, World Bank Jordan). Anecdotal evidence suggests that this incentivised greater shares of refugees to sign up to the social security scheme in the following months (ibid.).

While refugees – apart from the limited exceptions mentioned above – are not included in these core government social protection interventions, the government implemented responses using mechanisms established by international humanitarian and development actors. First, the NAF used UNICEF’s RapidPro communication system in its social protection programme to support daily wage workers. Set up for the Hajati cash transfer programme that targets both refugees and Jordanians, the RapidPro tool enables two-way communication between UNICEF and its beneficiaries. The government used this to reach new beneficiaries of the emergency programme, validate their identity and confirm whether they had existing mobile money wallets where the emergency transfers could be paid. Through this mechanism, the government was able to support 62,000 daily workers eligible under the first batch of *Takaful II* payments to set up mobile wallets (Albaddawi et al., 2020). The NAF are now rolling out e-wallets in other interventions (such as the bread subsidy), and this transition has been made easier because some beneficiaries have gained experience with that tool.

Second, in its Covid-19 response the government is also using the MIS system – which was designed with the technical and financial support of UNICEF, WFP, World Bank and UNHCR based on their own prior experience – for the *Takaful* programme (KII, UNICEF Jordan). The targeting of the government’s Covid-19 response interventions also relies on the unified registry of citizens, which was created prior to the pandemic with the support of the World Bank and enabled swift implementation during the crisis (KII, NAF Jordan; KII, Aya Jordan).

In turn, a large number of international humanitarian and development actors expanded their cash transfer programmes to respond to the pandemic, including programmes targeted at refugees. In addition to their existing caseloads, UN agencies established a task force to extend coverage of existing cash programmes to an additional 120,000 refugees while also increasing the value of some existing benefits (World Bank, 2020c). Coordination between donors – which was high prior to the pandemic – continued to ensure the most effective impact and avoid duplication,

for instance through its coordination dashboard. Furthermore, some international humanitarian and development actors and the NAF coordinated to align benefit amounts to avoid social tension and confusion among beneficiaries of different agencies (KII, UNICEF Jordan). For instance, for their regular assistance to refugee and host children, UNICEF aligned their benefit amount in June to that paid out by the Emergency Cash Assistance Programme to Daily Wage Workers (or *Takaful II*), which provided a monthly benefit of 50 Jordanian dinar (JD) (\$70) for a single-member family, JD 70 (\$98) for a two-member family, and JD 136 (\$192) for a family of three or more.

Pakistan case study overview

Pakistan hosts the second largest refugee population in the world after Turkey, with about 1.4 million registered refugees from Afghanistan (i.e. those holding a proof of registration card) and a further million unregistered refugees also from Afghanistan. This is one of the most protracted refugee situations in the world, with the first waves of migration from Afghanistan beginning in the late 1970s – at its peak, the number of Afghan refugees living in Pakistan reached about four million.

Pakistan is not a signatory to the 1951 Refugee Convention so refugees' rights to social services are limited and they have no access to government social protection programmes. The government has also historically restricted humanitarian actors' ability to implement large-scale cash-based interventions to meet the needs of refugees, although these restrictions were relaxed during the pandemic (KII, UNICEF HQ).

Covid-19 response

In response to the Covid-19 pandemic, the Government of Pakistan implemented an economic relief package of 1,200 billion Pakistani rupees (PKR) (\$8 billion) to alleviate poverty and mitigate the risks of malnutrition to protect the vulnerable. As part of that relief package, the government implemented the Ehsaas Emergency Cash Transfer (EEC) programme, which is part of the existing *Ehsaas Kafaalat* social protection programme in Pakistan (Bird et al., 2020). The EEC covers the five million existing beneficiaries of the *Ehsaas Kafaalat* programme and expands coverage on a temporary basis to a further 11.9 million new beneficiaries (ibid.). The EEC provides a one-off upfront payment of PKR 12,000 (\$73) to cover a four-month period. The intervention prioritises those earning less than PKR 20,000 a month with at least one child, vulnerable women, children at risk, people with disabilities, individuals with serious economic conditions, single parents and older persons at risk. Most beneficiaries of the EEC receive their payments through a card which requires a computerised ID card (that are not accessible to refugees), while those living in areas with limited financial services receive their transfers through urgent money orders.

At the start of the pandemic, the Government of Pakistan asked UNHCR to expand the coverage of the EEC by providing cash transfers to refugees (KII, UNHCR HQ). Thus, UNHCR implemented a cash transfer that mirrors the EEC in many respects.⁶ First, in terms of **value and duration**, the benefit provides a one-time lump sum of PKR 12,000 to meet beneficiaries' needs for four

6 The information on the UNHCR cash transfer draws mainly on a KII with UNHCR Pakistan.

months. UNHCR also aimed to partly align their **eligibility criteria** with that of the EEC noted above. Finally, the **implementation** of the UNHCR cash transfer partly matches that of the EEC as it is paid through urgent money orders by the post office, the same mechanism used by the government for beneficiaries without a bank account.

However, UNHCR could not align with the EEC **identification** and **registration** mechanisms, as refugees are not included in the national social registry used by the government programme for targeting. Thus, UNHCR relied on community leaders to conduct outreach with affected communities in partnership with the Commissionerate for Afghan Refugees to identify and register of beneficiaries.

In terms of **coverage**, UNHCR had originally intended to reach 36,500 households with the cash transfer but were later able to expand this target when additional funding was secured. A total of 75,104 households were reached when the programme completed in December 2020.

Post-distribution monitoring exercises found that 95% of beneficiaries so far received the agreed amount, and the payments reached the targeted beneficiaries. The assessment also showed that refugees were treated with respect and dignity by the Post Office agents, and no tensions were identified with the host population as a result of the intervention (KII, UNHCR Pakistan).

3 Effectiveness of social protection response measures

This section considers the effectiveness of the social protection responses across the four case studies in terms of (1) timeliness; (2) coverage adequacy; and (3) level adequacy (value of benefit).

3.1 Timeliness

In the context of the pandemic, timeliness not only relates to the speed of delivery, but also *when* it was delivered. Potential target households are likely to be particularly vulnerable during lockdowns, which restrict access to livelihood opportunities and basic services. Table 3 gives an overview of timings of payments made.

