

Drivers of Timely and Large-Scale Cash Responses to COVID-19: what does the data say?

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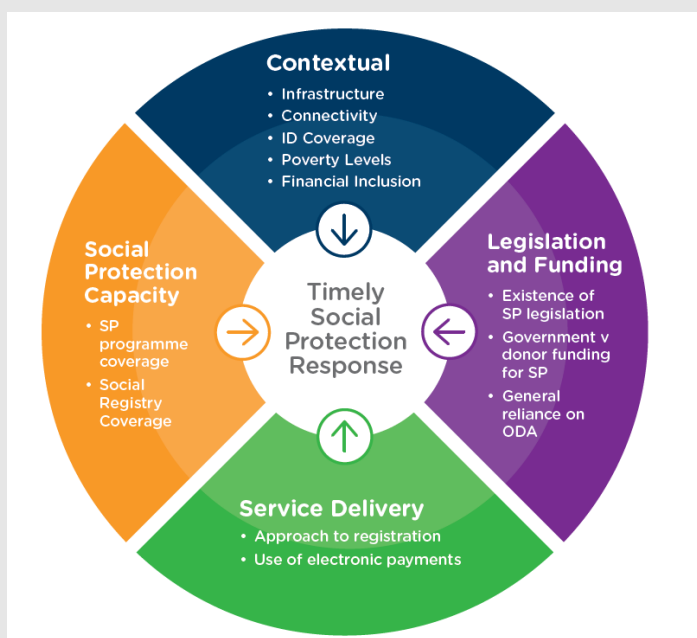
Executive summary

This note compares the experiences of 53 low- and middle-income countries to identify drivers of timely and large-scale government social assistance responses to COVID-19. The analysis covers cash responses only and focuses on the capacity of the social protection sector and beyond. It compares response times (the first payment date) across countries and analyses their correlation with various potential drivers of timely response, including contextual, legislation and funding, social protection capacity, and service delivery factors.

An important caveat is that, in most cases, the first payment date is an imperfect measure of when a response ‘starts’, because many beneficiaries (and often most of those who are poor and vulnerable) receive transfers later. This is to say, **timely responses are not always inclusive and are not always timely for all**. This note therefore supplements its initial wide-ranging, data-driven analysis with more detailed case studies that allow for further analysis of issues like the extent of coverage (where this data was available), along with lessons learned from these case studies.

By identifying some of the main drivers of timely responses, this note highlights areas of system strengthening to improve future responses to shocks. These include:

- Contextual issues, such as national ID coverage, financial inclusion, and technological inclusion.
- Strong legal frameworks and available domestic funding.
- Access to data/information, via high coverage and high-quality social registries and social protection information systems.
- The capacity to register people quickly, even for countries relying substantially on pre-existing data, to ensure those who have only recently become vulnerable due to a shock also have access to social protection.
- The use of digital solutions allows for a rapid and safe scale-up, in the face of this type of shock (i.e. safeguarding social distancing). Encouraging the use of digital solutions for those who can access them can also allow limited human resources to be diverted to support those who would otherwise be excluded due to their lack of digital access, who are also often the most vulnerable.



Many of the drivers identified in this note relate to the foundations of social protection systems, and development as a whole. Consequently, we conclude that – although it is important to invest in preparing systems to respond to shocks by, for example, developing contingency protocols – the **best place to start is by investing in the foundations of social protection**. Stronger systems, processes, and administrative capacity, greater coverage, and higher levels of integration, among many other factors, can provide better platforms for social protection responses to shocks.

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1. Introduction and approach

This note identifies the main enablers of timely and large-scale government social assistance responses to COVID-19. The analysis covers cash responses in low- and middle-income countries only. Such responses have typically relied on three overarching drivers: i) political will, leadership, commitment and institutional culture, ii) funding and disbursement mechanisms, and iii) capacity of the social protection sector and beyond. This note focuses on the latter.

It is often claimed that ‘strong systems’ or ‘existing capacity’ have enabled some countries to respond faster and to reach larger segments of the population. This note breaks down the concepts of ‘systems’ and ‘capacity’ using a set of proxies to understand what the main drivers of timely and large-scale responses were. In doing so, the note aims to contribute to future investments in social protection (and other sectors) for more responsive systems.

1.1 Measuring ‘timeliness’

A response is ‘timely’ when it ensures support is available when it is needed. Measuring timeliness in the COVID-19 response depends substantially on the local context: the impact of the pandemic on the national population, the restrictions imposed by the government as part of the containment measures, other sectors’ responses, etc. This is a cross-country analysis that compares the experiences of 53 countries, to identify drivers of timeliness by relying on standard and comparable measures of timeliness and on different ‘triggers’ of responses (i.e. the pandemic declaration by the World Health Organization). These ‘triggers’ have different merits and limitations and they were all compared to ensure that different angles were covered.

The analysis relies on the global database of the International Policy Centre for Inclusive Growth (IPC-IG), which captures virtually all social protection responses to COVID-19 in the Global South with a great level of detail.

The date when the first cash transfer payment was made was used as a proxy of how timely the response was with respect to the identified COVID-19 ‘triggers’ (further discussed below). The choice of the date of first payment as a proxy for response time does have some important limitations. It does not provide any information on when the entire target population was paid and therefore might underestimate the actual response time needed to achieve sizeable coverage. It also does not provide information on which part of the population was reached and therefore might again underestimate the response time needed to reach the most vulnerable, who are often hardest to reach. Finally, it does not account for potential targeting errors, which might result in populations other than the target population being reached first by emergency response.

1.2 Measuring ‘capacity’

The IPC-IG database was complemented with cross-country data sources that provide proxies of capacity, i.e. data that depicts different aspects of ‘system capacity’, to analyse the main drivers of timeliness of emergency response. While the selected proxies cover a variety of dimensions of system capacity (discussed in the Sections below), some of the key enabling factors of response could not be analysed due to the lack of comparable cross-country data. Most notably, this note does *not* assess:

- The effect on the timeliness of COVID-19 responses of preparedness measures for shock-responsive social protection (e.g. presence of scalable frameworks and contingency plans).
- The role (and capacity) of key actors like humanitarian actors, civil society, local actors, and donors.
- The role of financing and disbursement processes and, specifically, of pre-existing contingency funds.

1.3 Analysis approach

To analyse the trade-offs between speed and effectiveness of expansions and to study a wider variety of enabling factors, the paper proposes a deeper analysis of the fastest responding countries. This allows it to go beyond the date when the first cash transfer was made, and to study the progress in coverage expansion over time, paying attention to targeting effectiveness.

Although this note studies the timeliness of responses, it is important to emphasise that this is only one aspect of an effective response, and not necessarily the most important one. Coverage, inclusiveness, benefit adequacy and comprehensiveness are other important aspects to be considered. In practice, these different dimensions entail policy trade-offs, which are rarely easily to resolve (SPACE, 2020).

2. How long did it take to respond?

Using the information on the timing of first payment of COVID-19 cash transfers contained in the IPC-IG database, this note analysed the time lag between a set of trigger proxies and the timing of the first reported payment for 85 interventions¹ in 53 countries among horizontal expansion of existing programmes (14), vertical expansion² of existing programmes (32), and new emergency programmes (39). The IPC-IG database also contains information on 14 additional interventions (6 horizontal expansions, 2 vertical expansions and 6 new programmes) announced/planned but not yet paid as of the end of February 2021. Seven of these 'not implemented' programmes (5 horizontal expansions and 2 new programmes) that would have been the major response in country if implemented were added to the analysis in this section, assuming the end of February 2021 as date of first payment³. At the time of publishing (April 2021) these programmes remained unimplemented.

As time 'triggers', three key proxies for when COVID-19 started to have an impact on the country's socio-economic situation were considered: the date when the pandemic was declared (11/03/2020), the date when each country reported its first COVID-19 case⁴, and the date when each country implemented restrictions on the movement of citizens outside their home in the form of more or less stringent containment policies (henceforth referred to as "stay home" restrictions)⁵.

The analysis also explored other triggers, including the date on which each country reported its first COVID-19 related death and the dates on which each country implemented restrictions on international travel, workplace opening, school opening, public transport functioning, public gathering, and internal movements. These triggers produced similar results to those selected for further analysis below.

Timeliness of responses was relatively slow, overall. The 53 countries analysed took on average⁶:

- 107 days to pay beneficiaries from the first case reported in each country.
- 98 days to pay beneficiaries from the global pandemic declaration date.
- 83 days to pay beneficiaries from the day the first set of "stay at home" restrictions were implemented in country.⁷

¹ This is a sub-section of the 117 interventions (i.e. horizontal expansions, vertical expansions, new programmes) captured in the database.

² 'Horizontal expansion' is defined as a temporary extension of support to new households. 'Vertical expansion' refers to the topping up of support to existing beneficiaries (only increase in monetary value were considered). See O'Brien et al. (2018) for a comprehensive typology of shock-responsive social protection responses.

³ The selected date is based on the timing when the quantitative analysis was undertaken. Given that none of the programmes was actually paid by the end of February, the time lag results would worsen when the actual date of payment was used.

⁴ Two countries in the database did not report any case, i.e. Tonga and Tuvalu. They are therefore excluded from the statistics on timeliness of response with respect to this trigger.

⁵ The type of containment measures considered go from recommendations not to leave the house to a requirement not to leave the house except for minimal exceptions. The dates for all time triggers are based on the University of Oxford [COVID-19 Government Response Tracker](#). The tracker does not report data for 9 countries in the database (Anguilla, British Virgin Islands, Cayman Islands, Montserrat, Sao Tome and Principe, Tuvalu, and the Occupied Palestinian Territories). They are therefore excluded from the statistics on timeliness of response with respect to these triggers.

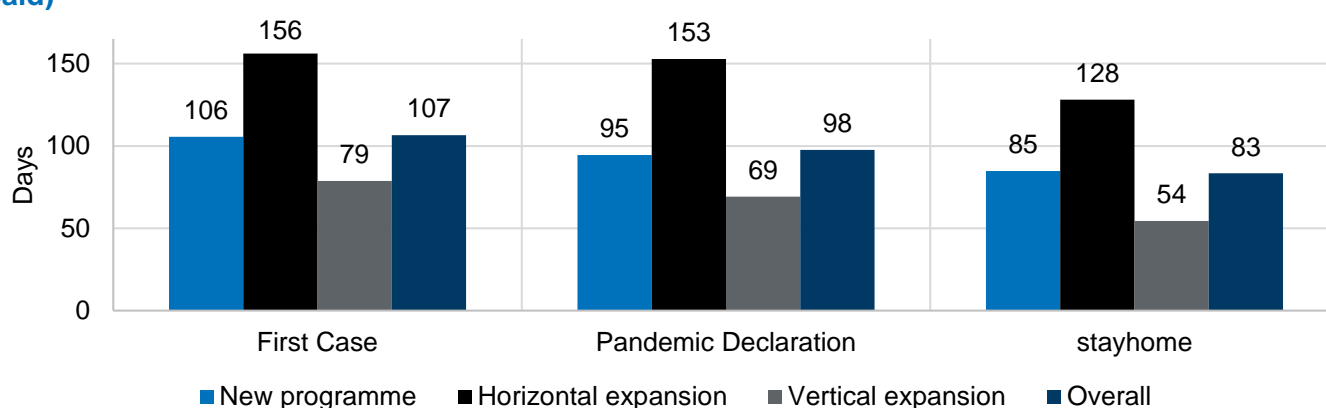
⁶ These calculations relied on the assumption that major programmes that had been announced but had not yet made payments were paid at the end of February 2021, in order to allow them to be included in this analysis. Median, minimum, and maximum response time by region and type of intervention for the 85 interventions already paid can be found at the end of the paper in Table 4.

⁷ It was not possible to analyse the delay between programme announcement and implementation, as this data was collected in an inconsistent way across countries in the IPC-IG database.

2.1 Where did we see faster responses?

Unsurprisingly, vertical expansions were the ‘fastest’ type of intervention implemented, while horizontal expansions were slower than new programmes⁸. Vertical expansions are easier to implement since they do not entail identifying and reaching new beneficiaries. A possible explanation of why new programmes pay beneficiaries faster than horizontally expanded ones is that, in the authors’ experience, there is often strong resistance against expanding coverage of already established programmes due to the fear that such expansion will not be perceived as temporary by the population. On the other hand, new programmes introduced as “emergency programmes” can be more clearly framed as temporary. It should be noted, however, that new programmes often piggyback on existing social protection identification, targeting, payment, and delivery systems. This implies that even if they are not a direct expansion of an existing programme, they might rely on one or more of the key elements of the already existing programme.

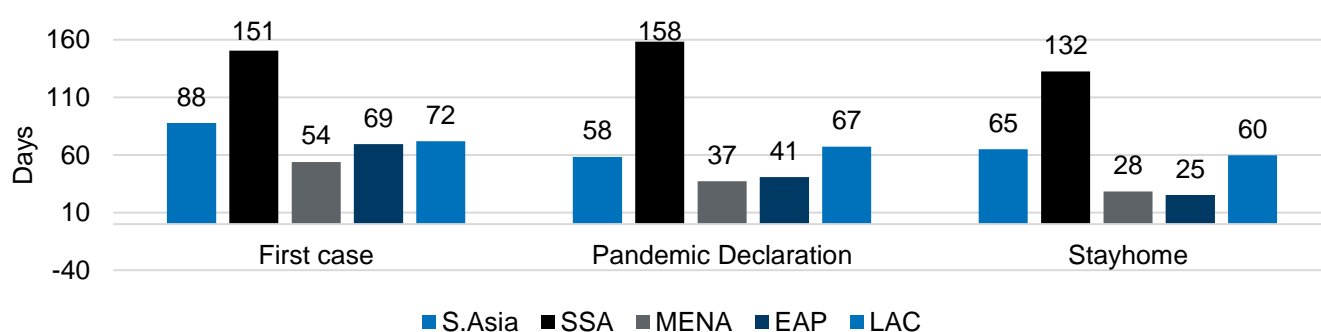
Figure 1. Average number of days between trigger and first payment (including programmes not yet paid)



Source: Authors based on IPC-IG. 2021. [Social Protection Responses to COVID-19 in the Global South – Mapping table](#)

The regional analysis shows that, across all types of interventions, countries in Sub-Saharan Africa (SSA) were the slowest in paying beneficiaries, regardless of the time trigger. South Asia and East Asia and Pacific (EAP) countries registered their first cases earlier on average and took more time to respond following the country’s first case (there was still no global urgency to ‘do whatever it takes’, and less understanding of the pandemic’s likely effects at this early stage), but less time to respond following “stay home” restrictions. Middle East and North Africa (MENA) and EAP countries paid beneficiaries on average around a month after the first “stay home” measure was implemented⁹.

