Delivery of Social Protection Programs to Combat COVID-19 in Africa

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Introduction

The COVID-19 pandemic has prompted governments across the world to introduce unprecedented lockdowns and other restrictions on mobility to slow the spread of coronavirus and to avoid overwhelming healthcare systems. While often necessary, these measures have led to well-documented disruptions in economic activity (World Bank 2020e). Consequently, many experts and international organizations have raised serious concerns about increased poverty and threats to food and nutrition security (Headey and Ruel 2020; Laborde et al. 2020; Laborde, Martin, and Vos 2020; Torero 2020). In April 2020, the World Food Programme warned that the number of acutely food insecure people in the world could double by the end of 2020 without concerted action (WFP 2020).

Alarmed by this unprecedented crisis, many governments have expanded their existing social protection programs or announced new measures (Gentilini et al. 2020). While there is now strong evidence that social protection programs can be effective in reducing poverty and improving food security (Andrews et al. 2018; Bastagli et al. 2019; Hidrobo et al. 2018), the evidence of their effectiveness during the ongoing pandemic remains limited. Therefore, in this chapter we try to understand the potential effectiveness of social protection measures taken by African governments during the COVID-19 pandemic in 2020 and review the available empirical literature on this topic. We then use case studies to examine the delivery of social protection during the pandemic. More specifically, we assess the targeting accuracy of social assistance (that is, noncontributory transfers to the poor) in three countries for which high-frequency phone survey data are available: Ethiopia, Malawi, and Nigeria.

Social Protection in Africa

The State of Social Protection in Africa Before the COVID-19 Pandemic

Over the last two decades, social safety net programs have become a mainstream policy tool to address poverty and food insecurity in Africa. These programs aim to reduce chronic poverty through cash or in-kind transfers to the poorest and most vulnerable people. The number of social safety net programs has more than doubled since 2000 (Hickey et al. 2018) and today, virtually all African countries implement at least one social assistance program (Beegle et al. 2018b).

This emerging policy focus is backed up by strong evidence that social assistance programs improve food security and build up assets, thus reducing the risk of chronic poverty (Andrews et al. 2018; Hidrobo et al. 2018). Moreover, investments in social protection programs can also contribute to economic growth by encouraging savings, creating community assets, and addressing credit market imperfections (Alderman and Yemtsov 2014; Filipski et al. 2016; Hirvonen et al. 2021).

Social assistance programs in Africa have traditionally had a strong focus on rural areas (Beegle et al. 2018a), where the majority of chronically poor people reside (World Bank 2016). In the context of the COVID-19 pandemic, lockdowns and other measures to limit the spread of the virus are likely to have stronger negative welfare effects in urban areas. This is because the livelihoods of urban residents are more likely to depend on sectors that are more adversely affected by travel bans and social distancing policies (Abay et al. 2020b). Recent national accounts data from Africa show that the sectors that are relatively more important for urban residents, such as the service and industrial sectors, have been those most negatively affected during the pandemic (Zeufack et al. 2021). Meanwhile, the agricultural sector—the sector that provides the livelihoods of most rural residents—actually expanded during 2020 (Zeufack et al. 2021). Consequently, the World Bank predicts that urban people are more likely to be pushed below the poverty line as a result of the pandemic (Nguyen et al. 2020). The limited focus on urban social protection before the pandemic meant that many African countries did not have a readily available social protection platform available in urban areas when the pandemic began. As noted by Gentilini and colleagues (2021), in this regard, the pandemic has highlighted an important vulnerability in social protection programming in Africa.

Social Protection Policy Measures During the Pandemic

Most African governments announced new measures during the pandemic or made adjustments to their existing social protection programs (Gentilini et al. 2020). For example, in July 2020, Zambia announced a new cash transfer scheme to assist vulnerable communities affected by the COVID-19 pandemic (UNICEF

2020b). With support from the World Bank, South Sudan expanded its South Sudan Safety Net Project to cover more poor and vulnerable households (World Bank 2020g). Meanwhile, the Moroccan government targeted cash transfers to workers employed in sectors negatively affected by the pandemic (Paul-Delvaux et al. 2020). A number of African countries also adjusted their social insurance programs (Gentilini et al. 2020). For example, South Africa established a new National Disaster Benefit Fund to compensate workers affected by the lockdown measures (South Africa 2020), and the Tunisian government provided additional support to those with small pensions (Kokas et al. 2020). Below, we discuss the available evidence of the effectiveness of social protection during the pandemic before focusing on three case studies in Ethiopia, Malawi, and Nigeria.

