


## SOCIAL PROTECTION PROGRAMMES IN MITIGATING THE SOCIO-ECONOMIC IMPACTS OF THE COVID-19 PANDEMIC: A COMPARATIVE STUDY OF GHANA, KENYA, AND SOUTH AFRICA

**Oladayo Nathaniel Awojobi**,  ORCID: <https://orcid.org/0000-0003-4985-4923>

PhD Candidate, Johnson Shoyama Graduate School of Public Policy, University of Regina, Canada

**Eric Kwabia**,  ORCID: <https://orcid.org/0009-0007-2329-4821>

PhD Candidate, Johnson Shoyama Graduate School of Public Policy, University of Regina, Canada

**Oluwatoyin A. Adeniji**,  ORCID: <https://orcid.org/0000-0003-4906-4462>

PhD Candidate, School of Health Science, University of Surrey, UK

**Corresponding author:** Oladayo Nathaniel Awojobi, [dawojobi@gmail.com](mailto:dawojobi@gmail.com)

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**Abstract:** COVID-19 has become one of the most significant global health crises in history, with a wide range of socio-economic consequences due to the measures taken to stop the spread of the virus. The socio-economic implications of the quarantine caused by COVID-19 have affected all continents. The purpose of the article is to analyze the socio-economic consequences of the quarantine due to the COVID-19 pandemic in Ghana, Kenya and the Republic of South Africa, as well as to examine the critical social protection policy measures taken by the governments of these countries to reduce the vulnerability associated with pandemic prevention measures. This study used content analysis, which allows for the identification of recurring themes, ideas and terminology in the studied database. Directive documents on social protection programs during the pandemic, scientific publications, and reports of international institutions and organizations served as the source of primary information. Based on the content analysis results, 40 documents were selected that met the inclusion criteria: 14 works from Ghana, 13 from Kenya, and 14 from the Republic of South Africa. To investigate the effects of the lockdown caused by COVID-19, content analysis was chosen to identify recurring themes, ideas and terminology in qualitative data collection. A systematic review shows that lockdown measures implemented by the governments of Ghana, Kenya and the Republic of South Africa to mitigate the spread of COVID-19 have led to increased poverty and inequality, lost incomes, worsening food insecurity and increased unemployment. Content analysis found that the impact of COVID-19 differs significantly for men and women, with women experiencing more excellent destructive effects compared to men. The COVID-19 pandemic has harmed rural residents, with poverty rates rising at higher rates and their well-being declining compared to local residents. To respond to the socio-economic consequences of the quarantine due to COVID-19, the countries studied continued existing or introduced new social protection programs to support their citizens. These include cash transfers, food transfers, utility subsidies and fee waivers, community service programs, tax credits, and unemployment benefits. These welfare programs had different parameters consisting of benefits, rights and beneficiaries. Although this study cannot determine the impact of social programs, future studies will be able to assess their impact and effectiveness on beneficiaries.

**Keywords:** COVID-19, lockdowns, poverty, social protection, socio-economic.

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## 1. Introduction

As an infectious upper respiratory disease, the 2019 novel coronavirus disease (COVID19) was first reported in China (Gondwe, 2020). Since then, the virus spread around the globe, presenting one of the greatest global health crises in history with a wide range of socio-economic effects (Gondwe, 2020). COVID-19 was classified as a global health emergency by the World Health Organization (WHO) in January 2020, and on March 11, it was deemed a pandemic by WHO, the highest level of emergency (Congressional Research Service, 2021).

The socio-economic effects of COVID-19 cut across all the continents of the world. In Africa, the effects of the virus were so conspicuous due to the lack of institutional social protection policies to support the poor in times of crises. For instance, Ozili (2020) reported that Africa was hit by the Coronavirus pandemic, and the effects were more severe compared to other places. In several of these African countries, different levels of social distancing policies were put in place as a reaction to the rising pandemic (Ozili, 2020). These measures did affect some segments of society. For example, Mustapha (2020) asserts in his study that during the lockdown, 83 percent of the respondents' household heads saw a decline in income due to COVID-19, especially those within the private and public sector, on a monthly basis of between 20 and 30 percent. In Cameroon, the International Labour Organisation (ILO) reported from a National Survey that the COVID-19 brought about a major slowdown in the informal sector, which was approximately 82% (ILO, 2020).

In Asia, the COVID-19 lockdown resulted in an increase in the number of people losing their sources of income and becoming jobless (UNICEF & IHD, 2021). This data was gathered by a study conducted by UNICEF and the Institute of Human Development in India. In the study, the highest rate of joblessness was observed in urban areas, at around 26%, affecting more than a quarter of the sample population, while joblessness was observed among one-fifth of the sample population in rural areas (UNICEF & IHD, 2021). In China, where the virus originated, the impact of the virus cuts across various domains. According to the China International Centre for Economic and Technical Exchange and the United Nations (2021), COVID-19 affected wage employment, non-farming self-employment, smallholder farmers, and household expenditure.

In Germany, COVID-19 increased the unemployment rate. In June 2020, there were 2,853,000 unemployed people—a significant increase from March 2020. It represents an increase of 637,000 from the previous year (Klatt et al., 2020). In the United Kingdom, Zhou & Kan (2021) pointed out that COVID19 and lockdown measures in the UK during the pandemic differentially impacted people's income, time use, and subjective well-being based on their gender, ethnicity, and educational background.

Most countries that were economically affected by COVID-19 and increased vulnerability were countries without strong formal social protection policies. Many developing countries do not have effective social protection systems to protect the poor from economic shocks. When COVID-19 struck in late 2019, the social, economic and health responses taken by the developing countries exacerbated the vulnerabilities of the poor. For instance, lockdown and curfew were some of the measures taken to mitigate the impact of the pandemic. These lockdowns and curfews affected most people in the informal sector who earn income daily. Most of them could not go to their shops where they sold their products due to the lockdowns. A case in point is the study of Swarna et al. (2022), who used a qualitative approach consisting of primary data from 1,867 informal workers in Bangladesh to shed light on the economic crisis caused by the pandemic for this working class. The survey was conducted across the country's eight administrative divisions between July 8 and August 13, 2020. According to the analysis, 90 percent of these workers lost income and spent less on food during the lockdown. Men, especially those from urban areas and with higher levels of education, were more affected, particularly those in service and sales occupations (Swarna et al., 2022).