Table 3 Timings of payments made for refugees

| Case study country | Payment frequency | Timing of lockdowns during 2020 | First payments made | Last payments made | |
|--------------------|-------------------|---|---------------------------|---|--|
| Group 1 countries | Colombia | Monthly payments | Late March to August 2020 | April 2020 | Ongoing |
| | RoC | One-off payment for RoC nationals and refugees | April to May 2020 | No information available | Ongoing. By September 2020, 8% of intended beneficiaries had received payment, 18% reached by November 2020 |
| Group 2 countries | Jordan | <ul style="list-style-type: none"> • Three payments per beneficiary (<i>Takaful II</i>) • Monthly payments (UNICEF) | Mid-March to June 2020 | <ul style="list-style-type: none"> • May 2020 (<i>Takaful II</i>) • Ongoing programme which aligned value in June 2020 (UNICEF) | <ul style="list-style-type: none"> • Completed (<i>Takaful II</i>) • Ongoing regular cash programme (UNICEF) |
| | Pakistan | One-off payment made in tranches | Mid-March to August | Mid-May 2020 | Completed By September, 42% of target beneficiaries had received a payment, and 100% by December 2020 |

Source: Key informant interviews

Note: RoC, Republic of Congo

Table 3 shows that across the four case studies, lockdowns started in March/April 2020. In three of the countries, the first beneficiaries started receiving benefits by May, that is at the tail-end of lockdowns. However, in some cases only a small fraction of intended beneficiaries started receiving a social protection benefit while lockdowns were still ongoing, with other payments being delayed due to identification and targeting processes. For example, in the Republic of Congo, by late November 2020, more than two-thirds of intended beneficiaries had not yet received a payment. Similarly, in Pakistan, less than half (30,000) of the targeted 70,000 beneficiaries had received their payment by September (UNHCR, 2020h) and 50,000 were covered by November (UNHCR, 2020c).

A number of factors affected the speed at which government or international humanitarian and development actors were able to respond. **A key enabler of a fast response are systems and tools already being in place, particularly registries of potential beneficiaries** as was the case in Colombia and Jordan. The government-led *Takaful II* programme in Jordan was able to identify beneficiaries swiftly through the existing unified registry, which had been updated shortly before the pandemic, ensuring relatively accurate information about households. In Argentina, Brazil and Chile, refugee households included in regular social assistance programmes or in the national social registry were automatically included in government emergency responses, while others could apply for them. In the Republic of Congo and Pakistan, such registries were not already in place and efforts to identify and register potential beneficiaries and apply targeting criteria contributed to delays in delivery.

Other systems and tools also helped with faster roll-out. The RapidPro communication tool developed by UNICEF had been tested and refined by UNICEF since its initial small-scale roll-out in 2017. This meant it was operative when it was adopted and scaled up by the NAF in the Covid-19 response in Jordan. Through this mechanism, the NAF was able to reach out to target beneficiaries to validate their identity and ascertain whether they owned an e-wallet, allowing the NAF to make payments 14 days after contacting potential beneficiaries (KII, NAF). Likewise, the post office in Pakistan is experienced in disbursing payments and they disbursed UNHCR's refugee Covid-19 response within days of beneficiaries being selected.

Where registries or beneficiary lists were not in place or out of date, **strong relationships with refugee community leaders helped to move the awareness-raising and targeting process along**. In Pakistan, UNHCR had already established a network through its community-based programming, which mitigated the lack of registry to some extent and enabled awareness-raising and data collection to be implemented swiftly. Likewise, in Jordan, UNICEF drew on community leaders to update UNICEF databases of potential beneficiaries in a time-sensitive manner, without having to conduct a full-blown survey.

Issues around financing can lead to delays in payments being made. For instance, in the Republic of Congo one reason for the slower response was the delay in the transfer of funds from the government to the unit managing the intervention.

In general, more adaptable systems enabled faster delivery. Response was quicker where registries could easily update existing information. A timely change in government requirements around e-wallets in Jordan also facilitated a quicker response.

3.2 Coverage adequacy

In the context of the pandemic, coverage adequacy is the share of the refugee population negatively affected by Covid-19 falling below a defined threshold of need that is (1) eligible for Covid-19 social protection interventions according to the official targeting criteria (de-jure coverage) and according to the legal framework of the hosting government, and (2) receiving the intervention (de-facto coverage), see Table 4. With data on the refugee population negatively affected by Covid-19 mostly not available and the threshold of need being a subjective assessment, coverage adequacy in this paper is measured in comparison to the overall refugee population, while acknowledging that not all within this group are vulnerable and have the same needs.⁷ Table 4 gives an overview of coverage across the four case studies.

Table 4 Coverage adequacy (% of total refugee population)

| Case study country | De jure coverage | De facto coverage | Assumptions made |
|----------------------------------|-------------------------------------|-------------------|--|
| Group 1 Colombia countries | 8% | 3% | Based on Venezuelan population as a whole; household size of three; de jure includes Venezuelans registered in SISBEN database |
| RoC | No specific target set for refugees | 8% | Based on refugee population as a whole; household size of 4.3 |
| Group 2 Jordan countries | No specific target set | 46% | Receiving either the UNHCR or UNICEF emergency cash transfer; based on refugee population as a whole; household size of 5.4 |
| Pakistan | 31% | 31% | Based on registered refugees; household size of six |