Evidence of the Effectiveness of Social Protection During the Pandemic

Background

Many of the existing social protection programs in Africa were designed to protect against chronic poverty and income shocks induced by natural disasters such as droughts and floods. The COVID-19 pandemic has been a very different type of shock, simultaneously affecting health outcomes, incomes, and food systems, as well as complicating the logistics of delivering assistance. Thus, an important question is whether traditional social protection approaches remain effective for shocks like the current pandemic (Banerjee et al. 2020). Unfortunately, careful research takes time, and just one year into the pandemic, evidence of the effectiveness of social protection programs against the negative impacts of the COVID-19 pandemic is still scarce. In this section, we review the emerging evidence on this question.

Review of the Available Evidence

Taking advantage of an experimental approach, Banerjee and colleagues (2020) studied the effectiveness of a universal basic income (UBI) scheme in rural Kenya during the pandemic. The authors found that the UBI scheme resulted in modest positive effects on food security as well as on physical and mental health. The UBI recipients were also more likely to adhere to social distancing measures and were less likely to visit hospitals during the pandemic. However, previous income gains facilitated by the UBI were wiped out during the pandemic.

Also in Kenya, Brooks and colleagues (2021) used an experimental approach to study the impact of a one-time cash transfer to female-led micro-enterprises located in a low-income suburb of Nairobi. The authors used Kenya's M-PESA mobile money service to provide a one-time cash transfer just before the COVID-19 infections in Kenya began to escalate. Measured against a control group, the group that received a one-time cash transfer substantially increased its inventory spending, revenues, and profits. The transfer also led to increased spending on personal protective equipment (PPE) as well as to the establishment of management practices to minimize the spread of the virus. However, this latter finding was applicable only to those who believed that the COVID-19 virus posed a serious health threat, thus highlighting the need to combine transfers with awareness creation.

Elsewhere, Abay and colleagues (2020a) used household survey data collected in August 2019 and during the pandemic in June 2020 to study the extent to which Ethiopia's rural Productive Safety Net Programme (PSNP) protected its beneficiaries against the negative effects of the pandemic. They found that self-reported food insecurity increased considerably in these areas during the first months of the pandemic but considerably less among households supported by the PSNP. While the prepandemic data on the PSNP showed that the program has been successful in improving food security and resilience (Berhane et al. 2014; Knippenberg and Hoddinott 2017), the new evidence implied that the PSNP could also protect against shocks induced by pandemics.

Evidence from non-African countries provides further support for the notion that social protection can be effective during pandemics. A new unconditional cash transfer program rolled out in Colombia during the pandemic and targeting poor households improved household food access and reduced the need for asset depletion and borrowing (Londoño-Vélez and Querubin 2020). In Bolivia, Bottan and colleagues (2021) found that a large-scale noncontributory pension program had sizable positive impacts on food security during the early months of the pandemic, particularly protecting poor households and those who lost their livelihoods.

Targeting of Social Protection During the Pandemic

Background

One of the key conditions for effective social protection programming is that the assistance be targeted at the right people. Therefore, to complement the evidence reviewed above, in this section, we provide some new analyses to assess the targeting accuracy of social assistance during the pandemic. To do so, we use data from high-frequency phone surveys collected by the World Bank in Ethiopia, Malawi, and Nigeria (World Bank 2020a; 2020c; 2020d). [2] In all three countries, the World Bank conducted at least five phone survey rounds after the pandemic was declared. The samples for these phone surveys were drawn from in-person surveys conducted before the pandemic. The prepandemic household surveys collected rich information about household demographics, including detailed data on the different types of durable assets owned by households. We applied principal components analysis methods to construct simple wealth indices that allowed us to rank households by quintiles based on their prepandemic wealth levels (Sahn and Stifel 2003). These wealth indices were constructed separately for rural and urban households. Table 7.1 profiles households in each quintile. In all countries, household literacy levels increased with wealth levels. There were no obvious patterns with respect to household size in Ethiopia and in Nigeria, but in Malawi, richer households were, on average, larger than poorer households. In all three countries, poorer households tended to have slightly higher dependency ratios than richer households. In Nigeria and Malawi, poorer households were more likely to be headed by females, but this was not the case in Ethiopia, where female-headed households were more equally distributed across wealth quintiles.

We then used the high-frequency phone survey data collected during the pandemic to calculate the share of households within each wealth quintile that reported receiving social assistance at any point during the pandemic. A progressively targeted program would have covered a large percentage of the poorest households and a small percentage of the wealthiest households. We conducted the targeting analyses separately for rural and urban areas, and we used sampling weights provided by the World Bank to correct for possible sampling biases in phone surveys resulting from unequal and nonrandom access to mobile phones.

Ethiopia Case Study

The first COVID-19 case in Ethiopia was confirmed on March 13, 2020. By the end of February 2021, more than 150,000 people had tested positive and more than 2,000 deaths were attributed to the virus (Ethiopia, Ministry of Health, and EPHI 2021). The overwhelming majority of the positive tests were in the capital, Addis Ababa (Ethiopia, Ministry of Health, and EPHI 2021). Figure 7.1 provides the timeline of policy measures compared with COVID-19 caseloads in Ethiopia.[3]

The first policy measures to limit the spread of the virus in Ethiopia were declared on March 16, just three days after the country's first confirmed case. The government of Ethiopia closed schools, banned all public gatherings and sporting activities, and encouraged physical distancing. Travelers from abroad were put into mandatory quarantines, bars were closed until further notice, and travel across land borders was prohibited. Several regional governments imposed further restrictions on public transportation and other vehicle movement between cities and rural areas.