In India, because of COVID-19, women in the informal economy in urban areas were made more vulnerable (Nanda et al., 2022). Because of the nature of their work as well as the pandemic, the COVID-19 crisis exacerbated their precarity (Nanda et al., 2022). Many of the female workers died because of a lack of safety equipment, gloves, masks, and sanitizers, but there is no national record of this (Nanda et al., 2022). Furthermore, during the pandemic, these female workers' mental health was impacted by lower earnings, increased isolation, and social

stigma (Nanda et al., 2022). While the impact of COVID-19 was increasing vulnerabilities, many governments initiated several measures to cushion the socio-economic effects of the pandemic. In most developing countries, cash transfers, school feeding programmes, food subsidies, energy subsidies, and social pensions were some of the measures implemented by the government. In addition, some social protection programmes were scaled up to accommodate those who were severely affected by the pandemic. In developed countries, institutional social protection systems were used to support those that lost their jobs due to the pandemic, while small-scale businesses that were affected by lockdowns were given income support in the form of loans. The pandemic also offered many countries the opportunity to design new social protection systems to prevent economic shocks when emergencies occur. Many studies have examined the social and economic effects of the pandemic as well as the social protection measures taken by governments to mitigate these socio-economic impacts. For example, Zhou & Kan (2021) used longitudinal data from the UK Household Longitudinal Survey to assess the first waves of COVID-19 on changes in individual labour income, paid work time, and distress level during three lockdown periods. They also evaluated the government responses taken to reduce the impact of COVID-19 (Zhou & Kan, 2021).

Several studies have been conducted to investigate how social protection policies are used to respond to crises such as financial, natural disasters, armed conflicts, and COVID-19, see (UNICEF, n.d.-b; WFP, 2020) One cannot fully comprehend the contribution of these studies to knowledge. This study uses a qualitative case study approach to investigate the socio-economic effects of COVID-19 and the social protection responses to mitigate the effects in Ghana, Kenya, and South Africa. Researchers can carry out in-depth analyses of intricate phenomena within a specific context by using qualitative case study methodology (Rashid et al., 2019) that encompasses comparative case studies. The comparative case studies of Ghana, Kenya, and South Africa present an analysis and synthesis of the similarities, differences, and patterns of social protection responses to the socio-economic effects of COVID-19 pandemic lockdowns.

To examine the socioeconomic effects of COVID-19 lockdowns and the social protection response to mitigate these effects, this study poses and answers the following research questions:

- What were the negative socio-economic effects that emerged from the lockdowns and restrictions imposed to reduce the spread of the COVID-19 pandemic in Ghana, Kenya, and South Africa?
- What were the existing and new social protection programmes used to tackle the negative socio-economic consequences of the COVID-19 pandemic-related lockdowns and restrictions imposed?
- What were the main settings that emerged from these social protection programmes that responded to the consequences of the COVID-19 lockdowns?

In this study and for the sake of clarity, the setting of social protection includes the benefits, eligibility, duration of benefits, and those that qualify to receive the benefits.

## **2. Literature Review**

When the coronavirus pandemic hit the world in late 2019, it spared no community or society (Perera, 2021). COVID-19 quickly had devastating socio-economic consequences, including income loss, business disruption, and health concerns (Perera, 2021). Consumers' basic needs were impacted (Perera, 2021). In the aftermath of an unfamiliar crisis, communities' lack of awareness exacerbated the situation (Perera, 2021). The COVID19 pandemic wreaked unprecedented health, economic, and social havoc in nearly every country on the planet, including rich industrialized nations (Ofei-Nkansah, 2021). The next section presents the social and economic consequences of the pandemic in developing countries.

### *2.1 Socio-economic effects of COVID-19 lockdowns in developing countries*

Just like developed countries, developing countries were also affected by the COVID-19 pandemic in different areas. For instance, in India, Gururaja and Ranjitha (2022) assessed the global impact of the COVID-19 pandemic on the informal sector. Various policy documents, research papers, international reports, and available literature related to the topic were examined as part of an exploratory approach to the study. The study concludes that the pandemic has adversely affected poverty, hunger, deprivation, unemployment, and economic and social inequality

in India's informal sector (Gururaja & Ranjitha, 2022). Similarly, in Bangladesh, a structured questionnaire was used to collect data from 372 informal workers in the cities of Dhaka and Chattogram, which are the most populous informal worker hubs in the country, to investigate the impacts of COVID-19 lockdowns on low-income earners (Firoj et al., 2021). The study results indicated that during the pandemic, 65 percent of respondents' income fell sharply in the first quartile. This pattern continued in the second and third quartiles, with figures of 35% and 24%, respectively. Thus, during pandemic time slots, most of the respondents' consumption, living standard, schooling, and access to health care facilities were found to be negatively impacted in each of the three quartiles (Firoj et al., 2021).

Rural areas were more vulnerable than urban areas, and those that live in rural areas faced the risk of poverty. This is because poverty is more pronounced in rural areas than in urban centres. To investigate how COVID-19 affected the socio-economic conditions of a rural mountain community in Pakistan, Ali et al. (2020) conducted an online survey for 367 people using the snowball sampling technique. The study's findings showed that COVID-19 cases increased as the country's lockdown eased and that the spread of a novel coronavirus pandemic had significant socio-economic effects on the lives of mountain communities in Gilgit-Baltistan. There were several issues that mountain communities faced because of the coronavirus outbreak in the region, including financial uncertainty, decreased income, job loss fears, and food insecurity (Ali et al., 2020).

Women are considered to be poorer than their male counterparts, and when a crisis erupts, women fall within the most vulnerable groups (ICRC, 2007). To know how COVID-19 disrupted women's socio-economic conditions in Vietnam, The Empower Project (2020) assessed the interface between COVID-19 and rural women and their businesses. This evaluation was divided into two parts. The first part consisted of a survey with 60 participants, all of whom were rural women and project beneficiaries from the four provinces. Respondents ranged in ages from 20 to over 60, with the majority—70 percent—falling between the ages of 31 and 50. Furthermore, informal interviews and discussions with renewable energy service providers assisted in correlating and supplementing survey data. The findings from the assessment indicated that most women, 87%, reported lower incomes due to the pandemic-related lockdowns, with concerns about rising unemployment and declining demand for products even after the end of the pandemic. On health outcomes, despite access to water for household use and frequent handwashing, 7% of women reported difficulties accessing water. Twenty-five percent of women used central water stations. Approximately 22% of the women did not have direct access to health clinics. Following the spread of COVID-19, community information sessions reached approximately 77% of the women, demonstrating some awareness of the disease and prevention strategies.

