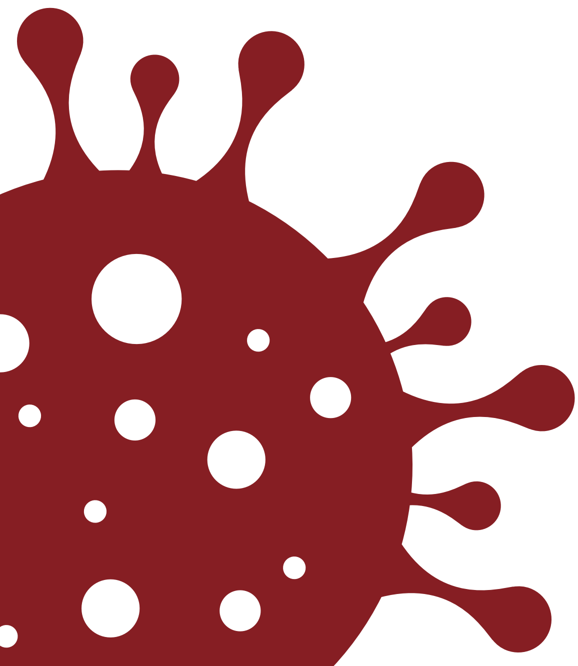
STUDIES IN POVERTY AND INEQUALITY INSTITUTE

REVIEW OF CURRENT SOCIAL CASH TRANSFER PROGRAMMES IN SADC AND GLOBAL SOCIAL PROTECTION RESPONSES TO COVID-19

MARCH 2021

By Taku Fundira and Isobel Frye
Managing Editor: Dr Nqobile Zulu



LIST OF CONTENTS

ACRONYMS

ACRONYM	DESCRIPTION
BFP	Bolsa Familia Programme
BIG	Basic Income Grant
CCT	Conditional Cash Transfer
CDG	Care Dependency Grant
COVID-19	Coronavirus
CSG	Child Support Grant
CSO	Civil Society Organisation
CTP	Cash Transfer Programme
DG	Disability Grant
FCG	Foster Care Grant
GDP	Gross Domestic Product
ICESCR	The International Covenant On Economic, Social And Cultural Rights
IDA	International Development Agency
MCTG	Multiple Category Transfer Grant
NGO	Non-Governmental Organisation
OAG	Old Age Grant
OVC	Orphans And Vulnerable Children
SADC	The Southern Africa Development Community
SCT	Social Cash Transfer
SDG	Sustainable Development Goal
SPII	The Studies In Poverty and Inequality Institute
SSC	The Social Security Commission
UBI	Universal Basic Income
UCCT	Unconditional Cash Transfer
UN	The United Nations

PREFACE AND ACKNOWLEDGEMENTS

The Studies in Poverty and Inequality Institute (SPII) is an independent research think tank that focuses on generating new knowledge, information and analysis in the field of poverty and inequality studies.

This research report is a two part output report of a research project that SPII have undertaken over the past two years in collaboration with Open Society Initiative for Southern Africa (OSISA). The objective of this project, through a review of social cash transfer programmes is to provide a Civil Society learning context for a review of BIG as a response tool for social protection of the most vulnerable citizens in line with the Sustainable Development Goals 1, 2, 5 and 10 specifically, and the other goals generally. This report seeks to consolidate existing knowledge of BIG pilots and the policy formation dynamics for social protection policies within the SADC region in order to argue for a launch of these programmes.

SPII would like to acknowledge Ms Tendai Makanza and Ms Mutale Wakunuma for reviewing this report. Their comments and suggestions were of great help to the authors in improving the quality of the report.

This work is funded by OSISA whose funding contribution to this research report is gratefully acknowledged.

EXECUTIVE SUMMARY

Social protection has significant, positive impacts on poor and vulnerable people. At a global level, social protection is increasingly recognized as a way to address poverty and vulnerability. Thus the Sustainable Development Goals (SDGs) include a dedicated target on social protection. An important social protection modality is social cash transfers (SCTs). These are regular, predictable payments of cash. There is growing recognition that cash transfer programmes (CTPs) can be appropriate, effective, and flexible tools to eradicate poverty and reduce inequality while maintaining dignity and promoting choice and empowerment for vulnerable income groups.

The primary objective of this report is to consolidate existing knowledge of SCT programmes, policy formation dynamics, and lessons for social protection policies globally and within SADC. The secondary objective is to highlight the COVID-19 responses to social protection, both globally and regionally, so as to identify areas where civil society organisations (CSOs), international development agencies (IDAs) and governments can direct efforts to ensure that existing social protection measures can withstand future global shocks, such as COVID-19.

The report notes that there is significant evidence of the positive impacts of SCTs programmes on human, social and economic development. Furthermore, it highlights the increasing attention being paid to issues of service delivery quality, value-for-money, risk management, and accountability within these schemes. These are particularly important when governments seek to scale-up small, successful programmes or reform under-performing large-scale schemes. The COVID-19 pandemic has served as a wake-up call alerting the global community to the urgency of accelerating progress in building social protection systems, including floors. Policymakers in developing countries should seek, to the greatest extent possible, to design emergency crisis responses with a longer-term perspective in mind to strengthen social protection systems and decent work, including by supporting transitions from the informal to the formal economy.

Civil Society Organisations have a critical role to play in advancing the call for comprehensive social protection schemes and more specifically, SCTs. There is need for CSOs to further strengthen and pursue network and coalition building and partnerships within and beyond civil society to develop crisis resilience, defend rights and demand socially just and rights based social protection systems.

CSOs and more specifically SPII should advance the call for universal and unconditional cash transfers. This should be integral to CSOs engagement with governments and International Development Agencies (IDAs) given that there is ample evidence that shows that cash transfers work, that their impact is immediate and that the multiplier effects are significant. Resumption and resuscitation of a Southern Africa Development Community Basic Income Grant (SADC BIG) campaign should form part of SPII and other Coalition partners' core activities and work programmes going forward.

INTRODUCTION

Social protection has significant, positive impacts on poor and vulnerable people. As defined by the UN in 2001, it is "The set of public and private policies and programmes undertaken by societies in response to various contingencies to offset the absence or substantial reduction of income from work; to provide assistance for families with children; as well as to provide people with health care and housing"[1]. At a global level, social protection is increasingly recognized as a way to address poverty and vulnerability. The Sustainable Development Goals (SDGs) include a dedicated target on social protection[2]. Within the African Continent, the AU Social Policy Framework for Africa encourages member states to adopt minimum social protection policies covering the following: essential health care; social insurance; social welfare; employment guarantees; and non-contributory cash transfer schemes for children, informal workers, the unemployed, elder persons, and persons with disabilities. At the Southern Africa Development Community (SADC) level, the SADC Treaty, among other treaties, contains provisions that have an impact on the social protection position of people in SADC. The treaties are legally binding and provide the framework for SADC member states to coordinate, harmonise and rationalise their policies and strategies for sustainable development in all areas of human endeavour[3].

An important social protection modality is social cash transfers (SCTs). These are regular, predictable payments of cash and are the focus of this paper. There is growing recognition that cash transfer programmes (CTPs) can be appropriate, effective, and flexible tools to eradicate poverty and reduce inequality while maintaining dignity and promoting choice and empowerment for vulnerable income groups. In the developed world, in countries such as Germany and the UK, SCTs have been used especially as unemployment benefits. They are also increasingly applied in relation to families with children, with the aim of giving additional incentives to families to invest in the human capital of their children[4]. In many developing countries, SCTs are emerging as an important and key social protection measure in tackling poverty and vulnerability.

Evidence from developing countries - such as in India and Brazil as well as in pilot programmes in Malawi, South Africa, Namibia, and Zambia - have shown that SCTs can help alleviate the worst destitution currently faced by millions of poor people. Furthermore, they can contribute to pro-poor growth by providing an effective risk management tool by supporting human capital development and empowering poor households to lift themselves out of poverty. In rolling out these programmes, however, targeting has been the preferred approach in most instances.

Over the past decades, debates on the desirability and feasibility of universal basic income (UBI) have taken place in many different countries – from Canada to Iran – and in SADC, the Studies in Poverty and Inequality Institute (SPII) has led a campaign for the roll-out of a universal basic income grant and the timing for the call for such a campaign in SADC could not have been more appropriate. This is to a large degree due to the empirical evidence from various countries that cash transfers, and more specifically basic income, are no longer perceived by academics, social activists, and public advocacy groups as a utopian, 'shot in the dark' idea.

The coronavirus (COVID-19) pandemic which has ravaged most SADC countries since March 2020 has triggered an unprecedented socioeconomic crisis, which threatens to roll back years of progress in eradicating poverty and reducing inequality. Most governments in SADC, and Africa in general, were caught ill-prepared to deal with the pandemic's impact on social protection. Existing programmes, if any, are inadequate however, the crisis created by the pandemic can also be an opportunity for governments to implement programmes to prevent vulnerability in times of such global shock. In this case, we argue that CTPs can be critical policy tools that operate on three fronts: i) meeting people's immediate humanitarian needs; ii) providing an individual and household based economic recovery stimulus at a national level; and iii) building a protective safety net against future shocks to national and regional wellbeing.

These CTPs should be universal and where immediate universalism is not possible, progressive realisation based on the notion of widening coverage over time within a state's limited available resources, starting with the most vulnerable, should be considered. This makes the concept of categorised targeting more plausible and attractive. This is because targeting of the poor, although still a popular approach amongst some policymakers, can be a costly approach that often yields unintended benefits[5].

Against this background, the primary objective of this report is to consolidate existing knowledge of SCT programmes, policy formation dynamics, and lessons for social protection policies globally and within SADC. The secondary objective is to highlight the COVID-19 responses to social protection, both globally and regionally, so as to identify areas where civil society organisations (CSOs), international development agencies (IDAs) and governments can direct efforts to ensure that existing social protection measures can withstand future global shocks, such as COVID-19.

