

## How COVID-19 Pandemic Rebuilds Social Protection Schemes in Sub-Saharan African Countries: Policy Implications

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### Abstract

The COVID-19 pandemic crisis imposed serious threats on the economy and worsened people living conditions in many regions over the world. Many countries executed numerous measures to overcome the adverse impact of this crisis. One of a strategic widely executed tool to enhance the resilience of economy and community to the COVID-19 pandemic is social protection programs. The implementation of such programs becomes vital in poor countries. In poor regions such as Sub-Saharan Africa social protection could play an important role to support the vulnerable groups to overcome the adverse impacts of this crisis. This study aims to investigate how the COVID-19 Pandemic rebuilds Social Protection in Sub-Saharan Countries which are mostly affected by the COVID-19 pandemic as well as to provide learned lessons and policy implications. This study was conducted by searching through Google Scholar, WoS and some international Institutions websites such as World Bank, International Labor Organization and World Health Organization. The findings showed that most Sub-Saharan African countries executed both new social programs and updated earlier existing ones to respond to adverse impacts of the COVID-19 pandemic. Some countries executed contributory programs, which could not be relied upon during the COVID-19 pandemic as they typically covered only formal sector. Consequently, some recommendations were drawn for the region policy and decision makers for implementing more effective social protection in fighting future pandemics.

**Keywords:** COVID-19 pandemic, Sub-Saharan Africa, social protection, policymakers

### Introduction

Sub-Sahara African (SSA) region consists of 48 countries including both low and high-income countries. Most of the region countries (34) are low-income countries (Briceño-Garmendia and Klytchnikova (2006). The population of SSA region is expected to reach 2.7 billion people by 2060 whilst most populated countries are Nigeria, Ethiopia, Tanzania, the Democratic Republic of Congo, Niger, Zambia, and Uganda (Bakilana, 2015). However, SSA region experiences numerous challenges such as low access to technologies, low quality of education, lack of water sanitation and adequate health infrastructures, recurrent conflict and insecurity, weak governance and high poverty rate. This slows down the efforts of the region to achieve inclusive human development (Okojie and Shimeles, 2006; Asongu and Le Roux, 2017; Asongu and Odhiambo, 2019; Tchamyu et al., 2019). Numerous factors; a rapid population growth, gender inequality and social exclusion accelerate the region poverty rate and about 9 over 10 person in the region live extremely poor (Wadhwa, 2018).

On the other hand, recently many countries enforced various measures to curb down the spreading of COVID-19 pandemic. These measures deteriorated the livelihoods of the population, especially those of informal workers and self-employees. It is estimated that the

adverse impacts of the COVID-19 pandemic pushed about 420-580 million people into poverty and impoverished billions of informal employees (Thurlow, 2020; Sumner et al., 2020; Malik and Naeem, 2020). The pandemic crisis affected labor market and created new poor who are mostly concentrated in poor regions, especially in SSA and South Asia. In this context, many African countries would witness an increase of poverty level more than three last decades (Weber, 2020; Dube and Katende, 2020; Sumner et al., 2020). This would be an obstacle to achieve the Nations Sustainable Development Goal 1 (zero poverty) by 2030 (Sumner et al., 2020). With this regard, many countries executed numerous SPP to mitigate the adverse impacts of the COVID-19 pandemic over the globe (Gentilini et al. 2020). Most of these measures include financial and economic supports that can be ranged under the umbrella of the concept of social protection.

Many SSA countries have implemented social protection programs (SPP) to alleviate poverty, to support their economies and communities to cope with the negative impacts of climate change, improve health quality and education as well as previous pandemic such as Ebola (Commission for Africa, 2005; Bodewig and Hallegatte, 2020; Acosta et al. 2011; Shin et al. 2018). Recently, many African countries executed SPP due to the imposed measures such as lockdown and businesses closure to slow down the spreading of coronavirus (Otegunrin et al., 2020). These SP become a key tool in crisis management, which SPP target to address chronic poverty and enhance the children education (Bodewig and Hallegatte, 2020).

