

# Proposed reforms of the social protection systems of Morocco and Tunisia in light of the impacts of the COVID-19 crisis

*João Pedro Dytz, International Policy Centre for Inclusive Growth (IPC-IG)*

As most United Nations Member States, Tunisia and Morocco have subscribed to a set of standards regarding social and economic rights, including the right to social protection (social security) through the International Covenant on Economic, Social and Cultural Rights (ICESCR)<sup>1</sup> adopted in 1966. Article 9 of the Covenant guarantees the right to social security and insurance to protect people against risks that may impair their productive capacity either permanently or temporarily (e.g., sickness, disability, maternity, employment injury, unemployment, or old age) and ensure adequate support to their families, providing for survivors and orphans. Moreover, Article 10 guarantees the right of families to social protection and assistance, particularly while they are responsible for the care and education of their children. Special protection should also be provided to women during pregnancy and after birth, including maternity benefits (such as paid maternity leave), as well as to children, to protect them from economic and social exploitation. The ICESCR impels governments to establish a minimum level of income security and general socioeconomic well-being for their populations.

The International Labour Organization (ILO)'s Social Protection Floors Recommendation—(SPF—R202)<sup>2</sup> adopted in 2012, further developed this idea: States should develop a minimum social protection 'floor', which guarantees basic income security as well as access to essential health care—especially for children, people of working age who are unable to earn a sufficient income due to sickness, unemployment, maternity and disability, and elderly people. The SPF recommendation also stipulates that countries should formulate strategies to expand social security coverage in order to implement national social protection floors. This is especially important in the context of the Sustainable Development Goals (SDGs). SDG Target 1.3 explicitly calls for implementing "nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve sustainable coverage of the poor and the vulnerable".<sup>3</sup> Moreover, the crisis resulting from the COVID-19 pandemic, including responses by governments (such as containment measures) to protect jobs, incomes and livelihoods threatened by the spread of the disease laid bare the coverage gaps of existing social protection systems.

The two countries studied in this brief—Tunisia and Morocco—have been planning to reform their social protection systems in line with the SPF recommendations. Although they have been proactive in using social protection tools to respond to the COVID-19 crisis, demonstrating political will and commitment to address coverage gaps, they still need to develop a proper legal framework and fiscal space to implement the SPF in the coming years. The pandemic has affected reforms differently in the two countries: in a more 'positive' way in Morocco, while contributing to stalling changes in Tunisia.

The first section of this brief provides an overview of both countries' social protection systems, examining their different aspects and policies. Section 2 considers the proposed reforms that are currently under way and/or being discussed. Finally, we highlight the effects of the COVID-19 pandemic on these reforms and discuss the differences between both countries.

## 1 Current social protection systems

### Tunisia's current social protection system

Tunisia has one of the most comprehensive social protection systems in the region (IPC-IG 2018), meeting most contingencies described by ILO's Convention 102 on minimum standards for social security.<sup>4</sup> Ninety per cent of the active population in the formal sector are covered by three main contributory social insurance funds: the CNRPS (which covers public workers' retirement, invalidity and survivor's benefits), CNSS (national social security fund for private workers) and CNAM (medical insurance, managing sickness insurance as well as work-related accidents and sickness) (Ben Cheikh 2013). In contrast, there is low coverage of informal workers, who represent 37 per cent of the active workers in the private sector (33 per cent in the non-agricultural sector and 52 per cent in agriculture)

Social insurance schemes rely mostly on the CNRPS and CNSS funds. For private workers, the CNSS covers most risks (old age, survivors, invalidity, maternity, and death benefits), but spanning eight different regimes depending on the type of work (e.g., wage workers, rural wage workers, non-wage workers, students, etc.). These schemes also include family allowances for up to three children per household.

However, out-of-pocket health expenditures remain heavy: 12 per cent of households incurred very high health costs between 2006 and 2015 (World Bank 2015). Reasons include the low quality of public services, lack of coverage of pharmaceutical products and important quotas that still need to be paid for State-subsidised health care.