Children are also vulnerable, like women when crises occur, especially in developing countries. Evidence of this was noted during the first wave of the pandemic lockdowns. Holmes à Court (2020) reported how COVID-19 affected children in sub-Saharan Africa. According to him, while poor household incomes and exorbitant food prices affected all members of a family, school closures created additional challenges for children. Although school closures were common around the world during the pandemic lockdowns, they had a very different impact in developing countries. Many African families lack computers or affordable internet connectivity that children from wealthier countries take for granted, so e-learning was not available to them as it is to children from wealthier countries. Furthermore, the high levels of adult illiteracy meant that many children did not have access to parental support, unlike in other regions (Holmes à Court, 2020).

A similar study by UNICEF Philippines (2021) estimated the effects of COVID-19 on overall monetary and child poverty in the Philippines using three different scenarios for income contraction (10%, 20%, and 30%). The effects were calculated using scenario-based impact modeling. The study results show that without the social protection interventions, child monetary poverty could have increased by 5.9 to 21.5 percentage points, reaching 29.9 percent in scenario 1 and 45.5% in scenario 3. Children in the Philippines were in a precarious situation due to the COVID-19 pandemic. Between urban and rural areas, there was a significant difference in child poverty; for scenario 2, the rural rate could reach 51.3 percent compared to 23 percent in urban areas.



COVID-19 is known to have increased the level of poverty in some regions of the world as lockdowns persisted. The Economic Community of West African States (ECOWAS), in partnership with the West Africa Sub-Regional Office for the United Nations Economic Commission for Africa (UNECA) and the United Nations World Food Programme (WFP), published a report on the socioeconomic impact of COVID-19, which found that extreme poverty in West Africa rose by nearly 3 percent in 2021 (UN Economic Commission for Africa, 2022). According to the report, the number of people in the region living on less than \$1.90 per day rose from 2.3% in 2020 to 2.9% in 2021. Preventive measures taken to mitigate the pandemic disrupted income-generating activities and aggravated market food price increases. People who rely on fluctuating income sources, such as small traders, street vendors, and casual workers, were particularly vulnerable, according to the report (UN Economic Commission for Africa, 2022).

On food security, Amare et al. (2020) used pre-pandemic face-to-face survey data with follow-up phone surveys collected in April–May 2020 in Nigeria to quantify the overall and differential impacts of COVID-19 on household food security, labour market participation, and local food prices. Using a difference-in-difference approach, the authors exploited spatial variation in exposure to COVID-19 related infections and lockdown measures as well as temporal differences in outcomes of interest. The authors discovered that households exposed to more COVID-19 cases or mobility lockdowns experience a significant increase in food insecurity measures. Examining potential transmission channels for this effect, the authors discovered that COVID-19 significantly reduces labour force participation and raises food prices. The authors discovered that the effects differ depending on economic activities and household size. Lockdown measures, for example, increased households' food insecurity by 13 percentage points while decreasing their likelihood of participating in non-farm business activities by 11 percentage points (Amare et al., 2020).

In terms of small-scale businesses in Ethiopia, Engidaw (2022) examined the difficulties faced by small businesses during the coronavirus pandemic. Following a descriptive research design, the author used secondary data analysis. Furthermore, the author employed both qualitative and quantitative research methods and found that many small and large businesses suffered setbacks, and this unprecedented coronavirus pandemic wreaked havoc on many businesses, resulting in lower revenue, job losses, life slowing down, and poor marketing performance (Engidaw, 2022).

## *2.2 Conceptualizing social protection as a strategy for poverty reduction*

This section defines social protection by various actors in the fight against poverty and vulnerabilities. The Asian Development Bank (ADB) conceptualizes social protection as a set of policies and programmes aimed at reducing poverty and vulnerability by increasing efficient labour markets, reducing people's exposure to risks, and improving their ability to protect themselves against hazards and income interruptions or losses (ADB, 2003). According to the ADB, labour markets, social insurance, social assistance, micro- and area-based schemes to protect communities, and child protection are the five major components of social protection (ADB, 2003).

Rawlings & World Bank (2015) defined social protection as the set of public measures taken by a society to protect its citizens from economic and social shocks that would be caused by the lack or a substantial loss of income from work due to some unforeseen circumstances, such as employment injury, loss of job, invalidity, and the death of the breadwinner. Looking at this definition and how it relates to the COVID-19 pandemic, social protection systems can assist the poor and vulnerable in dealing with crises and shocks, finding work, investing in their children's health and education, and protecting the ageing population (World Bank, 2022b) in times of crisis. UNICEF sees social protection as encompassing the range of policies and programmes required to mitigate the long-term consequences of poverty and exclusion (UNICEF, n.d.). According to UNICEF, social safety nets like cash transfers, which include child grants, school meals, and skill development, help connect families with health care, nutritious food, and quality education, giving all children a fair chance in life, regardless of their birth circumstances (UNICEF, n.d.). For Browne (2015), social protection is concerned with safeguarding and assisting the poor and vulnerable, such as children, women, the elderly, the displaced, people with disabilities, the unemployed, and the sick.

From an international development perspective, social security/protection is commonly seen as "all public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks, and enhance the social status and rights of the marginalized," with the overall objective of reducing the economic and social vulnerability of poor, vulnerable, and marginalized groups (Devereux & Sabates-Wheeler, 2004, p. iii).

### 3. Methodology and research methods

This study uses qualitative comparative analysis in a systematic review to examine the effects of COVID-19 lockdowns on some groups of people and the role of social protection in mitigating these effects in Ghana, Kenya, and South Africa. Comparative analysis aims to better understand the causes behind an event, feature, or relationship, usually by adding variations to the explanatory variable (Pickvance, 2005). According to Azarian (2011), comparative research has a long history and has recently gained prominence in current research due to globalisation, technological advances, and other cross-national platforms. Comparative analysis focuses on explaining differences as well as similarities (Azarian, 2011). This aids in the establishment of relationships and the provision of valid reasons among two or more phenomena (Adiyia & Ashton, 2017). Comparisons are now made on a variety of levels, including regional, national, and global geographical boundaries, based on a specific subject or area of interest (Adiyia & Ashton, 2017). This method aligns with our study because it allows for the comparison of events in the selected countries. Further, it has the advantage of being a useful strategy when researchers cannot assign subjects, control the study context, or manipulate variables (Aggarwal, 2009; Yin, 1999). To develop the case studies for this study, document review was used as the data collection method, and content analysis was used to analyse the data. Furthermore, this study applied some criteria to the selected study countries for comparison.