In the era of the COVID-19 pandemic crisis, SP becomes a key study topic for many scholars and development institutions. Most studies conducted in African region focused on the economic impacts of the pandemic (David et al., 2020), COVID-19 pandemic and coping strategies (Mennechet and Dzomo, 2020), lockdown measures and COVID-19 pandemic mitigation (Mboera et al., 2020) and food security in the COVID-19 pandemic (Lawson-Lartego and Cohen, 2020). Other authors explored the tradeoffs of COVID-19 mitigation policies (Mueller et al., 2020), the responses to COVID-19 crisis on schools (Wodon, 2020), challenges of the COVID-19 pandemic for policymakers and international donors (Adam et al. 2020; Mezue et al. 2020). Only Ebuenyi (2020) explored COVID-19 pandemic and social welfare benefits in Africa.

With regard to the above literature, it appears that investigating how the COVID-19 pandemic rebuilds social protection in SSA which is one of the poorest region of the globe is of key importance. This study aims to investigate how the COVID-19 Pandemic rebuilds Social Protection in SSA countries which are mostly affected by the COVID-19 pandemic as well as to provide learned lessons and policy implications. Especially, it seeks to explore: (1) What are the most executed SPP in these countries? (2) What are the main targeting beneficiaries of these programs? (3) What are the delivered social protection grants? (4) To which extent does the pandemic rebuild SSP in these countries? Accordingly, the study ends up with some recommendations for the region policy and decision makers for implementing more effective social protection in fighting future pandemics.

## **Background**

### **Social protection in Sub-Saharan Africa countries**

For long decades, SP has been acknowledged as a policy tool used to address poverty and vulnerability (Barrientos et al., 2010). It becomes a key pillar of the UN 2030 Agenda for Sustainable Development (Babajanian et al., 2014; Bastagli et al., 2016). However, there is no a clear definition of what refers to the SP. FAO (2017). defined SP as Social protection comprises a set of policies and programmes that addresses economic, environmental and social vulnerabilities to food insecurity and poverty by protecting and promoting livelihoods". UNDP.

(2016) mentioned that SP denotes a “set of nationally owned policies and instruments that provide income support and facilitate access to goods and services by all households and individuals at least at minimally accepted levels, to protect them from deprivation and social exclusion, particularly during periods of insufficient income, incapacity or inability to work”. In addition, FAO (2015) underscored that the concept of social protection states to a theoretical idea of delivering in-kind and cash assistance to poor individuals to help them to overcome shocks and risky uncertainties. Furthermore, Devereux (2016) and Osabohien (2017) indicated that social protection includes policy or action that focuses on lessening shocks, alleviating exposure to poverty by promoting effective labor markets, reducing the vulnerability of individuals to risks. It builds the capabilities to coordinate economic and social disturbances including old age and health, disability, unemployment and financial exclusion. Hence, social protection policy refers to a set of public or non-governmental transfers through income redistribution from the rich to the poor to reduce social inequality (Matthew et al., 2020; Tirivayi et al., 2016).

On the other hand, SSA countries executed social protection for long decades and it becomes recently a key component of many African countries policy agenda (Adato and Hoddinott, 2008; Ellis et al., 2009; Nino-Zarazua et al., 2010). Many challenges such as persistent poverty and malnutrition, volatility of foodstuffs price, recurrent conflicts increase the importance of the implementation of social protection in African region (Adato and Hoddinott, 2008). The demographic characteristics, sociopolitical conditions and funding capacities of these countries are key determinants of the implemented social protection schemes (Barrientos et al., 2009). Commonly, SPP are either contributory or non-contributory according to the funding schemes. Contributory SPP entails direct contribution of the beneficiaries and target to deliver social grants such as access to health care unemployment assistance, employment injury assistance, maternity and sickness assistance to the beneficiaries. Additionally, they are either entirely funded by the contributions of the beneficiaries, taxes funded or financed by other funding sources. However, non-contributory SP schemes are mostly means-tested programs executed to support the poor whose living conditions are under a given poverty threshold (Behrendt et al., 2019).