Social insurance in Tunisia still does not protect workers in case of unemployment, lacking regular mechanisms to ensure a minimum level of income (UNESCWA 2016). These coverage gaps are particularly worrisome in the context of the COVID-19 crisis: therefore, Tunisia set up specific responses, including cash assistance for self-employed workers, workers in the tourism sector and artisans, as well as ‘technical unemployment assistance’, which will be detailed further in a later section. By the first quarter of 2021, 17.8 per cent of the country’s working-age population were unemployed, compared to 15.1 per cent in the first quarter of 2020.<sup>5</sup>

As for labour market programmes, Tunisia has focused on skills development and wage subsidies through the National Employment Fund (FNE), such as public works, the payment of part of the salaries of higher-education workers in their first job, as well as the payment of employers’ social contributions and the salaries of interns. The FNE also supports insertion, reinsertion and adaptation of contracts to the labour market.<sup>6</sup> This fund is managed by the Ministry of Labour<sup>7</sup> and is financed through donations by private entities/individuals, contributions from privatisations and its own investments (as well as “any other resources that might be attached to it”).<sup>8</sup> In total, 405,000 people were covered by labour market programmes between 2011 and 2014. Wage subsidies, for instance, benefitted 114,000 workers in 2011, but this seems to include mostly highly qualified workers (World Bank 2015). High-intensity public works covered 180,000 people during the period, but issues related to the conclusion of the works seem to be pervasive (ibid.).

Finally, non-contributory social assistance schemes fall under the purview of the Ministry of Social Affairs, in coordination with the Ministries of Education and Health, through five main non-contributory programmes, excluding food and energy subsidies (IPC-IG 2016):

- National Aid Programme for Families in Need (PNAFN)
- School Allocation Programme (PPAS)
- Back-to-school education benefit (supporting poor students at the beginning of the school year)
- Free Medical Assistance programme (AMG1 and AMG2)
- National School Meals Programme

The country’s main social assistance programme was created in 1986, the National Aid Programme for Families in Need (PNAFN). PNAFN targets poor households, and eligibility is primarily determined by the upper poverty line of TND1,308 per person per year, as defined by the Tunisian National Institute of Statistics. The PNAFN covered 8.3 per cent of the population in 2017 (225,525 beneficiary households) with a TND150 cash

transfer and free health care coverage. Most household heads are retired, inactive or unemployed (CRES 2017). Additional monthly cash transfers in the form of the PPAS are given to PNAFN beneficiary households with school-age children to improve their educational outcomes.<sup>9</sup>

Regarding health care coverage, Tunisia offers two types of medical assistance: type 1 (AMG1—free) and type 2 (AMG2—subsidised through a fixed annual fee).<sup>10</sup> The two social assistance schemes, combined with social insurance schemes (mostly through CNAM), reach about 73 per cent of the country’s households (AMG1 covered 225,525 households in 2016, while AMG2 reached 620,000 households), leaving a significant part of the population uncovered (ibid.). As of 2019, 17.1 per cent of the population were not covered by any social protection scheme (Ministry of Social Affairs of the Republic of Tunisia 2019 and La Presse 2019).

To tackle these coverage gaps, the Government of Tunisia has been developing the ‘Amen Social’ basic income programme, which was enacted into law on 30 January 2019, building on existing schemes to provide a comprehensive social protection system that ensures the realisation of Articles 12 and 38 of the country’s Constitution (the rights to health and social justice). The goal is to set up a social protection system that covers the population as a whole, based on a leave-no-one-behind, lifecycle approach, through the inclusion of broad swaths of the population in social assistance schemes, while limiting and reforming food subsidy programmes.<sup>11</sup>

### Morocco’s current social protection system

Morocco’s social protection system is fragmented, fragile and quite limited due to low coverage according to a report from Morocco’s Economic, Social and Environmental Council (CESE 2018). This is largely attributed to a lack of complementarity across the different components of a fragmented system that fails to cover significant risks, such as work-related accidents, old-age pensions and limited health care. Limited health care coverage implies catastrophic out-of-pocket health expenditures that must be covered by families. In Morocco, this fragmentation and lack of coverage<sup>12</sup> have sparked significant debates around the need to reform the social protection system.<sup>13</sup>

Contributory social insurance is provided to private workers in the formal sector through the CNSS, and CNOPS for public sector workers, also including health care coverage. These two funds manage the Mandatory Health Insurance scheme (AMO), which covers a total of 10.7 million people. Moreover, the system has recently been expanded to cover independent workers, which represent 36 per cent of the active population,<sup>14</sup> but progress has been slow.