#### 3.1 *Selecting Ghana, Kenya, and South Africa*

Ghana, Kenya, and South Africa were chosen for the comparative analysis because the countries experienced the effects of the COVID-19 pandemic lockdown on some selected groups of people. Furthermore, the three countries have national social protection programmes designed to support the poor and vulnerable in times of emergencies. For instance, Ghana has implemented a number of programmes with the goal of providing social protection (Ministry of Gender, Children, and Social Protection, 2015). In 2007, a National Social Protection Strategy was developed and revised in 2012 (Ministry of Gender, Children, and Social Protection, 2015). A 2013 Social Protection Rationalization Study established the need for a comprehensive national social protection policy (Ministry of Gender, Children, and Social Protection, 2015). The Cabinet's approval in June 2014 of the Ministry of Gender, Children, and Social Protection's strategic, oversight, and monitoring roles, which included leading the development of such a policy, provided additional impetus for the policy (Ministry of Gender, Children and Social Protection, 2015). In addition, working closely with the Ministry of Finance was required for the progressive implementation of a national social protection floor and consistency in the flow of funds (Ministry of Gender, Children, and Social Protection, 2015).

In Kenya, the main objective of social protection is to ensure that all Kenyans live in dignity and exploit their human capabilities to develop themselves economically and socially (Ministry of Gender, Children, and Social Development, 2011). This will be achieved by pursuing the following broad policy objectives:

- to prevent individuals and households from falling into poverty or falling deeper into poverty as a result of adverse shocks to their consumption;
- assisting individuals and households in managing shocks so they do not fall into poverty; and - providing protection to workers and their families from income-threatening risks (Ministry of Gender, Children, and Social Development, 2011).

As for South Africa, the country has designed a social security system based on constitutional rights that consists of three pillars: non-contributory programmes, such as mandatory social insurance, social assistance and work for cash programmes, and voluntary insurance (ILO, 2011). With the establishment of the South African Social

Security Agency, benefits for children and the elderly have been expanded, and domestic workers have been included in the Unemployment Insurance Fund since 1994 (ILO,

2011). South Africa's social protection floor consists of two major programmes: the Child Support Grant and the Old Persons Grant (ILO, 2011). Aside from the social protection systems in these countries that were activated to support the vulnerable during the peak period of COVID-19, several studies have assessed the impact of these social protection systems on mitigating the effects of the pandemic lockdowns.

### 3.2 Inclusion and exclusion criteria

Peer-reviewed studies and grey literature used in this study had to meet some conditions before they were included. Those that did not meet the thesis criteria were excluded (Table 1).

Table 1. Study Inclusion & exclusion criteria

	<b>Inclusion</b>	<b>Exclusion</b>
<b>Study type</b>	Peer-reviewed studies and grey literature	Audios, tapes, unpublished papers
<b>Date</b>	March 2020 till present	Before October 2019/ March 2020
<b>Design</b>	All study design	N/A
<b>Intervention</b>	<ol style="list-style-type: none"> <li>1) Social protection interventions were meant to mitigate the impact of the COVID-19 pandemic lockdowns.</li> <li>2) Social protection programmes were for those affected by the socio-economic effects of COVID-19 lockdowns.</li> <li>3) The government provided social protection interventions to mitigate the effects of lockdown.</li> </ol>	<ol style="list-style-type: none"> <li>1) Interventions were not for those affected by the pandemic lockdown.</li> <li>2) Interventions are not meant for COVID-19.</li> <li>3) Contributory social protection programmes.</li> <li>4) Conditional social protection programmes.</li> </ol>

Source: Authors' compilation.

### 3.3 Data sources and collection methods

#### 3.3.1 Documents

Policy documents on social protection programmes, evaluation studies, and grey literature were analysed to inform discussion of social protection and the COVID-19 lockdown interface.

#### 3.3.2 Electronic searches

We searched the following electronic databases between May 2022 to December 2022: Google Scholar, EconLit, the Campbell Library, and Scopus with full text. we also searched grey literature resources, such as UNDP, the World Bank, the ILO, and government websites and online resources.

#### 3.3.3 Selection of studies

We independently selected the studies to be included in the thesis. When titles and abstracts are published in a language that we do not understand, we first translate the document using open-source software (Google Translate). We retrieved the full text of the paper to determine if this translation indicates inclusion or if the translation is inadequate to make a decision.

#### 3.3.4 Study sample selection

Having identified all eligible studies, we determined whether their number or data richness presented a problem for the analysis. This is because a lot of study data can hurt the quality of qualitative evidence synthesis, which focuses on differences in ideas rather than a complete sample.

#### 3.3.5 Extraction of data

We extracted the following information from the studies to be included in the research: data of publication, participants, study setting, and study findings that relate to the research questions of the study.

### 3.4 Data analysis and synthesis

#### 3.4.1 Content analysis

The purpose of content analysis was to identify recurrent topics, ideas, and terminology within a collection of qualitative data (i.e., text) (Columbia University, 2019). Researchers can determine the frequency with which particular words, themes, or concepts appear, as well as their meanings and connections to one another, by employing a method called content analysis (Columbia University, 2019). In this study, content analysis was used to categorise the effects of COVID-19 lockdowns on some people and the social protection responses to these effects. The included studies were used to figure out the themes that came from the content analysis. The studies included in the research used different study designs. Due to this, it will not be possible to combine the findings of all the studies statistically. We used a narrative synthesis to summarise the main results of some of the included studies, and we presented the results in text and tables.

## 4. Results

This section presents the comparison analysis of the case studies of the selected countries: Ghana, Kenya, and South Africa. Selected themes were used to do the comparison that were derived from the coding of the study data. These data were gathered from selected studies through a systematic search of electronic databases. COVID-19, poverty, inequality, social protection, socio-economic, and vulnerability were the key terms used to search for included studies.

Table 2 shows the characteristics of the 40 included studies used for the comparative analysis of this thesis. They are evenly distributed geographically. Ghana-West Africa 35%; Kenya-East Africa 32.5%; Southern Africa-South Africa 32.5%.