In SSA countries, most SPP are executed with the support of international partners such as the International Monetary Fund and World Bank (Driscoll and Evans, 2005; Barrientos et al., 2010). The international donors and non-government organizations (NGOs) are considered as main funding sources of SP in these countries (Devereux et al., 2010; Nino-Zarazua et al., 2010). Accordingly, the inclusion of SP in the policy agenda of many African countries would be promoted by the donors and non-government organizations (NGOs) (Devereux et al., 2010). Yet, it has been acknowledged that the implementation of social protection in many SSA countries faces several obstacles. This includes the lack of a well-designed management system, inappropriate targeting approaches, high exclusion rate of the poor and exclusion of the community in the process of data collection. These obstacles reduce the effectiveness of these programs to achieve their goals (Adato et al., 2005; Chitonge, 2012).

Figure 1 presents the level of SPP in SSA countries. It shows the proportion of the population covered by at least one social protection program. In general, SSA countries present a low coverage of social protection. South Africa and Capo Verde are the region countries that have the highest coverage of SP with 49.3% and 39.2% respectively. In addition, Ghana (25.3%), Zambia (24.6%), Namibia (21.3%), Niger Republic (20.6%) and Senegal (20%) are the countries with moderate coverage of social protection. Furthermore, Mali (9.3%), Lesotho (9.2%), Benin (7.8%), Burkina Faso (7.5%), Ethiopia (7.4%), Cameroon (6.8%), Liberia (6.2%), the Gambia (6.1%), Sierra Leone (4.4%), Uganda (2.8%), Central African Republic (1.4%), Guinea Bissau (1.4%) and Madagascar (0.9%) are SSA countries with the lowest

coverage of social protection. Other SSA countries that are not shown in Figure 1 lack of official social protection data on the ILO database (ILO, 2021).

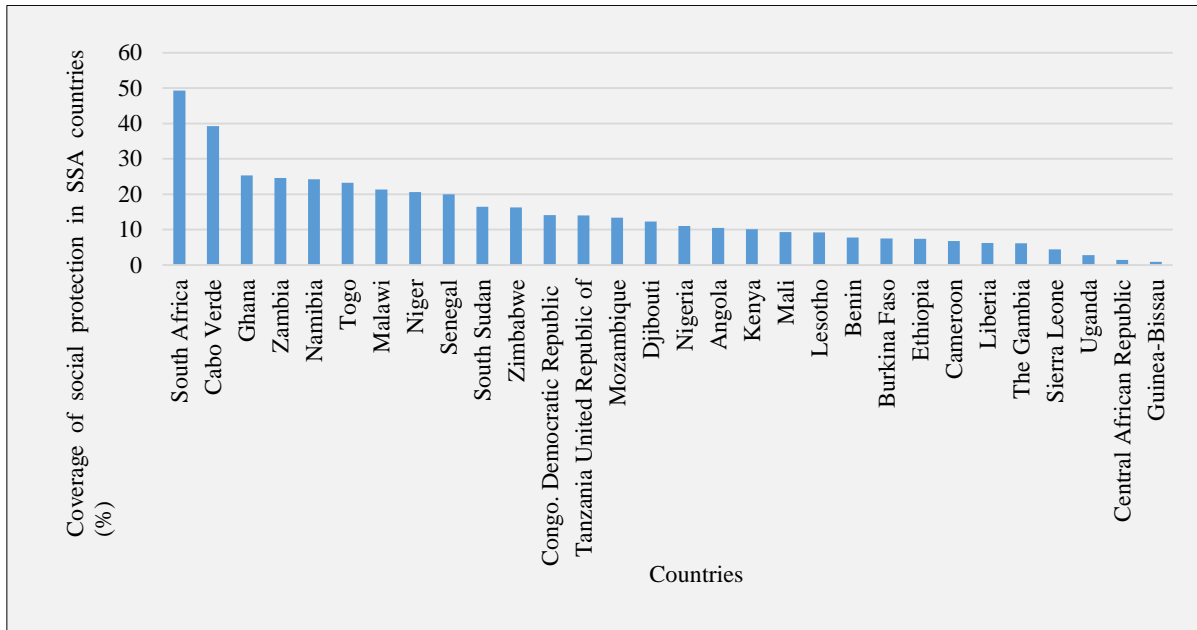


Figure 1. Coverage of social protection in SSA countries (Authors adapted from ILO (2021))