The rationale behind undertaking this work is to document learnings from global and regional (SADC) pilots regarding policy making on the Basic Income Grant (BIG) and revisit the potential for civil society influence regarding the BIG, albeit in an environment disrupted by the COVID-19 pandemic. The methodology used in undertaking this work is mainly desktop, secondary data. The secondary analysis allows researchers to investigate research questions using large-scale data sets that are often inclusive of under-represented groups while saving on time and resources. The major weakness of this approach is that it may not answer the researcher's specific research questions or contain specific information that the researcher would like to have.

In the upcoming sections, the report begins by looking at the role and impact of SCTs in general. This is then followed by a review of SCT programmes in select countries globally and, more specifically, in SADC. A look at responses to the COVID-19 pandemic follows, with a focus on efforts by governments, IDAs and CSOs across the globe. Conclusions and recommendations follow thereafter.

SOCIAL PROTECTION AND THE ROLE AND IMPACT OF SOCIAL CASH TRANSFERS

Social protection covers the range of policies and programmes needed to reduce the lifelong consequences of poverty and exclusion. Among some development partners, it is now considered part of the essential package of basic social services that the state ought to provide to its citizens[6]. It is important to note that social protection is a fundamental human right, enshrined in the core United Nations (UN) human rights instruments, such as the International Covenant on Economic, Social and Cultural Rights (ICESCR), and often reinforced and reflected in individual national legislations[7].

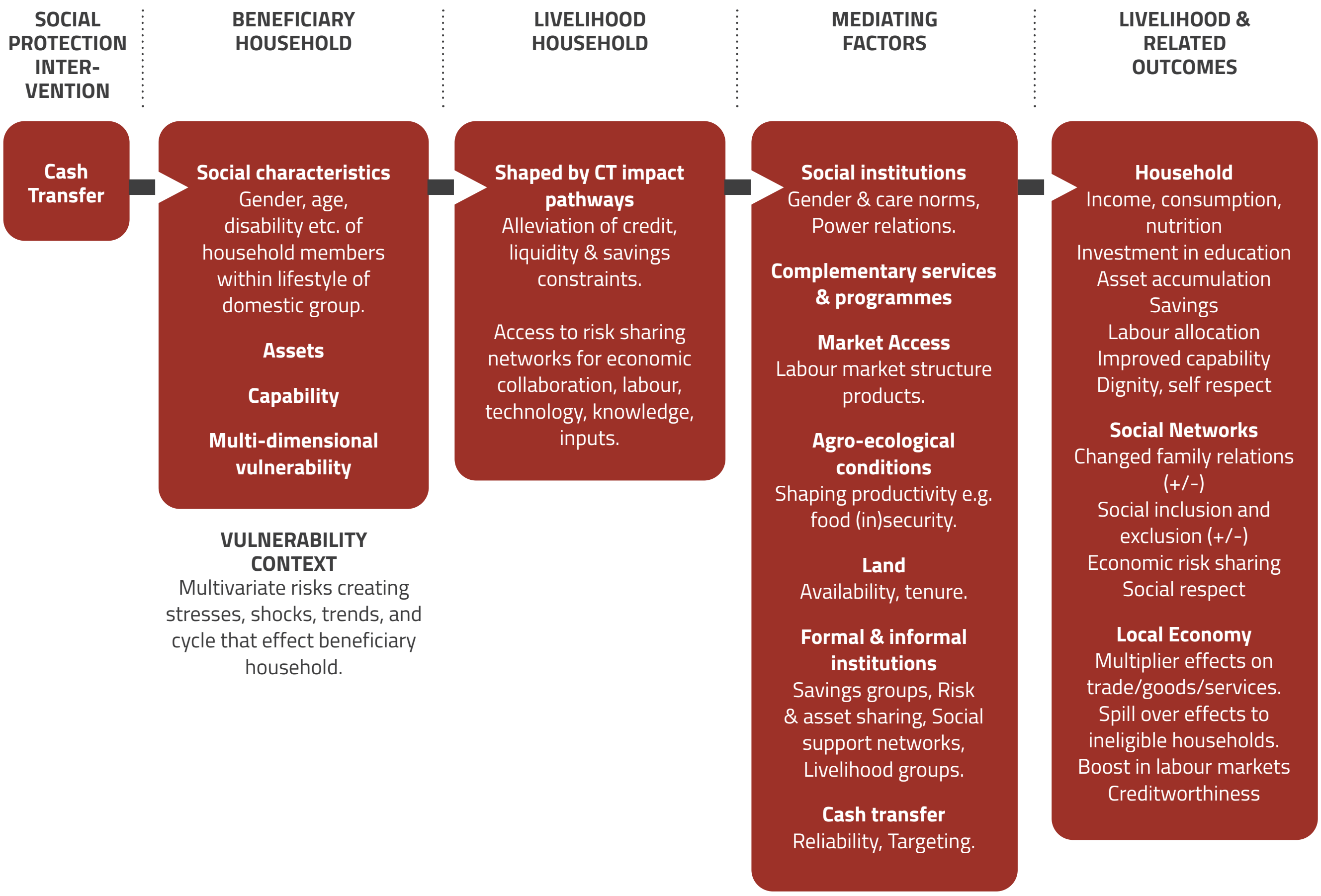
Over the past ten years, SCTs have spread in middle-income countries and pilot programmes have been carried out in a number of low-income countries. Evidence from Brazil, India, Namibia, Malawi, Zambia, and South Africa attests to the positive impacts of these SCT programmes on human, social and economic development[8]. Most programmes have been conditional cash transfers (CCTs) and targeted towards specific vulnerable groups. Unconditional cash transfer (UCCTs) programmes, however, have gained traction in recent years, being adopted in 40 countries in 2015, which is near twice the figure in 2010[9]. CCTs require beneficiaries to comply with specific conditions to be eligible for the transfer. These are often related to school attendance or health care. UCCTs do not require any specific actions to be undertaken by targeted beneficiaries. The debate around CCTs and UCCTs has been ongoing. Proponents of CCTs argue that they contribute to poverty reduction and human capital development of poor individuals, households, and communities while critics and some observers maintain the actual impact of CCTs on human capital development and poverty reduction remains debatable[10]. Some issues of contention on the desirability of conditions include:

- "Is it just to impose conditions upon vulnerable people, especially when the right to social protection is enshrined in international conventions such as the Universal Declaration on Human Rights (article 22)?
- Who carries the burden of complying with conditions? This goes both for the beneficiaries as well as for the implementing parties.
- Does the absence of conditions really lead to dependency and complacency in the intended recipients?
- What are the gendered impacts of conditions? Evidence from Latin America suggests conditions might make the life of female heads of households more difficult."

From a human rights perspective, we argue for UCCTs as evidence has shown that SCTs reduce poverty and hunger, stimulate the production of essential products and services for the poor, stimulate school attendance and promote gender empowerment and social fairness. Moreover, SCTs turn out to be efficient tools in reducing the drastic income inequalities which plague a great number of developing countries. The ability of SCTs to boost micro- and meso-level growth has been observed in numerous studies across the African continent. The existence of local multiplier effects has been confirmed in several countries in the region, including in Ghana, Lesotho, and Ethiopia. These multiplier effects were estimated between 1.3 and 2.5, meaning that every dollar spent on SCTs translates into an increase of total community income by more than a dollar[11]. It is important to note, however, that the effectiveness of these programmes depends on whether sufficient budgetary resources are put into these programmes[12]. Despite the positives, UCCTs are not without controversy and have been unpopular with politicians and bureaucrats, who view them as unsustainable and promote dependency. Figure 1 summarises the role of SCTs and the key highlights emanating from this include the following:

- Beneficiaries of SCTs are selected based on level of vulnerability, gender, age, assets, and capabilities, among other criteria.
- SCTs impact beneficiaries in several ways including alleviation of credit, liquidity, and savings constraints, as well as access to risk sharing networks and inputs, among other benefits.
- The success of SCTs is strengthened by strong social, formal, and informal institutions, complementary services and programmes, as well as availability and access to land and labour.
- Impact of SCTs include household income certainty, investment education, asset accumulation, dignity, and respect among others.

FIGURE 1:
ROLE OF SOCIAL CASH TRANSFER[13]



Source: Adapted from Fisher et al (2017)

By providing predictable, direct transfers, the programmes protect vulnerable individuals and households from the worst impacts of poverty and help them build resilience. The Namibian Basic Income Grant pilot project (NamBIG) gives credence to this[14]. To date, the success of cash transfers has contributed to a trend towards wider adoption of social protection policies as more countries globally and, more specifically, in SADC expand their social protection programmes. SADC can now showcase rigorous, timely evidence demonstrating the impact of these transfers on the well-being of children, families, and communities. The evidence points to positive impacts in areas such as school enrolment, health, food security, and agricultural investment[15].

In 2015, SPII undertook an econometric analysis of the impact of a universal social cash transfer on poverty and inequality commonly referred to as a Basic Income Grant (BIG). A BIG was proposed for all citizens and permanent residents of SADC member states. In the analysis, a monthly value of US$ 15 considering purchasing power parity (PPP) across countries was proposed as relatively sufficient for the introduction of a universal SADC BIG. On an individual basis, this amounted to 50% of the US$ 1 per day extreme poverty line. However, when observed from a household perspective, and assuming that BIG is used as part of a combined income, a household of four will have a total income of US$ 2 per day. Using this assumption and looking at data from the 2014 World Bank Development Indicators, approximately 32.4 million households (129.6 million people) from 9 of the 15 member states could be taken out of destitution or vulnerability by a SADC BIG[16]. The following, Table 1, is a summary of the select findings from the SPII econometric analysis.