Table 2. Characteristics of included studies (N=40)

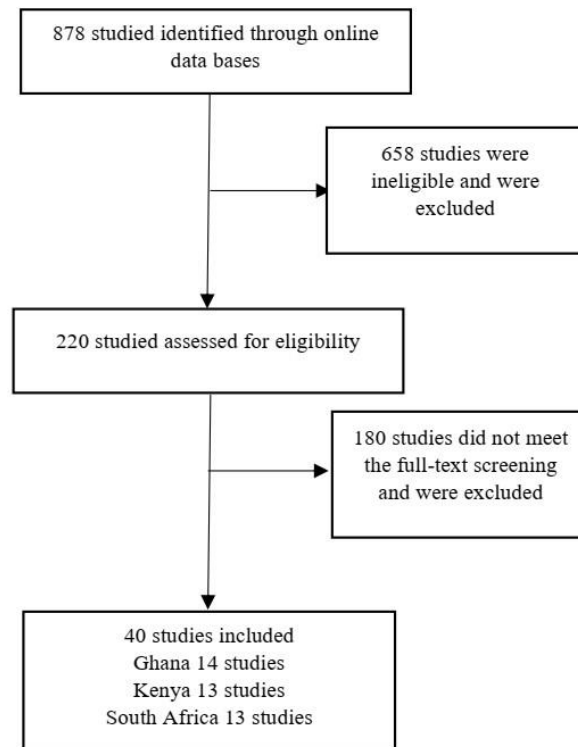
Domain	Number of studies
<b>Geographical region</b>	
East Africa (Kenya)	14
Southern Africa (South Africa)	13
West Africa (Ghana)	13
<b>Types of study</b>	
Qualitative	22
Quantitative	17
Mixed	1
<b>Year of publication</b>	
2020	6
2021	21
2022	13
<b>Mani outcome studies</b>	
Effect of COVID-19 only	15
Social response only	10
Effects and social protection combined	15

Source: Authors' compilation.

Regarding the types of studies used to examine the social protection responses and the socioeconomic effects of the COVID-19 lockdown, 55% were qualitative studies, 42.5% were quantitative studies, and 2.5% were mixed-method studies. The studies were published between 2020 and 2022. In 2020, 15% of the studies were published, in 2021, 52.5% were published; and in 2022, 32.5% were published. In terms of outcomes measured, 37.5% of the studies focused on the socio-economic effects of the pandemic only, 25% concentrated on the social protection



responses to the pandemic lockdowns only, and the other 37.5% reported the combined effects of the pandemic and the social protection responses to mitigate the effects of lockdowns. The 40 included studies were obtained through a search strategy. Figure 1 demonstrates the mechanism followed to arrive at the 40 included studies.



**Figure 1. Search process of the included studies**

Source: Authors' compilation.

Through the initial search for studies on the effects of COVID-19 and the social protection responses, 878 were identified. The screening of these studies for their eligibility led to the exclusion of 568 studies. The further screening of 220 studies that were identified after the initial screening resulted in the exclusion of 180 and the inclusion of 40, with Ghana having 14 studies, Kenya having 13 studies, and South Africa having 13 studies. From the coding of these studies, several themes were derived that explained the comparative analysis on the effects of the pandemic lockdowns and social protection responses between Ghana, Kenya, and South Africa.

#### 4.1 Socio-economic effects of COVID-19 lockdowns

Ghana, Kenya, and South Africa were affected by COVID-19, which led to the governments of these three countries imposing measures to reduce the spread of the virus. These measures led to socio-economic effects that cut across several domains. The section categorises these domains and compares how the pandemic lockdowns affected the three countries.

##### 4.1.1 Poverty and inequality

Poverty is one of the effects of COVID-19 lockdowns in many countries. Over 4 million Ghanaians fell into poverty because of the COVID-19 lockdown, which resulted in income loss (Issahaku & Abu, 2020). With COVID-19, absolute poverty rose sharply from 20.5% to 34.0% (Issahaku & Abu, 2020). This indicates that COVID-19 turned the clock back 15 years in terms of poverty eradication (Issahaku & Abu, 2020). The last time Ghana had a poverty rate higher than 30% was in 2005 and 2006, when the rate was 31.9% (Issahaku & Abu,

2020). The rise in absolute poverty was supported by the study of Bukari et al. (2021), which claimed COVID-19 significantly increased household poverty while lowering living standards, according to their findings. In South Africa, as in Ghana, there was a link between COVID-19 lockdown and poverty (Mubangizi, 2021). According to a UN study, the pandemic lockdown had a greater negative impact on poorer households (Mubangizi, 2021). It was also discovered that the pandemic increased the number of people living in poverty and extreme poverty (Mubangizi, 2021).

In terms of inequality, inequality at the national level in Ghana rose from 42.1% to 47.5%, a percentage point rise of 5.4 (Issahaku & Abu, 2020). Though this is not a significant increase, any increase in inequality is concerning, much more so a jump of more than 5% (Issahaku & Abu, 2020). As a result, COVID-19 has made Ghana a much more unequal society than it was before the crisis (Issahaku & Abu, 2020). The pandemic lockdown also led to an increase in inequality in South Africa. Income inequality climbed up because of the pandemic, aggravating South Africa's already wide disparities and jeopardising the country's progress toward achieving the Sustainable Development Goals, particularly in terms of poverty, health, education, employment, and inequalities (Mubangizi, 2021). While none of the included studies in Kenya reported the issues of poverty and inequality, the COVID-19 lockdown was reported to have caused inadequate income, job losses, and food insecurity (Kansiime et al., 2020; Kavanagh et al., 2021; Sarr et al., 2021; Suubi et al., 2022). The lack of income due to job losses can lead to poverty and income poverty. It is simple to deduce that if inequality increases in a particular society, the poverty rate will increase as well, and that as inequality rises, so will poverty (Mubangizi, 2021).

#### *4.1.2 Job and income losses*

One of the global effects of the COVID-19 pandemic is the loss of jobs due to restrictions placed by national governments. In Ghana, data from the Trade Union Congress showed that 42,000 people lost their jobs in April 2020, with around 75% of them coming from the informal sector (Aduhene & Osei-Assibey, 2021). As of July 2020, the pandemic had affected several salaried workers who had lost their jobs, as well as over 400,000 businessmen and women who had lost their businesses (Aduhene & Osei-Assibey, 2021). In Kenya, the employment disparity between nationals and camp-based refugees was substantial before the pandemic, at 46 percentage points (Sarr et al., 2021). The employment rate for Kenyan citizens was 71%, compared to 24% and 43%, respectively, for refugees in Kakuma and Kalobeyei (Sarr et al., 2021). The data showed a sharp decline in employment opportunities during the first few months of the pandemic for both camp residents and nationals (Sarr et al., 2021). The employment rate of refugees living in camps decreased from 25% prior to COVID to 10% in May and June 2020 (Sarr et al., 2021).