Source: Key informant interviews

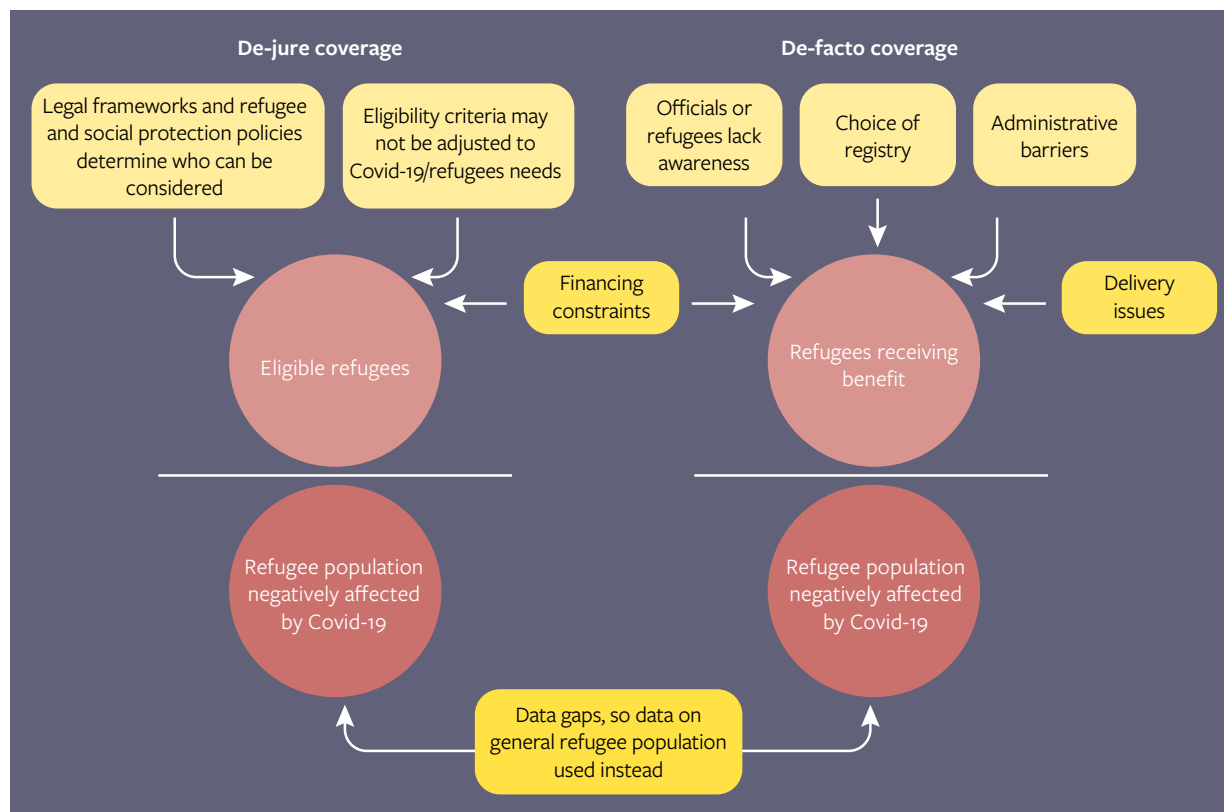
Note: RoC, Republic of Congo; SISBEN, System of Identification of Social Program Beneficiaries

Coverage adequacy in the case study countries ranges from 8% of the refugee population in the Republic of Congo to almost one in two refugee households in Jordan receiving a Covid-19 cash transfer. Coverage adequacy is higher in Group 2 countries where responses are led by humanitarian and development actors. This is to be expected as their programmes' primary

⁷ As this paper focuses specifically on refugees, coverage adequacy is calculated in relation to the refugee population, not the general target population of a programme.

concern is to help refugees, while Group 1 countries' primary concern is to support their own citizens. De-facto coverage is lower than de-jure coverage, which can be explained by several factors, outlined in Figure 1 and discussed below.

Figure 1 The factors that determine de jure and de facto coverage



Source: Authors

Eligibility for social protection is not just defined on the basis of needs but also on legal status and official access to rights as defined by the government hosting refugees. Hosting governments determine which refugees are eligible to register, through which processes, and authorise which refugee sub-groups international humanitarian and development actors may support. In Pakistan, for example, despite a number of registration drives, there are still more than 500,000 *unregistered* Afghani refugees (EASO, 2020) who are potentially even more vulnerable owing to their unregistered status and are not eligible for international humanitarian relief. In Colombia, only those Venezuelans holding a PEP card and registered in the SISBEN registry are eligible for *Ingreso Solidario*, both of which entail administrative obstacles for refugees.

Furthermore, given the necessity to provide support at speed, **eligibility criteria are in some cases only loosely or not linked to specific needs related to the Covid-19 pandemic, particularly due to data gaps.** Needs or vulnerabilities may have changed during the pandemic, with more sub-groups being in need. It is also possible that sub-groups classified previously as

vulnerable may no longer be the most vulnerable ones. For example, in Pakistan, UNHCR aligned eligibility criteria with that of the government intervention but these may not necessarily be the most vulnerable or needy households among refugees.

The case studies show that **awareness raising among eligible beneficiaries and other actors can boost de-facto coverage**. In Jordan, well established communication channels with refugees allowed international humanitarian and development actors to inform potential beneficiaries (e.g. through SMS and community centres providing other support). In the Republic of Congo, UNHCR supported the government in raising awareness among refugees. For instance, they ran a campaign in Brazzaville to raise refugees' awareness of their eligibility for the Lisungi intervention, at times even calling refugees directly to inform them. UNHCR also made sure that 'chefs de quartiers' (neighbourhood chiefs) who were unaware of refugees' eligibility for the programme received information about this. Both examples also highlight the importance of strong coordination between actors.

Moreover, the choice of implementation approach can negatively impact de-facto coverage. These issues include refugees not being included in social registries or not meeting administrative eligibility criteria (e.g. not having the necessary official documents to complete registration processes) and uneven geographical rollout of the transfer. Often refugees are **not included in social registries used to identify and target social protection beneficiaries**, or not included in the specific registries used to roll out interventions, which has limited their inclusion in government social protection responses. This is highlighted as a challenge in several countries in South America, for example (see also Lowe et al. (forthcoming) on wider issues of relying on pre-existing registries to target beneficiaries in the Covid-19 pandemic). In Argentina, Brazil, Chile and Colombia, targeting of emergency responses relies on existing social registries (WFP et al., forthcoming). While refugees can in principle be included in these, they face significant barriers due to missing documentation, high costs and the complexity of procedures, the mobility of the refugee population, and the lack of incentives of local authorities to include refugees (ibid.). Furthermore, when registries were newly set up as was the case in the Republic of Congo, officials may lack awareness that refugees are eligible (see above).