A federal-level state of emergency was declared on April 8. Land borders were closed, except for cargo transportation. Face mask use was made compulsory in public spaces. Restrictions on cross-country public transportation and city transportation were also declared (for instance, public transportation vehicles were limited to half of their regular carrying capacity). Moreover, the government prohibited employers from laying off workers and property owners from evicting tenants or increasing rents during the state of emergency. Some administrative regions took even stricter measures by closing restaurants and limiting movement between rural and urban areas. However, unlike some other

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2   Josephson and colleagues (2021) used these data to study socioeconomic impacts of the pandemic in selected African countries.

3   Confirmed case numbers depend on both the extent of testing and the quality of contact tracing. Therefore, the true caseload is likely to be higher than the confirmed caseload. Confirmed cases are thus a good illustration of trends, but not necessarily of levels.

TABLE 7.1—SELECTED HOUSEHOLD CHARACTERISTICS, BY ASSET QUINTILE

	Poorest	Poorer	Middle	Richer	Richest		Poorest	Poorer	Middle	Richer	Richest
Ethiopia, rural						**Ethiopia, urban**					
Household size, mean	4.9	4.8	4.5	5.0	4.8	Household size, mean	4.0	3.3	3.5	3.7	4.4
Dependency ratio, mean	0.47	0.46	0.44	0.44	0.43	Dependency ratio, mean	0.35	0.29	0.29	0.28	0.28
Head's age, mean	45.5	46.7	44.1	43.3	42.2	Head's age, mean	38.3	37.6	38.8	41.3	45.7
Female head, %	24.5	29.1	30.6	25.7	22.7	Female head, %	38.2	40.9	34.2	36.5	30.5
Literate, %	69.6	69.9	67.8	80.4	89.9	Literate, %	82.6	87.7	95.6	97.5	99.9
Malawi, rural						**Malawi, urban**					
Household size, mean	4.1	4.1	4.8	5.0	5.1	Household size, mean	3.72	4.06	4.74	5.04	5.17
Dependency ratio, mean	0.47	0.42	0.46	0.45	0.39	Dependency ratio, mean	0.37	0.34	0.36	0.36	0.29
Head's age, mean	42.1	36.3	41.4	45.7	46.0	Head's age, mean	35.4	38.9	40.6	41.4	44.5
Female head, %	46.4	26.7	25.3	25.9	21.5	Female head, %	29.1	26.0	19.1	19.2	14.8
Literate, %	80.1	90.2	94.3	92.9	98.1	Literate, %	94.0	95.4	99.9	100.0	100.0
Nigeria, rural						**Nigeria, urban**					
Household size, mean	5.1	5.9	6.0	5.6	5.5	Household size, mean	4.3	4.8	4.8	4.8	5.1
Dependency ratio, mean	0.46	0.46	0.44	0.43	0.38	Dependency ratio, mean	0.46	0.39	0.36	0.38	0.34
Head's age, mean	51.8	49.5	49.6	50.3	49.3	Head's age, mean	51.6	49.4	46.8	47.7	49.6
Female head, %	25.5	16.7	20.6	19.2	14.9	Female head, %	35.6	27.7	18.2	15.6	10.9
Literate, %	67.9	83.9	90.4	93.4	98.2	Literate, %	82.3	95.0	99.1	99.7	99.4

Source: Constructed using prepandemic data from Living Standards Measurement Study - Integrated Surveys on Agriculture surveys conducted by the World Bank.

Note: The household was considered literate if at least one member was reported to be able to read and write in any language. The dependency ratio was defined as the number of dependents (those ages less than 15 and more than 65 years) divided by the total household size.

countries in the region, in order to protect the most economically vulnerable segments of the population, Ethiopia never went into a full lockdown that severely restricted movement, imposed curfews, or fully closed all borders (France-24 2020). The state of emergency was lifted on September 6, 2020. This meant largely returning to prepandemic life; transportation restrictions were lifted, bars were allowed to reopen, and face masks were no longer compulsory. Schools were reopened on October 19, 2020.