## Methodology

This study was carried out through a systematic review. Literature searching was conducted through WoS, Google scholar and some websites and blogs to identify relevant studies related to performed SPP in SSA countries to overwhelm the COVID-19 pandemic impacts. Accordingly, the authors conducted a literature screening based on common inclusion and exclusion criteria based on key terms. These key terms were Social Protection, COVID-19 pandemic AND Sub-Saharan countries, COVID-19 pandemic AND poverty, COVID-19 copying response in Sub-Saharan countries, COVID-19 pandemic AND poverty in Africa, Social protection AND the COVID-19 pandemic, COVID-19 AND Copying strategies, Social protection AND Sub-Sahara, COVID-19 pandemic outbreak and poverty, COVID-19 pandemic AND Africa, COVID-19 pandemic AND Sub-Sahara, Social Protection Programs AND COVID-19 pandemic. However, only English-issued studies and relevant blogs were retained and the database collected was pooled to eliminate duplicates. The titles and abstracts of all non-duplicated collected studies were reviewed and then only relevant studies complying with inclusion criteria were retained while any importance was not given to the name of the journals, authors or institution that conducted the selected studies. Furthermore, within the scope of inclusion criteria, all issued studies related to SPP as performed to overcome the adverse impacts of the COVID-19 pandemic in SSA countries the most affected by the pandemic were retained. With regards to the exclusion criteria, all studies, which did not focus on SPP performed by SSA countries the most affected by the COVID-19 crisis as copying measures to the adverse impacts of this crisis were excluded.