Figure 2. Average number of days between stay-home and first payment (including programmes not yet paid), by region



Source: Authors based on IPC-IG. 2021. [Social Protection Responses to COVID-19 in the Global South – Mapping table](#)

⁸ Excluding the 7 programmes not yet paid, it took on average 68 days to pay beneficiaries from the first case reported in country, 55 from the pandemic declaration date, and 46 from the day the first set of “stay home” restrictions were implemented.

⁹ Given that the 7 programmes not yet paid are in SSA and LAC, excluding them only changes the timeliness for these two regions. Excluding these programmes, SSA (LAC) countries it took on average 94 (54) days to pay beneficiaries from the first case reported in country, 97 (48) from the pandemic declaration date, and 81 (41) from the day the first set of “stay home” restrictions were implemented.

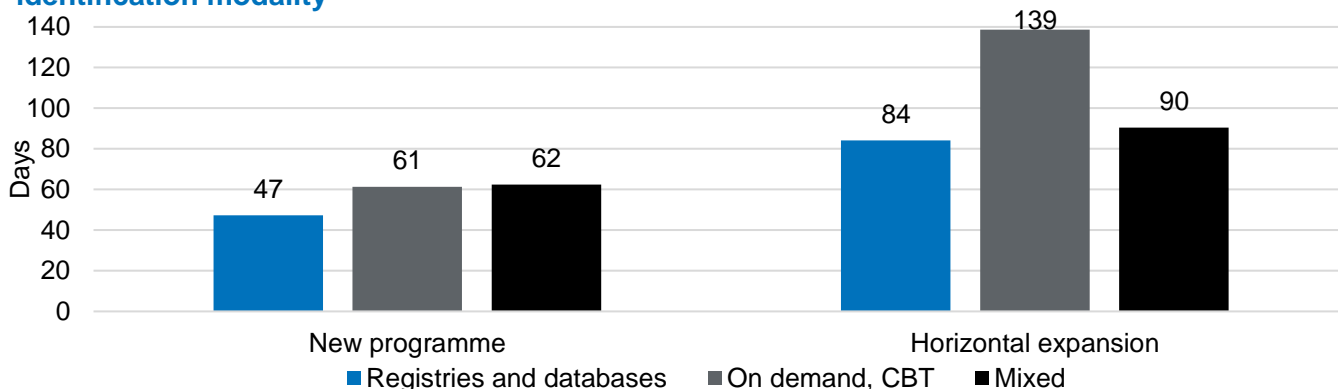
Despite this variation at a regional level, global trends remained broadly the same (except where specifically noted) regardless of which time trigger is selected. Therefore, for all subsequent analysis, only the results related to the date of the first “stay home” restriction are presented. This seems to be the best proxy available for the timing when households might begin to need additional social protection support due to reduced income generating opportunities, as well as a proxy of when each country started to implement COVID-19 related policies.

2.2 What other trends emerged, affecting timeliness?

This section analyses the relationship between timeliness of response and key intervention characteristics based on intervention-level information as reported in the IPC-IG Database. [Annex 2](#) contains an overview of the IPC-IG questions used for the analysis.

Programmes that relied on **existing data** for the identification of new beneficiaries have responded – on average – more rapidly. Amongst interventions that expanded coverage (horizontal expansions of existing programmes and new programmes), those identifying new beneficiaries using existing data within social registries and/or beneficiary databases managed to pay beneficiaries faster than interventions collecting new data via on demand registration, community-based targeting (CBT), or mixed modalities (Figure 3)¹⁰. Automatic enrolment based on pre-existing databases appears to provide an advantage in terms of timeliness. For more information on the registration approaches adopted in the COVID-19 response, see Barca (2020).

Figure 3. Average number of days between stay-home and first payment, by programme identification modality

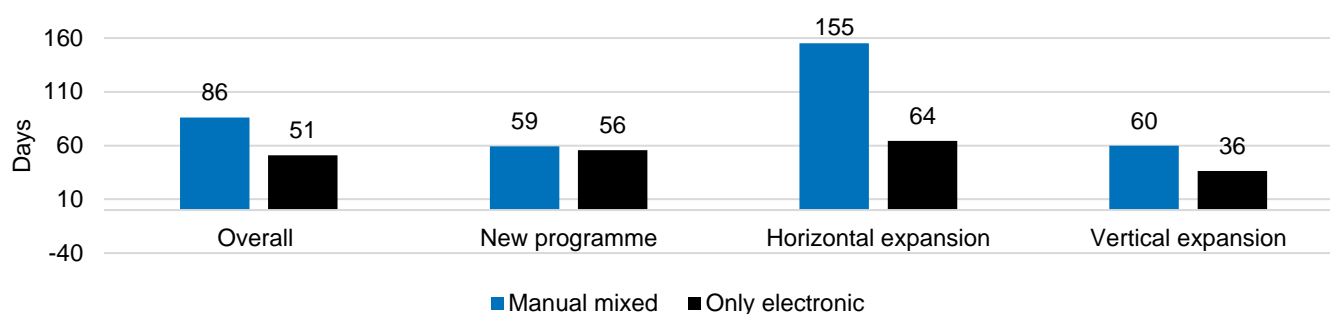


Source: Authors based on IPC-IG. 2021. [Social Protection Responses to COVID-19 in the Global South – Mapping table](#). Notes: Sample size is 40 for new programmes and 16 for horizontal expansion

Likewise, **electronic payment modalities** were associated with faster responses. Interventions that pay beneficiaries only through electronic means (i.e., bank transfer, mobile money, electronic vouchers, or payment cards) are on average a month faster in delivering the first payment than interventions that pay beneficiaries either manually or partly electronically (mixed) (Figure 4). The advantages of electronic over manual appear more significant for horizontal and vertical expansions than for new programmes: while horizontal expansions using electronic payments were on average 91 days faster and vertical expansion through electronic payments was 24 days faster on average, new programmes using electronic payments were on average only 3 days faster. This may be because horizontal and vertical expansion can more easily take advantage of already operating electronic payment systems, rather than potentially having to develop this from scratch.

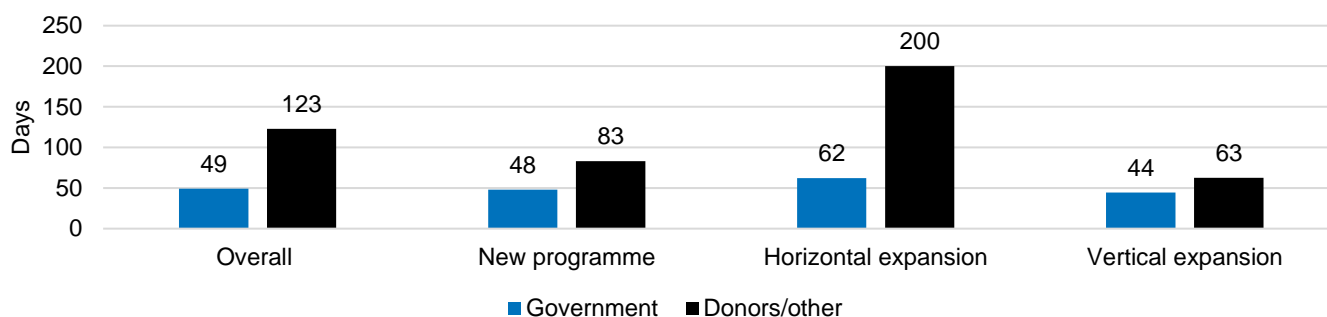
¹⁰ Most programmes used multiple means to identify programme beneficiaries. We have classified as using “Registries and databases” all programmes using only social registries, beneficiaries’ databases, social security/tax databases, or informal workers/self-employment registries to identify beneficiaries. Programmes using only on-demand system or/and Community based targeting are classified as “On demand, CBT”. Programmes using a combination of on demand systems and registries and databases are classified as “mixed”. Due to the way data on identification strategy was collected it is not possible to analyse timeliness for programmes using social registries only.

Figure 5. Average number of days between ‘stay home’ and first payment, by programme payment modality



The **financing source** also affected the timeliness of the responses. **Government funded interventions were -on average- faster than donor-financed and mixed-financed ones.**¹¹ This is likely to be associated with the bureaucratic processes involved in external financing and the lack of preparedness for funding this type of response and utilising these funds domestically on short notice speedily.

Figure 4. Average number of days between ‘stay home’ and first payment (including programmes not yet paid), by programme main source of financing



Source: Authors based on IPC-IG. 2021. [Social Protection Responses to COVID-19 in the Global South – Mapping table](#). Notes: Sample size is 36 for new programmes, 17 for horizontal expansion, and 23 for vertical expansion

In summary, through this initial analysis, a relationship was observed between the use of data from existing social registries and/or beneficiary databases, electronic payments, and government funding of interventions and a faster response on average, at a global level. It was also observed that vertical expansions of existing programmes were implemented much faster than horizontal expansions or new programmes, which entailed identifying and reaching new beneficiaries. The next section explores in further detail what might be the drivers behind some of these observed differences, including contextual, institutional, and capacity-related factors, at a country level.

3. What were the drivers of timely and large-scale responses?

This section identifies key country-level drivers of timely response for programmes that expanded coverage (i.e. horizontal expansions or new programmes) and for vertical expansions. The methodology for this section is thus slightly different. Given that drivers are at the country level, the analysis was restricted to only the highest coverage expansion either through horizontal expansion or new intervention and the highest coverage vertical expansion for each country in the database¹². The resulting sample constitutes 60 interventions: 37 horizontal expansions of existing programmes or new programmes (i.e.

¹¹ The programmes not yet paid are all non-government financed except one horizontal expansion. Considering only programmes effectively paid, government funded programmes remain faster than donor and mixed funded ones.

¹² The selected programmes display a wide range of population coverage, from 1% to 100%. On average, both coverage expansion and vertical expansion programmes selected cover 20% of the overall population.

coverage expansion to new beneficiaries, whether via existing programmes through horizontal expansion or through new programmes) and 23 vertical expansions of existing programmes (i.e. increasing payment amounts to existing beneficiaries). In addition, part of the analysis also considers coverage expansions that would constitute the major COVID-19 response in-country but have not yet been paid¹³.

Specifically, the analysis considers the relationship between response time for these programmes and a set of variables that were predicted to be possible ‘drivers’ of timely and high coverage responses: contextual factors (proxied by poverty headcount, digital adoption, mobile coverage, financial inclusion, ID coverage, and infrastructure)¹⁴, social protection legal frameworks, reliance on ODA, and social protection capacity (proxied by social protection expenditure, electronic payment of cash transfers, and existence and coverage of social registries).

Figure 6. Drivers of timely and large-scale responses.



Source: Authors. Note: Note: this does not cover all possible drivers of timely response, but represents those analysed in this paper due to data availability, which were correlated with a faster response

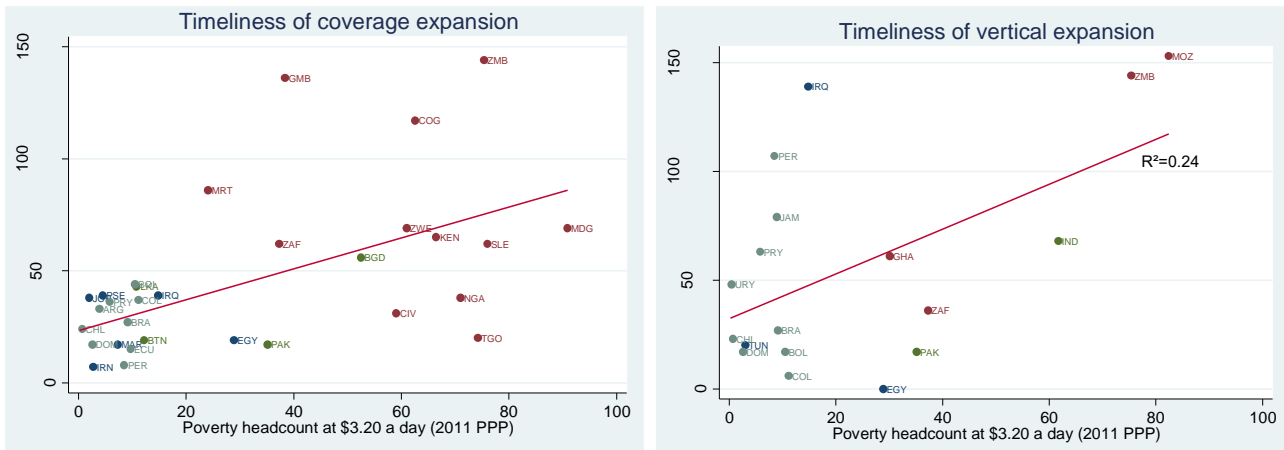
3.1 Contextual factors

The timeliness of COVID-19 responses was strongly inversely correlated with the level of poverty in the country. The greater the poverty headcount, the longer it took to pay new beneficiaries. A similarly strong inverse correlation exists between the timeliness of payments in vertically expanded programmes and poverty headcount. Consistently, the higher the average GNI per capita of a country, the faster payments take place, irrespective of the time trigger proxy considered and of the type of expansion considered (Figure 22 in Annex 1).

¹³ See Table 5 in Annex 2 for a list of the intervention not yet paid by country and type.

¹⁴ See footnotes of the respective figures for definition and source of each proxy used.

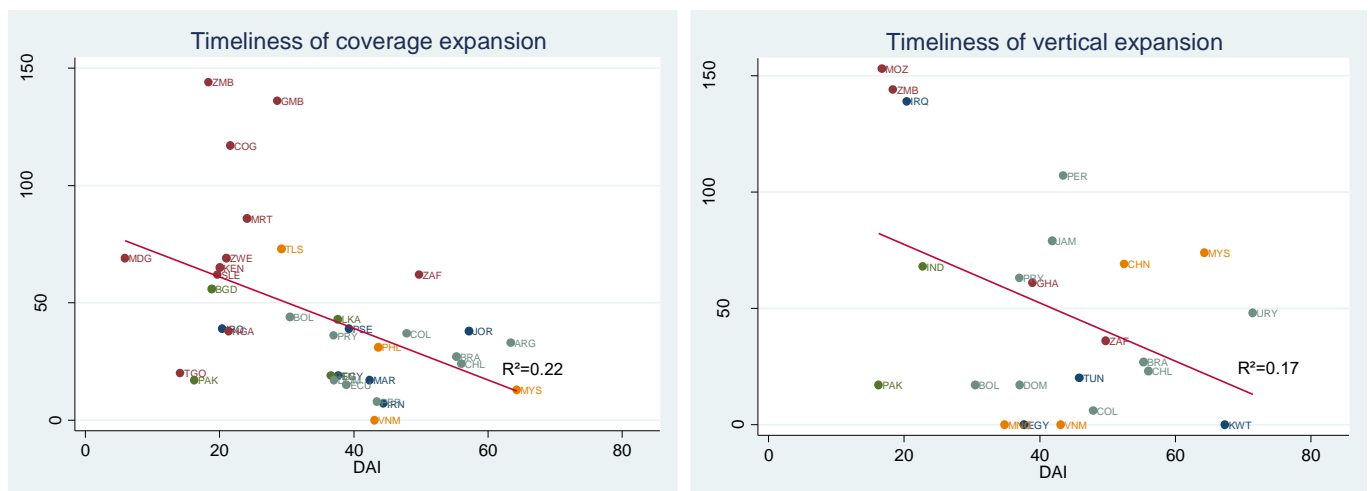
Figure 7. Cash-transfers expansion timeliness and poverty headcount (USD 3.20 PPI)



Source: Authors based on IPC-IG. 2021. [Social Protection Responses to COVID-19 in the Global South – Mapping table](#) and [World Development Indicators, World Bank](#). Notes: Poverty headcount ratio at \$3.20 a day (2011 PPP) (% of population). Regional colour coding: red=SSA, green=S. Asia, blue=MENA, light blue =LAC, orange=EAP

The availability of mobile phones and internet networks was a strong enabler of fast payments, both for coverage expansions and for vertical expansions. [Figure 8](#) shows the correlation between timeliness of response from the first day a stay home restriction was implemented and the World Bank Digital Adoption Index (DAI), measuring population access to mobile and internet¹⁵. Data on the subset of countries for which information on whether the main cash assistance programme is paid electronically is available suggests that good internet and mobile access are drivers of fast responses even when electronic payments are not already in use in the country for the main cash transfer programme.