Contributory pensions also have limited coverage. Only 40 per cent of the active population contribute to the CNSS or CNOPS pension schemes. In the agricultural sector, 50 per cent of workers are registered with the CNSS as working less than six months a year. Only 15 per cent of women and 37 per cent of men working on the agricultural sector are registered for all 12 months of the year. Considering all sectors, the number of workers registered for the entire year reaches 49 per cent (CESE 2018).

Although unemployment benefits do exist, they are quite limited. Strict conditions have resulted in slightly fewer than 100,000 beneficiaries having received up to 6 months of unemployment benefits and training programmes between the programme's creation in 2014 and 2020, despite unemployment being at around 10 per cent during the period (Badrane 2021).

Morocco's social assistance system for the poor and the vulnerable has focused on two dimensions: free medical assistance and support to children's access to education.

- The Medical Assistance Scheme (RAMED) enables access to free health care services in hospitals. Before the COVID-19 pandemic, this system benefited around 14.4 million people (ALM 2019). This programme is complementary to AMO. Nevertheless, around 39.5 per cent of Morocco's population still do not have access to any scheme, and thus lack access to health care services (ibid.).
- Another important aspect is children's social protection in Morocco. In addition to family allowances provided by social insurance schemes, which cover 3 million children between 0 and 21 years old who are enrolled in school, university or training, the non-contributory system offers support to school-age children. The main one is Tayssir,<sup>15</sup> a conditional cash transfer programme for children aged between 6 and 15 years old, covering 2 million students on the condition they attend school. These two programmes cover almost half of all Moroccan children.
- There are also other programmes covering other needs of children, such as *1 million de cartables* ('1 million backpacks'), which provides school materials for 4.3 million children; DAAM, a direct cash assistance to widows in vulnerable situations who are responsible for children, which covers 97,000 households; and boarding schools (Dar Attalib and Dar Attaliba) for children from vulnerable households in rural settings, covering 104,000 students.

## 2 Tunisia's proposed reform

Since the enactment of Tunisia's new Constitution in 2014, the country has been revamping and reforming its social protection system to guarantee the rights enshrined therein.<sup>16</sup> For example, the government has established improved targeting of beneficiaries and a fairer social protection system as some of its goals (Ministry of Development, Investment and International Cooperation of the Republic of Tunisia. 2016).

### Increased health care coverage

Tunisia's proposed reform aims at universal access to health care (ASU), which entails, at minimum, the inclusion of those who are unemployed as well as other vulnerable households not currently included in the AMG2. With the 'Amen Social' law,<sup>17</sup> multidimensional poverty is taken into consideration (income, health, education, housing, access to public services, and living conditions) to expand access to public health care. With the proposed reforms, access to health care should be universalised, filling the coverage gaps left by AMG1 and AMG2.

### Development of social assistance

Tunisia has planned to implement a broad set of reforms that take into account specific needs according to the different

phases of the lifecycle, establishing a social protection floor in the country. The Centre of Social Studies and Research has elaborated a feasibility study pointing out its main goals (CRES 2019).<sup>18</sup>

First is ensuring a basic income for all families with children in the country through a universal child benefit. Currently, households that receive benefits established by the 'Amen Social' Law will have larger benefits depending on the number of children. However, a new TND30 cash benefit for children aged 0 to 5 years old, with the assistance of UNICEF and the World Bank, would cover all Amen Social beneficiaries (PNAFN, AMG1 and AMG2 households).

For the working-age population, the goals of the reform are mainly to ensure a minimum income for poor households—which would entail income security to those not receiving any government transfers; and support people with disabilities through disability benefits (as determined in Article 48 of the Constitution). A 2020 decree has merely established the conditions for receiving the benefit.