Similarly, Suubi et al. (2022) reported that with fewer job opportunities and earnings due to the pandemic's effects on the private sector, unemployment in Kenya nearly tripled in 2020 compared to the previous year. Compared to the last quarter of 2019, the unemployment rate rose to 16.5 percent in May-June 2020 (Suubi et al., 2022). Adult Kenyans' participation in the labour force decreased as a result of the pandemic, falling from 75% in the fourth quarter of 2019 to 61% from mid-May to early July 2020 (Suubi et al., 2022). As in Kenya, approximately 3 million jobs were estimated to have been lost between February and April 2020 based on the NIDS-CRAM survey in South Africa (Institute for Economic Justice, 2020). Similarly, StatsSA reported a decrease of 2.2 million jobs in the second quarter of 2020 (Institute for Economic Justice, 2020). Using a quasi-experimental econometric technique, Köhler et al. (2021) discover that the national lockdown reduced the probability of employment for those who were not permitted to work by 8 percentage points when compared to the control group. According to the study, just under 600,000 people lost their jobs as a result of South Africa's lockdown policy (or 26% of total job losses), indicating that the majority of job losses are due to other pandemic-related factors (Köhler et al., 2021).

Job losses caused by the pandemic lockdowns also led to income losses. In Ghana, the pandemic caused a potential loss of GHS 1.8 billion (US\$ 330 million) per month at the national level, equaling 5.4% of the gross domestic

product (Issahaku & Abu, 2020). Approximately 26% of the population, or over 8 million people, were affected by these losses (Issahaku & Abu, 2020). In Kenya, regarding the estimated pre-COVID economic situation, households lost incomes from both labour and nonlabor sources totaling 11.7% of the GDP, or the equivalent of Ksh 49.1 billion (Nafula et al., 2020). On a national level, 18.0 million people, or about 37.7% of the population, lost their employment- and nonemployment-related incomes (Nafula et al., 2020). Loss of employment decreased earnings, and a decline in trade returns because of the lockdowns from April to June were the main causes of the decline in incomes (Nafula et al., 2020). In South Africa, according to the study of Khambule (2022), 96% of respondents said they had primarily lost their business income. This could be the reason why Nwosu and Oyenubi (2021) discovered that, during the COVID-19 period, income-related health inequality was more pronounced among women than men.

#### *4.1.3 Food insecurity*

The lockdown imposed by many countries due to the pandemic denied many households food items, especially in developing countries. Some people in Ghana claimed that they lacked adequate food during the pandemic. In the study of Asante et al. (2021), nearly all the study's respondents brought up rising food prices, commodity shortages, and the ability to meet basic needs because of the pandemic. The finding was also supported by the study of Aberese-Ako et al. (2022), which stated that most respondents (89.75%) to their study claimed that COVID-19 had increased the cost of food items, and 76.25% claimed they could not afford enough food because of COVID-19's adverse effects.

In Kenya, evidently, compared to a typical period, food insecurity got worse during the pandemic (Kansiime et al., 2020). For example, during the COVID-19 lockdown, more than half of the respondents to the study by Kansiime et al. (2020) were concerned about insufficient food, were unable to eat healthy and nutritious food, ate smaller portions, and consumed a limited variety of food. However, prior to the COVID-19 outbreak, only 30% of respondents reported experiencing food insecurity (Kansiime et al., 2020). Similarly, in the study of Kavanagh et al. (2021), in total, 1500 study participants (87.0%) worried about having enough to eat at least once, and 1385 (80.3%) mentioned difficulty obtaining food in the previous month. None of the included studies reported on food insecurity in South Africa.

#### *4.1.4 Gender effects of COVID-19 lockdowns*

As a result of the COVID-19 pandemic, women and girls have suffered more negative outcomes than boys and men (CBI et al., 2021). Besides exacerbating existing gender inequalities, the pandemic has also contributed to the growing poverty gap between women and men (CBI et al., 2021). COVID-19 is expected to push 47 million women and girls into poverty (CBI et al., 2021). Several of the included studies reported on the gender effects of the pandemic lockdowns (Table 3). Aberese-Ako et al. (2022) investigated the socio-economic and health effects of COVID-19 in rural and urban slum dwellers in Ghana using a concurrent mixed methods design. The study found that, compared to male respondents, female respondents felt more depressed and anxious because of COVID19 (Aberese-Ako et al., 2022).

A similar study conducted by using ordinary least squares, simultaneous quantile regressions, and robit model discovered based on the analysis of Wenham et al. (2020) found that the impact of COVID19 differs greatly between men and women, with women predominantly being disadvantaged (Bukari, Essilfie, et al., 2021). From the analysis of Wenham et al. (2020), women were affected differently by COVID-19 because of differences in employment status, since most women are responsible for informal employment, which limits their abilities to work. For instance, Peter-Brown (2022) reported that due to the lockdown and restrictions imposed, many market women who were transporting fresh foods from rural areas were forced to stop.

While only two studies mentioned the gender effects of the pandemic in Ghana, four studies reported the pandemic's effects on men and women in Kenya. Using data from 47 counties in Kenya, covering 21,773 households, the study of Nafula et al. (2020) reveals that the pandemic affected more men than women, owing in part to their socio-behavioral patterns. Pinchoff et al. (2021) evaluated the economic, social, and health harm that

women experienced during COVID-19. Through a prospective longitudinal cohort study, the authors proved that COVID-19 mitigation policies adversely affected the lives of more women than men. The likelihood of women skipping a meal was higher than that of men (Pinchoff et al., 2021). Women were more likely than men to report an increased risk of domestic violence and to forego necessary healthcare (Pinchoff et al., 2021).

Table 3. Gender effects of COVID-19 lockdowns

County	Gender effects
Ghana Aberese-Ako et al. (2022)	Female respondents were 0.62 times (significant at 5%) more likely than male respondents to feel depressed and anxious during COVID-19.
Kenya Nafula et al. (2020); Suubi et al. (2022); Kavanagh et al. (2021)	More men (65%) than women (35%) were affected by COVID-19, in part because of their socio-behavioral tendencies. Because of the pandemic, 51.2% of women had lost their jobs. Young women had to close a business at a higher rate (28%) than young men (21%). Women (33% and men 31%, respectively) had to eat less or skip a meal or go hungry without food (12% and 10%). Women claimed that their weekly income fell by 52% during the pandemic, from \$11.25 (13.46) to \$5.38. (12.51).
South Africa Khambule (2022); Devereux (2021)	During the most stringent lockdown regulations, women's earnings dropped by nearly 70%. The one million domestic workers who were asked to stay at home (most of whom were women); 650,000 farm workers, particularly seasonal workers (most of whom were women).