TABLE 1:

COMPARATIVE ANALYSIS OF THE EFFECT OF A US$ 15 (PPP) SADC BIG ON HOUSEHOLDS FOR SELECT COUNTRIES (2015)

Country	Population 2012 (millions)	Population living below US$ 1.25 (PPP)/day (%)	Number of households taken out of destitution
Angola	20.82	54.3	2 826 315
Democratic Republic of Congo	76.99	59.20	11 394 668
Lesotho	1.91	47.59	222 766
Madagascar	22.97	67.80	3 893 415
Mozambique	22.91	60.00	3 436 050
South Africa	51.81	17.40	2 253 779
Tanzania	48.09	67.90	8 162 599

Source: Fundira (2015)

The SPII study emphasised that cash transfers work and their impact is immediate. Results indicate that the BIG has a high growth effect on poverty reduction for the lower-income groups. Analysing changes in poverty incidence (headcount) and depth (poverty gap) reveal that in all instances, the poor benefited from both growth and redistribution effects[17]. The BIG is likely to promote economic growth through a few important transmission mechanisms, including[18]:

- The **labour market:** increased labour supply and demand raise employment levels and support economic growth.
- **Social capital:** maintaining proper nutrition and providing education raises the productivity of labour and capital and fuels economic growth and job creation.
- The **macro-economy:** increased aggregate demand levels. These changes in the composition of demand promote higher rates of growth and employment.

Growth has two effects on the fiscal impact of the BIG. First, it raises overall national income, and thus supports the capacity of the economy to support fiscal expenditure. Second, by concentrating growth on lower-income individuals, recipients of the BIG gradually move to income levels in which their net transfer is reduced. This lowers the overall net cost of BIG transfers over time.

A look at Africa reveals that existing SCT programmes have either been implemented by governments alone (e.g., South Africa, Botswana) or governments partnering with international development partners (as in most SADC states), with the latter accounting for the bulk of programmes. Lack of financial resources has commonly been cited as grounds for governments not implementing programmes alone. In each country, the expansion of cash transfers has followed a unique course through a process of collaboration and cooperation between governments, civil society, and international development partners. Table 2 highlights select African countries implementing SCT programmes including coverage and eligibility requirements. Note that the list is not exhaustive but highlights some of the most popular and recent programmes being implemented.

TABLE 2:

EXAMPLES OF AFRICAN COUNTRIES WITH SOCIAL CASH TRANSFERS PROGRAMMES IN 2020[19]

Country	SCT programme	Coverage
South Africa	i) Child Support Grant (CSG) ii) Old Age Pension Grant (OAPG) iii) Foster Child Grant (FCG) iv) War Veterans Grant (WVG) v) Disability Grant (DG)	18 million people **Eligibility:** **CSG -** Unconditional cash transfers to children living in households below a poverty threshold (12.5 million). **OAPG –** Persons over the age of 60. **FCG -** Foster parents of children under the age of 18. **WVG –** Veterans who fought in the Second World War (1939–1945) or the Korean War (1950–1953). **DG -** People with disabilities above the age of 18.
Zambia	i) Zambia Social Cash Transfer (SCT) Programme	155 000 households **Eligibility:** Households with a child under five years old in three poorest districts (Child Grant Programme) and poor female- and elderly-headed households with a disabled dependent (Multi Category Transfer Grant).
Tanzania	i) Productive Social Safety Net (PSSN)	1.1 million or 10.5% of the population **Eligibility:** Provides cash transfers to poor and vulnerable households conditional on their use of health and education services along with opportunities to earn additional income through public works programmes.
Malawi	i) Social Cash Transfer Programme (SCTP)	1.1 million or 7% of the population **Eligibility:** An unconditional transfer targeted to rural ultra-poor and labour-constrained households.

Namibia	Universal State Old Age Pension (OAP) Disability Grant (DG) Child Grant (CG)	**Eligibility:** **OAP –** For persons 60 years and above who are citizens or permanent residents of Namibia. **DG –** People with disabilities above the age of 18. **CG –** There are four main types of child grant provided through means testing: i) The Child Maintenance Grant (CMG) - payable to parents of children up to the age of 18; ii) The Foster Parent Grant (FPG) - cash transfer assigned to foster parent(s) of a child; iii) The Special Maintenance Grant (SMG) - paid to parents of children with disabilities under the age of 16 years; and iv) A Place of Safety Allowance.
Ethiopia	i) Productive Safety Net Programme (PSNP) ii) Tigray Social Cash Transfer Pilot Programme (SCTPP); iii) Integrated Basic Social Services with Social Cash Transfer (IN-SCT)	**Eligibility:** **PSNP -** safety net transfers for food-insecure households in rural areas, which are focused on the delivery of predictable and timely transfers (both regular transfers to core clients and transfers to households in response to shocks). **SCTPP –** Pilot introduced in Tigray and offered to orphans and vulnerable children, the elderly and persons with disabilities. (3 800 households) **IN-SCT –** links Temporary Direct Support (TDS) clients of the PSNP to essential Maternal and Child Health services as a co-responsibility (or soft condition) of receiving the monthly PSNP cash transfer. TDS clients are pregnant and lactating women, as well as caretakers of malnourished children, who are part of the PSNP Public Works component. but a transition to the Permanent Direct Support (PDS) component of the PSNP. (5 000 households or 15 000 beneficiaries)
Ghana	i) Livelihood Empowerment Against Poverty (LEAP)	150 000 households. **Eligibility:** **LEAP -** provides cash and health insurance to extremely poor households.
Kenya	i) Cash Transfer for Orphans and Vulnerable Children (CT-OVC)	250 000 households (est. 2015) **Eligibility:** **CT OVC –** provides regular cash transfers to ultra-poor households living with orphans and vulnerable children.
Lesotho	i) Child Grants Programme (CGP) ii) Old Age Pension (OAP)	**Eligibility:** **CGP -** provides an unconditional cash transfer to poor and vulnerable households. (25 000 households) **OAP –** All citizens of Lesotho over 70 years of age are entitled to a monthly pension benefit. (83 000 or 4.5% population)
Zimbabwe	i) National Harmonized Social Cash Transfer programme (HSCT)	55 000 households **Eligibility:** Unconditional cash transfer programme targeted to ultra-poor households who are labour constrained.

The table above highlights the extent to which SCTs have become an integral component of social protection programmes in Sub-Saharan Africa (SSA). Virtually every country in SSA has a cash transfer programme. These programmes are increasingly recognised as key to fighting poverty and hunger. Designed to reflect regional characteristics, they emphasize strong community participation and focus on economically and socially marginalized populations - including children, the elderly, families without earning power and people living with disabilities.
It is important to note, however, that cash transfers can be more effective if paired with complementary interventions (cash-plus) which link to critical services such as access to health, nutrition, education, and other social welfare services. This is supported by evidence from programmes such as Ghana's LEAP Programme, and Ethiopia's IN-SCT programmes already highlighted in the table above.

Despite commitments by most African countries to provide social protection, challenges in delivering effective programmes still exist. They include:

- Inadequate funding for social protection programming;
- Low coverage and fragmentation of interventions;
- Weak coordination across different levels of government and implementing agencies; and
- Limited monitoring and evaluation capability.

Also, the absence of an indexing mechanism to account for inflation means the impact of cash transfers on poverty reduction is diluted over time. In the sections to follow, we profile some social cash transfer programmes around the world and how they have impacted communities.

CASE STUDY REVIEW OF IMPACT OF SOCIAL CASH TRANSFERS – SELECT COUNTRIES.

This section provides an overview of countries that have implemented SCTs as part of their social protection programmes. The aim is to highlight their impact and/or implications on poverty and inequality. Examples have been selected from both developed and developing countries to highlight the differences in coverage, purpose and impact of the SCTs. Below is a review of programmes in Brazil, Germany, and Spain followed by programmes in SADC countries, specifically South Africa, Namibia and Zambia. It is important to note that each country has been selected due to the following:

- Brazil's Bolsa Familia Programme highlights the importance of having strong political will and government commitment to implementation;
- Germany's pilot programme highlights the popularity of a UBI as an effective measure to guarantee income security;
- Spain's basic income programme highlights the importance of having tailor made programmes that are unique and address a specific country's needs within the available resources;
- South Africa's SCT programmes are well known and highlight the importance of having social protection as a right, enshrined in the constitution;
- Namibia's programmes, like South Africa, have been advocating for a UBI and the evaluation of its pilot project provides interesting insights; and
- Zambia highlights how the impact of SCT programmes initially driven by IDAs can influence government policy to take over and become the dominant player.

GLOBAL PROGRAMMES

Brazil

Bolsa Familia (BFP) is Brazil's flagship safety-net programme which came to life in 2003 following the Brazilian government's decision to merge several social programmes into one conditional cash transfer programme. Through the BFP, qualifying families receive a small monthly cash transfer distributed directly to the female head of each household in exchange for keeping children in school and taking them for regular health checks[20]. At the end of December 2018, the BFP had about 46.9 million beneficiaries, most of whom are children living in the bottom income quintile.

About a third live in rural areas and more than half in the Northeast Region, which exhibits the nation's highest poverty rates. Women represent about 88.8% of direct cash transfer recipients since transfer payments are made directly to the mother of beneficiary children whenever possible. The transfer represents about 13% of the average income of beneficiary families[21].

The success of the BFP has been well publicised. Available statistics from the World Bank, shows that the BFP and the Social Pensions (Benefício de Prestação Continuada) were responsible for a 58% decline in extreme poverty, a 30% decline in poverty, and a 41% fall in inequality during the period 2004 and 2014[22].

World Bank data reveals that in the first decade since BFP was introduced, the percentage of Brazilians living in extreme poverty had halved, from 9.7% to 4.3%. Income inequality had also been reduced by 15%[23]. To date, the scheme has incentivised parents to invest in their children's future by making health check-ups and regular schooling a requisite for receiving direct cash transfers. Children are 10% more likely to attend school if their parents receive BFP cheques, and expectant mothers are 25% more likely to get health checks[24].