The main social protection response to COVID-19 in Ethiopia has come through the PSNP, which operates in both urban and rural areas. Launched in 2005 in food-insecure rural areas and in 2017 in selected urban areas, the PSNP is managed by the government of Ethiopia and is mostly funded by a consortium of international organizations and development partners. The PSNP provides monthly cash or food transfers in exchange for labor-intensive public works that build community assets. Eligible households with limited

labor capacity receive unconditional cash transfers. Due to the pandemic, the public works requirement was waived and thus all beneficiaries were receiving unconditional transfers. At the beginning of the pandemic, beneficiaries also received three months of payments in advance (Gentilini et al. 2020). It was also announced that both the rural and the urban PSNP would expand to cover additional poor and vulnerable people as well as provide additional support to existing beneficiaries at a high risk of poverty (Gentilini et al. 2020). To this end, two months of additional support were provided to PSNP beneficiaries in most food-insecure rural areas. However, due to external funding constraints, these PSNP expansion plans never materialized in urban areas. In addition to the PSNP, a number of smaller-scale initiatives were launched to support poor and vulnerable households. These included food banks set up by city administrations, community support, and nongovernmental organization programs (Abate et al. 2020).

Ethiopia's PSNP combines geographical and community targeting. The rural PSNP covers the chronically food-insecure rural districts in all but two administrative regions (the program does not currently operate in Benishangul-Gumuz or Gambella). After district selection, communities themselves select the most vulnerable households to be part of the program. The urban PSNP currently operates in 11 major cities, and beneficiaries are selected by communities. In

FIGURE 7.1—TIMELINE OF THE COVID-19 PANDEMIC IN ETHIOPIA

Source: COVID-19 case numbers from Dong, Du, and Gardner (2020).

addition to the PSNP, rural districts can request emergency food assistance. This is common: in unexceptional years, it is estimated that 5 million people, on average, are in need of humanitarian food aid (NDRMC 2018). A series of smaller support mechanisms such as food banks was set up during the pandemic, especially in urban areas.
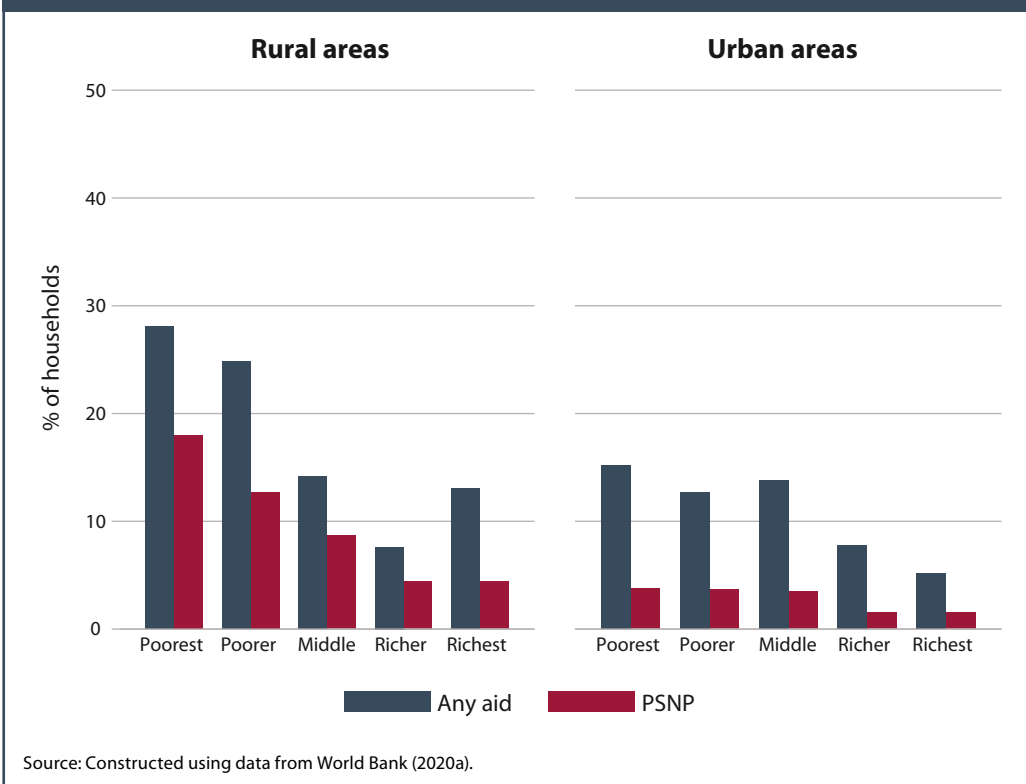
Figure 7.2 shows the results of the targeting analysis. There was relatively strong progressivity in targeting during the pandemic: poorer households were generally more likely to receive transfers than richer households. This held both for rural and urban areas. In line with analyses done prior to the pandemic (World Bank 2020b), the progressivity was even stronger when analysis was restricted to support from the PSNP only. However, despite this progressivity, many poorer households did not receive any type of support during the pandemic, possibly due to funding constraints.

Malawi Case Study

Malawi registered its first case of COVID-19 on April 2, 2020. The disease then spread in two waves (Figure 7.3). The first wave peaked in late July 2020 and subsided toward the end of August. The second wave began in late December 2020, peaked in late January 2021, and was subsiding at the time of writing at the end of February 2021. By February 28, 2021, 31,945 cases were confirmed in the country, although the true number is likely to have been larger considering the limited testing.