Figure 8. Cash-transfers expansion timeliness and Digital Adoption Index



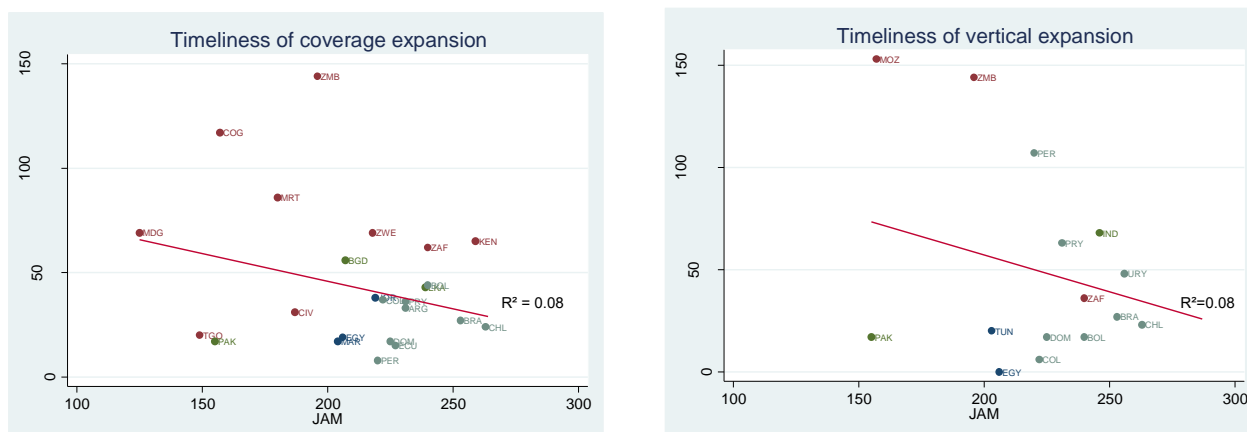
Source: Authors based on IPC-IG. 2021. [Social Protection Responses to COVID-19 in the Global South – Mapping table](#) and [Digital Adoption Index, World Bank](#). Notes: the Digital Adoption Index for people is the simple average of two normalised indicators from the Gallup World Poll: mobile access at home and internet access at home. Regional colour coding: red=SSA, green=S. Asia, blue=MENA, light blue =LAC, orange=EAP

[Figure 9](#) further plots the timeliness of the first payment versus the **JAM index (a composite indicator combining ID, mobile phone, and bank account data)**, showing a weak positive correlation when considering the lag between the first stay-home restriction and first payments. A recent World Bank analysis of the correlation between the JAM index and coverage of programmes horizontally expanded as a response to COVID-19 has similar findings, also suggesting that overall coverage of the programme increases with higher ID, mobile, and financial coverage¹⁶.

¹⁵ When measured from the day the first case was registered in country, timeliness shows a similar although slightly weaker correlation with the Digital Adoption Index.

¹⁶ [Global-SP-COVID19-responses_Dec11.pdf \(ugogentilini.net\)](#)

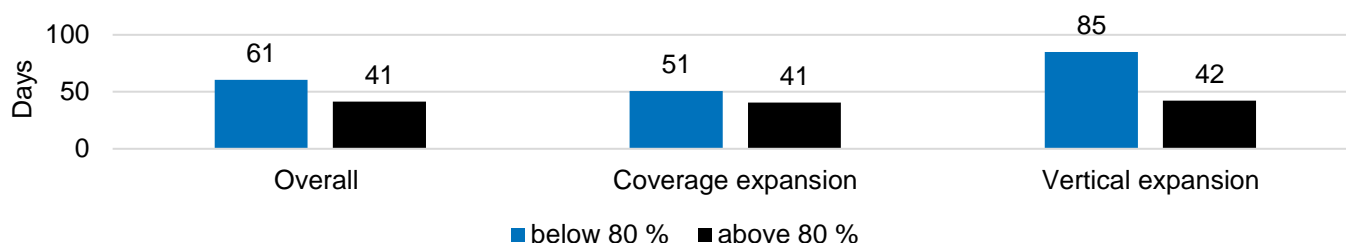
Figure 9. Cash-transfers expansion timeliness and JAM index.



Source: Authors based on IPC-IG. 2021. [Social Protection Responses to COVID-19 in the Global South – Mapping table](#) and [JAM](#), Center for Global Development. Notes: JAM Index is a composite index of financial inclusion, ID, and mobile coverage. Regional colour coding: red=SSA, green=S. Asia, blue=MENA, light blue =LAC, orange=EAP

This low level of correlation for the JAM index is somewhat unexpected since all the components of the index are intuitively conducive to faster response. The index was therefore broken down by component to understand what might be driving this – offering interesting insights. As already suggested (Figure 9), mobile access is a driver of a fast response. This is confirmed by looking at the relationship between timeliness and a measure of the number of mobile subscriptions (see Figure 23 in Annex 1). Figure 10 shows that countries with very high ID coverage are indeed faster in paying beneficiaries. However, only 7 countries in the sample have ID coverage below 80%, which explains why there is a weak correlation between ID coverage as measured in the Global Findex Database and timeliness. Moreover, no strong relationship between timeliness and financial inclusion was observed (see Figure 24 in Annex 1). A possible explanation is that the financial inclusion proxy used (% of population 15+ with a financial account, from Findex data), which is the main data source used to develop the JAM index, refers for most countries to 2017 and for some to 2014, potentially no longer accurately reflect the current situation in the country.

Figure 10. Average number of days between first stay-home requirement and first payment, by ID card coverage (% aged 15+)



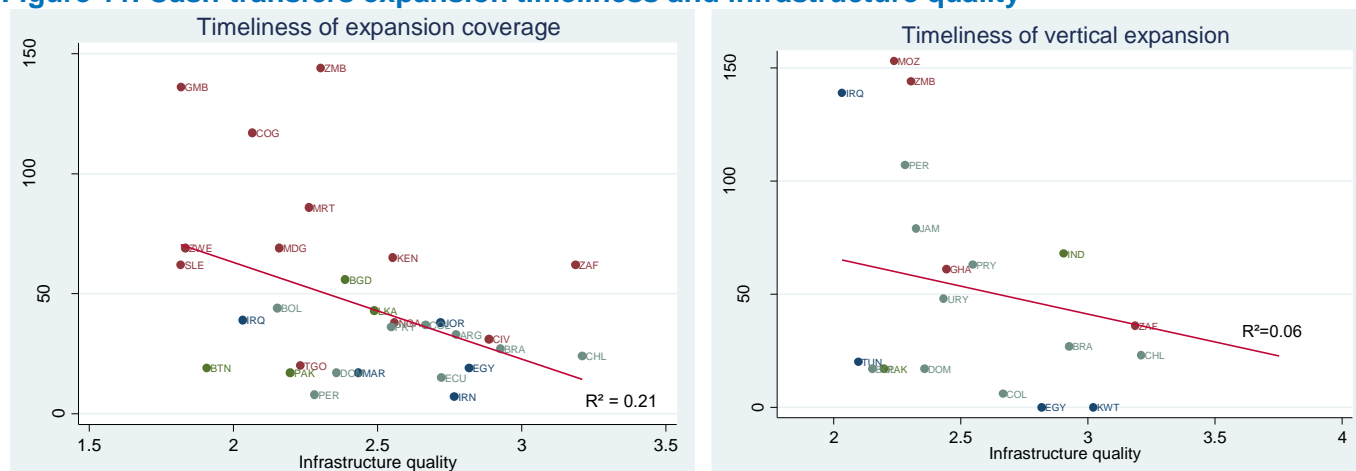
Source: Authors based on IPC-IG. 2021. [Social Protection Responses to COVID-19 in the Global South – Mapping table](#) and [Global Findex Database](#). Notes: Sample size is 26 for coverage expansion and 19 for vertical expansion.

The quality of trade- and transport-related infrastructure¹⁷ is another capacity dimension correlated with timely coverage expansions. 17% of the programmes that expanded coverage relied exclusively on manual payments, and 54% of them on a combination of manual and non-manual payments, making improved infrastructure for transportation a strong determinant of fast payment for the many programmes reliant in some form on manual payments.

¹⁷ Based on the component "Quality of trade- and transport-related infrastructure" from the World Bank's Logistics Performance Index, which includes results from the survey question "Evaluate the quality of trade- and transport related infrastructure (e.g. ports, railroads, roads, information technology) in country [x]." The 2018 round of surveys covered close to 6,000 country assessments by around 1,000 international freight forwarders.

On the other hand, vertically expanded programmes are more likely to be paid with systems that are entirely non-manual and therefore less reliant on physical transportation; hence, the timeliness of vertical expansion payments is less correlated with infrastructure quality. This may be because non-manual programmes were easier to expand vertically, and were, therefore, more likely to be considered for vertical expansion than manual programmes.

Figure 11. Cash-transfers expansion timeliness and infrastructure quality



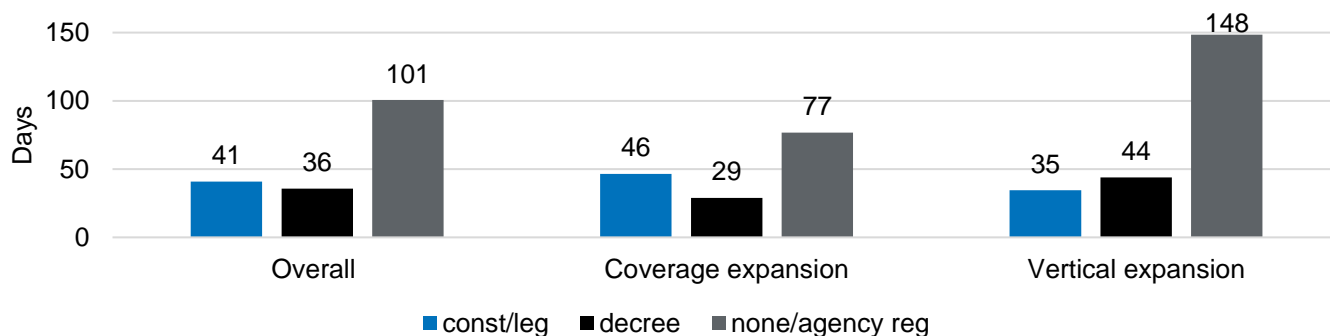
Source: Authors based on IPC-IG. 2021. [Social Protection Responses to COVID-19 in the Global South – Mapping table](#) and [World Bank](#). Notes: Quality of trade- and transport-related infrastructure, score (1=low to 5=high). Regional color coding: red=SSA, green=S.Asia, blue=MENA, light blue=LAC, orange=EAP.

3.2 Legislation and funding

The **legal framework** under which social assistance programmes operate also affects the timeliness of responses, the data shows. Countries where social assistance is not entrenched in legislation, or supported through executive decrees, but instead depend on more changeable agency regulations, or which lacked a legal framework for social protection, were the slowest in implementing programme expansions. Moreover, of the countries that have not yet implemented the announced coverage expansions (i.e. the slowest movers), only Rwanda has social protection as part of its legal framework according to the Social Assistance, Politics, and Institutions database (SAPI).

Countries that have enshrined their social protection framework in legislative provisions or the political support of an executive decree have a more established and prioritised framework for social protection, and this appears to have supported a faster response to COVID-19. This also could be seen as an indicator of political will: countries that have prioritised social protection to the extent that it appears prominently in their legal framework may also be those where citizens demand, and governments prioritise providing, social protection.

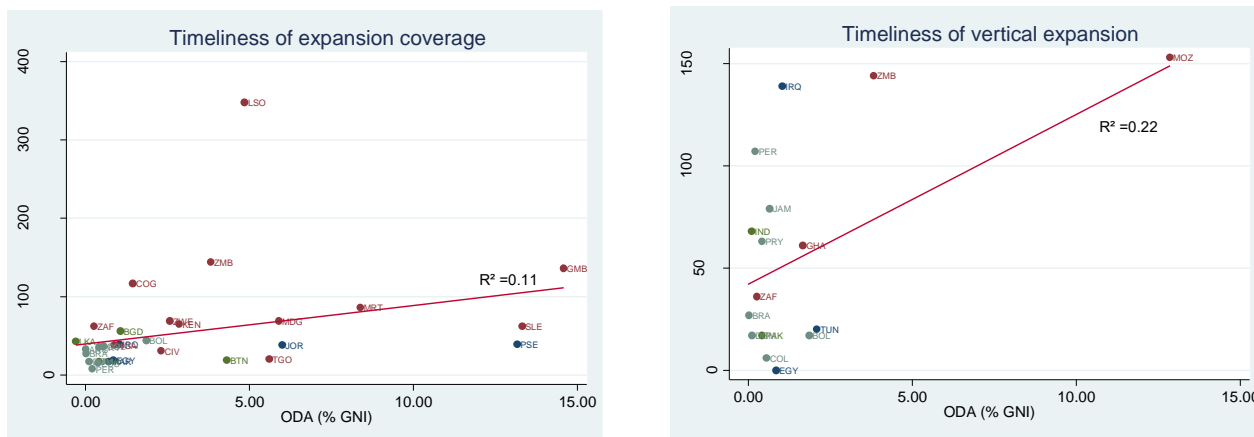
Figure 12. Average number of days between stay-home and first payment, by type of social protection legal framework



Source: Authors based on IPC-IG. 2021. [Social Protection Responses to COVID-19 in the Global South – Mapping table](#) and [SAPI](#). Notes: Sample size is 16 for coverage expansion and 13 for vertical expansion.