In October 2020, as part of an international effort to mitigate the negative economic effects related to the COVID-19 pandemic, the World Bank Board of Directors approved a US$ 1 billion "Brazil: Income Support for the Poor affected by COVID-19" project. The programme will support the scaling-up of the conditional cash transfer programme Bolsa Família. The project will finance the Bolsa Familia expansion to extend protection for at least 1.2 million poor families that will be in continued need of support after the end of the emergency cash transfer. Women make up 90 percent of the direct recipients. This expansion will benefit at least 3 million individuals, among them 990,000 children and youth and 7,000 indigenous people[25].

Despite the success stories of the BFP, critics have challenged its efficiency, its impact on inequality, and whether it is in the long-term interests of Brazil. Maria Ozaniro da Silva, an expert on the BFP notes that the BFP is a new way of maintaining the unequal status quo[26]. There are also concerns around the use of the BFP as a tool for regional politicians to wield patronage because it is local government officials who register people for payments. Poverty reduction according to da Silva has been reduced this far because of economic growth and the introduction of a minimum wage. Other academics say universal pension schemes are bigger, fairer, and more effective than BFP, which millions miss out on because they cannot manage the complex bureaucracy, or they fail to meet the conditions. These problems show BFP, like any welfare system, is not perfect. Nor is it the be-all and end-all of poverty relief in Brazil, where there are several other programmes geared towards similar objectives[27].

Germany

Germany has one of the most comprehensive welfare systems. The tradition of the state welfare system goes back to industrialisation in the second half of the 19th century and is associated with the then Reich Chancellor Otto von Bismarck. As in other developed countries, social spending in Germany represents the largest individual item of public spending. Around € 996 billion was committed to public social spending in 2018, equating to 25.1% of gross domestic product (GDP)[28].

Germany has a comprehensive and well-developed social protection that covers all citizens against the consequences of life risks and threats. Moreover, the social network encompasses a basic income for pensioners and those permanently unable to work, as well as providing fiscal benefits such as the family allowance system (child benefit, tax advantages). Currently, families receive € 204 monthly for the first and second child, € 210 for the third, and € 235 for additional children.

In early 2020, the Federal cabinet resolved to introduce a basic pension. Anyone who has contributed towards the pension insurance scheme for at least 33 years and has been a low-income earner will in future, according to the plan, receive a bonus. The scheme is scheduled for implementation as of 1 January 2021 and will benefit about 1.3 million persons, many of them women[29].

Advocates of a UBI have been lobbying for the introduction of a UBI in Germany and in 2020 the Germany Basic Income Pilot Project funded by private players was introduced. Box 1 summarises this project.

Box 1: The Germany Basic Income Pilot Project[30]

The Basic Income Pilot Project, started in August 2020, is intended to spark empirically grounded debate and set new standards through the implementation of randomized control trials in the field of basic income. It is a joint project of the German Institute for Economic Research (DIW Berlin) and the Mein Grundeinkommen association and is being carried out in cooperation with researchers at the University of Cologne and the Max Planck Institute for Research on Collective Goods. The study is financed by around 140,000 private donors and it will be the first long-term study on unconditional basic income in Germany.

The Basic Income Pilot Project consists of three studies with different structures and compares the impact it has on the recipients and the costs to the public. At the end of the three studies, conclusions will be drawn as to whether basic income produces any effects and whether these effects are caused by the additional money or by increased psychological security.

Anyone who is 18 years or older and resident in Germany can apply. A total of 1,500 participants are selected, 120 of whom receive 1,200 euros per month as an unconditional basic income, the remaining 1,380 are placed in the comparison group. The study will run for 3 years, during which time the participants will fill in 7 online questionnaires.

Payment will start in spring 2021. During the 3 years, the participants receive an online questionnaire every 6 months, which takes about 25 minutes to complete.

Spain[31]

According to the Spanish Constitution of 1978, "the public authorities shall maintain a public social security system for all citizens, guaranteeing sufficient support and social benefits in situations of need, especially in the event of unemployment, and that the support and additional benefits shall be free." The welfare system in Spain provides protection to Spanish nationals who reside in Spain, and non-Spanish citizens who are residing or staying legally in Spain provided that in both cases they are carrying out their activities on Spanish national territory.

In contrast to most European countries, Spain does not have a national social assistance benefit or programme aimed at poverty reduction. Instead, this is the responsibility of regional governments, leading to decentralised, unequal, and highly heterogeneous programmes. To address this, the Spanish government in 2020, launched a national 'Basic Income Scheme' ('Ingreso Minimo Vital'), for extremely poor households and vulnerable groups. It is not universal but means-tested and is expected to reach approximately 2.5 million people, who will receive between €462 and €1,015 per month per household depending on the number of household members. Total household income and wealth determines whether a household receives the benefit, and applicants should be between 23 and 65 years of age and have legal residence in Spain of at least one year. There is also an eligibility condition of being registered as a job seeker in the Employment Services database and being willing to follow an activation programme. Excluded youths include those below the age of 23 and living alone, while the requirements for eligibility of migrants are relatively stringent. The programme is expected to cost € 3 billion[32].

The new basic income will have the same requirements throughout Spain. However, it is not clear whether this will complement or replace the existing programmes. Parallel systems may result in spending inefficiencies given that the poverty targeted regional benefits are not considered for the basic income application. As the COVID-19 emergency has caused much hardship, the recently adopted basic income is seen as an opportunity to reform a social protection system that was traditionally not pro-poor.

SELECT SADC COUNTRY PROGRAMMES

SADC's population was estimated at about 365 million in 2020[33]. Poverty remains one of the greatest challenges in the SADC region, with nearly 88 million people living in extreme poverty. Southern Africa accounts for 9% of extreme poverty globally, even though it only accounts for about 2.5% of the world population[34]. SCTs have increasingly become popular, with most, if not all, SADC states having one or more SCT programmes. Also important is that there is now a body of operational experience from which several lessons can be drawn both in SADC and the African continent. These include among others[35]:

- All the cash transfer programmes are targeted to a specific poor or vulnerable group, most often using categorical and community-based targeting.
- There are trade-offs and benefits to providing either cash or non-cash (or near-cash) substitutes like food and food vouchers depending on the programme's objectives, market competitiveness, food availability, cost-effectiveness of the transfers, and consumer preferences.
- Paying transfers in cash has created opportunities for innovation that were not previously possible with in-kind transfers, such as using banking systems and cell phones.
- Strong, transparent systems with robust accountability measures are critical for retaining broad-based support for the safety net.
- Monitoring and evaluation plays an important role in all-cash transfer programmes. Evidence on the impacts of cash transfers on a range of outcomes has made a strong case for continued investments in these programmes.

In the following sections, we review social cash transfer programmes for South Africa, Namibia, and Zambia.

South Africa

In South Africa, the term "social assistance grants" refers to non-contributory and means-tested benefits provided by the state to vulnerable groups such as the disabled, the elderly and children in poor households. Benefits are financed out of general tax revenues and hence there is no link between contributions and benefits[36]. Section 27(1)(c) of the South African Constitution guarantees to everybody the right to social security, or to those who cannot afford to provide for themselves or their dependents, the right to social assistance or social grants. Cash transfers or cash grants currently cost about 3.5% of GDP annually[37].

The major grant types in South Africa consist of the State Old Age Pension (for income-eligible persons over the age of 60), the Disability Grant (for income-eligible prime-age adults that are temporarily or permanently unable to work because of poor health or disability), Care Dependency Grant (CDG), the Child Support Grant (for children under the age of 18 that are residing with low-income caregivers) and the Foster Care Grant (for children that have been placed with a foster parent by order of the court). Table 3 below summarises the different types of grant amounts and coverage for the 2020/2021 financial year.

TABLE 3:

SUMMARY OF SOCIAL GRANTS IN SOUTH AFRICA (2020)

Grant	Amount (ZAR/month)	Coverage (2020 population estimates)
Child Support Grant (CSG)	4 45	12 500 000
Foster Child Grant (FCG)	1 040	430 000
Disability Grant	1 860	1 100 000
Care Dependency Grant	1 860	145 000
War Veterans Grant	1 880	180
Old Age pension Grant	1 860	4 000 000
TOTAL ESTIMATE	**15,765,738,400**	**18,175,180**

Source: National Treasury 2020/2021 budget speech[38]

Roughly 30% (18 million) of the national population receive a social grant. The child support grant (CSG), introduced in 1998, reaches about 12.5 million people, while the old age grant, which applies to poor people over 60 years of age, reaches around 4 million people. According to household survey data, social grants make up over 60 percent of the income of the poorest 20% of recipient households, with child grants being the largest contributor[39].

The expansion of grants in the post-apartheid period has made an impact on overall household poverty levels, and the child grant has had a demonstrable effect on children's health and welfare[40]. Children who were enrolled in the CSG at birth completed significantly more grades of schooling and achieved higher scores on a math test than children who were enrolled at the age of six. These effects were particularly significant for girls. For children, whose mothers had less than eight grades of schooling, the impact was even greater. Enrolment in the CSG reduced the likelihood of illness among children by 9 percentage points. The main effects on adolescents were reduced sexual activity and teen pregnancies as well as less drug and alcohol use[41].

The advent of COVID-19 saw South Africa announce a 500 billion Rand relief package in response to the COVID-19 pandemic. The package included top-ups for existing cash transfer recipients and the introduction of an emergency 'Coronavirus grant' of R350 per month. The emergency grant is available to unemployed individuals who are not eligible for the contributory Unemployment Insurance Fund and informal workers who are unable to work during the lockdown. Initially set as a relief for 6 months up to October 2020, the grant was extended up to the end of January 2021. Beneficiaries who are unemployed and aged between 18 and 59 are eligible. The introduction of this emergency grant marked an expansion of South Africa's social protection programme to include the previously excluded and was considered a step in the right direction in the progressive realisation of social protection as enshrined in Section 27(4) of the constitution. Below is a table summarising the top-up for existing grants and related conditions. The top-ups were set to finish at the end of October 2020, however, according to an August 2020 government gazette, temporary disability grants which lapsed in July or were due to lapse during August to October, were extended to 31 December 2020. Care dependency grants, which were extended to October 2020, were also extended to 31 December 2020[42].