By the time the first case of COVID-19 was confirmed in Malawi, the government had already reacted to the unfolding global pandemic by closing all schools on March 23, 2020, and by suspending scheduled international flights and restricting the maximum number of passengers allowed on road public transport vehicles to 60 percent of capacity on April 1, 2020. Social distancing and wearing face masks in public spaces became mandatory but were not fully enforced or widely practiced until the second wave, in early 2021. Between mid-April and late June 2020, there was considerable uncertainty regarding restrictions on movement and economic activity after a full lockdown announced by the government was stayed and eventually ruled illegal by the judiciary, and thus never implemented. International travel restrictions were

FIGURE 7.2—TARGETING OF SOCIAL ASSISTANCE DURING THE PANDEMIC IN ETHIOPIA

Source: Constructed using data from World Bank (2020a).

lifted on September 1 and instruction in schools was resumed in stages until all schools were fully operating by October 12, 2020. Restrictions on public transport were lifted on December 22, 2020, in response to an increase in retail prices of fuel. However, daily numbers of new COVID-19 cases started rising again by that time, and the restrictions were reintroduced on January 18, 2021, along with a nighttime curfew, a partial closure of land borders, a full closure of schools, and a recommendation to work from home where possible. Schools reopened again on February 22, 2021, but other restrictions remained in place at the time of writing.

The canceled April 2020 lockdown was widely regarded by the public as a political maneuver intended to disrupt Malawi's presidential elections (which

were nonetheless held as scheduled on June 23, 2020), and the government's policy responses to counter the negative effects of restrictions on citizens' welfare were often viewed in a similar light (Dulani et al. 2021; Greer et al. 2021). The skepticism may have been justified, as the only major measure that was implemented during the first COVID-19 wave was a reduction in fuel prices on April 4. A vertical expansion of the Social Cash Transfer Programme (SCTP)—the country's flagship social safety net, under which the most vulnerable households in rural areas receive unconditional cash transfers—and an
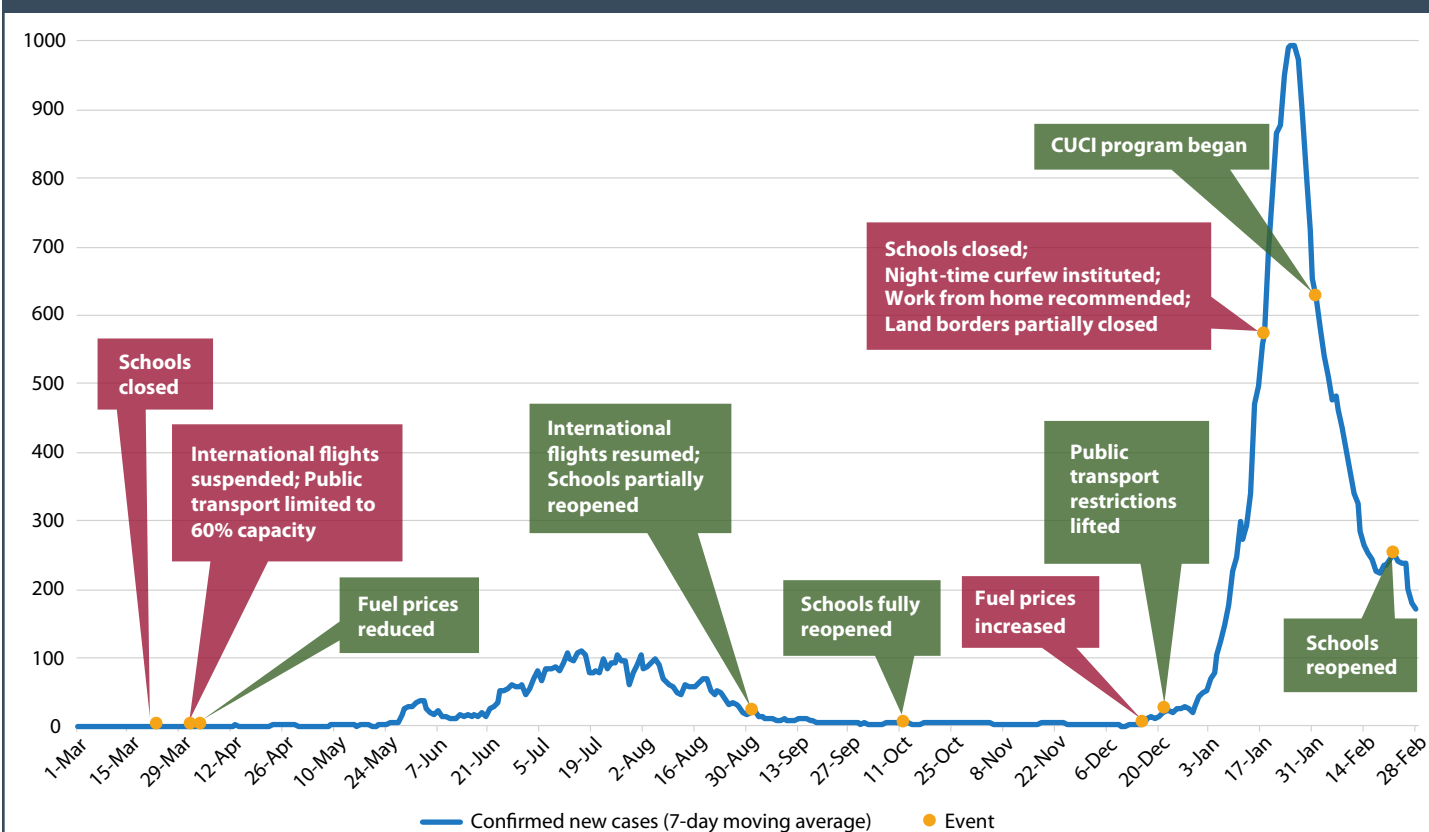
acceleration of SCTP payments, both announced on April 1, 2020, never materialized. A similar scheme targeting the urban poor was announced on April 28, 2020, but received funding only in October 2020 and was not implemented until February 2021.