Reliance on overseas development assistance (ODA) was also correlated with slower coverage expansion (Figure 13), while there is no clear relationship between reliance on ODA and timeliness of vertical expansion payments – the relationship that appears in the graph below disappears if the outlier value for Mozambique is removed. In the case of Mozambique’s vertical expansion intervention, the slow response is mainly due to regular transfers being already delayed and to the ongoing conflict in one of the provinces, which makes it difficult to find beneficiaries because of internal displacement. Moreover, countries that have not yet implemented planned horizontal expansions like Mozambique, Rwanda, and Niger tend to be very reliant on ODA. Including them would therefore increase the strength of the correlation.

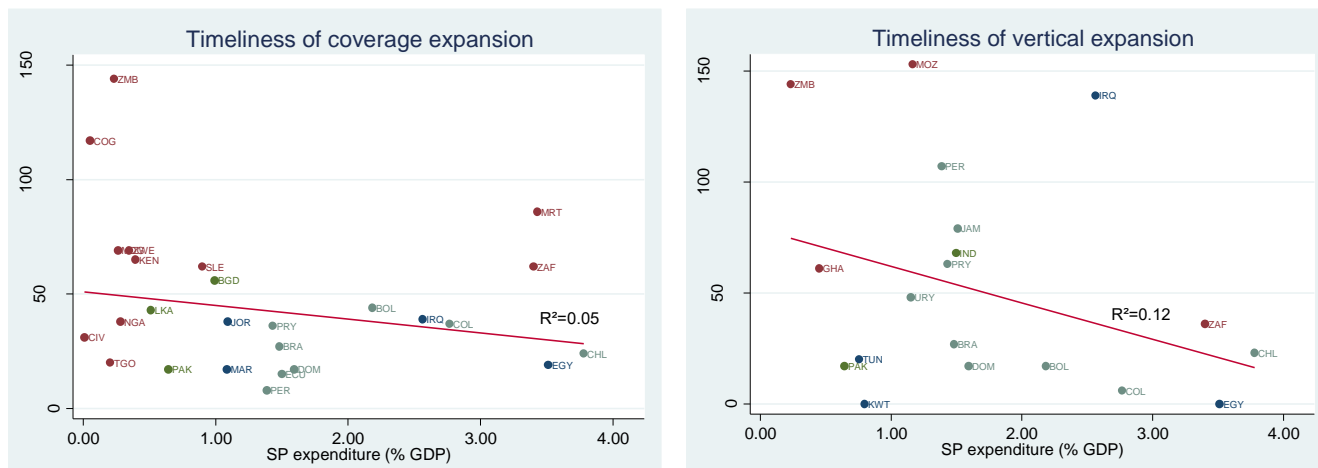
Figure 13. Cash-transfers expansion timeliness and reliance on ODA



Source: Authors based on IPC-IG. 2021. Social Protection Responses to COVID-19 in the Global South – Mapping table and OECD. Note: ODA receipts are total net ODA flows from DAC countries, multilateral organisations, and non-DAC countries. Regional color coding: red=SSA, green=S.Asia, blue=MENA, light blue=LAC, orange=EAP.

Surprisingly, the percentage of GDP already committed to social protection does not seem to predict timeliness of coverage expansion. It is, however, only mildly correlated with the timeliness of vertical expansion (Figure 14).

Figure 14. Cash-transfers expansion timeliness and social protection expenditure.

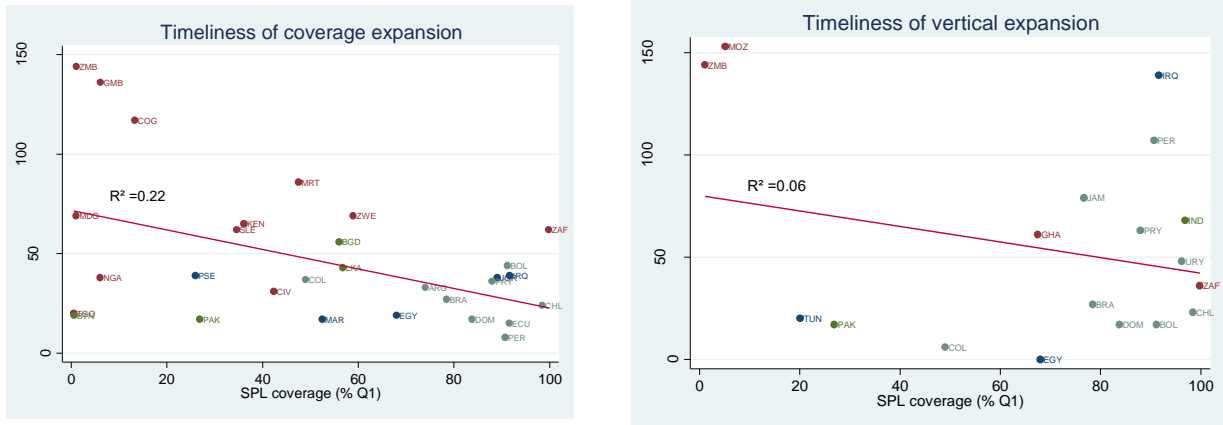


Source: Authors based on IPC-IG. 2021. Social Protection Responses to COVID-19 in the Global South – Mapping table and the Atlas of Social Protection indicators of resilience and equity (ASPIRE). Notes: Regional color coding: red=SSA, green=S.Asia, blue=MENA, light blue=LAC, orange=EAP.

3.3 Social protection capacity

The higher the coverage of routine social protection and labour programmes among individuals in the first (lowest) income quintile, the faster the country managed to expand coverage through existing or new programmes (Figure 15). This might be an indication that countries that have already committed resources to social protection programmes and developed administrative systems to reach the poorest are in a better position to expand programmes’ coverage in response to an emergency.

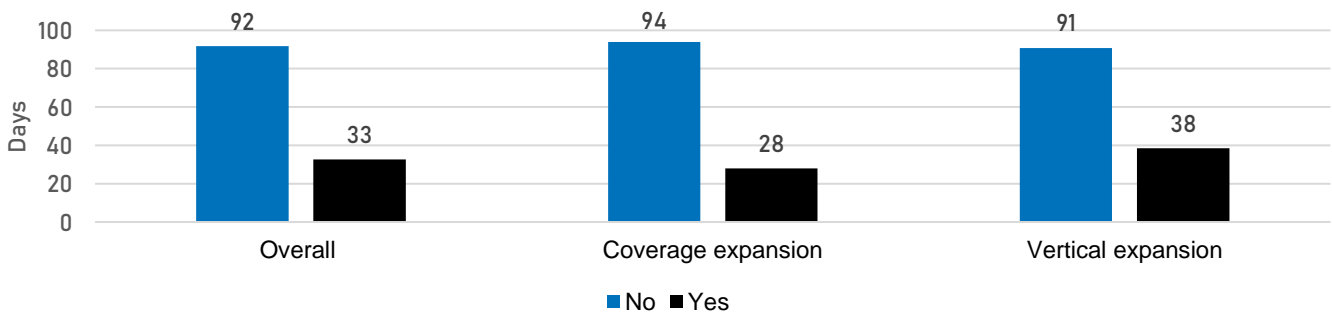
Figure 15. Cash-transfers vertical expansion timeliness and social protection and labour programme coverage.



Source: Authors based on IPC-IG. 2021. [Social Protection Responses to COVID-19 in the Global South – Mapping table](#) and [ASPIRE](#). Regional color coding: red=SSA, green=S.Asia, blue=MENA, light blue =LAC, orange=EAP.

Specifically, countries where the main routine cash transfer programme was overwhelmingly paid via electronic transfer methods (bank transfers or mobile money) show a clear advantage in terms of timely payments. This relationship is particularly pronounced for coverage expansion, which occurs approximately three times faster than in countries where payments are mainly done manually. Vertical expansion payment delivery also takes less than half the time when electronic payments are used. This suggests that pre-existing capacity in terms of cash transfer electronic delivery is a strong determinant of a fast response.

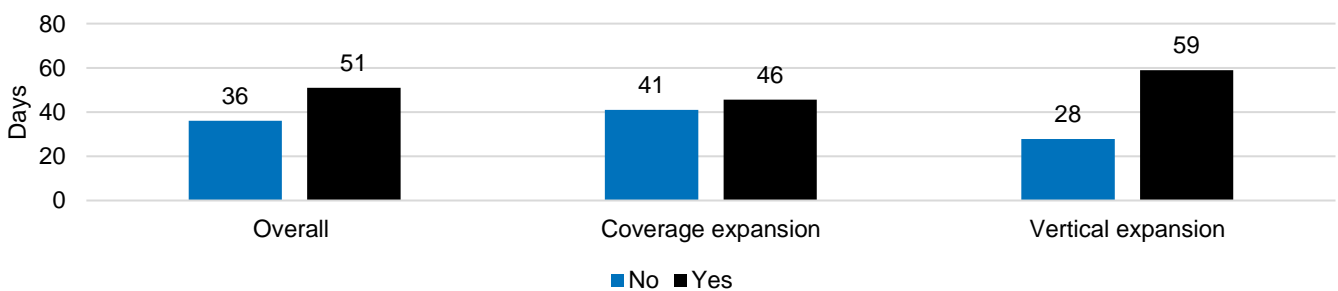
Figure 16. Average number of days between stay-home and first payment, by use of electronic payment for the main cash transfer.



Source: Authors based on IPC-IG. 2021. [Social Protection Responses to COVID-19 in the Global South – Mapping table](#) and own data collection. Notes: Sample size is 12 for coverage expansion and 13 for vertical expansion.

On the other hand, the existence of a social registry *per se* does not appear to be strongly associated with faster implementation of any type of expansion (indeed, it appears to be associated with slower expansion), especially coverage expansion (Figure 17). This seems to be the case because, for the majority of countries included in this analysis, the coverage of social registries is very low and in many cases, the information is no longer updated.

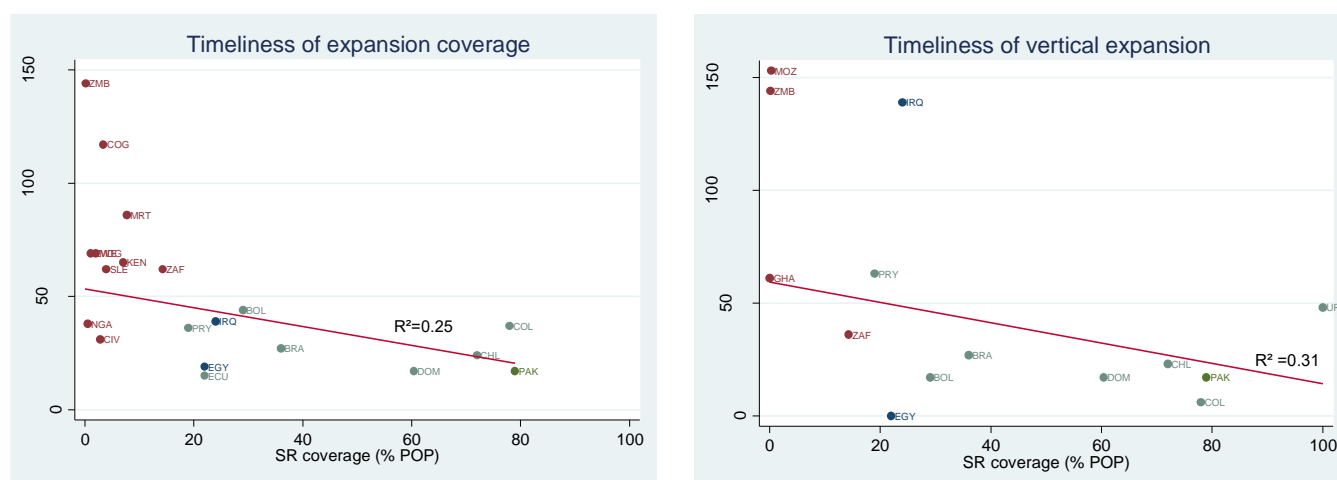
Figure 17. Average number of days between stay-home and first payment, by existence of a Social Registry in country.



Source: Authors based on IPC-IG. 2021. [Social Protection Responses to COVID-19 in the Global South – Mapping table](#); [World Bank, Social Registries for Social Assistance and Beyond](#); [DFAT, Integrating data and information management for social protection](#); [UNDP, Inclusion requires capacity](#); and [AFD and World Bank, Realizing the Full Potential of Social Safety Nets in Africa](#). Note: Sample size is 36 for coverage expansion and 23 for vertical expansion.

However, countries with social registries *that cover at least 15% of the population were indeed faster in expanding coverage and paying additional benefits* (Figure 18). It should be noted though that both Rwanda and Lesotho have well developed social registries which cover high proportions of the population, and despite this, have not implemented their planned expansion yet. It therefore appears that, while *high coverage* social registries have the potential to increase timeliness of response, this potential will not necessarily be realised merely by the presence of a social registry, particularly if that registry does not have high coverage or hold up to date data. This had been broadly predicted and explained within Barca and Beazley (2019), while also stressing the importance of the broader information system and interoperability across government databases – which could not be assessed in this analysis due to lack of data (but played a role in the COVID-19 response, as discussed in the Case Studies below).

Figure 18. Cash-transfers coverage expansion timeliness and coverage of Social Registry.



Source: Authors based on IPC-IG, 2021. [Social Protection Responses to COVID-19 in the Global South – Mapping table](#); [World Bank, Social Registries for Social Assistance and Beyond](#); [DFAT, Integrating data and information management for social protection](#); [UNDP, Inclusion requires capacity](#); and [AFD and World Bank, Realizing the Full Potential of Social Safety Nets in Africa](#).

In summary, at the country level, timely responses were:

- Strongly correlated with low poverty headcount, high levels of mobile and internet access, presence of a social protection legal framework, electronic payment of regular main cash transfer, social registry coverage, and (at least for horizontal expansion) high-quality infrastructure.
- Correlated, albeit not as strongly, with higher ID coverage and financial inclusion, lower reliance on ODA, higher social protection expenditure as a percentage of GDP, and higher coverage of social protection and labour programmes in the lowest income quintile.

The next section highlights a selection of the timeliest high coverage responses, to consider in more detail the reasons for their apparent success and any lessons learned from their experiences, and to reflect the importance not only of timeliness but also of coverage.

4. In focus: what enabled fast, high coverage responses?

This section zooms in on the fastest high coverage responses to better understand the capacity enablers and to show how these may vary from country to country. Moreover, the analysis above has a central – but necessary – limitation: in most cases, the first date of payment is an imperfect measure of when a response starts because many (and sometimes most) beneficiaries receive transfers later. This was particularly the case in the COVID-19 crisis, since the full understanding of its effects, their duration and depth evolved slowly, and so did the responses. Consequently, many countries ended up implementing sequenced and layered responses, combining different programmes/strategies to reach different segments of the population, with different ‘first payment’ dates.