In turn, **where eligibility of refugees is based on owning specific documentation or meeting residence requirements, certain groups of refugees may be excluded**, particularly those that have recently arrived in the host country. In Congo, for example, refugees must be in possession of a valid refugee ID card to register in the Lisungi emergency response and in a small number of cases, this prevented refugees whose documents had expired from accessing the programme. In the case of Argentina and Trinidad and Tobago, refugees must meet residency requirements, resulting in the exclusion of refugees who have recently arrived and thus may need assistance (WFP et al., forthcoming).

Delivery may also be focused on particular geographic areas, particularly capital cities, de-facto excluding refugees who tend to live in more remote areas of the country or near borders. Governments may have prioritised these areas both because the need was initially higher in urban areas – more likely to have been affected by Covid-19 – but also because they tend to

have better delivery systems. For instance, in the Republic of Congo, the Lisungi programme has so far only delivered support to households located in Brazzaville. The government is now planning to roll out the intervention across the country, including in more remote areas in the north. As the majority of refugees are based in the North-Eastern Likouala province, coverage adequacy of refugees can be expected to increase when the programme is expanded.

Finally, **funding constraints can limit the number of refugees covered** (i.e. in terms of the ability of domestic funds to cover citizens and the ability of international funds to help expand inclusion of non-citizens). For instance, coverage of refugees in Pakistan was partially determined by the availability of funding. Moreover, it can be assumed that without access to IDA18, the Republic of Congo – as a LIC – would not have been able to afford either the Lisungi programme or the inclusion of refugees. On other hand, *Ingreso Solidario* in Colombia, a MIC, is funded by the government. Just as important as adequate funding is the speed at which these funds can be accessed. Jordan, for example, hosting one of the largest refugee populations per capita and having established humanitarian funding mechanisms, was able to access additional funding for Covid-19 responses fairly quickly.

3.3 Level adequacy (value)

The extent to which benefit levels are adequate depends on (1) the stated objectives of the respective interventions, (2) whether benefit amounts are calculated based on evidence about the impacts of the economic shock resulting from Covid-19 on indicators relevant to those objectives, and (3) whether they are adjusted to the relative need of the specific population group. Few social protection programmes in poor countries are designed so that recipients can meet *all their needs* – instead transfer values are set to contribute towards those needs. Benefits also vary depending on whether they are paid as a lump-sum or in monthly disbursements, and if they are adjusted for household size.

Table 5 gives an overview of benefit levels across the four case studies, as well s information on how these are determined and any adjustments made. It also includes assessments of adequacy against a benchmark, where it is available, and a qualitative assessment of benefit adequacy based on available data sources.

Table 5 Benefit adequacy

| Case study country | Benefit level | How amount is determined | Adjustments made | Adequacy |
|----------------------------------|--|--|---|---|
| Group 1 Colombia countries | Monthly payments of COP \$160,00 (\$42) | No information | None | The monthly benefit amount represents roughly 65% of the national poverty line (Lustig et al., 2020), although the benefit is per household while the poverty line is per capita |
| | RoC One-time payment of FCFA 50,000 (USD 90) | No information available | None | Benefit represents a third of average citizens' monthly household expenditure levels |
| Group 2 Jordan countries | JD 50 (\$70) - JD 136 (USD 192) for <i>Takaful II</i> and UNICEF | UNICEF aligned transfer with government response in June 2020 to avoid confusion and social tensions. Beneficiaries received a higher amount in July to compensate for their higher need | Adjusted to household size and whether household receives WFP support | UNICEF transfer covered about 70% of refugee needs. The government response represents the average of 30% of the standard poverty gap for non-working poor and 50% of the standard poverty gap for working poor (World Bank, 2020c) |
| | Pakistan PKR 12,000 per household to cover a four-month period (\$76) | Represents about 10% of GDP per capita as recommended to UNHCR Pakistan by the World Bank | None | A socio-economic survey of Afghan refugees living in Pakistan conducted in 2013 found that 'mean monthly expenditure of the surveyed households was Rs. 26,000' (DRC, 2013: 9). Markhof (2020) finds that for citizens, PKR 12,000 would cover roughly 15.2% of monthly household income for the poorest 20% and 8.4% for the poorest 40% |

Source: Colombia, WFP, UNICEF and IPC-IG (forthcoming); RoC, World Bank (2020b); Jordan, KII; Pakistan, KII
 Note: COP, Colombian peso; FCFA, Central African CFA franc; JD, Jordanian dinar; PKR, Pakistani rupee;
 RoC, Republic of Congo

It is **difficult to assess needs and benefit adequacy, without data on refugees' socioeconomic situation and the impact of Covid-19**. For example, the Lisungi benefit in the Republic of Congo is a one-time payment that is equivalent to about a third of what an average household in the country spends every month and as such may not meet household's heightened needs during the pandemic. However, there are no socio-economic surveys of refugees in the country, so it is hard to estimate

how far this transfer can go in reaching their needs. Preliminary information from beneficiaries collected from UNHCR points in different direction in this regard: while some noted that the transfer value was not sufficient to meet their basic needs, others were able to use the transfer to set up new income-generating activities after having lost their livelihoods in the pandemic (KII, UNHCR the Republic of Congo). In Jordan, on the other hand, refugee responses are well established, including up-to date data. Benefit levels in Jordan are adjusted to household size and other support received and cover about '70% of refugee needs' (KII, UNICEF).

Benefit adequacy depends on how needs are defined, and international agencies may use different – often more generous – standards to define basic needs than those set by governments. This is because international humanitarian funding often has specific standards or rules attached. This is also linked to questions of fiscal space. With lower levels of funding available, governments face trade-offs between increasing either benefit adequacy or the number of beneficiaries covered.

International humanitarian and development actors in some instances decided to align benefit levels with government responses, which negatively affected benefit adequacy. In the case of both the UNICEF emergency transfers in June in Jordan and the UNHCR emergency cash transfers in Pakistan, the benefit amounts were intentionally aligned with those of the government interventions in order to avoid confusion and social tensions. However, the benefit amounts of *government* responses were not set with refugees' needs in mind. This is particularly important when considering that in both countries, refugees' needs were found to be higher than those of nationals. UNHCR had conducted a small survey in Pakistan at the start of the pandemic, which found that refugees, often working as daily wage workers and losing their income during the lockdown, had high needs during the pandemic (KII, UNHCR Pakistan). Similarly, in Jordan UNICEF calculated the package of assistance required to meet the needs of refugees during the pandemic and found that because they have higher housing costs, the refugees' needs were higher than those of Jordanian nationals.