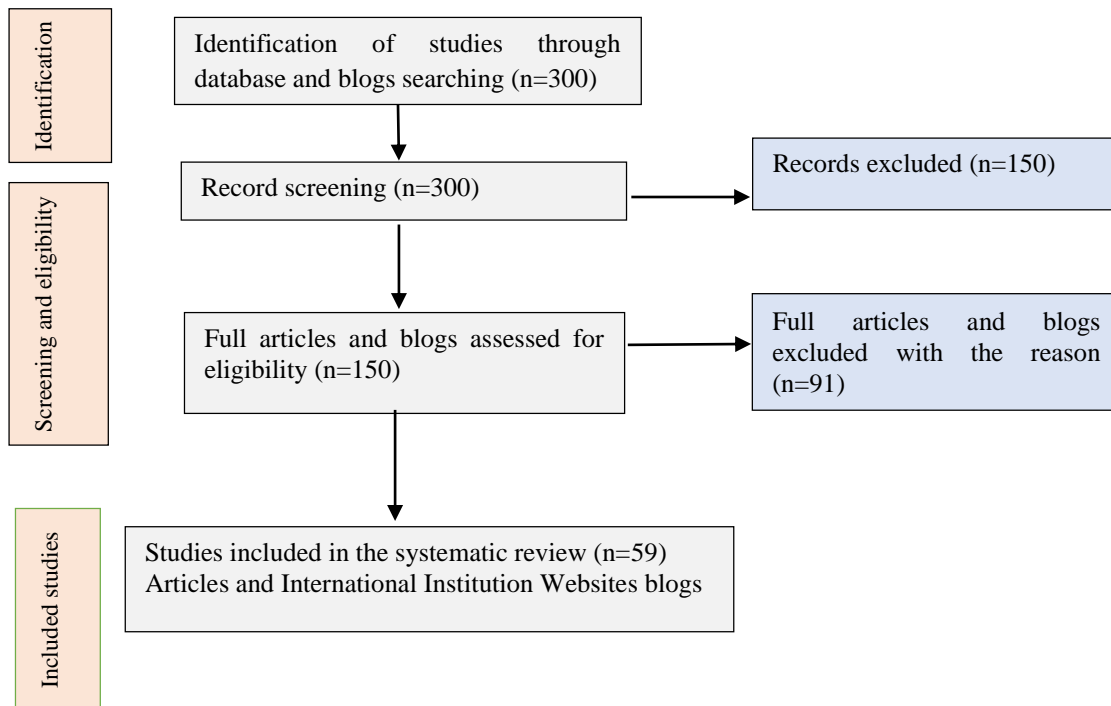


Figure 2. Flow chart of the study process (The author)

## Results and discussion

### Results

By July 30 2021 the globe accounts for about 196.553.009 confirmed COVID-19 cases and about 4.200.412 deaths. In SSA region, the countries highly affected by the COVID-19 pandemic are; South Africa (2.422.151), Ethiopia (279.629), Kenya (201.009), Zambia (194.140), Nigeria (172.821), Namibia (117.896), Mozambique (117.660), Ghana (103.019), Zimbabwe (105.656), Uganda (93.282), Cameroon (82.064), Senegal (60.170), Malawi (51.141), Cote d'Ivoire (49.911), Democratic Republic of Congo (49.251), Madagascar (42.715), Angola (42.486), Cabo Verde (33.721), Réunion (37.231), Guinea (25.401) and Gabon (25.370) and (WHO, 2021).

Table 1 was drawn to point out various SP measures implemented in the 15 SSA countries highly affected to respond to the COVID-19 pandemic. It showed the COVID-19 pandemic led to implementing new programs and adjusting the existing SPP in all the SSA countries highly affected by the pandemic. Most of these programs consist of non-contributory schemes whose beneficiaries are mainly the poor and vulnerable groups. Furthermore, the main objectives of these programs are food and nutrition, income and job protection. Also, it is noticed that the COVID-19 pandemic led to increasing health expenditure in many SSA countries.

**Table 1.** SP response to COVID-19 crisis in the SSA countries mostly affected SSA countries

Countries	Types of schemes *	New program /adjustment	Beneficiaries	Programs objectives	Social grants
South-Africa	NC	New program	Vulnerable household	Food and nutrition	Distribution of food parcels
	NC	New program	Poor students	Food nutrition and nutrition	Food packages (Tow time per week)
	NC	New program	Workers affected by COVID-19	Job protection	Cash transfers (\$200 per worker) during lockdown period
	NC	New program	Small and Medium Enterprises (SMEs)	Job protection	Wage subsidies
	C	Program adjustment	Elders	Livelihoods support	Cash transfers
	NC	New program	Vulnerable women and girls	Health	Sanitary products
	NC	New program	Workers non covered by social insurance	Income support	Cash transfer (social relief of distress grant)
Ethiopia	NC	Program adjustment	Poor households	Food and nutrition	Food and service packages
	NS	New programs	Citizens and residents	Housing/basic services	Free public transportation
	NC	Funding adjustment	Health system	Health	Increase of healthcare expenditure (\$154 million)
	NS	New program	Employees	Supporting the health employees at risk	Continue paying the employees at risk staying at home
	NC	New program	Vulnerable groups	Housing/basic services	Removal of bans and reduction of rent fees
	NC	New program	Employees	Income/job protection	Prohibits laying off workers
	NC	Funding adjustment	The poor	Food and nutrition	Food distribution (\$635 million)
	NC	New program	The poor and vulnerable population	Food and nutrition	Food distribution
Kenya	C	New program	Civil servants	Pensions	pension scheme
	NC	New program	Daily wages employees	Income/job protection	Employment opportunities
	NC	New program	The poor and vulnerable population	Special allowance/grant	Cash-transfers
	NC	New program	Employees	Several functions	Tax relief (Employees with gross monthly income of up to Ksh. 24,000)
	NC	Program adjustment	Employees	Pensions	Monetary assistance