TABLE 4:
SUMMARY OF COVID-19 CASH TRANSFER TOP UPS

Grant type	Normal amount (Rands)	Top-up (Rands)
Child Support Grant (CSG)	4 45	500
Foster Child Grant (FCG)	1 040	250
Disability Grant	1 860	250
Care Dependency Grant	1 860	250
War Veterans Grant	1 880	250
Old Age pension Grant	1 860	250

Source: SASSA (2020)

Zambia

"Zambia was one of the first countries to try social cash transfers (SCTs). This was a novelty in a country where other forms of support were erratic and irregular[43]." Zambia's SCT programme provides a bi-monthly unconditional transfer to ultra-poor households paid out to the household head to reduce vulnerability, inequality, and the intergenerational transfer of poverty. Since 2003, Zambia's SCT programme has undergone a significant transformation with each stage. There have been three main phases in the development and promotion of SCTs in Zambia to date[44]:

i) The first involved the introduction by the German Development Agency (GTZ) of a pilot cash transfer scheme in 2003, followed by a concerted effort by donors to form a broader constituency in support of social protection. In 2010, a scaled-up SCT programme, which comprised five pilots with limited connections among them, was agreed upon. The design followed the ultra-poor approach (also known as the 10 per cent inclusive model or IM) since it aimed to provide for the poorest 10 percent of the population of the districts served. The districts in which pilots were implemented were chosen based on political considerations, the interest of donors and the imperative of experimenting in different contexts.

ii) The second phase involved donors building the capacity of the government to implement SCTs, alongside continued lobbying and advocacy efforts. During this phase, the programme had two different streams, each with different characteristics. One of them, called the Child Grant (CG), specifically aimed to benefit poor households with children, whereas the Multiple Category Transfer Grant (MCTG) targeted other forms of vulnerability such as households that are labour constrained, with smaller families and/or older household heads.

iii) Finally, the current phase began in 2013 with the announcement of a 700 per cent increase for SCTs in the national budget, from a base of Zambian Kwacha (ZMW) 17.4 million to ZMW 150 million. The programme merged the two SCT programmes and is known as harmonised targeting because it has established a single selection criterion (households with high dependency ratios) intending to reach different sorts of vulnerable households.

Since 2014, the SCT has expanded its coverage by targeting extremely poor households considered labour-constrained due to not having any members who are fit to work, or by having dependency ratios equal to or greater than three (dependent members include those younger than 19, those older than 64 and those aged 19–64 with a chronic illness or disability). The current model is set to gradually cover all districts of Zambia, starting with the poorest ones (with the highest poverty ratios) according to the 2010 Living Conditions Monitoring Survey[45].

It is important to note that the third phase reversed the balance of government and donor contributions and enabled further expansion to 50 districts by the end of 2014. A progressive increase of the SCT budget allocation was confirmed in 2015 and the programme at the time was expected to reach 78 districts (239 000 households) in 2016. This was after the allocated budget was increased by two-thirds, from ZMW 180 million to just over ZMW 300 million in 2015/2016 financial year[46].

The expansion of the SCT programme in Zambia is partly attributed to, firstly, advocacy and lobbying efforts of international development agencies and local consultants in 2010, who started making concerted efforts to build a stronger evidence base in support of SCTs. For example, an evaluation of the MCTG in 2014 showed that cash transfers reduced poverty (headcount reduced by 4%) and the distribution of poverty, resulting in fewer households at the very poorest levels (the poverty gap and the squared-poverty gap reduced by 8% and 7%, respectively)[47]. These impact studies enabled the Ministry of Community Development to refute the belief that people would work less and offer clear evidence that the transfers could reduce poverty and contribute to the economy. Secondly, it can be attributed to political will. In 2013, the new administration wanted to make good on its presidential campaign promises of expanding social protection and reducing poverty in Zambia. Therefore, political influence was crucial to secure scarce resources for social cash transfers and the power to negotiate trade-offs and defend the framework's priority[48].

Namibia

Namibia's social protection system, to a greater extent, mirrors that of South Africa given that, prior to 1990, it was a South African protectorate. Social assistance programmes consist predominantly of cash or in-kind transfers and non-contributory pensions that target households with children in poverty, the elderly and people with disabilities. Social assistance in Namibia includes several child grants, disability and old age grants, veterans' allowances as well as a range of support programmes for veterans. It also consists of food banks, school feeding, drought relief and funeral benefits, as well as social housing.

These programmes are implemented by multiple ministries and agencies. Public sector workers enjoy comprehensive social insurance provision but there are major gaps in coverage for other workers in the absence of a statutory pension arrangement and medical aid scheme (health insurance). The para-public Social Security Commission (SSC) covers the private sector against work-related accidents and illnesses as well as maternity, sick leave, and death. Unemployment insurance does not exist. The country has a population of about 2 million people with an active labour force of about 1 million people of which 75% are employed and 25% are unemployed[49].

Table 5 below summarises the different cash grants available in Namibia.

TABLE 5:
SUMMARY OF SOCIAL GRANTS IN NAMIBIA (2019/2020)

Grant type	Beneficiary	Value in Namibian dollars (N$)
Child Support Grant (CSG) i. Vulnerable Child Grant (VCG) ii. Foster Care Grant (FCG) iii. Maintenance Grant (MG) iv. Special Maintenance Grant (SMG)	**VCG -** means tested and payable to parents with children up to age 16. **FCG -** assigned foster parent(s) of an orphaned child. **MG -** assistance to parents with at least one child under the age of 18 who have an income of less than N$ 1000 per month, are unemployed, are an old age pension recipient, are disabled, or have incarcerated parents or spouses. **SMG -** paid to parents of children with disabilities under the age of 16 years.	350
Disability Grant	Paid to people with disabilities between 16 and 59 years of age; after the age of 60, disability grant recipients receive the old age grant.	1300
Old Age Grant	Monthly assistance for all residents aged 60 and above.	1300
War Veterans Subvention	Support packages entitled to Veterans of Namibia's liberation.	2250

Source: Schade, et al (2019)

There has been a strong increase in coverage across the social assistance system which may be attributed to the positive impact of SCTs on poverty. To date, the combined number of beneficiaries for child grants has overtaken coverage of old age and disability grants, a trend also seen in South Africa's SCT. The number of child grant beneficiaries increased from 4 000 in 2001/2002 to 344 055 at the end of 2017. Meanwhile, the combined number of beneficiaries of the old age and disability grants more than doubled over the same period, from 91 608 in 2000/01 to 204 621 in 2016/2017 and 211 447 in 2017/2018. Demand for these programmes is expected evolve as the population ages and identification of disabilities improves[50]. A separate study undertaken by SPII goes into detail on the social protection policy in Namibia including the evaluation of the Namibia Basic Income Grant Pilot project.

COVID -19 AND EMERGING SOCIAL PROTECTION RESPONSES ACROSS THE GLOBE

The COVID-19 pandemic has exposed serious gaps in social protection systems around the world, particularly for some categories of workers, such as part-time workers, temporary workers and self-employed workers, many of them in the informal economy. More than 4 billion people (55 percent of the world's population) are not covered by social insurance or social assistance. Globally, only 20 percent of unemployed people are covered by unemployment benefits, and in some regions the coverage is much lower.

It is important to note that the COVID-19 crisis is not only a health crisis. It is also an education crisis, an employment and economic crisis, and a crisis of hunger, poverty, and inequality. In some countries, it is also a crisis of governance and political stability. In addition to the tragic loss of human life, the pandemic is likely to increase poverty and inequality, with particularly adverse effects for older persons, persons with disabilities and chronic diseases, migrant workers, and forcibly displaced people[52].

According to the World Bank, across East Asia and the Pacific, poverty reduction efforts will reach 24 million fewer people in 2020. In their latest report, the Economic Commission for Africa (ECA) estimates that "Africa may lose half of its GDP" with food and drug shortages, capital flight, slowdown in investments, and record levels of unemployment: all this before COVID-19 spreads across the continent. With GDP per capita reductions directly linked to dramatic increases in infant mortality (especially for girls), the poorest and most vulnerable are likely to be hit the hardest[53]. In the following subsections, we highlight some of the responses that governments, international development agencies (IDAs) and civil society are undertaking.

Governments

Many countries across the globe have implemented national social protection policy responses to the crisis, which have addressed a broad range of areas. These include, but are not limited to:

- The extension of sickness benefits financed from general taxation to workers who would not otherwise be entitled;
- Use of existing unemployment protection schemes to support enterprises in retaining workers through short-term work schemes;
- Provision of unemployment benefits to laid-off workers, including those who would otherwise not be eligible for unemployment insurance; and
- Provision of income support to families as well as the provision of in-kind benefits, such as food items or meals.

By April 2020, 108 countries and territories announced at least 548 social protection measures to lessen the devastating impact of lost jobs and livelihoods. Around one fifth (19.3 percent) are related to special social allowances and grants, closely followed by measures relating to unemployment protection (15.7 per cent), health (9.5 per cent) and the allocation of food (9.1 per cent). More than two-thirds of countries in Europe and Central Asia, more than half of countries in the Americas and almost half of countries in Asia have implemented social protection measures in response to the pandemic. In Africa more than one third of countries and about one third of Arab States have already done so [54]. Table 6 summarises some of the responses by governments.

TABLE 6:

GLOBAL SOCIAL PROTECTION RESPONSES TO COVID-19 PANDEMIC AS AT, 17 APRIL 2020

Grant type	Total	Social insurance programmes	Social assistance programmes	Labour market programmes
Number of programmes/ countries	564 programmes 133 countries 622 million beneficiaries.	134 programmes. 56% are paid sick leave and unemployment benefits.	352 programmes. 193 are cash transfers or social pensions.	78 programmes. 60% are wage subsidies.
Geographical patterns	102 countries in Europe and Central Asia, 26 in SSA. 68% of responses in middle-income countries (esp. upper MIC).	Sick leave in Algeria, El Salvador, Finland, and Lebanon. Unemployment benefits in Romania, Russia, and South Africa. Deferring or subsidising social contributions in Montenegro, Germany, and the Netherlands.	102 in Europe and Central Asia. Most generous benefits in North America, Europe and Central Asia. Almost double that of Latin America & Caribbean.	Jamaica, Kosovo, Malaysia, and Thailand. Activation measures (worker training) planned in Bosnia and Herzegovina, China, and Romania.