Focusing on a select group of countries allows us to study the sequencing of the responses. Table 1 lists the selected countries with information on the total coverage expansion reached as part of COVID-19

response and on the fastest programme¹⁸ in terms of paying new beneficiaries. Further contextual and other factors, including income levels, access to technology, legal frameworks, government systems, etc., can be found in Table 2 at the end of this section.

Table 1. Fastest countries in paying beneficiaries by type of intervention and time proxy (only major programmes)

Country	Total coverage expansion (% pop) ¹⁹	Main programme	Approach to registration	Approach to payments	Timeliness of first payment (days) ²⁰
Philippines	70	Social Amelioration Programme (SAP)	Manual	Manual and electronic	31
Peru	68	<i>Bono yo me quedo en casa</i> (I stay at home grant)	Social registry, administrative data, on-demand	Manual and electronic	8
Morocco	65	<i>Mesures urgentes de soutien aux travailleurs et ménages de l'informel</i> (Urgent measures to support informal workers and households)	Social registry, administrative data, and on-demand	Manual	17
Chile	61	<i>Bono de Emergencia COVID-19</i> (Emergency COVID-19 grant)	Social registry, beneficiary registry data	Manual and electronic	24
Malaysia	53	<i>Bantuan Sara Hidup</i> (BSH) (Subsistence assistance)	Social registry, administrative data, and on-demand	Mixed non manual	13
Pakistan	43	<i>Ehsaas</i> Emergency Cash	Social registry, administrative data, and on-demand	Electronic	17
Brazil	34	<i>Auxílio Emergencial</i> (Emergency cash transfer)	Social registry, administrative data, and on-demand	Electronic	27
Dominican Republic	26	<i>Programa Quedate en Casa</i> (Stay at home programme)	Social registry, administrative data	Electronic	17

Source: Authors based on IPC-IG, 2021. [Social Protection Responses to COVID-19 in the Global South – Mapping table](#) and Lowe, McCord, Beazley (forthcoming 2021). Note: Total coverage expansion refers to the overall coverage expansion achieved in each country by all new and expanded cash transfers.

4.1 Overview of the fastest high coverage responses and key insights²¹

Key insights emerging from case studies include:

1. The reliance on approaches that evolved over time and that started by leveraging the capacity readily available and then, as time passed, creating complementary benefits or expanding first responses to reach wider segments of the population.
2. The importance of, and challenges in obtaining and maintaining, up to date data and of interoperability within and beyond the social protection sector.
3. The need to supplement approaches to beneficiary selection and enrolment based on pre-existing data with other options like on-demand registration, to help reach those affected who were often not already included in social registries or existing beneficiary lists.

¹⁸ The listed programmes are all new programmes except the BSH programme, which horizontally expanded the coverage of an already existing programme.

¹⁹ Total coverage figure refers to the total percentage of the population that was covered by new programmes or horizontally expanded programmes.

²⁰ Timeliness refers to number of days from first stay-home restriction in country.

²¹ The authors did not have enough information to include Malaysia in the analysis.

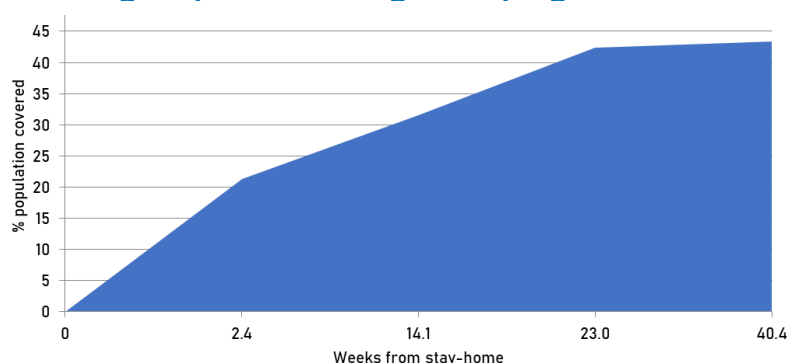
4. While on-demand registration played a significant role in expanding the reach of these programmes, it also likely entailed significant exclusion of vulnerable people/communities who lacked access to the internet, mobile phones, etc., as on-demand registration was often conducted online or via SMS due to the pandemic. This underscores the importance of digital inclusion efforts.
5. The importance of a 'whole-of-government' approach and strong collaboration, but with clear leadership from a particular agency/department.
6. The faster pace of programmes funded domestically, and therefore the importance of strong domestic financial management and domestic resource mobilisation.
7. Clear communication and support were also essential to enable a fast and effective response: many of these fast-moving, high coverage programmes increased call centre staffing and conducted large public awareness campaigns.
8. The need for follow-on programmes, as even the best shock response programmes will miss some eligible beneficiaries when trying to move quickly.

Pakistan²²

The Government of Pakistan launched its primary social protection response to COVID-19, the *Ehsaas* Emergency Cash (EEC) Programme, on 1 April 2020, within the first 10 days of the nationwide lockdown, and started to pay beneficiaries on 9 April 2020. The EEC Programme is built upon existing structures and systems of Pakistan's main social protection programme, the Benazir Income Support Programme (BISP), and aims at providing increased cash benefits to 5 million beneficiaries of an existing benefit targeting poor women (vertical expansion) and a one-off cash transfer to 11.9 million temporarily enrolled new beneficiaries (horizontal expansion). Although the country does not have an explicit legal and policy framework for shock-responsive social protection, BISP's legal and strategy frameworks are broad enough to allow it to respond to shocks (Ahmad and Seyfert, 2020). While BISP's agency took the leading role in the response, a "whole-of-government" approach was essential with agencies and all levels of government taking on implementation responsibilities, from data management and analytics to communication and awareness-raising to payments and logistics. The ECC's expansion was financed predominantly by the federal government, with support from provincial governments, and the Prime Minister's COVID-19 Relief Fund.²³

While existing beneficiaries were automatically registered for a top-up, new beneficiaries were expected to nominate themselves through SMS, web-based, or district registration services. Verification of eligibility was then automatically performed by running targeting checks against data from both the comprehensive but outdated national social registry (NSER) and data drawn from other administrative sources (including phone bills, land and car registries, and tax collection agency data) – via existing interoperability and data sharing agreements. Eligibility and payment information was then communicated through text messages. Overall, the programme reached 14.8 million households (out of a target of 14.9 million), which constitutes roughly 43% of the total Pakistani population (Lone et al., 2021).

Figure 19. Population coverage expansion through EEC programme in Pakistan.



Source: Authors based on [Ehsaas website](#), Lone et al. (2021), and Markhof (2020).

²² More information: MAINTAINS (2021) 'Towards shock-responsive social protection: lessons from the COVID-19 response in Pakistan' Case Study [here](#); WB and G2PX (2020) 'COVID-19 G2P Cash-Transfer Payments Country Brief' [here](#); IPC-IG (2021) 'Tackling poverty amidst COVID-19: How Pakistan's emergency cash programme averted an economic catastrophe' [here](#).

²³ Lone, T. et al. (2021) [Towards shock-responsive social protection systems: lessons from the COVID-19 response in Pakistan. Research Report.](#)

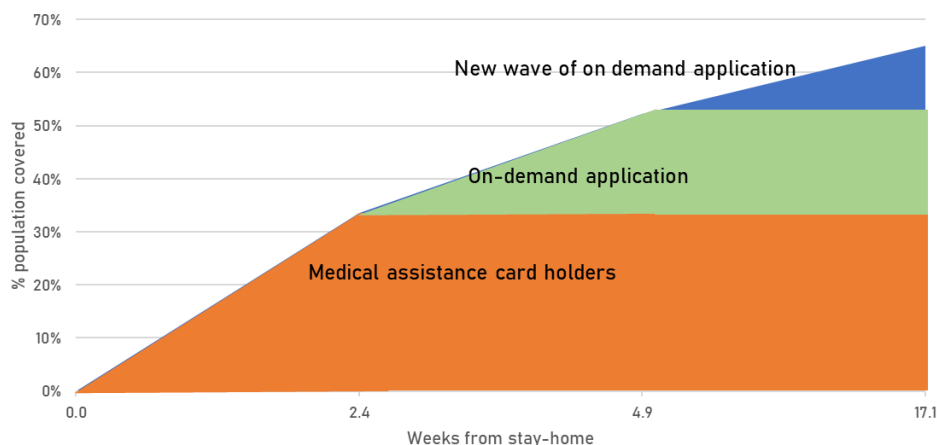
The EEC programme replicated the existing BISP payment system, which makes payments to beneficiaries through the biometric verification system via two commercial banks. While beneficial in terms of speed of response, the strong reliance on technology and existing population databases risks having left out several vulnerable groups in Pakistan. Those most at risk of being excluded include people living in remote communities with low access to communication technologies since access to mobile phones and internet were crucial for registration. Moreover, the requirement of possessing an identity card document (either valid or expired) does risk excluding a sizeable share of the population (Lone et al., 2021).

Key enablers included strong government ownership and coordination, the use of technology already in place for delivery at every step (communication, selection, targeting, and payments), an existing although outdated social registry that allowed a fast vertical expansion and horizontal expansion to 4 million new beneficiaries, and strong capacity of the leading social protection implementing agency and data management agency. The Government of Pakistan showed strong leadership on the emergency response programme, which is also reflected in the fact that the response was predominantly funded from domestic resources by the Federal government with the support of provincial governments. Due to the outdated nature of the data currently stored in the national social registry, which is in the process of being updated, and its partial population coverage, Pakistan introduced multiple means of targeting. The role and capacity of the National Database Registration Authority (NADRA), which hosts and manages the national social registry, was key to enable swift beneficiary verification thanks to pre-existing data access agreements with various other government agencies (Lone et al., 2021).

Morocco

At the end of March 2020, as lockdown measures were put in place in Morocco, the country implemented emergency unemployment benefits for formal workers from firms whose activities were affected by the lockdown and announced the introduction of cash assistance for informal workers. The measures were established by the “economic watch council”, a committee put in place in response to the emergency and composed by ministers and representatives of banks and businesses. Resources to finance measures proposed by the committee, including social protection response, are drawn from a special fund of the size of around 3% of the country GDP instituted on instructions of the King at the beginning of the crisis. The fund’s resources came from general state budget, regional budgets, and for the most from tax deductible voluntary contributions from individuals and public and private companies²⁴.

Figure 20. Population coverage expansion through cash transfers to informal workers in Morocco.



Eligible²⁵ informal workers started to receive cash transfers on 6 April 2020 (Kessaba and Halmi 2021). The country started by reaching informal workers who held ‘RAMED’ medical assistance cards (34% of the population), for which there was therefore data in the social health insurance information system. To reach informal workers outside the medical assistance system, a second wave of registration through a newly created website was launched in April (19% of the population covered). Lack of data and problems with identification led to a third phase of the procedure at the end of May, whereby potential beneficiaries who had previously been rejected could apply for the benefit again through the cash transfer website (13% of the population covered). By

²⁴ <https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19#M>, <https://www.finances.gov.ma/fr/Pages/detail-actualite.aspx?fiche=4970>

²⁵ The eligibility criteria were not made public, but the goal was to reach those that had no income because of the COVID-19 lockdowns.

combining multiple identification modalities, the country was able to reach around 5 million households or 65% of the population by July, which represents 91% of the announced target (see Figure 19).

In Morocco, in the absence of a social registry, the medical card was an essential tool for speeding up the procedure for the cash transfers during the first phase of benefits targeting informal workers. Since it did not reach all informal workers nor vulnerable people, it still had to be complemented with additional measures taken in the following two months, requiring an active registration process that slowed down the access to financial help. The use of technology was instrumental in reaching informal workers speedily. Medical card owners could request the benefit through a simple SMS, and if eligible SMSs were also used to send payment instructions. On the other hand, informal workers outside the medical insurance system submitted applications through a newly created and dedicated website and received instructions to collect payments via mobile phones. Another element that might have ensured the rapidity of response is that the entire COVID-19 response was financed through the reallocation of domestic spending (IPC, 2021).

Brazil²⁶

Brazil's emergency social cash transfer (*Auxílio Emergencial*) was passed by congress at the end of March. Shortly after passing the relevant law on 2 April 2020, the application website was opened, and the first beneficiaries started receiving their payments within one week. It reached around 68 million direct beneficiaries as of November 2020 (Yamasaki and Rodopoulos, 2021). The programme targeted low-income households identified through the social registry *Cadastro Unico*, including *Bolsa Família* beneficiaries, and low-income informal workers identified through an open registration (via a web-based platform) and whose eligibility was verified by cross-checking formal employment and social security and tax databases, alongside others – leveraging interoperability and data-sharing agreements. That is, for the first two beneficiary groups (around 45% of total beneficiaries) the targeting process was done automatically through identifying (1) people in families who were recipients of the social assistance programme *Bolsa Família* and (2) using data from Brazil's social registry to select beneficiaries who did not receive any other benefits but qualified for the transfer. Most beneficiaries were selected through a new database, enabling individuals to self-apply via a digital registration platform (app and website) made available by the state-owned bank *Caixa Exonômica Federal*.

The speed of Brazil's emergency social cash transfer programme can be attributed to a combination of using previously existing programme databases and the social registry, together with setting up a new self-targeting and demand-driven mechanism to identify beneficiaries. The financing of such large-scale expansion was made possible because Brazil could access supplementary budget funds thanks to the recognition of state of calamity due to public health emergency on the 20th of February 2020. A “war budget” was created via constitutional amendment and this allowed the government to spend BRL 600 billion without this being considered part of the deficit and having to respect the standard fiscal framework rules²⁷.

Reaching around 38 million people previously excluded from the social protection system through this newly created mechanism entailed both learnings and challenges. While the intensive use of digital technology-enabled identification of a large number of people electronically, the reliance on electronic systems also entailed problems reaching those without access to the internet. It is estimated that this resulted in excluding about 7 million people, despite satisfying the eligibility criteria and therefore likely to be among the most vulnerable (IEA 2020). In addition to this exclusion problem, the programme also entailed inclusion errors: 8 million Brazilians with income above the determined threshold were found to have received the benefit (Blofield, Giamb Bruno, Filgueira 2020). These problems in the implementation strategy have been linked to the lack of collaboration with different federal levels of government and centralising the delivery in only two central agencies (IEA 2020).