Another goal is to institute a minimum income for elderly people. Eligibility to a basic pension would depend on the elderly person not receiving a contributory pension or the value of their pension being below the minimum income threshold.

Implementing this set of categorical basic income benefits would be in line with the life-cycle approach that underpins the reform's rationale, with a focus on children and elderly people. Under this new approach, potential beneficiaries would have to fulfil fewer conditions to receive a minimum income.

## 3 Morocco's proposed reform

In 2018 and in 2019, Morocco's King Mohammed VI<sup>19</sup> spurred major social reforms for a fairer and more efficient social protection system, with a view to include heretofore excluded groups. These reforms were based on the diagnostic discussed in the previous section, that the country's social protection system suffers from significant coverage gaps, particularly for children, the unemployed and the elderly, besides having too many uncoordinated programmes that overlap and lack clear objectives and targeting approaches.

The reform has been spelled out in the recently adopted Integrated Social Protection Public Policy (PPIPS). It adopts a lifecycle approach, addressing risks and vulnerabilities both within each phase of the lifecycle and across it.

Actions to address these risks are organised around six axes: (i) promoting a favourable environment for child development; (ii) strengthening existing instruments to address working-age related risks; (iii) progressively ensuring the universalisation of social protection coverage for the elderly; (iv) universalisation of health care coverage; (v) strengthening social protection support for people with disabilities; (vi) strengthening and diversifying tools to support people living in adversity (homeless persons, prisoners, etc). Finally, the policy adopts three cross-cutting axes focusing on governance; targeting and monitoring and information systems; and financing and visibility. These axes aim at improving the entire social protection sector, including the implementation of a social registry (RSU) and ensuring sustainable financing.

## The PPIPS' lifecycle approach

### Phase-specific

Morocco's proposed reform aims at tackling risks affecting its vulnerable populations throughout the lifecycle. For children, an important component is the universalisation of family allowance, including the flagship non-contributory programme, *Taysir*, which would reach all vulnerable children in the country and replace other child-focused social assistance programmes, such as *1 million de cartables*. According to the initial idea, this would lead to progressively expanding the programme, with added benefits, to a significant portion of the population.

As for the working-age population, the PPIPS aims at facilitating access to unemployment insurance. As stated previously, very few workers are eligible for this benefit, despite the country's double-digit unemployment rate.

Finally, a broader contributory system is included in the reform, in addition to complementary measures (in-kind and other types of non-monetary assistance), but there are doubts as to how long it will take for a non-contributory system to be established or whether it will be set up at all. Questions regarding who the beneficiaries will be (whether households or individuals) have also not been answered yet.

### Across phases

- Morocco's reform also focuses on increasing the coverage of health insurance, which would include integrating RAMED into the broader AMO, a single system with subdivisions depending on the contributions made (or not) by the beneficiaries, which should lead to improved inclusion of people in the health care system.
- The PPIPS established new forms of protection for people with disabilities, in particular social assistance coverage and measures that aim at improving social services available for this share of the population.
- Finally, part of the reform is aimed at people in 'difficult situations', which includes vulnerable persons not included in the other pillars. These are mainly homeless people, prisoners and Moroccan returnees, for whom social services and measures linked to social protection are developed.

## Cross-cutting pillars and governance

Social protection governance comprises 3 of the reform's 9 pillars, to streamline the process (such as replacing subsidies with more targeted transfers) with more efficient coordination and less overlap of institutions with similar responsibilities. More importantly, a social registry is being developed to include vulnerable households across the country's territory. An agency was created in August 2020 to start implementing this registry (RSU) in 2021.<sup>20</sup>

## The impact of COVID-19 on Tunisia's and Morocco's reforms

The COVID-19 pandemic<sup>21</sup> has had very different impacts on the pace of reforms in the two countries. Although they are both developing and implementing far-reaching social protection reforms, only Morocco has indicated that they will be accelerated to address the coverage gaps evidenced during

the social protection response to the crisis. Conversely, Tunisia's reform proposals were not accelerated and the expansion of social protection kept a similar pace as before.