Source: Authors' compilation.

Assessing the impact of COVID-19 on women workers in the urban informal economy and using secondary data review, Suubi et al. (2022) showed that, according to the Kenya National Bureau of Statistics (KNBS) household survey, the pandemic lockdowns rendered more women unemployed and more young women than young men had to close a business. Furthermore, according to a January 2021 UN Gender Report, a greater proportion of women than men spent more time doing unpaid care work (Suubi et al., 2022). This may have caused many women to leave the labour force permanently, as well as increased women's stress levels and negatively impacted their mental health outcomes (Suubi et al., 2022). In terms of food security, more Kenyan women than men had to eat less, skip a meal, or go hungry (Suubi et al., 2022). A similar study by Kavanagh et al. (2021) also on food security found that more respondents in their study stated that they had difficulty obtaining food in the previous month and were concerned about having enough to eat at least once. More of these respondents also reported a drop in weekly earnings during the pandemic (Kavanagh et al., 2021).

As in Kenya, four studies also reported on the gender effects of COVID-19 lockdowns in South Africa. In analysing the societal impact of the COVID-19 crisis and basing his argument on the social quality framework, Chetty (2021) from the study of Casale & Shepherd (2021) asserted that women endured disproportionately more hardship than men in terms of net job losses or a decrease in hours worked. In addition, when comparing employment rates between March 2020 and February 2021, men have seen a significant recovery (Chetty, 2021). According to Jain et al. (2020), severed employment relationships account for half of women's net employment loss, compared to one-third of men. For instance, women were most low-income workers who were forced to stop working and stay at home during the lockdown (Devereux, 2021). In terms of working hours and earnings, Khambule (2022) reported from the findings of Rogan & Skinner (2020) that women experienced roughly twice the reduction in working hours as men, and those who are self-employed were disproportionately affected as women experienced significant decreases in earnings during lockdown.

#### 4.1.5 Geographical effects COVID-19 lockdowns

Globally, the COVID-19 epidemic has had a significant economic impact on some communities; however, the effects vary depending on geography (Chalise & Gutkowski, 2021). Table 4 shows the geographical effects of COVID-19 lockdowns. In Ghana, a study by Aberese-Ako et al. (2022) claims that a combined 71.63% and 84.21% of those who lived in slums in urban and rural areas, respectively, firmly agreed that COVID-19 lockdowns had a detrimental influence on their jobs. Further findings from the study show that compared to their counterparts in rural regions, people who lived in urban slums had 3.75 times the odds (significant at 10%) of

feeling nervous because of COVID-19, while one of the negative outcomes of COVID-19, according to the study’s participants in the rural community, was that community members no longer benefited from public programmes (Aberese-Ako et al., 2022).

Another study by Aduhene and Osei-Assibey (2021) shows that due to the lockdown, millions of students from government schools, particularly in rural areas and villages where parents are unfamiliar with computers, were unable to access e-learning programmes. Some students were also unable to purchase data for the e-learning system, preventing them from participating in the learning process during the lockdown (Aduhene & Osei-Assibey, 2021).

Regarding poverty, according to the studies of Bukari, Aning-Agyei, et al. (2022; Bukari, Essilfie, et al. (2021), the impact of COVID-19 on poverty levels of affected rural people is relatively higher than that of affected urban dwellers. Beside poverty, rural households' living conditions had dropped in comparison to those in urban areas (Bukari, Essilfie, et al., 2021), most income losers came from rural areas (3.3 million people) and urban areas (2.1 million people) (Issahaku & Abu, 2020), and compared to urban regions, food insecurity was severe in rural areas because of COVID-19 (Scott & Ammoun, 2021).

As in Ghana, COVID-19 led to a significant decline in welfare for rural households, followed by those in metropolitan areas (Nairobi and Mombasa) in Kenya (Nechifor et al., 2021). Two other studies reported on income losses, and the rural dwellers lost more income than the urban dwellers (Kavanagh et al., 2021; Nafula et al., 2020). The second wave of restrictions appears to have the most impact on rural households' caloric intakes, as almost all food items except vegetables were negatively impacted (Nechifor et al., 2021). Most studies in Ghana and Kenya reported that rural areas were mostly affected by the pandemic (Table 4). However, in South Africa, two studies reported that urban centres were affected more by the pandemic's socio-economic effects (Chetty, 2021; Köhler et al., 2021).

Table 4. Geographical effects of COVID-19 lockdowns

Country	Geographical effects
Ghana Aberese-Ako et al. (2022); Bukari, Essilfie, et al. (2021); Scott & Ammoun (2021)	A statistically significant link existed between the kind of dwelling and the negative impact COVID-19 had on employment ( $t = 12.41, p = 0.006$ ). In comparison to urban households, rural households' poverty levels have increased by 10.5% because of COVID-19. Households in rural areas reduced their living standards by 7.7% compared with those in urban areas. There was more food insecurity in rural areas, where 52% and 7% were estimated to be moderately and severely food insecure, as opposed to 42% and 6% in urban areas.
Kenya Nechifor et al. (2021)	In rural areas, welfare declined by 8.2%, while in metropolitan areas (Nairobi and Mombasa), it declined by 7.2%.
South Africa Köhler et al. (2021)	According to the findings, the countrywide lockdown reduced job chances for people who live in metropolitan areas and were not allowed to work by 5.3 percentage points compared to the control group.

Source: Authors' compilation.

According to Chetty (2021), it was the urban shack dweller who was most at risk and most severely affected during the period of the pandemic. Communities living in such conditions were exposed to their economic vulnerabilities due to pre-existing inequalities (Chetty, 2021). The challenges in urban regions were particularly significant because cities bear most of the country's population burden (Chetty, 2021). Köhler et al. (2021) discover statistically significant negative effects for two distinct groups: people who live in cities versus those who live in rural areas, and self-employed people versus employees. They calculated a disproportionately big effect for the latter group. Their results imply that the nationwide lockdown reduced the likelihood of employment for individuals living in cities (Köhler et al., 2021).