Chile²⁸

While the *Bono de Emergencia COVID-19* was the fastest implemented programme in Chile, the *Ingreso Familiar de Emergencia* (IFE) is the programme that reached the largest coverage. The *Bono de Emergencia COVID-19* was paid around a month after the first ‘stay-home measures were imposed targeting households already registered within the social protection system, either because they were already benefiting from a social assistance scheme (*Subsidio Familiar*), or because they were registered in the *Sistema de Seguridades y*

²⁶ More information: WB and G2PX (2020) ‘COVID-19 G2P Cash-Transfer Payments Country Brief’ [here](#); IPC-IG (2020) Emergency Aid: The Brazilian response to an unprecedented challenge [here](#); IPC-IG (2020) [here](#)

²⁷ <https://brazilian.report/liveblog/coronavirus/2020/05/06/lower-house-approves-core-points-so-called-war-budget/>; <https://www.reuters.com/article/us-health-coronavirus-brazil-war-budget-idUSKBN21M0VG>

²⁸ More information: IPC-IG ‘Tools to protect families in Chile: A State at the service of its people’ [here](#); J-Pal ‘Designing a social protection program during Covid-19’ [here](#)

Oportunidades database, or because they were registered in the social registry *Registro Social de Hogares* (RSH). Overall, the programme reached 24% of Chile's population.

The IFE instead targeted informal workers and vulnerable households affected by the pandemic. It was first announced by the government on 20 April 2020, legally enshrined through law N. 21.230 on the 16th of May 2020 within the framework of emergency in the country following the presidential declaration of Constitutional Exception and Catastrophe, and started payments officially from 25 May 2020 (MSDF 2020)²⁹. To select beneficiaries, IFE mainly relied on three pillars³⁰: (1) beneficiaries of existing social assistance programmes³¹; (2) identification with the help of the social registry (RSH); and (3) individual appeals based on declarations of total income and occupation.

According to recent numbers, 3.35 million households have received the grant, corresponding to 8.27 million individuals, that is one out of every three people nationwide (Candia 2020). This noteworthy achievement can mainly be attributed to the political will of the congressional opposition and to civil society which pressured the executive to adopt a more inclusive and adequate social protection approach (Blofield and Hoffmann 2020; Blofield, Giambruno and Filgueira 2020). The government of Chile financed the emergency response directly from the treasury; In particular a fund of 2 billion USD was set apart to finance measures targeted at supporting the income of the most vulnerable people as part of the second phase of the emergency economic plan starting in April 2020. The financing of the emergency economic plan was done through reassignments (that is reallocations of projected spending for 2020), withdrawal from the pension fund, suspending the required contributions to this fund for 2 years, a higher debt level, and postponing the transfer to the Multi-Year Fund for the Strategic Capacities of Defense³².

Relying on available data of existing programmes enabled Chile to pay the IFE to existing beneficiaries of other programmes within two weeks of having approved the programme by law. More generally, the use of existing programmes' databases and of data and socio-economic classification contained in the existing social registry RSH covering 73% of the population was a key enabler of a fast and large response in the country (MSDF 2020). However, the country recognised two key limitations in this approach: (1) many vulnerable groups are not registered in the RSH who might be most in need of the cash benefit, and (2) the socio-economic classification used to identify vulnerable households relies on a more medium to long term classification and therefore might not be appropriate to identify short term variation in incomes. A further limitation relates to the RSH not being updated on a frequent basis. This, together with a large wave of new registrations to the RSH³³, put a lot of pressure on the RSH causing a 160% increase in new requests compared to the previous year (MSDF 2020). To respond to this increased demand, different measures were taken to make the system more agile and responsive, including the postponement of personal visits to households to verify the information provided, the provision of additional staff to support municipal processing, the creation of an e-learning system to accredit more staff, and the adaption of the citizen's platform to simplify the application process and make it less susceptible to errors (MSDF 2020).

Peru³⁴

Peru's first, rapid response (*Bono Yo Me Quedo en Casa* – Stay Home Grant) was announced on 16 March 2020, and was funded through the Reserve Fund, a World Bank loan, and treasury bonds. It started to pay the first beneficiaries within a week, targeting the poor in urban areas and those not already benefitting from existing social assistance programmes. The identification process reportedly took only a few days, since it relied on the social registry, which had large-scale coverage (around 75%). It reached 2,700,000 beneficiaries, 25% of the population, with two payments in April and May 2020. However, Peru's COVID-19 experience also

²⁹ The programme has since been reformed twice, first at the end of June adjusting both the reach and amount of the IFE and, second, in August further adjusting the eligibility criteria. In September, it was decided to extend the IFE to entail both a fifth and sixth payment. In November it was approved to vertically expand the IFE through the *Bono Covid Navidad*, a once-off payment to beneficiaries of the sixth IFE payment. In January, it was decided to extend the programme by incorporating two different benefits, namely *IFE Covid* and *Bono Covid* to be paid from January to April. Most recently, the programme was further extended to June 2021.

³⁰ For more detailed information see MSDF 2020

³¹ Namely the *Subsidio Unico Familiar*, *Pensión Básica Solidaria de Vejez*, *Subsistema Seguridades y Oportunidades*, and *Subsidio de Discapacidad Mental* (MSDF 2020)

³² http://www.dipres.cl/598/articles-201476_Informe_PDF.pdf, https://www.dipres.gob.cl/598/articles-203557_Informe_PDF.pdf

³³ Specifically, almost 700.000 who were not previously included in the RSH, registered with the RSH in the wake of the IFE application (MSDF 2020).

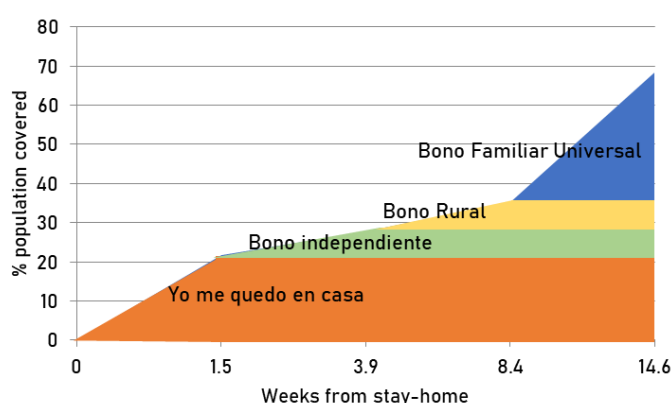
³⁴ More information: WB and G2PX (2020) 'COVID-19 G2P Cash-Transfer Payments Country Brief' [here](#)

demonstrated that even a large-scale social registry cannot be relied upon as the sole basis for targeting crisis support, unless it is both universal and up to date (Lowe, McCord, Beazley, 2021). Many households were either missing altogether from the registry or had entries that were significantly outdated, which required relying on other databases and offering further on-demand registration via the programme’s website. A few follow-up programmes were therefore implemented to reach those excluded from the first cash response:

- Bono Independiente targeted informal workers.
- Bono Rural focused on rural areas.
- Bono Familiar Universal covered beneficiaries from all the other cash responses plus others, identified through other government databases and the web-based registration process, reaching 68% of the population (8 M households).

The *Bono Familiar Universal*'s universal approach can be described as a ‘targeting out’ mechanism since all households were eligible except for those with formal employment and high incomes³⁵.

Figure 21. Population coverage expansion through Yo Me Quedo en Casa, Bono Independiente, Bono Rural, and Bono Familiar Universal in Peru.



While Peru benefitted from a high coverage social registry, this nonetheless contained gaps and out of date information, as noted above. However, the use of other databases and on-demand registration allowed the government to create a near-universal social registry containing 33 million people (from a pre-COVID-19 base of 25 million people listed in the social registry), which accounts for over 99% of the population. This expansive social registry played an important role in the response because, despite universal foundational ID coverage, interoperability and data sharing across government databases and with non-government entities proved challenging due to a lack of protocols and varying data quality. However, the government did make extensive use of cross-government databases in other ways, including exchanging data with the government entities responsible for ID and civil registration, people with disabilities, migration, and the state bank, to identify the household member best equipped to receive the payment electronically or with the lowest COVID-19 risk to be paid in person. The government also exchanged data with a telecommunications supervisory body (*Organismo Supervisor de Inversión Privada en Telecomunicaciones*) to collect the phone numbers of eligible individuals, which were then used for communication with those individuals regarding the availability of social protection programmes and eligibility.³⁶

Dominican Republic

The *Programa Quédate en Casa* in the Dominican Republic was announced on 25 March 2020 and started to pay beneficiaries on 3 April 2020. It was able to leverage the country’s social registry, which was recently updated in 2018, to select beneficiaries. It focused on families in the lowest two of four categories in its Quality of Life Index, as well as those in the third category that were close to the cut-off point with category 2, to reflect the likely change in socioeconomic conditions for those in this category due to the pandemic. Those with formal employment and some of those benefiting from other programmes were excluded through cross-checks against other government databases (leveraging established interoperability and/or data sharing agreements).

Later programmes focused on formal and informal workers who were impacted by the crisis but had been excluded from the *Quedate en Casa* programme. The FASE programme provided cash transfers to approximately 650,000 employees who were furloughed due to social distancing measures and cessation of

³⁵ See [Barca 2020](#) for more on ‘targeting out’ approaches using existing data.

³⁶ Implementing national cash transfer responses to Covid-19 Operational lessons learned for system-strengthening and future shocks. ODI (forthcoming, 2021).

economic activity. *Pa'Ti* targeted cash transfers to 202,000 informal workers whose livelihoods were impacted by the pandemic and associated recession. The response was financed with a combination of sources: with own resources, by issuing public bonds to international markets, by a contingent financing line with the World Bank (available since 2018), and by the financial assistance of the International Monetary Fund.³⁷

The government's response was initially intended to be rapid and short-lived, with only two payments planned in April and May. However, further payments have been made in the year since, and the programme has survived an administration change in August. For example, in January 2021 a further payment of RD\$3,000 was made to *Quédate en Casa* beneficiaries, and the government announced that it was allocating RD\$15 billion to the programme until April 2021.³⁸

In the Dominican Republic, the implementing agency took an innovative approach to payments: rather than risking additional transmission of the virus through queueing to obtain payment cards, new beneficiaries who lacked the smart cards normally used by social protection programmes were remotely issued with a PIN to access their funds. To further ensure a timely response, an agreement was established with only one bank, whereas for regular transactions there are agreements with four different banks.³⁹ To help support this rapid influx of additional beneficiaries, the implementing agency's call centre capacity was increased and new communication methods, such as SMS and social media posts, were used. The implementing agency was able to access the phone numbers of new beneficiaries not previously registered by sending their ID numbers to the Dominican Institute of Telecommunications, underscoring the importance of a foundational ID for rapid response, but also raising potential privacy and data use issues.

The Philippines

The social protection response to COVID-19 in the Philippines strove for a universal approach and initially made some rapid payments, but it has struggled to meet its targets.⁴⁰ An uneven pace of payments, reaching existing beneficiaries of social protection programmes much faster than new beneficiaries, has given the impression of a rapid response, while masking the significant delays faced by many beneficiaries. Coverage expansion also suffered from vague selection criteria which were left to the discretion of local government officials.⁴¹ Target beneficiaries included: "senior citizens; persons with disability; pregnant women; solo parents; informal economy workers, such as helpers, drivers, vendors; indigent indigenous peoples; homeless and underprivileged".⁴² The programme was funded by a transfer of funds from the Department of Budget and Management to the Department of Social Welfare and Development.⁴³

The social protection response in the Philippines is unique among rapidly responding countries for its reliance on manual processes, including using paper forms distributed by local government officials to expand coverage, rather than leveraging its social registry or cross-checking against other administrative databases – options utilised in most other "timely" responses. While the Philippines has a social registry that covers approximately 75% of the population, it "was already five years old and the update that was already in progress was interrupted by the crisis".⁴⁴ This appears to have been a key driver in the decision to use a manual process instead. Efforts to cross-check against other databases were hindered by the lack of a foundational ID. [PhilSys](#), the Philippines' digital foundational ID system, did not launch registration until October 2020. It aims to register the majority of Filipinos by the end of 2022.

³⁷ Rodolfo Beazley '[Shock-Responsive Social Protection in LAC – The Dominican Republic Response to the COVID-19 Pandemic](#)' (June 2020) at pages 19-20.

³⁸ Diario Libre, [Gobierno deposita pago único de RD\\$3,000 para "Quédate en Casa" y Solidaridad](#) (28 January 2020)

³⁹ Rodolfo Beazley '[Shock-Responsive Social Protection in LAC – The Dominican Republic Response to the COVID-19 Pandemic](#)' (June 2020) at pages 19-20.

⁴⁰ Ronell Delerio, [Philippines: COVID-19 crisis creates opportunity for basic income](#) (12 May 2020)

⁴¹ Dadap-Cantal, Emma, Fischer, Andrew and Ramos, Charmaine. 3 July 2020. [Ephemeral universalism in the social protection response to the COVID-19 lockdown in the Philippines](#), Developing Economics Blog.

⁴² As defined by Joint Memorandum Circular No 1 on the Bayanihan (COVID-19 response) law. ADB, [Summary of Emergency Subsidy Program and Social Amelioration Guidelines](#)

⁴³ Government of the Republic of the Philippines, Department of Budget and Management "[DBM releases P199.975-Billion for DSWD Social Amelioration Program](#)" (undated, accessed 19 April 2021).

⁴⁴ WB G2Px, [Scaling Up Social Assistance Payments as Part of the COVID-19 Pandemic Response](#) (August 2020), at page 7.

Table 2. Enablers of fast response for focus countries.

Enablers	Brazil	Chile	Dominican Republic	Morocco	Pakistan	Peru	Philippines
Contextual	Upper-middle income High internet and mobile phone penetration High coverage of national ID High financial inclusion	High income High internet and mobile phone penetration High coverage of national ID High financial inclusion	Upper-middle income High internet and mobile phone penetration High coverage of national ID High financial inclusion	Lower-middle income High internet and mobile phone penetration High coverage of national ID Low financial inclusion	Lower-middle income High mobile phone penetration High coverage of national ID Low financial inclusion	Upper-middle income High internet and mobile phone penetration High coverage of national ID Medium financial inclusion	Lower-middle income High internet and mobile phone penetration No foundational ID Medium financial inclusion
Social protection sector capacity	High CT coverage (21%) Medium coverage SR (36%) Main CT paid electronically	High CT coverage (35%) High coverage SR (73%) Main CT paid electronically	High CT coverage (29%) High coverage SR (60%), updated (2018) Main CT paid electronically Legal and institutional backing	Low CT coverage (0.4%) No SR	Medium CT coverage (10%) High coverage SR (85%), outdated (2010) Main CT paid electronically	Medium CT coverage (13%) High coverage SR (75%), outdated Main CT paid electronically Legal and institutional backing	Low CT coverage (1.5%) High coverage SR (77%), outdated (2015) Main CT paid electronically
Government information systems beyond SP	Information unavailable	Information unavailable	Digital registries and capacity to exchange data	Information unavailable	Digital registries and capacity to exchange data	Digital registries and capacity to exchange data	Information unavailable
Shock-responsive Social Protection experience	Information unavailable	Extensive experience in SRSP	SRSP protocols and capacity	Information unavailable	Some experience in SRSP	Some experience in SRSP	Some experience in SRSP

Source: Authors based on [ASPIRE](#), [Global Findex Database](#), Lone and Shakeel (2021) and Lowe, McCord, Beazley (2021).