## The impact of COVID-19 on Tunisia's reform

In response to the pandemic and to enable informal workers and households to comply with containment measures, including a strict lockdown that lasted around 76 days (from 21 March to the 4 June 2020), Tunisia implemented an emergency cash transfer, using the existing PNAFN, AMG1 and AMG2 databases to target beneficiaries. This emergency cash grant was first established as a TND50 top-up for 273,000 AMG1/PNAFN beneficiaries and a new TND200 cash transfer for 470,000 households benefitting from AMG2,<sup>22</sup> announced on 22 March 2020.<sup>23</sup>

An additional measure was enacted by late April, enrolling 300,000 additional households in the AMG2 through an SMS campaign and cross-checking with other databases. These households were able to receive the TND200 cash transfer. Finally, in May, Unique ID law was also adopted, setting the stage for future programmes.

With support from UNICEF and financing from Germany's Development Bank (KfW), 50,000 vulnerable children under 6 years old received a monthly TND30 cash benefit, and almost 310,000 students aged 6 to 18 years old received a one-off TND50 benefit to assist with school expenditures in September 2020.<sup>24</sup>

Around 210,000 formal workers received two months of technical unemployment assistance (TND200) when companies reduced working hours due to restrictions at the start of the pandemic. Around 32,000 self-employed workers (artisans and small businesses) also received a one-off cash assistance of TND200, while workers in the tourism sector also received a similar assistance 6 months.

However, unlike what happened in Morocco, the reform was stalled by the combination of the COVID-19 crisis and the political turmoil already in place (which deepened due to the additional shocks). The social protection floor reform has been stalled over the last few years, with no significant breakthroughs and no current discussions, despite its stated goal of being implemented by 2021.

However, on a more positive note, the cash benefit for children under 5 years old is being extended to serve as a social safety net for those in the Amen Social programme (PNAFN, AMG1 and AMG2 beneficiaries).<sup>25</sup> This programme is being extended from 2021 to 2023, with support from the World Bank, to ensure that all children under 5 in Amen Social receive the TND30 transfer every month. This would serve as an additional benefit for vulnerable households with children aged up to 5.

## The 'positive' effect of COVID-19 on Morocco's reforms

Emergency cash transfers distributed at the onset of the pandemic used existing targeting systems, which meant that RAMED card holders received the first response: a 3-month cash transfer. These card holders had to register by SMS or online (from 30 March 2020).<sup>26</sup> The following month (23 April 2020), informal workers who were not RAMED card holders

received the same cash assistance. The transfer varied between MAD800 (for households of 2 or less people), MAD1000 (for households of 3 people) and MAD1200 (for households of 4 or more people). The government went through another round of online and SMS registration to determine the eligibility of households.<sup>27</sup> In the end, this transfer reached 5.5 million households (Kessaba and Halmi 2021)—around 71 per cent of the population.<sup>28</sup>

As a significant share of the population remained uncovered, a special procedure whereby people had to register to receive assistance was put in place, and information on the vulnerability of some people who were previously not registered led to important changes.

During the COVID-19 crisis, the will to set up the RSU was made clearer: the law creating the National Registry Agency was enacted and, more importantly, in his 2020 Royal Speech, King Mohammed VI highlighted the need to accelerate the development of the RSU, starting in 2021.

More importantly, this speech led to changes in the reform, to accelerate it in the next 5 years. The reform will focus on the following items between 2021 and 2025, as per the draft law approved in February (H24Info 2021):

- Expansion of universal health care system through AMO
- Expansion of family allowances
- Expansion of unemployment benefits
- Expansion of old-age pensions

However, this means that the axes related to people with disabilities and people in 'difficult situations' is not included with the same level of priority as the other reforms that are under discussion. Those are still in the planning stages and should be part of a broader reform, maintaining focus on these aspects of the proposed bill.

In light of the COVID-19 pandemic, social protection has become a priority for governments. These four actions were thrust to the fore of the agenda over the next five years, and they will result in broader reforms and a more comprehensive social protection system, based on lessons learned from the health crisis.