	NC	New program	Health workers employees	Health	Risk payment
	NC	New program	The poor and vulnerable population	Special allowance/grant	Cash transfers targets
Nigeria	NC	New program	The poor and vulnerable population	Special allowance/grant	Cash transfer
	NC	New program	Tradesmen and artisans, the poor and vulnerable population	Food and nutrition	Relief materials
	NC	New program	The poor and vulnerable population	Special allowance/grant	Cash transfers
	NC	New program	The poor and vulnerable population	Food and nutrition	Food distribution
	NC	Administrative adjustment	Health sector employees	Health	Hazard allowance
	NC	New program	Employees/individuals	Several functions	Tax release
	NC	New program	Employees/individuals	Several functions	Tax release (for taxpayers)
	NC	New program	Employees in sector	Health	Allowance to emergency healthcare
	NC	Adjustment to new program	Employees/dependents	Health	hazard allowance
	NC	New program	Road transport workers	Special allowance/grant	Cash assistance
	NC	New program	Private sectors' employees	Income/job protection	3 month payment
	Ghana	NC	Funding adjustment	Health sector	Strengthening the healthcare system
NC		New program	Users of electronic money transfers	Housing/basic services	Release of tax bellow GH¢100
NC		New program		Housing/basic services	waives for renting (2 months)
NC		Administrative adjustment	Frontline health employees	Health	Wage increase (50% for 3 months)
NC		New program	Health sectors employees	Health	Tax waiver
NC		New program	Poor population	Housing/basic services	Grants free water ( for 3 months)
NC		New program	Poor households	Food and nutrition	Free meals
NC		New program	Daily workers affected by COVID-19	Special allowance/grant	Cash transfer
	C	Program adjustment	Elders	Pensions	Pension benefits increases

Cameroon	C	Funding adjustment	Employees	Several functions	Withdrawal of penalties for late payment of social security
	NC	Funding adjustment	Health sector	Health	Increasing of the health sector expenditure (6.5 billion CFAF)
	C	Program adjustment	Elders and employees	Several functions	Suspension of on-the-spot checks of the Social Security Fund
	C	Funding adjustment	Employees	Several functions	Postponement of social contributions payment
	C	Program adjustment	Employees/dependents employees of companies	Special allowance/grant	Family grants and staff leave
	NC	Program adjustment	Children and Family	Children and Family	Increases of family grants
	NC	Funding adjustment	Health services and social protection system	Several functions	Monetary package
Mozambique	C	Program adjustment	Employees affected by the COVID-19 pandemic	Sick-leave equivalent to 70% of medium salary in case of COVID-19	Cash assistance (70% of medium salary)
	NS	Administrati on adjustment	Mobile users	Digitalization of social security	Introduction of mobile banking
	NC	Program adjustment	Vulnerable households	Extending earlier social protection	Cash transfer (1 million households additional beneficiaries)
	NC and C	Spending adjustment	Social protection Management	Increase of social protection expenditure	Increase of funding
	NC	New program	The poor and vulnerable population	Slowing down the spreading of the virus	Free masks distribution
	C	Funding adjustment	Enterprises	Reduction of interest on social contributions	Reduction of interest on social contributions
	C	Funding adjustment	Small and medium enterprises	Support the SMEs to cope with adverse impact of the pandemic	Delivery of credit (4% interest rate)
	NC	Program adjustment	Poor and vulnerable groups	Increase of cash payment	Supplementary payment of certain SPP
Namibia	NC	New program	The poor and vulnerable population	Several functions	Economic Stimulus and Relief Package
	NC	New program	Employees(depen dents	Special allowance/grant	Emergency income-grant
	NC	New program		Housing/basic services	Free Water