5. Conclusions and implications for future policy and programme design

The ‘capacity’ of the social protection sector was, as expected, a key enabling or constraining factor for government cash responses to the pandemic. It was already known, prior to the pandemic, that stronger systems, processes, and administrative capacity, greater coverage, and higher levels of integration, among many other factors, can provide better platforms for social protection responses to shocks.⁴⁵ The COVID-19 pandemic has triggered an unprecedented worldwide use of social protection systems for cash responses and provides the opportunity to dive deeper into the capacity drivers of timely and large-scale responses.

These are the key insights that emerged from the data-informed analysis of COVID-19 responses:

First, contextual factors matter (a lot). The capacity of the social protection sector is largely dependent on wider contextual issues, such as national ID coverage, financial inclusion, and technological inclusion (i.e. access to mobile phones and the internet). These factors, alongside others we were not able to measure, constrain or enable the way in which social protection can be delivered in normal times as well as in response to shocks, as the COVID-19 pandemic has shown.

Second, both the legal framework and the funding source are key elements of social protection capacity. Countries with strong legal backing for the sector through, for example, legislation or executive decrees as well as domestically funded programmes, were able to respond faster. This reinforces the fundamental point that investing in institutionalising core social protection systems is the starting point for shock response.

Third, data and information has been one of the main drivers of timely responses. Countries with the ability to quickly gather relevant information on potential beneficiaries, to enable their identification, registration and enrolment, managed to respond faster – on average. Specifically:

- The existence and accessibility of relevant databases was a key enabler for many countries, not only for the identification of beneficiaries but also for programme outreach, communications with beneficiaries, and cash assistance delivery. Social registry data was a driver of timely responses in countries with high coverage and up to date registries. However, they often had to be complemented with other databases because of both:
 - Insufficient coverage: even where coverage was high, some vulnerable households were missing. For example, Peru’s social registry covers 75% of the population, but still excluded many affected households (typically informal workers from urban settings).
 - Data constraints: i.e. outdated, missing information, such as in the Philippines where the high coverage social registry could not be used for the COVID-19 response because the data was out of date.
- As our case studies clearly showed, the ability to exchange data beyond the social protection sector (leveraging broader information systems, interoperability and data-sharing agreements) was key to timely and high coverage responses. This highlights the importance of pre-existing protocols and systems for data sharing across government agencies, as well as the facilitating role of national ID to be used as a unique identifier.

⁴⁵ Beazley, R., Solorzano, A., and Barca, V. (2019) 'Study on Shock-Responsive Social Protection in Latin America and the Caribbean: Summary of Key Findings and Policy Recommendations', OPM/WFP; Bowen, Thomas, Carlo del Ninno, Colin Andrews, Sarah Coll-Black, Ugo Gentilini, Kelly Johnson, Yasuhiro Kawasoe, Adea Kryeziu, Barry Maher, and Asha Williams. 2020. Adaptive Social Protection: Building Resilience to Shocks. International Development in Focus. Washington, DC: World Bank. doi:10.1596/978-1-4648-1575-1. License: Creative Commons Attribution CC BY 3.0 IGO; O'Brien, C., Scott, Z., Smith, G., Barca V., Kardan, A., Holmes, R., Watson, C. and Congrave, J. (2018), 'Shock-Responsive Social Protection Systems research: Synthesis report', OPM, Oxford, UK.

- For the ‘techno-enthusiasts’ it is worth clearly stressing that using existing data can enable timely responses, however, having registries with ‘good quality data’ and ‘sufficient coverage’ is not enough (for more on key criteria see Barca and Beazley, 2019)⁴⁶. There are other limitations worth considering. First, data sharing and the use of data for purposes different from what it was collected for can go against data protection and security principles and laws. Second, using multiple databases, collected by different institutions at different points in time, can lead to eligibility assessments that are not understood/accepted by the population. Third, beyond the data itself, caution is needed when using poverty rankings from before the shock (like in the Dominican Republic and in Pakistan): these rankings are not only based on data that may no longer reflect the wellbeing of households, but also on algorithms designed for other purposes, typically to identify the chronically poor.

Fourth, the capacity to register people quickly has also been fundamental, even for countries relying substantially on pre-existing data. This capacity and the ability to create and/or adapt innovative solutions for mass registrations were essential in contexts of social distancing and mobility restrictions.

Fifth, digital solutions sped up outreach, applications, enrolment, payments, and overall communication with beneficiaries. It was easier to implement these solutions in countries with enabling environments and with regular cash transfer programmes already using such solutions. Of course, technology is an enabler; however, it can also be a source of exclusion and can replicate or exacerbate pre-existing inequality. Even in countries with relatively high financial and technological inclusion, these mechanisms can lead to the exclusion of the poorest and most marginalised groups. Encouraging the use of digital solutions for those who can access them should allow limited human resources to be diverted to support those who would otherwise be excluded due to their lack of digital access, who are also often the most vulnerable.

Sixth, there were other enablers of timely responses which were not covered in this note because of the lack of cross-country comparable data that could be used for the assessment and on the limited literature already published on these aspects of COVID-19 response, which are worth mentioning:

- **Political will and support** was of course a key driver, as seen in the cases of Pakistan, Morocco, and others.
- An institutional culture of **flexibility and pragmatism** facilitated a timely approach (Lowe, McCord, and Beazley, 2021). This was the case in, for example, Peru, where the response started by relying on the social registry and reaching only the poor and expanded based on other data sources and strategies as time went by. This culture is particularly important for social protection ministries which usually operate based on annual plans and are not used to responding to sudden shocks.
- The effect of **preparedness** measures for shock-responsive social protection on the timeliness of COVID-19 responses could not be assessed due to a lack of information. Countries with scalable frameworks and contingency plans, like the Dominican Republic, Kenya, and Uganda, developed these mechanisms for other types of shocks (more recurrent and predictable) and such plans were not used in the response to the pandemic (Beazley, 2019; Doyle, Hudda, and Marzi, 2021; Doyle, 2021). However, it remains to be assessed if the capacity created as part of these preparedness actions improved responses to the pandemic.
- While the analysis shows that government-financed interventions were on average faster, this note does not cover the role of different government financing strategies and of disbursement processes, although where information was available this was discussed within the case studies.⁴⁷
- The role (and capacity) of other key counterparts such as **humanitarian actors, civil society, and donors**, can also be fundamental for important activities like outreach to marginalised populations and for coordination.

The responses to the pandemic, even the timely ones, have shed light on some longstanding social protection provision gaps. Consequently, even when some segments of the population in selected countries were assisted quickly, other segments were not, in particular informal workers. Others, such as migrants and refugees, were excluded from the cash responses, as seen in Peru (Lowe, McCord, and Beazley, 2021).

⁴⁶ [Barca and Beazley \(2019\)](#) - a study of use of social protection systems to inform shock preparedness and response, including an assessment of critical data quality considerations.

⁴⁷ See Almenfi et al (2020) for key trends on how social protection responses to the pandemic have been funded.

Ultimately, timely responses are not always inclusive and are not always timely for all. Addressing the last mile of service delivery, and serving those who face the highest barriers, will be the ultimate goal for future work in system preparedness.

By identifying some of the main drivers of timely responses, this note highlights areas of system strengthening that may improve future responses to shocks. Many of these drivers relate to the foundations of social protection and of development as a whole. This is a reminder that although it is important to invest in preparing systems to respond to shocks (by, for example, developing contingency protocols) the **best place to start is by investing in the foundations of social protection.**

References

ADB, [Summary of Emergency Subsidy Program and Social Amelioration Guidelines](#). COVID-19 Active Response and Expenditure Support Program (RRP PHI 54138-001).

Ahmad, M., and Seyfert K. (2020). [Options for making Pakistan's flagship national cash transfer programme shock-responsive](#). Maintains.

Almenfi, Mohamed; Breton, Melvin; Dale, Pamela; Gentilini, Ugo; Pick, Alexendar; Richardson, Dominic. 2020. Where is the Money Coming From? Ten Stylized Facts on Financing Social Protection Responses to COVID-19. Social Protection and Jobs Policy and Technical Note; No. 23. World Bank, Washington, DC. © World Bank. <https://openknowledge.worldbank.org/handle/10986/34802> License: CC BY 3.0 IGO.”

Barca, V. (2017). [Integrating data and information management for social protection](#). DFAT.

Barca V. (2020) [Guidance Note on Rapid Expansion of Social Protection Caseloads](#). Social Protection Approaches to COVID-19: Expert team (SPACE).

Barca V. and Beazley R. (2019). [Building on government systems for shock preparedness and response: the role of social assistance data and information systems](#). Canberra: Commonwealth of Australia, Department of Foreign Affairs and Trade.

Beazley, R., Solorzano, A., and Barca, V. (2019) 'Study on Shock-Responsive Social Protection in Latin America and the Caribbean: Summary of Key Findings and Policy Recommendations', OPM/WFP.

Beazley, R. (2020). [Shock-Responsive Social Protection in LAC – The Dominican Republic Response to the COVID-19 Pandemic](#). WFP.

Beegle, K. et al. (2018). [Realizing the Full Potential of Social Safety Nets in Africa](#). AFD and World Bank.

Blofield, M., Giambruno, F., and Filgueira, F. (2020). [Policy expansion in compressed time: assessing the speed, breadth and sufficiency of post-COVID-19 social protection measures in 10 Latin American countries](#). *Social Policy Series*, No. 235 (LC/TS.2020/112), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).

Blofield, M., and Hoffmann, B. (2020). [Social Policy Responses to the COVID-19 Crisis and the Road Ahead](#). *GIGA Focus Number 7*.

Blofield, M., Lustig, N., and Trasberg, M. (2021). [Argentina, Brazil, Colombia, and Mexico](#). *Center for Global Development CGD Notes*.

Candia, A. (2021). [Tools to protect families in Chile: A State at the Service of its people](#). In: What's next for social protection in light of COVID-19: Country responses. *Policy in Focus*, 19 (1). International Policy Centre for Inclusive Growth (IPC-IG).

Dadap-Cantal, E., Fischer, A. and Ramos, C. (2020). [Ephemeral universalism in the social protection response to the COVID-19 lockdown in the Philippines](#). *Developing Economics Blog*.

Diario Libre. (2020). [Gobierno deposita pago único de RD\\$3,000 para "Quédate en Casa" y Solidaridad](#).

Doyle, A., Hudda, N. and Marzi, M. (2021). Towards shock-responsive social protection systems: lessons from the COVID-19 response in Uganda. Country case study: Uganda.

Doyle, A. (2021). [Towards shock-responsive social protection systems: lessons from the COVID-19 response in Kenya](#). Country case study: Kenya.

G2Px. (2020). [Scaling Up Social Assistance Payments as Part of the COVID-19 Pandemic Response](#). World Bank.

Gelb, A., Mukherjee, A. and Navis, K. (2020). [Citizens and States: How Can Digital ID and Payments Improve State Capacity and Effectiveness?](#) Center for Global Development.

Gentilini, U., Almenfi, M., Orton, I. and Dale, P. (2020). [Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures](#). Living Paper Version 14.

IEA (Instituto de Estudos Avançados). (2020). Series Covid-19: Políticas Públicas e as Respostas da Sociedade. University of São Paulo. *Boletim No. 5. [Dificuldades com aplicativo e não uso da rede de proteção atual limitam acesso ao auxílio de emergência.](#)*

IPC-IG. (2021). [Social Protection Responses to COVID-19 in the Global South – Mapping table.](#)

Kessaba, K., Halmi, M. (2021). [Morocco’s social protection response to COVID-19 and beyond—towards a sustainable social protection floor.](#) In: What’s next for social protection in light of COVID-19: Country responses. *Policy in Focus*, 19 (1). International Policy Centre for Inclusive Growth (IPC-IG).

Leite, P. et al. (2017) [Social Registries for Social Assistance and Beyond: A Guidance Note and Assessment Tool.](#) World Bank.

Lone, T. et al. (2021) [Towards shock-responsive social protection systems: lessons from the COVID-19 response in Pakistan.](#) Research Report.

López-Calva, F. P. (2020). [Inclusion requires capacity:](#) The role of social registries in expanding cash transfers in the wake of COVID-19. UNDP.

Lowe, McCord, and Beazley (2021). Implementing national cash transfer responses to Covid-19 Operational lessons learned for system-strengthening and future shocks. ODI.

Markhof, Y. (2020) [Pakistan's social protection response to the COVID-19 pandemic: the adequacy of Ehsaas emergency cash and the road ahead.](#) IPC-IG.

Ministerio de Desarrollo Social y Familia (MDSF). (2020). [Preinforme Ingreso Familiar de Emergencia.](#)

O’Brien, C., Scott, Z., Smith, G., V., B., Kardan, A., Holmes, R., Watson, C., Congrave, J. (2018). [Shock-Responsive Social Protection Systems research: Synthesis report.](#)

Organisation for Economic Co-operation and Development (OECD). (2021). [Development Finance Data.](#)

Souza, P., Soares, S., Paiva, L., and Bartholo, L. (2020). [Estimativas de Público Elegível e Custos do Benefício Emergencial criado pelo Pl. 9.236/2017.](#) Nota Técnica N. 60, Marco 2020. IPEA (Instituto de Pesquisa Econômica Aplicada).

SPACE (2020) [Strategy Decision Matrix.](#)

United Nations University. (2021). [Social Assistance, Politics, and Institutions database \(SAPI\).](#)

University of Oxford (2021). [COVID-19 Government Response Tracker.](#)

World Bank (2017). [Global Findex Database.](#)

World Bank (2021). [Digital Adoption Index.](#)

World Bank (2021). [The Atlas of Social Protection Indicators of Resilience and Equity \(ASPIRE\).](#)

World Bank (2021). [World Development Indicators.](#)

Yamasaki, N., and Rodopoulos, F. (2021). [Emergency Aid: The Brazilian response to an unprecedented challenge.](#) In: What’s next for social protection in light of COVID-19: Country responses. *Policy in Focus*, 19 (1). International Policy Centre for Inclusive Growth (IPC-IG).

Annex 1: Additional figures and tables

Table 3: Interval between first and last date for a selection of time proxies

Trigger		Overall	South Asia	SSA	MENA	EAP	LAC
First case	First	22/01/20	27/01/20	28/02/20	14/02/20	22/01/20	23/02/20
	Last	13/05/20	08/03/20	13/05/20	22/03/20	27/03/20	02/04/20
Stay home**	First	23/01/20	26/01/20	18/03/20	12/03/20	23/01/20	10/03/20
	Last	05/05/20	26/03/20	18/04/20	25/03/20	05/05/20	01/04/20
Int travel*	First	18/01/20	15/01/20	20/01/20	27/01/20	18/01/20	18/01/20
	Last	25/03/20	31/01/20	25/03/20	19/03/20	06/03/20	24/03/20
School	First	26/01/20	27/02/20	15/03/20	24/02/20	26/01/20	10/03/20
	Last	31/03/20	16/03/20	31/03/20	19/03/20	29/03/20	23/03/20
Work***	First	26/01/20	16/03/20	14/03/20	26/02/20	26/01/20	24/02/20
	Last	17/06/20	27/03/20	17/06/20	23/03/20	28/03/20	01/04/20

Source: Authors based on IPC-IG. 2021. [Social Protection Responses to COVID-19 in the Global South – Mapping table](#). Notes: * excluding Iran (11/07/2020); ** excluding Niger (03/10/2020); *** excluding Niger (02/11/2020).