For both the UNICEF aligned intervention in Jordan and the UNHCR intervention in Pakistan, KII respondents considered the benefit amount to be inadequate in meeting the minimum needs of refugees. In Jordan, UNICEF was able to correct this by compensating for the shortfall in the June payment by increasing the payment made in July.

It is worth noting that this issue is not specific to Covid-19 emergency responses. Emerging findings from the ongoing 'ODI-World Bank Social Protection Responses for Displaced Populations'⁸ project also suggest that some international humanitarian programmes that provided cash transfers to refugees and had aligned their transfer values with those of government programmes had subsequently found these amounts to be inadequate in meeting the programmes' objectives. This can be either because the objectives of the international humanitarian intervention were different to

8 See www.odi.org/projects/17108-social-protection-responses-forced-displacement.

those of the government programmes, or because the government programmes' benefit levels were calculated to meet the needs of citizens, which typically differ from those of refugees, e.g. because they have limited access to (decent) employment opportunities. Evidence from the Covid-19 responses thus highlights the need to take seriously the potential trade-off between the objectives of aligning benefit values with government programmes – whether these be to avoid social tensions, to pave the way for the inclusion of refugees in government systems, etc. – and the objectives of effectively meeting the needs of refugees.

4 Emerging lessons and policy recommendations

This final section discusses the factors which enabled, or hindered (1) the inclusion of refugees in government Covid-19 social protection responses and (2) the alignment or integration of international humanitarian responses and government responses and emerging findings on the effectiveness of responses to date in meeting refugees' needs. We also consider the implications for social protection system strengthening – from the perspective of the inclusion of refugees in government policy or of improved government social protection and international humanitarian integration and alignment. We then put forward and policy recommendations to foster the provision of effective assistance for refugees.

4.1 Lessons learned from inclusion of refugees in government social protection systems

4.1.1 Refugee inclusion in government social protection crisis responses: enablers and barriers

Pre-crisis legal and policy framework

Where refugees had already been or were set to be included in government programmes, response measures are likely to continue. This includes mainly MICs that already have **mature social protection systems**, with high levels of coverage, such as Argentina, Brazil, Chile and South Africa, and social insurance schemes in Jordan.⁹ Furthermore, some countries had made commitments to include refugees prior to the pandemic, including in Cameroon and the Republic of Congo, but the pandemic response preceded the roll-out of these plans.

Financing

The availability of external funding that covers both refugees and host communities facilitated the inclusion of refugees. The Republic of Congo and Cameroon, as low- and lower-middle-income countries, received funds from the IDA18 refugee sub-window (see Box 2). Middle income countries were eligible for loans with the aim to scale up inclusion of refugees in government social protection programmes, for example the Global Concessional Financing Facility.¹⁰ Examples include the extension of the IDA18 grant to Jordan, which indirectly facilitated the inclusion of Syrian refugees in social insurance, and a World Bank loan for Colombia's *Ingreso Solidario*.

9 In South Africa, the government first tried to exclude refugees from its Covid-19 social protection response despite refugees' legislative access to social protection. This decision was challenged in court and overturned.

10 The Global Concessional Financing Facility provides development support to MICs impacted by refugee crises on concessional terms.

Limited funding for social protection systems more generally (indeed, in many countries government schemes cover only a very small share of national population) and genuine concerns about how the inclusion of refugees will be financed can be a barrier to the inclusion of refugees into government systems. This is the case in Jordan, where there has been a general commitment to eventually include refugees in the government social assistance programme, but government concerns around funding mean no clear roadmap for this has been finalised.

Political will

National governments, especially those with low coverage of social protection of their citizens, are concerned about how the inclusion of refugees might affect their citizens' political opinions. On a *national* political level governments may have little to gain from including refugees as they are not part of their constituency. Furthermore, echoing concerns in high-income countries, there may be fears about the incentives that such policies may have for refugees, with some governments expressing fears that providing social protection to refugees may incentivise more displaced people to migrate to those countries (WFP et al., forthcoming). These factors may partly explain the very low number of low- and middle-income countries that have included refugees in their government responses.

4.1.2 Drivers of the effectiveness of government social protection responses in meeting refugee needs during the Covid-19 crisis

Available information from the Republic of Congo and Colombia points to **low numbers of refugee households covered by government systems**, with less than 5% covered in both countries. Overall, benefit values do not seem particularly adequate in meeting refugee needs. The timeliness of interventions varies significantly, with the response in Colombia appearing to be much timelier than that in the Republic of Congo.

Maturity of the government social protection system and state capacity

Colombia's mature social protection system and pre-existing local and central government capacities explain why the country was able to respond more quickly. Having existing registries in place that can be used for the purpose of delivering social protection interventions can be a significant contributor to the timeliness of the response. Where a country's social protection system is more nascent and state capacity is limited, the system will be less effective at meeting refugees' needs. These countries might need more international support to include refugees.

Targeting criteria

Requirements placed on refugees in terms of regularised status or length of residency may de facto exclude specific categories of refugees, e.g. those most recently arrived (WFP et al., forthcoming). Thus, if the objective of the intervention is to meet the needs of the poorest or most vulnerable, then levels of need would be more suitable to determine refugee eligibility rather than residency or status. This highlights a trade-off between inclusion in government responses and providing effective and tailored support for refugees. On a political level, it is challenging for

host countries to both integrate refugees into the state system while also recognising their special status and particular needs, suggesting a continued complementary role for humanitarian and development actors.

Trade-offs on benefit levels

Benefit amounts for interventions were not set with refugee needs in mind and not based on evidence about citizens' needs during the pandemic. In setting benefit values for interventions that include refugees, governments are faced with two competing objectives: (1) prevent social tensions and unfairness between population groups; and (2) ensure that everyone can meet their minimum needs. As the needs of refugees living out of camps are typically higher than those of nationals, it is unlikely that benefit levels of government systems will be sufficient in meeting refugees' needs. As such, governments must choose where they want to land on the trade-off between the two objectives and this should be explicitly justified.