Highlights			34% of all responses are cash transfers, representing 36% of monthly GDP per capita in low-income countries to 18% in upper MIC. Some countries introduced once-off universal cash transfers e.g. Japan, Namibia, Serbia, Hong Kong, Singapore. South Africa introduced a 6-month emergency cash transfer for the unemployed. Spain opted for a permanent basic income, which will remain after the current emergency.	
83 countries are providing child-sensitive programmes addressing the socioeconomic impacts of COVID-19 on children and their families. 15 countries are providing coverage to informal workers through cash transfers, including in urban areas.				

Source: Taken from Tirivayi, et al (2020)

International Development Agencies

The global scale of the COVID-19 crisis presents an unprecedented challenge for international development agencies (IDAs), which are facing tough decisions about how to reprioritise aid budgets and respond to the crisis across all partner countries simultaneously.

What is clear from the crisis is that it is no longer business-as-usual for IDAs responding to the dual health and economic emergencies that COVID-19 is bringing to developing countries any more than it is on IDAs' home turf. Critical to the success of any interventions that respond to the pandemic is getting the money out to where it is immediately needed using all available instruments. This requires international coordination, cooperation, and complementarity amongst all stakeholders.

In the weeks following the onset of the crisis, G20 finance ministers and central banks, in collaboration with the IMF and World Bank, considered several actions in response to the COVID-19 crisis which included the possibility of debt moratorium as well as the creation of emergency facilities and additional global liquidity. Official development agency managers have used existing tools where possible to respond quickly to the needs of their partners. Some of the common responses to date include[55]:

- Channelling additional funding through the World Health Organization (WHO);
- Releasing funds as budget support;
- Adding targeted cash transfers programmes to some of its COVID-19 responses;
- Working with others to utilise best channels for rapid responses;
- Coordinating in-country through international financial institutions and the European Union; and
- Reorienting projects to address COVID-19 and the corresponding economic crisis.

Table 7 below summarises some of the responses by different IDAs.

TABLE 7:

SUMMARY OF COVID-19 RESPONSES BY INTERNATIONAL DEVELOPMENT AGENCIES[56]

Institution	Responses and Initiatives
African Development Bank	In April, the bank launched a US$ 10 billion COVID-19 rapid response facility. It is described as a "stimulus" meant to ensure governments have access to the resources they need to pay debt, pensions, and government salaries, and for the private sector to remain afloat amid the global crisis. The bank also launched a US$ 3 billion Fight COVID-19 Social Bond and approved a US$ 2 million emergency assistance for the World Health Organization's work on the continent.
Agence Française de Développement	In April, AFD launched the Health in Common initiative in response to the crisis. The initiative, which has an overall commitment of € 1.15 billion (US$ 1.3 billion), represents approximately 10% of AFD's 2020 commitments. It includes € 150 million in grants, € 1 billion in concessional loans and has a huge focus on African countries.
Asian Infrastructure Investment Bank	The bank announced a scale-up of public health infrastructure financing in the wake of the pandemic in March. In April, it launched a Crisis Recovery Facility to respond to the urgent economic, financial, and public health pressures. The facility initially offered US$ 5 billion in financing, but the bank has since raised this to US$ 10 billion due to high demand.
Australian Department of Foreign Affairs and Trade (DFAT)	It is unclear how much DFAT has provided to the response. What is known is that Australia has responded to requests for support in the areas of laboratory diagnosis, provision of personal protective equipment, and support for surveillance and risk communication in the Pacific region. DFAT is using a combination of its emergency fund and existing Overseas Development Agency (ODA) allocations.
SIDA	Its funding has gone to hand-washing campaigns and health funds aimed at ensuring access to health care, including for vulnerable groups such as pregnant women, people living with HIV, and LGBTQ+ people. Many of the health funds are being repurposed to meet immediate needs related to COVID-19.
UN-Habitat	Launched a programme that focuses on three areas: i) supporting local government and community-led solutions; ii) providing urban data evidence-based mapping and knowledge; and iii) helping cities mitigate the economic impact of COVID-19. The programme provides online virtual learning platforms to help cities share and exchange innovative solutions in dealing with the crisis.
United Nations Foundation	Launched a COVID-19 Solidarity Response Fund, which includes funding for some of the health agency's partners.
UN Refugee Agency (UNHCR)	Provided cash assistance and isolation units. In some cases, UNHCR has boosted the capacity of health care facilities, from covering refugees' COVID-19 tests to the provision of medical supplies and equipment.
UNICEF	Provided cash assistance and isolation units. In some cases, UNHCR has boosted the capacity of health care facilities, from covering refugees' COVID-19 tests to the provision of medical supplies and equipment.
U.S. Agency for International Development (USAID)	The U.S. government has committed close to US$ 800 million in emergency health, humanitarian, economic, and development assistance for the coronavirus globally, according to its latest update. That includes about US$ 200 million in emergency health assistance from USAID's Global Health Emergency Reserve Fund for Contagious Infectious-Disease Outbreaks and their Global Health Programmes account, as well as about US$ 300 million in humanitarian assistance from its International Disaster Assistance account.

World Health Organization	The World Health Organization has been providing advice to the public on how people can protect themselves from COVID-19; issuing technical guidance and policy recommendations to governments on different aspects of the COVID-19 pandemic; and playing a central role in coordinating the international response to the crisis. It has launched and taken part in numerous COVID-19 initiatives, the latest one being the Access to COVID-19 Tools Accelerator, which is aimed at speeding up the development and production of vaccines, diagnostics, and therapeutics for COVID-19 and ensuring equitable and affordable access to them.
World Bank	The bank has availed up to US$ 160 billion in financing toward health, economic, and other social shocks that countries are facing worldwide for over 15 months. This includes US$ 50 billion of the bank's International Development Association resources, its financing window for the world's lowest-income countries. Furthermore, the Pandemic Emergency Financing Facility, launched by the bank in 2016, announced an additional allocation of US$ 195.8 million to 64 low-income countries that have reported cases of COVID-19.
World Food Programme	WFP is providing key logistical support in the COVID-19 response amid a significant decrease in commercial flights worldwide. In April, the U.N. programme flew critical personal protective equipment and medical devices to countries in Africa as part of the first U.N. Solidarity Flight. On May 1, it also flew the first set of humanitarian workers responding to the COVID-19 pandemic. The programme has set up regional transport hubs or air bridges in several locations in Africa, Asia, Latin America, the Middle East, and Europe to help transport coronavirus-related cargo and personnel responding to the pandemic.
World Health Organization	The World Health Organization has been providing advice to the public on how people can protect themselves from COVID-19; issuing technical guidance and policy recommendations to governments on different aspects of the COVID-19 pandemic; and playing a central role in coordinating the international response to the crisis. It has launched and taken part in numerous COVID-19 initiatives, the latest one being the Access to COVID-19 Tools Accelerator, which is aimed at speeding up the development and production of vaccines, diagnostics, and therapeutics for COVID-19 and ensuring equitable and affordable access to them.

Source: Excerpt from Ravelo (2020)

Civil Society Organisations

The role of civil society organisations (CSOs) in the COVID-19 pandemic has received far less acknowledgement than it deserves. Much attention has fallen on the actions of states, both positive and negative. The CSO responses have however been vital and rapid even in difficult conditions of restricted civic space. Country after country, a diverse range of civil society groups scrambled to meet the needs of communities most affected by the crisis. Often civil society stepped in where others failed to act, working to fill gaps left by states and businesses[57].

Much of civil society's responses focused on mitigating the impacts of state policies that imposed lockdowns and halted many aspects of daily life, which affected vulnerable and excluded groups first and worst. Lockdowns, curfews, and other emergency restrictions were often imposed hurriedly, with little preparation and mostly with no consultation with civil society, and consequently had unforeseen impacts. Some of the key responses by CSOs include[58].

i) **Meeting essential needs -** Emergency support schemes launched by states were often inadequate given the scale of the need or failed to reach key vulnerable and excluded groups. Meanwhile, existing social safety nets could not hope to meet the sudden increase in demand as many people found themselves unable to pay for essentials. Civil society stepped forward to meet this need, providing food, personal protective equipment and essential sanitary items, offering financial aid and filling gaps in the provision of healthcare and psychological support. For example, in Cape Town, South Africa, Ikamva Labantu mobilised to provide food and hygiene parcels to over 1,000 elderly people. In the Democratic Republic of the Congo, BIFERD (Bureau d'Informations, Formations, Échanges et Recherches pour le Développement), a national-level CSO, worked with partners to distribute food and masks.

ii) **Advocating against xenophobia -** racist abuse and violence against perceived foreigners has proliferated in parallel with the pandemic. Many CSOs have begun countering these trends, such as Art.1 MN, a Dutch anti-discrimination organization that launched a campaign against xenophobia and abuse. A Polish NGO is likewise producing material to counter conspiracy theories about the virus[59].

iii) **Providing research and analysis -** A key role of CSOs is to collect, analyse and present data on topics of importance to the public. Civil society groups in the United States have chronicled, tracked, and collected data on the labour conditions of migrants in the agricultural and livestock sectors. Several Nepal based-CSOs have developed apps and applied analyses to ensure the inclusion of vulnerable populations in health policy responses.

iv) **Continuing to fill gaps in public service delivery -** Médecins Sans Frontières has dispatched medical teams around the world to support clinics in providing specialized COVID-19 health care for elderly, homeless and migrant populations. In India, over 90 CSOs have coordinated their extensive networks to distribute food and masks to millions of people, including many migrant labourers.

v) **Providing services remotely -** Many CSOs that normally work with communities faced new challenges because they could no longer work in their normal ways without putting community members and their staff at risk. In response, many CSOs quickly focused on expanding their provision of online and phone support to do remotely what they could no longer do in person. These actions pointed to the growing use of online space by civil society to serve needs and deliver services directly.

vi) **Defending and monitoring human rights -** Though essential under the pandemic, providing services could never be enough when rights were being denied. Rights violations flourished under emergency conditions. In several countries, including India, Kenya and the Philippines, punishments for breaching emergency regulations were severe and brutal, patterning onto existing practices of repression. In Nigeria and Rwanda, lockdown enforcement was associated with an increase in police brutality, including cases of assault, gender-based violence, torture and murder. In many countries, civil society came together to call on states to uphold human rights standards.

vii) **Influencing and engaging with the state -** To encourage greater accountability, defend human rights and pursue redress for violations, CSOs worked to engage with and influence state institutions, seeking to build relationships for policy change.

viii) **Nurturing community leadership -** The most important partnerships CSOs could have, were with the communities directly affected by the crisis. CSOs understand that while they had a vital role to play in meeting needs and defending rights, responses would be more effective and better serve local needs if they involved and empowered community leaders and volunteers. By investing in community leadership and volunteering, CSOs respected, applied, and further enabled local knowledge and resilience.