Table 4: Median, minimum, and maximum response time between stay-home and first payment, by region (number of days)

	Overall	South. Asia	SSA	MENA	EAP	LAC
Number of interventions						
New programme	39	5	7	5	6	16
Horizontal expansion	14	1	5	4	3	1
Vertical expansion	32	4	4	5	6	13
Median number of days between stay-home and first payment						
New programme	37	43	65	19	37	36
Horizontal expansion	38	43	117	30	13	34
Vertical expansion	25	67	103	0	0	23
Minimum number of days between stay-home and first payment						
New programme	0	17	20	7	0	8
Horizontal expansion	0	43	38	21	0	34
Vertical expansion	0	17	36	0	0	6
Maximum number of days between stay-home and first payment						
New programme	227	227	86	38	73	107
Horizontal expansion	144	43	144	39	20	34
Vertical expansion	153	95	153	139	74	107

Table 5: Interventions announced but not yet paid (only major programmes).

Type	Country	Programme
New programme	Dominica	Social Cash Transfers Assistance Programme
	Trinidad and Tobago	Rental Assistance Grant
Horizontal expansion	Malawi	Social Cash Transfer Programme (<i>Mtukula Pakhomo</i>)
	Mozambique	Post Emergency – Direct Social Support Programme
	Niger	Cash transfers for vulnerable households
	Rwanda	Vision 2020 <i>Umurenge</i> Programme

Source: Authors based on [IPC-IG, 2021. Social Protection Responses to COVID-19 in the Global South – Mapping table](#)

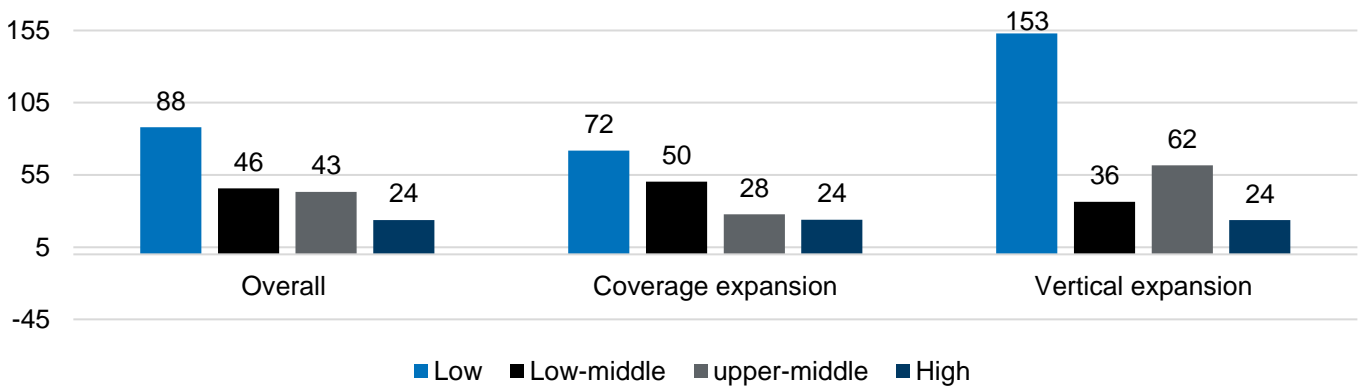
Table 6: Interventions analysed.

	Country	Programme		Country	Programme
Horizontal expansion	Brazil	Bolsa Familia Programme	New programme	Rep. Dominicana	Programa Quedate en Casa
	Congo	Lisungi Social Safety Net Project		Rep. Dominicana	Programa en favor de trabajadores independientes: "Pa' Ti"
	Egypt	Karama programmes		South Africa	COVID-19 Social Relief of Distress Grant
	Egypt	Takaful programme		Sri Lanka	Emergency cash transfers
	Gambia, The	Nafa Quick' cash transfer		Sri Lanka	Rs.5,000 relief allowance
	Indonesia	PKH or Family Hope Programme		Thailand	Cash Transfer to Informal Workers and Loans
	Indonesia	BLT Village Fund Cash Assistance		Timor-Leste	\$100 Uma ba Kain (universal cash transfer)
	Iraq	Social Safety Net		Togo	Novissi Cash Transfer Programme
	Malaysia	Bantuan Sara Hidup (BSH)		VietNam	Cash transfer & Support to uninsured and self-employed workers
	Nigeria	Household Uplifting Programme		Zimbabwe	Cash Transfers
	oPt	Cash Transfer Programme (CTP)		Bolivia	Canasta Familiar
	Sierra Leone	COVID-19 Social Safety Net		Brazil	Auxílio Emergencial (Emergency cash transfer)
	Sri Lanka	Emergency cash transfers		Chile	Bono de Emergencia COVID-19
	Zambia	COVID-19 Emergency Cash Transfer (ECT)		China	Dibao or Minimum Living Allowance
New programme	Anguilla	Temporary Unemployment/Underemployment Assistance	Vertical expansion	Colombia	Familias en Acción
	Argentina	Ingreso Familiar de Emergencia (IFE)		Colombia	Jóvenes en Acción
	Bangladesh	Emergency cash assistance		Colombia	Colombia Mayor
	Bhutan	The Druk Gyalpo's Relief Kidu		Egypt	Takaful programme
	Bolivia	Bono Familia (Emergency cash transfer)		Egypt	Karama programmes
	Bolivia	Bono Universal (Emergency cash transfer)		Ghana	Livelihood Empowerment Against Poverty (LEAP) Cash Transfer Programme
	Brazil	Auxílio Emergencial (Emergency cash transfer)		India	Benefit to farmers
	Chile	Bono de Emergencia COVID-19		India	Cash transfers Under PM Garib Kalyan Yojana
	Chile	Ingreso Familiar de Emergencia – IFE		India	Support for senior citizens (above 60 years), widows and Divyang
	Colombia	Programa Ingreso Solidario (Emergency cash transfer)		Iraq	Social Safety Net

Cote d'Ivoire	Cash transfers (COVID-19 National Solidarity and Humanitarian Support Fund)	Jamaica	The PATH Covid Grant
Ecuador	Bono de contingencia - Bono de Protección Familiar por la Emergencia	Kuwait	Financial aid to Zakat Fund Beneficiaries
Egypt	Salary for informal workers ('Sisi Grant to Informal Workers')	Malaysia	Bantuan Sara Hidup (BSH)
Iran	Grants to people had the lowest income not covered by any organizations	Mongolia	Child Money allowances
Jordan	Social Protection Programme to support daily wage workers	Mongolia	social welfare pensions
Jordan	Bread Subsidy cash Compensation Programme	Mongolia	food stamp allowance
Kenya	Weekly COVID-19 Support Stipend	Mozambique	Programa Subsídio Social Básico
Madagascar	Tosika Fameno cash transfer in urban areas	Pakistan	Ehsaas Emergency Cash
Malaysia	Cash Incentive for Taxi, Tour Bus Drivers and Tour Guides	Paraguay	Programa Tekoporã
Malaysia	Bantuan Prihatin Nasional (BPN)	Peru	Bono Familiar Universal
Mauritania	Cash transfers to vulnerable households	Rep. Dominicana	Programa Quedate en Casa
Morocco	Mesures urgentes de soutien aux travailleurs et ménages de l'informel	South Africa	Social grant top-ups for existing cash transfer programmes
Pakistan	Ehsaas Emergency Cash	Trinidad and Tobago	Disability Assistance Grant and Disability Assistance Grant for Minors
Paraguay	Programa Pytyvõ	Tunisia	Vertical expansion of existing social programmes
Peru	Bono yo me quedo en casa	Uruguay	Tarjeta Uruguay Social
Peru	Bono para Independientes	Uruguay	Asignación Familiar Plan de Equidad
Peru	Bono Rural	VietNam	Cash transfer & Support to uninsured and self-employed workers
Peru	Bono Familiar Universal	Zambia	COVID-19 Emergency Cash Transfer (ECT)
Philippines	Social Amelioration Programme (SAP)		

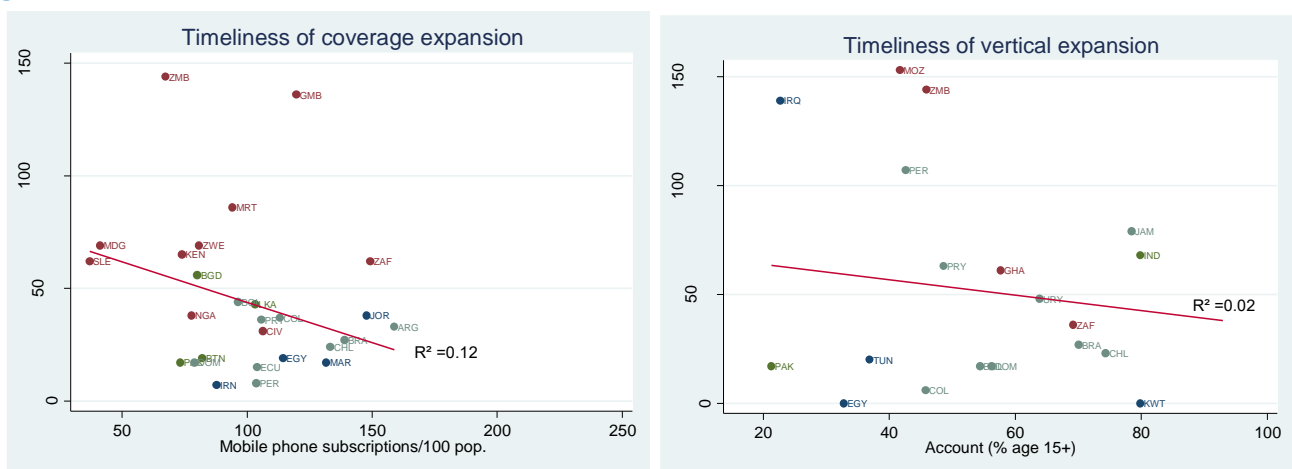
Source: Authors based on IPC-IG. 2021. Social Protection Responses to COVID-19 in the Global South – Mapping table.

Figure 22. Average number of days between stay-home and first payment, by country income level



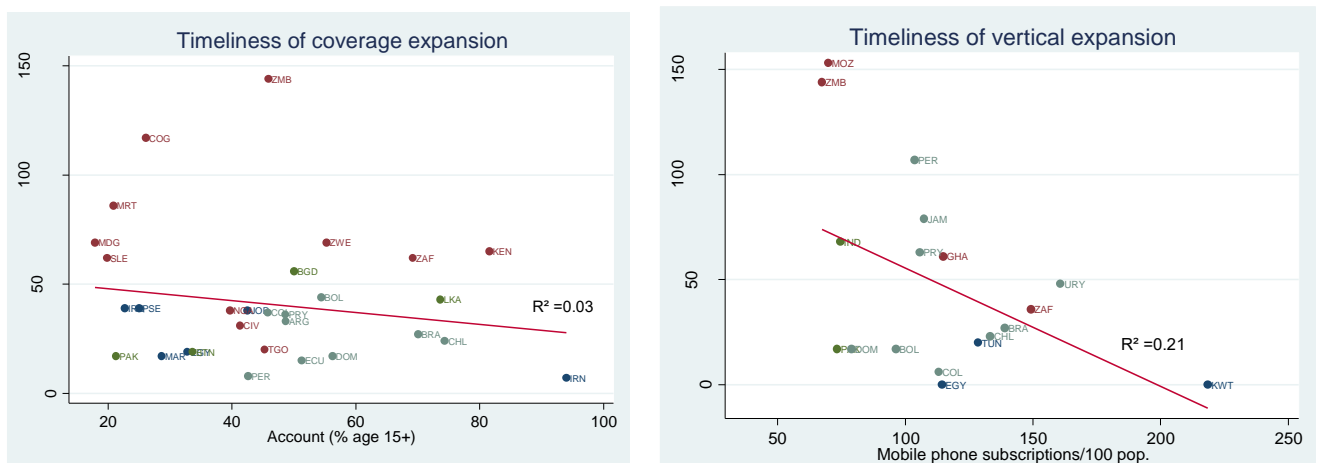
Source: Authors based on [IPC-IG. 2021. Social Protection Responses to COVID-19 in the Global South – Mapping table](#) and [TCdata360, World Bank.](#)

Figure 23. Cash-transfers expansion's timeliness and mobile phone subscriptions.



Source: Authors based on [IPC-IG. 2021. Social Protection Responses to COVID-19 in the Global South – Mapping table](#) and [Global Findex Database](#). Notes: The percentage of respondents who report having an account (by themselves or together with someone else) at a bank or another type of financial institution or report personally using a mobile money service in the past 12 months.

Figure 24. Cash-transfers expansion's timeliness and financial inclusion.



Source: Authors based on [IPC-IG. 2021. Social Protection Responses to COVID-19 in the Global South – Mapping table](#) and [TCdata360, World Bank.](#)

Annex 2: IPC-IG questions

The analysis of timeliness of response by identification strategy relies on information on the “Instruments used to identify potential beneficiaries (horizontal expansions)”. Provided identification options are:

1. Social registry or existing beneficiary databases (Note: this includes newly established registries);
2. Existing beneficiary databases via waiting lists or previously graduated beneficiaries;
3. Civil registry (ID, voting ID, foreign worker ID, birth certificate) (Note: this code does not refer to the documents needed (e.g. ID) to apply for a certain benefit but whether the civil registry is used to identify possible beneficiaries, this is usually only the case for (quasi-) universal programmes);
4. Social security, employee records or tax database (Note: employee records can refer to cases such as an “occupational” compensation or benefits for e.g. frontline workers; registered workers in the tourism sector; non-essential public servants)
5. Informal workers/self-employed registry;
6. Open registration (Note: This includes on-demand and community-based targeting;
7. Others.

The analysis of timeliness of response by payment modality identification strategy relies on information on the: “Payment/delivery method”. Provided method options are:

1. Manual cash payment;
2. Cheque;
3. Paper-based voucher;
4. Electronic voucher or payment cards;
5. Electronic transfer into a personal bank account;
6. Mobile Money (incl. One-Time-PIN sent to a cell phone);
7. Other.

The analysis of timeliness of response by the source of financing modality identification strategy relies on the manual analysis and coding of qualitative data on the source of financing, including if it is donor financed and the modality: grants or loans.

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