Delivery mechanisms

Across Latin-America, the strong focus on using government social registries, with strict registration requirements, to deliver Covid-19 responses represented a challenge for the effective inclusion of refugees due to the numerous barriers they face in getting onto registries, for example because they lack the necessary documentation or their documentation is not in the required format (WFP et al., forthcoming).

4.1.3 The potential for the future inclusion of refugees and systems strengthening

Positioning of inclusion on the policy agenda

These discussions to some extent gained momentum as many countries included refugees in government Covid-19 *health* responses. The inclusion of refugees in some government Covid-19 surveys has also made their needs more visible (see below). Furthermore, due to the enormous role social protection has played in responding to the pandemic around the world – both for refugees and citizens – it now receives greater attention more widely. In some cases, the pandemic has **accelerated ongoing discussions about the inclusion of refugees in government systems**. For instance, in Colombia the question of including refugees in government social protection programmes had been debated for some time, yet the Covid-19 pandemic highlighted the needs of Venezuelans more clearly (KII, WFP). However, that the temporary nature of *Ingreso Solidario* made this an easier decision to some extent. This raises questions regarding the inclusion of refugees into government social assistance moving forward.

Availability of data on refugees' needs to inform design and implementation

Refugees have been included in national socio-economic evaluations of the impact of Covid-19, including in Morocco, Kenya, Uganda and Rwanda – the first time they are included in a national survey (KII, UNHCR Africa Regional Office). This is important on a symbolic and political level as it means refugees are included in a comprehensive 'picture' of the country's population.

Moreover, it provides not only information about the needs and vulnerabilities of refugees to national governments that can inform policy design and implementation in social protection and social policy more broadly (e.g. education and health), but it can also contribute towards the future inclusion of refugees in government tools used for social protection programmes, such as social registries.

Financing

The pandemic may also hinder progress towards the inclusion of refugees into government social protection systems. As previously noted, limited financial resources is often cited as one of the key reasons refugees are not in government systems. Government budgets are further tightened due to the pandemic's economic impact, further reducing the political feasibility of refugees' inclusion, as discussed above for the case of Jordan. Likewise, aid budgets that could be used to support the inclusion of refugees may be cut as a result of Covid-19, as is already the case with the UK.

Implementation and delivery learning

The inclusion of refugees in the emergency response can potentially act as a 'pilot' to test the political feasibility of including refugees in government systems and generate evidence with regards to targeting and identification. Both these elements can therefore support the effective inclusion of refugees into government systems moving forward.

Implementation and refugees' understanding of entitlements

The vulnerabilities brought about by the pandemic may also be increasing refugees' interest in contributory programmes in MICs, where there are strong social insurance systems and where refugees have legal rights to work and to contribute. In Jordan, for example, refugees had limited incentives to join contributory programmes prior to the pandemic for a number of reasons, including the costs and the perception that the benefits (i.e. old-age pensions) could only be accessed far in the future. However, the package of benefits provided by the contributory scheme to refugees during the pandemic was identified as having led to more positive attitudes among refugees about the value of (voluntarily) registering and contributing (KII, UNHCR Jordan; KII, World Bank Jordan). Moving forward, contributions to social insurance could be facilitated by a package of benefits that is relevant and useful to refugees alongside agreements around the portability of benefits to the origin country or elsewhere.

System strengthening

Some initiatives and innovations adopted since the onset of the crisis to strengthen the timely and adequate delivery of social protection to refugees promise to support longer-term system strengthening. In the case of the Republic of Congo, additional World Bank funding partly focused on strengthening the government social protection system, including expanding the social registry. This was also included as part of previous IDA18 funding to the Lisungi project, but the Covid-19 emergency has sped up the process. In Jordan, because of the urgency of the Covid-19 emergency, the Jordanian government realised that they needed to speed up

the responsiveness and reach of its social protection system, and so looked to build upon the experience of UN agencies. Incorporating effective lessons and tools, such as a communication system and e-wallets, is expected to continue to have a positive impact on the functioning of the Jordanian government's social protection system in the future.

4.2 Lessons learned from integration of international humanitarian interventions with government social protection responses

4.2.1 Integration or alignment of humanitarian responses with government responses: enablers and barriers

Humanitarian–development players' coordination

Strong, positive and long-established relationships, open dialogue and ongoing collaboration between international humanitarian and development actors and national governments seemed to foster integration. In Jordan, for example, the NAF already had a working group with international development and humanitarian actors. This group meets weekly at a minimum and when the pandemic hit Jordan, they were quickly able to focus discussions on Covid-19 responses, alignment and collaboration. In Pakistan, UNHCR had been advocating for a while for the inclusion of refugees in the government social protection response, which is thought to have contributed to the government's decision to reach out to UNHCR with a request to set up a complementary response for refugees. Moreover, the strong existing relationship with the Commissioner for Afghan Refugees helped UNHCR proceed smoothly with the design and delivery of the cash transfer.

Pre-existing infrastructure

A second critical factor that improved implementation was the ability to draw on existing tested and well-functioning systems and tools, such as information systems and communication tools. In Jordan, the NAF highlighted that they were able to learn from international humanitarian and development actors and draw on the tools developed by them to effectively implement the government social protection response. UNHCR Pakistan, in turn, was able to benefit from the experience of the Pakistan post office in delivering transfers quickly when beneficiaries do not have a bank account.

Payment mechanisms

If it is desirable to align payment mechanisms, the ability of international humanitarian and development actors to align with the government social protection programme depends heavily on the type of approach used by the government and the rights of refugees in accessing financial services. In Pakistan, the government employed two separate mechanisms to make payments in its Covid-19 response, and UNHCR were able to align with one of these as this required limited action from beneficiaries to access the payments. Drawing on this existing payment mechanisms enabled swift delivery of transfers. However, in those countries where payments are made through financial institutions, alignment is challenging because refugees often have limited access to financial services either because they do not have the right to do so, they do not meet

the ‘know your customer’ (KYC) regulations,¹¹ or because the documents they do not meet the necessary requirements. However, the pandemic has, in some countries, led to these barriers being lifted, which may pave the way for greater alignment moving forward. This is the case, for example, for the rules regarding KYC, which have been relaxed in Uganda and Rwanda (KII, UNHCR HQ).