Uganda	C	Spending adjustment	Businesses affected by the pandemic	Several functions	Postponement of social contributions
	NC	New program	The poor and vulnerable population	Food and nutrition	Food distribution
	NC	New program	The poor and vulnerable population	Special allowance/grant	Cash grants
Côte d'Ivoire	NC	Funding adjustment	Health sector	Health	COVID-19 pandemic new mechanism 95.8 billion CFA francs as a
	NC	New program	The poor	Housing/basic services	Postponement of the payment of electricity and water bills
	NC	Administratio n adjustment	Management system	Several functions	Use of electronic payment tools to enhance digital transactions
Senegal	NC	New program	The poor and vulnerable population	Several functions	Cash transfers
	NC	New program	The poor and vulnerable population	Food and nutrition	Food distribution
	NC	Administratio n adjustment	User of electronic payment	Several functions	Enhancing digital banking system
	NC	New program	The poor	Housing/basic services	Release of electricity and water bills
Zimbabwe	C	Program adjustment	Beneficiaires of social pension	Pensions	Cash benefit for 2 months (April month)
	NC	New program	Employees/depend ents such as artists	Special allowance/grant	Relief endowment (\$10m)
	NC	Spending adjustment		Special allowance/grant	Special cash transfer program
	NC	New program	Employees/depend ents (youth-led businesses)	Special allowance/grant	Relief funding support (\$17 million)
	NC	Administratio n adjustment	Employees	Income/job protection	Incentive support for informal job formalization ( cellphones and micro-credit benefit)
	NC	New program	Employers that provided at least 10 internship positions within 2 previous years	Income/job protection	Tax deduction
	C	New program	Employees	Income/job protection	Payment of public service salaries through Social Security funds
	NC	New program	The poor and vulnerable population	Children and Family	Measures to protect women's commercial activities

Democratic Republic of the Congo	NC	Funding adjustment	Health system	Health	Restructuring National Coronavirus Solidarity Fund (NCSF)
	NC	New program	The poor	Housing/basic services	Free water and electricity to households (2 months)
Malawi	NC	New program	The poor and vulnerable population	Special allowance/grant	Emergency cash transfer program
	NC	Program adjustment	Poor and vulnerable groups	Special allowance/grant	Cash transfers

\*NC, C and NS state for Non-contributory, contributory and non-specified types of programs schemes respectively. Source: Authors adapted from Awosemusi and Esene (2020), Dadzie and Raju (2020), Oshima and Bah (2020), Cissé (2020), Gentilini et al. (2020) and ILO (2021).

## Discussion

The study explores how the COVID-19 pandemic rebuilds social protection schemes in SSA countries, especially in those the most affected by the pandemic. Prior to the pandemic the majority of the SSA population is not covered by SPP (Figure 1). Only a few countries such as South Africa, Ghana, Zambia, and Namibia had a SP coverage of 49.3%, 39.2%, 25.3%, 24.6% and 21.3% respectively. Likewise, Barrientos and Holmes (2007) noted that social protection are key human development program in few SSA countries such as Ghana, Kenya, Malawi and Nigeria.

Table 1 showed that the COVID-19 pandemic led to an increasing implementation of SPP in SSA countries. This includes both the implementation of new programs and adjustment of existing ones. Most new programs are executed to support the poor and vulnerable groups, employees in health sector and small and medium enterprises. In addition, most countries witnessed several adjustments of their previous existing SPP. These include the increase of the funding of healthcare system, the readjustment of administrative system and the improvement of technology in social protection management such as digital payment. These results are aligned with Addison et al. (2020), Ebrahim (2020) and Were (2020) who underlined that many SSA implemented numerous SPP such as cash and in-kind transfers to respond to the adverse impacts of the COVID-19 crisis.

Also, Table 1 showed Cameroon, Mozambique, South Africa and Uganda applied contributory measures to support SMEs. These programs could enhance the resilience of the SMEs' to cope with the challenges posed by the COVID-19 crisis. Similarly, Jayaram et al. (2020) mentioned that many African countries supported their businesses, poor households and private sectors to cope with the COVID-19 crisis. The findings revealed that Ghana, Cameroon and the Democratic Republic of Congo increased funding of health sector as part of the COVID-19 preparedness and response plan. Indeed, the COVID-19 pandemic could be an opportunity for these countries to improve their health system. This result is consistent with Narayan et al. (2021) who declared that the COVID-19 pandemic was a clear warning for strengthening and modernizing public health.