CONCLUSION AND RECOMMENDATIONS

This report has highlighted the importance of social protection in providing safety nets for the most vulnerable. We have also highlighted the importance of SCTs, which are increasingly recognised as an important tool for tackling poverty and inequality in developing countries, with many countries implementing large-scale cash transfer programmes aiming to offer comprehensive access to social security. There is significant evidence of the positive impacts of these programmes on human, social and economic development. Increasing attention is now being paid to issues of service delivery quality, value-for-money, risk management, and accountability within these schemes, which are particularly important when governments seek to scale-up small, successful programmes or reform under-performing large-scale schemes.

The COVID-19 pandemic has served as a wake-up call alerting the global community to the urgency of accelerating progress in building social protection systems, including floors. Policymakers in developing countries should seek, to the greatest extent possible, to design emergency crisis responses with a longer-term perspective in mind to strengthen social protection systems and decent work, including by supporting transitions from the informal to the formal economy.

In Africa, the COVID-19 pandemic has seen some African governments implementing reactionary interventions which are not based on existing social protection systems. This has created an opportunity to develop comprehensive systems that address the needs of people's lived realities and emergencies. The programmes should be comprehensive, universal, and grounded on a human rights-based framework. There is a need to rely less on donor-funded social protection systems that follow international best practices, but rather develop home-grown solutions. Historical systems have influenced the status quo, therefore there is a need to redress this by finding local solutions that address the lived realities of the masses and build capacity (institutional and human capital, among others).

Actions that SADC countries may undertake for successful implementation of a comprehensive social protection strategy include:

- **High level of political commitment.** The primary responsibility for social protection lies with the state, which acts in collaboration with other stakeholders, thus the state must provide strong, considered leadership.
- **Development of a legislative framework that includes social protection.** For example, integration of social protection in the national constitution.
- **Development of a national social protection strategy** that addresses the country's peculiar situation determined by factors which include the proportion of poor persons; persons affected by HIV and AIDS; persons living with disabilities; and older persons.
- **Inter-ministerial collaboration and coordination between all ministries and stakeholders** that are involved in the implementation of the social protection strategies (eg. ministries of labour, social welfare, health, education, gender, agriculture, finance and economic planning).
- **Linking social assistance to basic services.** For example: linking cash transfers to education on child and maternal health, prevention and treatment of illness, and nutrition; to agricultural extension; or to immunization.
- **Collection of gender-disaggregated data** for monitoring implementation and evaluating the impact and progress towards social inclusion.
- **Sustainable funding for social protection** from both domestic and external resource mobilization. Resources that can facilitate scaling up of effective interventions.

The role of CSOs in this regard cannot be overemphasised. Civil society should continue to:

- **Seek to influence states** to develop and implement policies that protect vulnerable and excluded groups, uphold democratic freedoms and advance social, economic and climate justice.
- **Pursue network and coalition building** and partnerships within and beyond civil society to develop crisis resilience, defend rights and demand socially just and rights based social protection systems.
- **Seize the opportunity provided by COVID-19** to accelerate building universal social protection systems, including floors.
- **Advance the call for universal and unconditional cash transfers.** This should be integral to CSOs engagement with governments and IDAs. There is ample evidence that shows that cash transfers work, that their impact is immediate and that the multiplier effects are significant.

While it is the government's responsibility to ensure that all people are provided with equal opportunities, the systems in place in most African countries have provided an unfair advantage to those who already have access to capital and other productive resources, leaving the marginalised and vulnerable in a state of hopelessness. It is therefore important especially in SADC that social protection and more specifically social security be regarded as a basic human right. The rolling out of a SADC-wide universal basic income coupled with other interventions can be part of the solution and can help change the current status quo. CSOs and other stakeholders, including the private sector, should rally behind the call for a SADC BIG. This will go a long way in advocating for the mobilisation of resources at the national and global levels based on solidarity and consider a range of options to sustain and increase efforts beyond the crisis to ensure the sustainable financing of rights-based social protection systems.

ENDNOTES

[1]Mutangadura, G. 2009. A review of social protection experiences in Africa, United Nations Department of Economic and Social Affairs, New York, [online]: https://www.un.org/esa/socdev/family/docs/egm09/Mutangadura.pdf

[2]See SDGs 1-6 on https://sdgs.un.org/goals

[3]Nyethi, M. Mpedi, G. 2011. The Impact of SADC Social Protection Instruments on the Setting Up of a Minimum Social Protection Floor in Southern African Countries. Potchefstroom Electronic Law Journal, 15(1):244-428, South Africa. [online]: https://www.researchgate.net/publication/262621652_The_Impact_of_SADC_Social_Protection_Instruments_on_the_Setting_Up_of_a_Minimum_Social_Protection_Floor_in_Southern_African_Countries [accessed Dec 08 2020].

[4]Medgyesi, M. 2016. Conditional cash transfers in high-income countries and their impact on human capital accumulation, United Nations Department of Economic and Social Affairs (DESA), New York. [online]: https://www.un.org/esa/socdev/egms/docs/2016/Poverty-SDGs/Tarki-paper.pdf

[5]Sen, A. K. 1995. The Political Economy of Targeting, In van de Walle D. Nead K. (eds.), Public Spending and the Poor: Theory and Evidence, p.14, Baltimore, M.D.

[6]Blank, L. 2008. Social Protection in Eastern and Southern Africa: A Framework and Strategy for UNICEF, United Nations children Emergency Fund, New York. [online]: https://www.unicef.org/socialpolicy/files/Social_Protection_Strategy(1).pdf

[7]Bebe, O. 2018. Social protection and the UN human rights system, SocialProtection,Org. [online]: https://socialprotection.org/discover/blog/social-protection-and-un-human-rights-system

[8]Barca, V., Brook, S., Holland, J., Otulana, M., and Pozarny, P. 2014. Qualitative research and analyses of the economic impact of cash transfer programmes in Sub-Saharan Africa: Synthesis Report. PtoP project report, FAO, Rome.

[9]World Bank, 2015. The state of social safety nets 2015. Washington: The World Bank. [online]: https://openknowledge.worldbank.org/bitstream/handle/10986/22101/9781464805431.pdf

[10]Fiszbein, A. Schady, N. Ferreira, F. H.G.; Grosh, M. Keleher, N. Olinto, P. Skoufias, E. 2009. Conditional Cash Transfers : Reducing Present and Future Poverty. World Bank Policy Research Report. Washington, DC: World Bank. [online]: https://openknowledge.worldbank.org/handle/10986/2597

[11]Kuss, M.K. Gassmann, F. The Economic Impacts of Social Cash Transfers in Integrated and Remote Areas in Uganda, Policy Brief No. 8. United Nations University, Maastricht. [online]: https://www.merit.unu.edu/wp-content/uploads/2018/01/PBFGMK0118.pdf

[12]Leonhard, R. Künnemann, R. 2008. A human rights view on the potential of social cash transfers for achieving the millennium development goals. Brot für die Welt, Germany, [online] http://www.brotfuerdiewelt.info/fileadmin/mediapool/2_Downloads/Fachinformationen/Sonstiges/studie_sozialgeldtransfer_en.pdf

[13]Fisher, E. Attah, R. Barca, V. O'Brien, C. Brook, S. Holland, J. Kardan, A. Pavanello, S. Pozarny, P. 2017. The Livelihood Impacts of Cash Transfers in Sub-Saharan Africa: Beneficiary Perspectives from Six Countries, World Development, Volume 99 (299-319). [online]: https://doi.org/10.1016/j.worlddev.2017.05.020.

[14]Osterkamp, R. 2013. The Basic Income Grant Pilot Project in Namibia: A Critical Assessment, Basic Income Studies 8(1), [online]: https://www.researchgate.net/publication/273219357_The_Basic_Income_Grant_Pilot_Project_in_Namibia_A_Critical_Assessment/stats

[15]http://www.fao.org/3/a-i5157e.pdf

[16]Fundira, T. 2015. SADC's Way Ahead – Social Protection through Cash Transfers, Studies in Poverty and Inequality Institute, Johannesburg, South Africa

[17]Ibid (Fundira, 2015)

[18]Standing, G. Samson, M. 2003. A Basic Income for South Africa, University of Cape Town Press, Cape Town, ISBN 1-91971-386-7

[19]https://transfer.cpc.unc.edu/the-transfer-project/

[20]de Brauw, A. Gilligan, D. O. Hoddinott, J. Roy, S. 2014. The Impact of Bolsa Família on Women's Decision-Making Power, World Development, Volume 59, Pages 487-504, ISSN 0305-750X, https://doi.org/10.1016/j.worlddev.2013.02.003.