The government of Malawi provides basic social protection to its most vulnerable citizens through the SCTP. The SCTP targets poor rural households with limited labor capacity using a mixture of proxy means testing and community targeting. In 2019, the program reached 6.4 percent of the Malawian population with monthly payments averaging the equivalent of US$9.40 per household (UNICEF 2020a). At the onset of the pandemic, the government made plans to expand the SCTP horizontally as well as vertically to lessen the impact of restrictive measures on the poorest households, but the plan never materialized. The SCTP also did not react to the pandemic within its existing structure until February 2021, when its first retargeting in six years began.

Instead of building on the existing structure of the rural SCTP, the government announced a parallel cash-transfer program targeting the urban poor. Dubbed the COVID-19 Urban Cash Intervention (CUCI), it did not receive funding until October 2020 and was not

FIGURE 7.3—TIMELINE OF THE COVID-19 PANDEMIC IN MALAWI

Source: COVID-19 case numbers from Dong, Du, and Gardner (2020).

rolled out until February 2021. In other words, while it might have alleviated some of the economic impact of the measures put in place to counter the second pandemic wave, it could not have helped during the first wave.

With government-run programs reacting to the pandemic at a relatively slow pace, most pandemic-related safety net adjustments seen in 2020 came from smaller, privately run initiatives and informal arrangements. These were numerous and fragmented, so it is no surprise that they were not particularly well targeted in the aggregate, as Figure 7.4 illustrates.
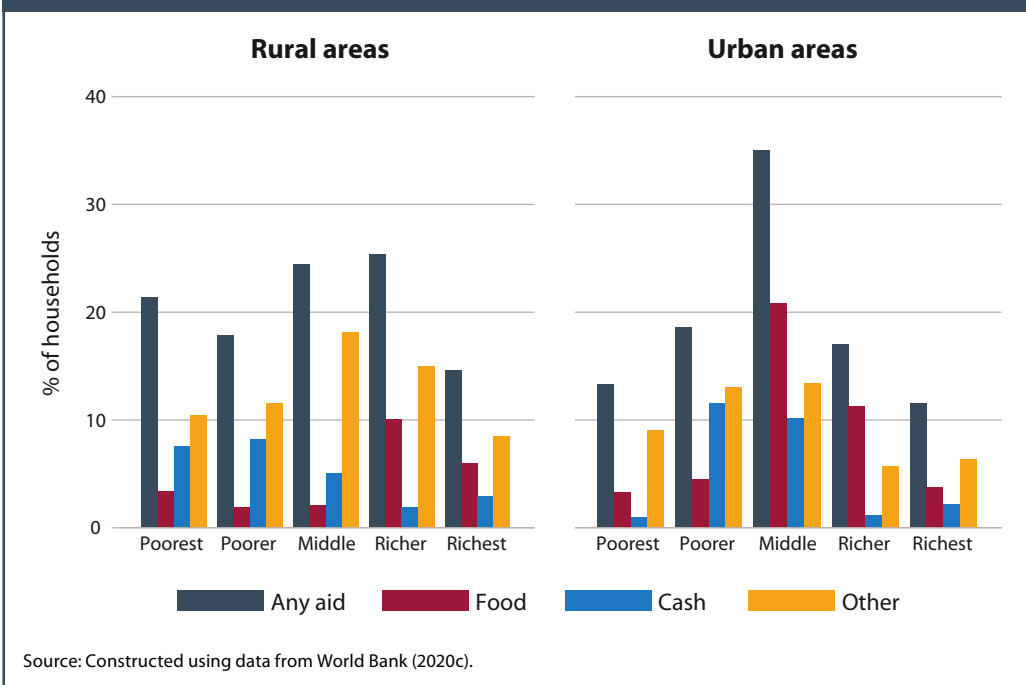
The targeting of social protection programs should, however, become more reflective of the impacts of the pandemic as the CUCI takes full effect and the SCTP gets retargeted in the first half of 2021. Rural households affected by the pandemic may further be helped in the first quarter of 2021 by the Lean Season Food Insecurity Response Programme (LS-FIRP), which delivers direct food or cash transfers to food-insecure households during the lean season. The LS-FIRP is billed as a humanitarian program rather than a social safety net, and it receives ad hoc funding, but it takes place every year and uses a formalized targeting process. The targeting of the LS-FIRP is similar to that used for the SCTP, but it is more flexible in reacting to acute crises like the COVID-19 pandemic because it takes place annually.