4.2.2 Drivers of the effectiveness of humanitarian responses in meeting refugee needs in the Covid-19 crisis

Policy design

In designing programmes, particularly its transfer values, international humanitarian and development actors may face a trade-off between potential alignment with government responses and adhering to international standards. International humanitarian and development actors have more room to manoeuvre in setting the benefit values of their responses to effectively meet the needs of refugees and may also be accountable to international standards, which tend to set higher benefit levels than government interventions. This, however, means aligning transfer levels is less feasible. This trade-off reflects a long-standing tension between humanitarian assistance and government social protection responses.

Financing

Where existing, efficient funding mechanisms are present, international humanitarian and development actors were able to respond more quickly. Jordan, for example, has established humanitarian funding mechanisms in place, and was able to access additional funding for Covid-19 responses fairly quickly, whereas UNHCR Pakistan had to invest significant efforts into fundraising for its new cash transfer programme and was only able to increase coverage in a piecemeal fashion when new funding came in.

Capacity in delivering cash transfers

As with government systems, international humanitarian and development actors who had previous experience and systems in place to deliver cash transfers were able to respond more quickly and effectively. In Jordan, UNICEF were able to achieve relatively good coverage and implement delivery relatively quickly on top of their existing beneficiary population, due to a comprehensive (recently updated) database of beneficiaries and other tools that they could draw on. In Pakistan, on the other hand, the response was not necessarily adequate or timely for

11 ‘Know your customer’ regulations are followed by financial institutions to verify and authenticate the identity of potential customers before they can provide financial services to them, typically for the purpose of anti-money laundering or countering the financing of terrorism. The requirements may lead to the exclusion of refugee populations from financial services when their identification documents are not recognised in these processes, for example where these are issued by non-state actors such as the UNHCR.

the majority of beneficiaries. This was the first large-scale cash transfer implemented by UNHCR Pakistan and the development of the Covid-19 response will thus contribute to more timely emergency responses in the future.

4.2.3 What these responses mean for the future inclusion of refugees?

The integration/alignment of international humanitarian responses to Covid-19 to date appear to have made some marginal contributions but so far have not had a substantial impact on the inclusion of refugees into regular government social protection programmes. While there has been some alignment in the case studies presented here and those in the mapping in Section 2.1, this does not mean the next step will be inclusion of refugees in government social protection.

Politics

The decision to include refugees in government social protection programmes is a political one, and the Covid-19 pandemic does not appear to have shifted political opinions on this matter. In the case of Pakistan, there is no evidence of greater willingness on the part of the government to include refugees in its regular social protection programmes. Political willingness in Jordan actually seems to be moving in the opposite direction, with greater opposition to the inclusion of refugees in government programmes as a result of the economic downturn.

Implementation and system strengthening

In some cases, efforts between government and international humanitarian and development actors to integrate and coordinate have led to the strengthening of government systems. In Jordan, the pre-existing tools and mechanisms developed by international humanitarian and development actors prior to the pandemic that have now been taken up by the government in their Covid-19 response have helped to strengthen the Jordanian government's social protection system.

Implementation and learning for future inclusion

While the aligned or integrated responses have not themselves changed the political challenges to refugee inclusion in government social protection programmes, **they have led to changes that may – further down the line – contribute towards addressing some of the more practical challenges to their inclusion.** For instance, in Pakistan, the newly developed database can help to develop the advocacy case for inclusion of refugees in future responses by enabling projections of the caseload and cost of inclusion. The new working relationship with the post office could help with the delivery of future transfers. Furthermore, across all case studies international humanitarian actors have been interacting with a much wider range of ministries and government institutions than previously (KII, UNHCR Global), fostering new relationships, which may contribute to bringing about political change in the long term.

4.3 Policy recommendations for the effective provision of assistance to refugees

The previous sections have highlighted how the Covid-19 pandemic has, in some contexts, accelerated ongoing discussions and plans for integration, though in other contexts it diminished the political or economic feasibility of such plans. The implementation of responses during the pandemic has also highlighted some of the risks as a result of greater integration, such as differences in need and barriers to inclusion in registries for refugees. As such, the drive for integration should be considered with some caution, must take account of national context, and not be seen as an end goal in itself.

This final section identifies emerging recommendations to help policy-makers reflect on the challenges, opportunities and trade-offs outlined above to help ensure a more effective provision of social protection to refugees in the event of a shock, such as a pandemic. These recommendations can be used by governments and international humanitarian and development actors in order to design and implement more targeted and evidence-based policies in the future.

4.3.1 Preparedness for the inclusion of refugees and future crises

1. **Data on refugee needs:** Governments should include refugees in national socio-economic surveys – including those on impacts of crises such as Covid-19. **Up-to-date data on refugees and their needs is required to have an overview of the needs of population groups across the board and to be able to design social protection programmes and/or humanitarian interventions that effectively meet their needs**, including in setting appropriate benefit amounts. Current information about the specific needs of refugees is also essential for governments and international humanitarian or development actors to make financial projections of provisions.
2. **Cash transfer management and delivery: Strengthen systems and tools for communication, payment delivery and monitoring of social protection (or humanitarian) interventions, and continuously test and improve them** (see Lowe et al. (forthcoming) and Lindert et al. (2020) for information on the foundations of social protection implementation and delivery). International humanitarian and development actors can support the strengthening of tools and systems through capacity building and/or providing funding. In times of stress and crisis, well-functioning tools and mechanisms that are already in place will allow for a more swift and effective response. Refugees may not be able to receive payments made through national financial systems so alternative (or multiple) approaches may need to be identified so they can effectively be included.
3. **Recipient identification: Strengthen (or establish) social registries of potential beneficiaries for swift identification and targeting of emergency response.** If refugees are included in government responses, they could be included in the specific social registries

used to target social protection programmes – but only where appropriate and possible given the legal context. **Registration processes may need to be adapted for the inclusion of refugees**, e.g. in terms of the documents required to register. Where inclusion in government registries is not feasible or desirable, governments could draw on international humanitarian actors' databases of refugee populations, where available, for swift targeting. For international humanitarian interventions the same holds: having up-to-date data on the number and needs of refugees is essential to implement rapid large-scale interventions in a crisis context.