[21]World Bank, 2020. Strengthening Conditional Cash Transfers and the Single Registry in Brazil: A Second-Generation Platform for Service Delivery for the Poor, Results Brief, Washington, [online]: https://www.worldbank.org/en/results/2020/04/22/strengthening-conditional-cash-transfers-and-the-single-registry-in-brazil

[22]ibid (World Bank, 2020)

[23]Guay, J. 2017. Brazil lifts millions out of poverty with direct cash transfer scheme, Op-Ed, Apolitical, [online]: https://

apolitical.co/en/solution_article/brazil-lifts-millions-poverty-direct-cash-transfer-scheme

[24]Guay, J. 2017. Brazil lifts millions out of poverty with direct cash transfer scheme, Op-Ed, Apolitical, [online]: https://apolitical.co/en/solution_article/brazil-lifts-millions-poverty-direct-cash-transfer-scheme

[25]World Bank 2020. World Bank approves loan supporting the expansion of the Bolsa Familia Program, Trade Press, Washington. [online]: https://www.worldbank.org/en/news/press-release/2020/10/29/world-bank-approves-loan-supporting-expansion-of-bolsa-familia-program

[26]Economist, 2020. Bolsa Famîlia, Brazil's admired anti-poverty programme, is flailing, The Economist. [online]: https://www.economist.com/the-americas/2020/01/30/bolsa-familia-brazils-admired-anti-poverty-programme-is-flailing

[27]Watts, J. 2013. Brazil's Bolsa familia scheme: political tool or social welfare success? TradePress, The Guardian, [online]: https://www.theguardian.com/global-development/2013/dec/19/brazil-bolsa-familia-political-tool-social-welfare

[28]OECD, 2019. "Social spending", in Society at a Glance 2019: OECD Social Indicators, OECD Publishing, Paris. [online]: https://doi.org/10.1787/e02dd0a9-en

[29]https://www.tatsachen-ueber-deutschland.de/en/germany-glance/strong-welfare-state

[30]https://www.diw.de/documents/dokumentenarchiv/17/diw_01.c.797177.de/basic_income_pilot_project_magazine.pdf

[31]https://blogs.unicef.org/evidence-for-action/from-crisis-comes-opportunity-spains-basic-income-response-to-covid-19/?utm_source=twitter&utm_medium=social

[32]Rey, G. M. 2020. Poverty Watch 2020, European Anti-Poverty Network (EAPN), Spain. [online]: https://www.eapn.eu/wp-content/uploads/2020/10/EAPN-EAPN-SPAIN-POVERTY-WATCH-2020_ENG_FINAL-4708.pdf

[33]COMSTAT, 2020. SADC - Population, Total, Common Market for East and Southern Africa (COMESA), Zambia. [online]: https://comstat.comesa.int/wiqcbkg/afdb-socio-economic-database-1960-2019?tsId=1729010

[34]Porter, A. 2017. Extreme poverty set to rise across Southern Africa, ISS Today, TradePress, Institute for Security Studies (ISS), Pretoria. [online]: https://issafrica.org/iss-today/extreme-poverty-set-to-rise-across-southern-africa

[35]World Bank, 2012. Safety Nets: Cash Transfers, Africa Social Protection Policy Briefs. [online]: https://bettercarenetwork.org/sites/default/files/Safety%20Nets%20-%20Cash%20Transfers.pdf

[36]Woolard, I. Leibrandt, M. 2011. The evolution and impact of unconditional cash transfers in South Africa, Southern Africa Labour and Development Research Unit, University of Cape Town, [online]: https://files.givewell.org/files/DWDA%202009/Cash%20Transfers/Woolard%20and%20Leibbrandt.pdf

[37]Frye, I. 'n.d'. AIDC Analytical Paper: The Budget, Social Security and the Basic Income Grant Alternative Synopsis, Studies in Poverty and Inequality Institute (SPII), Johannesburg. [online]: http://spii.org.za/wp-content/uploads/2020/03/AIDC-Analytical-Paper-Isobel-Frye-SPII.pdf

[38]National Treasury, 2020. Budget Speech 2020. National Treasury Department, Pretoria, [online]: http://www.itac.org.za/upload/National%20Treasury%20Budget%20Speech%202020.pdf

[39]Monchuk, V. 2014. Reducing Poverty and Investing in People: The New Role of Safety Nets in Africa, Directions in Development--Human Development, World Bank, Washington. [online]: https://openknowledge.worldbank.org/handle/10986/16256

[40]Webb, C. Vally, N. 2020. South Africa has raised social grants: why this shouldn't be a stop-gap measure. TradePress. Carleton Newsroom. [online]: https://newsroom.carleton.ca/story/south-africa-social-grants/

[41]ibid (World Bank 2012)

[42]The Citizen, 2020. Social grant top ups to be halted from November, TradePress, Johannesburg. [online]: https://citizen.co.za/news/south-africa/general/2376896/social-grant-top-ups-to-be-halted-from-november/

[43]Schuering, E. 2008. Social Cash Transfers in Zambia: A Work in Progress, In Eds, Hailu D. Veras Soares, F. 2008, Cash Transfers Lessons from Africa and Latin America, Poverty in Focus No. 15 (pg20) International Poverty Centre. [online]: https://ipcig.org/pub/IPCPovertyInFocus15.pdf

[44]Arruda, P. Dubois, L. 2018. A brief history of Zambia's Social Cash Transfer Programme, Research Brief No. 62, International Policy Centre, United Nations Development Programme, Brazil, [online]: https://ipcig.org/pub/eng/PRB62_A_brief_history_of_Zambia_s_social_cash_transfer_programme.pdf

[45]Chibanda, D. 2019. Social Cash Transfers and Children's Rights in Zambia. Sociology and Anthropology 7(1): 20-37, 2019 [online]: https://www.researchgate.net/publication/340825382_Social_Cash_Transfers_and_Children's_Rights_in_Zambia

[46]Pruce, K. Hickey, S. 2016. The politics of promoting social protection in Zambia, United Nations University, WIDER Working Paper 2016/156, [online]: https://www.wider.unu.edu/sites/default/files/wp2016-156.pdf

[47]American Institutes for Research. 2014. Zambia's Multiple Category Targeting Grant: 24-Month Impact Report. Washington, DC. [online]: http://www.fao.org/fileadmin/user_upload/p2p/Publications/RCT_of_SCTs_MCTG_24_month_report.pdf

[48]ibid (Chibanda, D. 2019)

[49]NSA, 2019. The Namibia Labour Force Survey 2018 Report, Namibia Statistics Agency (NSA), Windhoek, [online]: https://d3rp5jatom3eyn.cloudfront.net/cms/assets/documents/Labour_Force_Survey_final_-_2018.pdf

[50]Schade, K. La J. Pick, A. 2019. Financing Social Protection in Namibia, OECD, OECD Development Policy Papers April 2019 – No. 19, Geneva, [online]: https://www.oecd.org/countries/namibia/SPSR_Namibia.pdf

[51]ILO, 2020a. The COVID-19 crisis: A wake-up call to strengthen social protection systems, Trade Press, International Labour Organisation, Geneva, [online]: https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_742676/lang--en/index.htm

[52]ILO, 2020b. Social protection responses to the COVID-19 crisis: Country responses and policy considerations,

ILO Brief, International Labour Organisation (ILO), Geneva. [online]: https://www.social-protection.org/gimi/RessourcePDF.action?id=56044

[53]Sullivan, R. Chalkidou, K. 2020. Urgent Call for an Exit Plan: The Economic and Social Consequences of Responses to COVID-19 Pandemic. Op-Ed, Centre for Global Development. [online]: https://www.cgdev.org/blog/urgent-call-exit-plan-economic-and-social-consequences-responses-covid-19-pandemic

[54]Tirivayi, N. Richardson, D. Gavrilovic, M. Groppo, V. Kajula, L. Valli, E. Viola, F. 2020. A rapid review of economic policy and social protection responses to health and economic crises and their effects on children, United Nations Children's Emergency Fund (UNICEF), Office of Research – Innocenti Working Paper WP 2020-02 | June 2020. [online]: https://www.unicef-irc.org/publications/pdf/WP2020-02.pdf

[55]Gavas, M. Calleja, R. Rogerson, A. 2020. How are International Development Agencies Responding to the COVID-19 Crisis? Op-Ed, Centre for Global Development. [online]: https://www.cgdev.org/blog/how-are-international-development-agencies-responding-covid-19-crisis

[56]Ravelo, J. L. 2020. Who leads the response against COVID-19 in aid organizations? TradePress, Devex. [online]: https://www.devex.com/news/who-leads-the-response-against-covid-19-in-aid-organizations-97154

[57]Firmin, A. Pousadela, I. Tiwana, M. 2020. SOLIDARITY IN THE TIME OF COVID-19: Civil society responses to the pandemic, CIVICUS, Johannesburg. [online]: https://reliefweb.int/sites/reliefweb.int/files/resources/solidarity-in-the-time-of-covid-19_en.pdf

[58]ibid

[59] : IOM, 2020. Civil Society Responses Understanding the migration & mobility implications of COVID-19, COVID-19 Analytical Snapshot #35, UN International Organisation for Migration. [online]: https://www.iom.int/sites/default/files/documents/covid-19_analytical_snapshot_35_civil_society_responses.pdf

— WITH SUPPORT FROM: —

OSISA
Open Society Initiative
for Southern Africa

SPII
STUDIES IN POVERTY AND INEQUALITY INSTITUTE

Building up knowledge to break down Poverty

Studies in Poverty and Inequality Institute (SPII)

Old Trafford 3 Building I Isle of Houghton I 36 Boundary Road I Parktown I Johannesburg
Phone: +27 11 833 0161 I Fax: +27 11 832 3085 I www.spii.org.za

For a complete list of SPII's partners, please visit www.spii.org.za