Nigeria Case Study

Nigeria recorded the first case of COVID-19 on February 28, 2020, and the course of the pandemic there was similar to the course in Malawi, with a first wave peaking in July and a second wave in late January (Figure 7.5). The country had recorded more than 150,000 confirmed cases by February 28, 2021.

The Nigerian government introduced the first pandemic-related restrictive measures on March 26, 2020, when it closed schools, land borders, and—in several states—markets. Full lockdowns were introduced in a number of states a few days later. Despite a still-rising caseload, the government started phasing out daytime lockdowns on May 4 and nighttime curfews on June 2. Domestic flights resumed on July 8 and air borders reopened on September 5. Most

FIGURE 7.4—TARGETING OF SOCIAL ASSISTANCE DURING THE PANDEMIC IN MALAWI

Source: Constructed using data from World Bank (2020c).

schools reopened on October 1. The government introduced new measures in reaction to the second wave of infections on December 21 when it closed bars and restaurants, restricted public transport to 50 percent of vehicle capacity, and recommended working from home when and where possible. At the time of writing, these restrictions remained in place.

In recent years, the government of Nigeria has been in the process of revising its social protection framework. The National Social Investment Programmes were launched in 2016 encompassing a suite of initiatives, including a conditional cash transfer program, to support poor and vulnerable populations (World Bank 2019). The Nigerian government responded relatively quickly to the pandemic by introducing a temporary four-month expansion of its cash transfer scheme, from 2.6 million to 3.6 million households, on

April 1, 2020. On the same day, a three-month program of direct food transfers to vulnerable households was announced in the states under lockdown. Furthermore, a program delivering meals to homes was introduced in several states on May 14 as a substitute for school feeding programs.

Nigeria has several state- and federal-level social protection programs that target poor and vulnerable people (World Bank 2019). In addition, informal social protection arrangements are also prevalent. Similarly to Ethiopia and Malawi, we assess the targeting of any type of aid and of aid from all government levels (federal, state, or local) to account for this complexity.

FIGURE 7.5—TIMELINE OF THE COVID-19 PANDEMIC IN NIGERIA

Labels on the chart:
- Schools closed; Borders closed; Markets closed in multiple states
- Lockdowns in multiple states
- Cash transfers expanded for 4 months; Food transfers introduced for 3 months
- Home deliveries instead of school feeding programs in multiple states
- Bars and restaurants closed; Public transport limited to 50% capacity; Work from home mandated where possible
- Domestic flights resumed
- Lockdowns eased
- International flights resumed
- Lockdowns further eased
- Schools fully reopened

Legend: Confirmed new cases (7-day moving average) ● Event

Source: COVID-19 case numbers from Dong, Du, and Gardner (2020).