Table 1 showed that the majority of new SPP aims to improve the beneficiaries' food and nutrition status (South Africa, Nigeria, Ghana, Uganda), delivers them cash transfers (Uganda, Senegal, Madagascar, Zimbabwe) and support their income and new creates new job opportunities (Kenya, Nigeria, Angola, South Africa) as response to the COVID-19 crisis.

However, the most delivered social grants in SSA countries as response to COVID-19 crisis were focused mainly on cash and in-kind programs. This is due to that such programs are easy to implement and do not require high management costs. This result is matching with the study of Addison et al. (2020) who highlighted that the implementation of monetary stimulus measures in SSA region remains challenging due to the lack of sufficient public funding.

On the other hand, Kenya, Mozambique and Cameroon implemented contributory SPP. Most employees in SSA countries are informal workers so that these countries could not rely upon such programs in responding to the COVID-19 crisis. This could explain why most SSA countries relied upon largely of non-contributory programs during the COVID-19 pandemic crisis. This finding is aligned with Schubert (2005) and Braun and Ikeda (2020) who noted that non-contributory programs become a key tool in preventing poverty, reducing social inequality and reinforcing community resilience.

From Table 1 it can be noticed that during the COVID-19 pandemic many SSA countries executed numerous waivers programs. These include water, electricity and free public transportation (Guinea), free water and electricity (Democratic Republic of Congo), discharge of electricity and water bills (Senegal), (taxes deduction for employees (Angola), reduction of rent fees and free public transportation (Ethiopia), discharge of taxes for taxpayers, and users of electronic money transfers, wavering rent fees and free water (Nigeria). However, the implementation of such programs in these countries could be challenging as they require well-designed systems. The implementation of waivers programs in these countries during the COVID-19 pandemic could be either for political reputation or a recommendation from intentional donors. This is aligned with Kojima et al (2014) who declared that waivers programs could be worthy social protection, but they could not be functioning in many countries in SSA countries

## **Conclusion and recommendations**

The study explores how the COVID-19 crisis rebuilds SP in SSA countries during the COVID-19 pandemic. It showed that the pandemic led to implementing new SPP and adjusting the existing ones in all SSA countries. It is obvious that most SSA countries executed SPP to support the poor and vulnerable groups during the COVID-19 crisis. Additionally, a few countries used SPP as a tool to support the SMEs to overcome the challenges of COVID-19 pandemic. In addition, the study showed that this pandemic could be an opportunity for some countries such as Ghana, Cameroon, and the Democratic Republic of Congo to modernize or strengthen their health system. However, SSA countries are still suffering from the shortage of technology application in social protection management.

### ***Depending on the previous results the policymaker in SSA countries should:***

- a. Implement numerous SPP and increase their funding to increase the effectiveness of the programs to alleviate the poverty rate in the region;
- b. Include social protection as significant component in the region development strategy;
- c. Modernize their social protection management system by improving the use of technology to enhance the delivery of social protection supports;
- d. Increase the health sector funding to enhance its capacity to respond to future unpredictable pandemics;

### ***Regional African organizations should:***

- e. Implement a comprehensive strategy to implement common social protection policy for better management of future crises;
- f. Reduce the countries dependency on external financial sources as preparedness and response plan for unpredictable crises;

- g. Enhance the role of NGOs in managing any future crises as they are considered as intermediates channels between the government and the vulnerable groups.

### Research limitations and future studies

The main limitation of this research are the COVID-19 pandemic is still ongoing so that the SSA countries SP might change. Additionally, the COVID-19 pandemic witnessed many waves with different imposed measures. This might increase the necessity of implementing more SPP in SSA countries.

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