4.3.2 Designing effective responses

1. **Type of policy instrument:** Social protection consists of more than social safety nets/social assistance and **refugee-hosting governments should also consider the possibility of integrating refugees into social insurance**, which may also be easier to justify politically. Many refugee-hosting countries have limited social insurance mechanisms, or these have very low coverage, but where countries do have well-established schemes, removing the barriers that prevent refugees from accessing them may be an effective (and financially viable) mechanism to support these populations during periods of crisis. International humanitarian and development actors can support this process through technical assistance or incentivising participation for refugees.
2. **Transfer levels:** Benefit values for interventions targeting refugees should be set with refugee needs in mind. While **aligning benefit values with those of government interventions has its own justification, the trade-off between potentially greater acceptability by the host population but possibly lower effectiveness in terms of meeting refugee needs must be considered carefully**. Where alignment is adopted, it is essential to monitor whether, indeed, the aligned benefit value has played a role in avoiding social tensions in order to confirm the justification for such an approach.
3. **Complementary support:** It is not always (politically or in some cases administratively) feasible for governments to provide differing amounts to refugees and host populations to meet their different levels of need. This should not mean that inclusion of refugees in government systems should not be attempted. But **where government programmes are ex-ante not expected to effectively meet refugee needs, the support of international humanitarian and development actors may be required to fill the needs gap**. Where refugees are included in government responses with a single transfer value, humanitarian and development actors may need to find acceptable ways of complementing this assistance, for instance top-ups or complementary transfers.

4.3.3 Financing is critical

1. **Fair burden sharing:** While some refugee-hosting countries may have accountability to meet commitments in international agreements they have signed (e.g. the 1951 Convention

does mention access to social security), many have nascent social protection systems and may be unable or unwilling to finance the inclusion of refugees in government systems. This is where international humanitarian and development actors should come in. **Given that the vast majority of refugees live in LICs and MICs, fair burden sharing alongside concrete agreements for future financing are needed to facilitate the inclusion of refugees in nascent government social protection.**

2. **Financial incentives for the inclusion of refugees: Because international humanitarian and development actors also provide funding to government social protection in many refugee-hosting countries, this gives them an opportunity to use such support to promote refugee inclusion in government systems.** For example, the IDA18 sub-window funding has been a critical incentive to facilitate the inclusion of refugees – including in Republic of Congo, Mauritania and Cameroon – and similar funding schemes could be considered to foster their greater inclusion in government social protection systems, if appropriate (see also Box 2).

4.3.4 Working together

1. **Evidence and advocacy:** The decision to include refugees in government social protection programmes lies with governments. However, our case studies highlight how advocacy by international humanitarian and development actors can bear fruit eventually. **Advocacy is therefore a worthwhile endeavour if inclusion makes sense in a particular context, especially where this is complemented by gathering data that can support refugees' integration in government systems in the long run.**
2. **Coordination:** There will be benefits from closer links between humanitarian and development actors, particularly those involved in emergency cash transfers, and those working on government social protection (including government, civil service and any donors). **Improved coordination between governments hosting refugee populations and international humanitarian and development actors involved in the refugee response prior to a crisis can help to promote speedy response and align opportunities.**

4.3.5 Documenting and sharing evidence

1. **Evidence generation:** Generate and share evidence on social protection responses and international humanitarian interventions to forced displacement, including in crises such as the Covid-19 pandemic. Our mapping of Covid-19 responses found very little publicly available information on key aspects of responses covering or targeting refugees, including their objectives, design (especially whether international humanitarian interventions aligned

with government responses), effectiveness or impacts. Given the global interest in finding sustainable solutions to forced displacement – and the role that social protection can play therein – these **key gaps in knowledge should be filled in order to draw lessons about what works well, and for whom, and to support the design and delivery of more effective future interventions for refugees.**

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Appendix 1 Key informants overview

Table A1 Overview of key informant interviews

The objective of the key informant interviews was to generate information about the factors that influenced decisions to include refugees in the government response or to align international humanitarian interventions with government responses, the effectiveness of the responses in terms of adequacy, timeliness, and coverage, and to identify any preliminary findings in terms of the outcomes of those interventions. Key informant interviews with stakeholders at the global level were also conducted to better understand trends across countries to complement in-country information. A list of key informants interviewed is found below.

| Name | Organisation | Date |
|----------------------------|------------------------------|------------------|
| Rodolfo Beazley | Independent consultant | 16 October 2020 |
| Mays Albaddawi | UNICEF Jordan | 4 November 2020 |
| Alexis Boncenne | UNICEF HQ | 4 November 2020 |
| Muhammad Riaz | UNHCR Pakistan | 9 November 2020 |
| Christopher John Murphy | UNHCR Pakistan | 9 November 2020 |
| Arefu Araki | UNHCR Pakistan | 9 November 2020 |
| Hanna Mattinen | UNHCR HQ | 10 November 2020 |
| Hala Bsaisu | Aya Consulting, Jordan | 10 November 2020 |
| Safinaz Ouri | Aya Consulting, Jordan | 10 November 2020 |
| Kenan Madi | UNICEF Jordan | 11 November 2020 |
| Khawla Abu Sarara | National Aid Fund Jordan | 16 November 2020 |
| Andrew Mitchell | UNHCR HQ | 26 November 2020 |
| Brian Kisswii | WFP Uganda | 27 November 2020 |
| Marguerite Duponchel | UNHCR Republic of Congo | 2 December 2020 |
| Fiona Allen | UNHCR Jordan | 7 December 2020 |
| Maria Lagourou | UNHCR Jordan | 7 December 2020 |
| Veena Krishnamoorthy | UNHCR Jordan | 7 December 2020 |
| Bienvenu Lilian Ngombe | UNHCR Congo | 7 December 2020 |
| Khalid Ahmed Ali Moheydeen | World Bank Jordan | 9 December 2020 |
| Céline Mersch | UNHCR Africa Regional Office | 10 December 2020 |