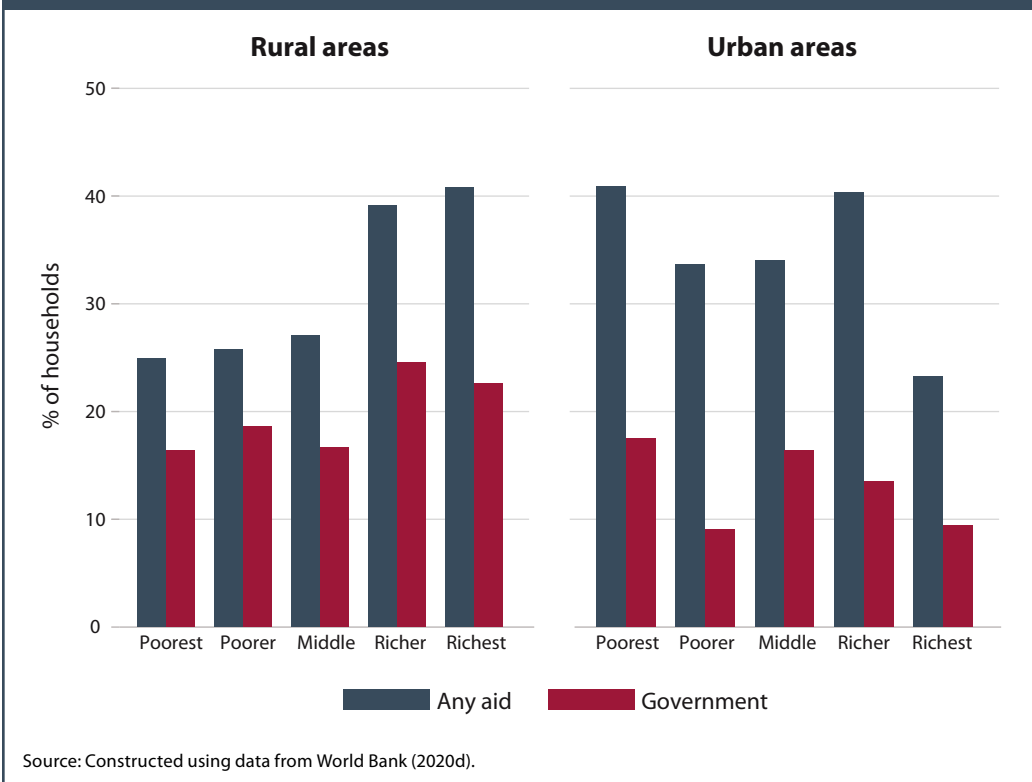**FIGURE 7.6—TARGETING OF SOCIAL ASSISTANCE DURING THE PANDEMIC IN NIGERIA**

Source: Constructed using data from World Bank (2020d).

that noted that food transfers (which accounted for the largest share of the support during the pandemic) were more likely to go to households that were not poor (World Bank 2020f).

Conclusions

African governments reacted swiftly to the pandemic. A series of measures to limit the spread of the virus was quickly enacted. Most governments also made rapid adjustments to their existing social protection programs and many launched new ones to protect their poor and vulnerable citizens.

Research carried out prior to the pandemic provides strong evidence that social assistance in the form of cash or in-kind transfers is effective in improving food security and protecting assets (Hidrobo et al. 2018). The COVID-19 pandemic constitutes a new type of shock, simultaneously affecting health systems, livelihoods, and food systems. This raises the question of whether the old social protection models can still work in the face of a pandemic. While the emerging evidence reviewed in this chapter suggests that the answer to this question is yes, the evidence base remains too thin for us to draw definite conclusions.

One of the key conditions for effective social protection programming is that the assistance be targeted at the right people. As our case studies demonstrate, targeting accuracy during the first year of the pandemic was highly variable. Using prepandemic durable asset levels as the targeting metric, we find that the targeting of social assistance was progressive in Ethiopia, but not in Malawi or Nigeria. In all countries, a sizable number of the poorest households in both rural and urban areas were not covered by any social assistance program.

Together, these findings indicate that despite swift adjustments to the existing social protection programs and the launch of many new initiatives, many poor Africans did not receive sufficient assistance during the pandemic. Largely, this is due to insufficient coverage in many areas, but in some countries, the available resources also could have been targeted better.

Figure 7.6 shows the results of the targeting analysis. Judged by prepandemic wealth levels, the targeting of social assistance during the pandemic was highly regressive in rural areas. This result held when we focused only on support provided by the government. Targeting accuracy was slightly better in urban areas in the sense that compared with other households, the richest households were the least likely to receive assistance. While it is encouraging that more than 40 percent of urban households in the poorest wealth category received transfers, the targeting could not be characterized as progressive in urban areas either. These findings are in line with a recent World Bank report

Expanding social protection during the pandemic has proven difficult because the economic impacts of the pandemic have been truly global. Consequently, new funding from high-income countries was reduced, making it difficult for many lower-income countries to expand their existing programs or to launch new initiatives. Before the pandemic, more than 50 percent of social protection funding in Africa came from development partners (Bossuroy and Coudouel 2018), with some of the largest programs, such as the PSNP of Ethiopia, almost completely externally funded. The limited domestic funding of social protection leaves many African countries highly vulnerable during global crises such as pandemics. Therefore, and to ensure the long-term sustainability of these programs, it is paramount to build up effective domestic resource mobilization mechanisms as well as to strengthen domestic tax collection systems (Bruni et al. 2018; Hirvonen et al. 2018; Niño-Zarazúa et al. 2012).

As for improving targeting efficiency, previous work in this area notes that limited administrative capacity and imperfect information makes it difficult to identify the neediest and most vulnerable households (Coady et al. 2004). Therefore, databases of potential recipients need to be set up, as several countries in Asia and Latin America have done. For example, Indonesia maintains a unified targeting system that has been shown to be effective in reducing targeting errors (Tohari et al. 2019). There is also need for more investment in shock-responsive social protection systems that can be quickly scaled up following a shock and scaled down afterward (Roelen et al. 2018).