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1. See: <<https://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx>>.
2. See: <[https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO:P12100\\_INSTRUMENT\\_ID:3065524](https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO:P12100_INSTRUMENT_ID:3065524)>.
3. See: <<https://unstats.un.org/sdgs/metadata/?Text=&Goal=1&Target=1.3>>.
4. Medical care, sickness, unemployment, old-age benefits, employment injury, family benefits, maternity benefits, invalidity, and survivors' benefits. See: <[https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO:P12100\\_ILO\\_CODE:C102](https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO:P12100_ILO_CODE:C102)>.
5. See: <<http://www.ins.tn/publication/indicateurs-de-emploi-et-du-chomage-premier-trimestre-2021>> (in French).
6. Decree No. 2009-349 (9 February 2009).
7. Decree-Law No. 2011-16 (26 March 2011).
8. Article 14 of Law No. 99-101 (31 December 1999).
9. In 2017, this included around 90,000 children.
10. The AMG1 covers all households PNAFN beneficiary households.
11. While 21 per cent of all food subsidies went to the top quintile, 16.3 per cent went to the bottom quintile: a mere 12 per cent of food subsidies reached households defined as 'poor' in 2014 (UNESCWA 2016).
12. According to CESE (2018), two thirds of people with disabilities do not have access to any kind of social security coverage.
13. This also includes a reform of subsidies, which are criticised for being inefficient and inequitable, favouring the wealthiest households and supply chain networks, despite costing 6.6 per cent of Tunisia's gross domestic product (GDP) in 2013 (World Bank 2015).
14. Including independent and self-employed workers (CESE 2018).
15. For an analysis of the programme's effects, see Gazeaud and Ricard (2021).
16. Organic Law No. 2019-10 (30 January 2019) and Decree No. 2020-317 (19 May 2020).
17. Organic Law n. 2019-10 (30 January 2019).
18. CRES's 2019 feasibility study: <[http://www.cres.tn/uploads/tx\\_wdbiblio/resume-socle-final.pdf](http://www.cres.tn/uploads/tx_wdbiblio/resume-socle-final.pdf)>.
19. See 2019's Royal speech: <<https://www.maroc.ma/fr/discours-royaux/texte-integral-de-sm-le-roi-mohammed-vi-adresse-la-nation-loccasion-de-la-fete-du>> and 2018's Royal speech: <<https://www.maroc.ma/fr/discours-royaux/sm-le-roi-adresse-un-discours-la-nation-loccasion-de-la-fete-du-trone-0>> (in French).
20. Law 72-18 created the "National Agency of Registries", which manages the National Registry of the Population and the Unified National Registry; it also oversees data collection and how personal data is used.
21. World Bank estimations are of a -6.3 per cent retraction of GDP in Morocco and -9.1 per cent in Tunisia in 2020 <<https://www.worldbank.org/en/publication/global-economic-prospects#data>>.
22. Not all AMG2 households were included as there was a selection process.
23. See IPC-IG's dashboard: <<https://bit.ly/DashboardIPC>>.
24. See: <<https://www.unicef.org/tunisia/communiqu%C3%A9s-de-presse/la-coop%C3%A9ration-allemande-et-lunicef-accompagnent-la-tunisie-sur-la-voie-de-la>> (in French).
25. For more, see: <<https://www.unicef.org/tunisia/recits/la-tunisie-sinvestit-dans-le-capital-humain-des-enfants>> (in French).
26. A grievance redressal mechanism was set up for those who were not included in the first payments, but who considered themselves eligible; as a result, around 1 million additional households were added to the benefit.
27. The criteria used were not made public.
28. See IPC-IG's dashboard: <<https://bit.ly/DashboardIPC>>.

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**International Policy Centre for Inclusive Growth**

SBS, Quadra 1, Bloco J, Ed. BNDES, 13º andar  
70076-900 Brasília, DF - Brazil  
Telephone: +55 61 2105 5000

[ipc@ipc-undp.org](mailto:ipc@ipc-undp.org) ■ [www.ipcig.org](http://www.ipcig.org)