#### 4.1.6 Employment sector effects of COVID-19 lockdowns

There were some employment sectors that were affected by COVID-19 lockdowns. Four studies in Ghana reported on the effects of the pandemic on the informal sector (Aberese-Ako et al., 2022; Aduhene & Osei-Assibey, 2021; Peter-Brown, 2022; Scott & Ammoun, 2021). According to Aberese-Ako et al. (2022), men were



subjected to more severe lockout measures in the urban slum, the bulk of whom were working in their neighbourhoods informally. Their occupations were negatively impacted by COVID-19, which increased their feelings of anxiety and depression because they were worried, they wouldn't be able to support their families. A similar study by Peter Brown (2022) revealed that workers in informal self-employment felt the effects of the pandemic most keenly, and women's and self-employed people's salaries across the nation continued to be more adversely impacted in the medium term, while Scott and Ammoun (2021) claimed that restrictions have particularly hurt those who work in the unorganised sector. However, Aduhene and Osei-Assibey's (2021) study shows that only in Ghana did the pandemic cause over 42,000 individuals to lose their jobs by April, with an estimated 75% of them being small traders, day labourers, and wage labourers. Additionally, over 400,000 businessmen and women lost their enterprises because of the pandemic lockdowns in July 2020 (Aduhene & Osei-Assibey, 2021).

In Kenya, the drop in employment across all economic sectors has an impact on labour revenue (Nechifor et al., 2021). The workforce with low and intermediate levels of skills experiences the greatest decreases (Nechifor et al., 2021). In the study of Suubi et al. (2022), 74% of young Kenyan males working in the informal sector indicated lower demand for their services (compared to 66% of young women), and more young women (28%) than young men (21%) had had to shut down a business.

In South Africa, the majority of those required to stop working during the lockdown were from the informal sector, and they include domestic workers, farm workers, and taxi drivers, as well as selfemployed individuals like car guards, hawkers, and beggars, whose daily interactions with the public support their existence (Devereux, 2021). In support of this, the findings of Köhler et al. (2021) indicate that lockdowns have disproportionately impacted workers in the informal sector.

Table 5 shows that in Ghana and South Africa, the included studies reported on the COVID-19 lockdowns' effects on poverty and inequality, with no study reporting the variables in Kenya. Job and income losses due to lockdowns were reported in the three countries' case studies, while food insecurity effects were mentioned in Ghana and Kenya. The pandemic lockdowns' effects on gender were reported in Ghana, Kenya, and South Africa; likewise, the effects on the employment sector were reported in the three countries.

Table 5. COVID-19 lockdowns socio-economic effects in Ghana, Kenya, and South Africa

	Poverty and inequality	Jobs and income	Food insecurity	Gender effects	Geographical	Employment sector
Ghana	Reported	Reported	Reported	Reported	Reported	Reported
Kenya	Not reported	Reported	Reported	Reported	Reported	Reported
South Africa	Reported	Reported	Not reported	Reported	Reported	Reported

Source: Authors' compilation.

#### 4.2 Social protection responses to COVID-19 lockdown socio-economic effects in Ghana, Kenya, and South Africa

Social assistance and social insurance are the two basic components of social protection (Devereux, 2021). When COVID-19 struck Africa, most governments used existing and new social protection programmes to mitigate the pandemic's lockdown socio-economic effects. The social protection programmes fall under social assistance and social insurance. Under social assistance, cash transfers were the most widely used measure to reimburse people and households for income losses brought on by COVID-19 lockdowns (Devereux, 2021). Other interventions, including food and cash-for-work programmes, were also used to support vulnerable people.

##### 4.2.1 Cash transfers

During the lockdown, the governments in Ghana, Kenya, and South Africa used existing national social protection programmes to support vulnerable beneficiaries. The Ghanaian government employed the Livelihood Empowerment Against Poverty (LEAP) Programme to support the vulnerable against the socio-economic effects of the pandemic. Under LEAP, ad hoc COVID-Relief payments to new beneficiaries were made via mobile money

(Scott & Ammoun, 2021). The Ghanaian government also doubled the payments to beneficiaries during the COVID-19 crisis (Dzigbede & Pathak, 2020). As in Ghana, the government of Kenya also boosted transfer amounts and broadened the scope of current programmes (Ouma, 2021). The COVID-19 Emergency Fund provided additional financing for cash payments to households in metropolitan areas that were negatively impacted by the pandemic. The cash transfer programme was expanded to include three months of targeted payments of KES 4,000 to urban households (Ouma, 2021). In South Africa, the government's R30 billion policy packages included an increase in the CSG of R300 per kid and R500 per caregiver, as well as an increase of R250 for all other grants (Gronbach et al., 2022).

#### *4.2.2 New cash transfers*

Aside from using existing cash transfers to support vulnerable people, the governments of Ghana, Kenya, and South Africa deployed emergency cash transfers to mitigate the effects of the pandemic lockdowns. Ghana introduced the COVID-19 Relief Cash Transfer, which targeted 125,000 disadvantaged individuals and households across the country in numerous batches, with transfers provided in two instalments per batch, beginning in December 2020 and ending in June 2021 (Scott & Ammoun, 2021). In view of the severe socio-economic effects of COVID-19 on livelihoods, cash transfers were also distributed to informal sector workers, reaching 68,000 individuals from an intended target of 75,000, to address food security and nutrition needs (Scott & Ammoun, 2021).

In Kenya, because of the pandemic, the government also introduced new short-term social assistance programmes (Strupat, 2022). They target homes that do not participate in the NSNP or HSNP. The multi-agency COVID-19 financial transfer and the National Council for Persons with Disabilities (NCPWD) cash transfer comprise this short-term approach (Strupat, 2022). Both programmes are aimed at chronically ill people, widowers, the elderly, and those with disabilities (Strupat, 2022). In South Africa, South Africans, permanent residents, and refugees over the age of 18 received R350 (USD23) per month through the new COVID-19 Social Relief of Distress (SRD) Grant (Gronbach et al., 2022). This grant was available to unemployed individuals who were not receiving unemployment benefits, social assistance, or any other form of government support (Gronbach et al., 2022).

#### *4.2.3 Food transfers*

The restrictions and lockdown imposed by the governments of Ghana, Kenya, and South Africa led to losses of income, and some workers were forced to stay back at home. Due to a lack of income, some households found it difficult to feed themselves, and governments responded by transferring food items to these vulnerable households. Ghana, Kenya, and South Africa used food transfers to support those in need when lockdown was in place. The Ghana government used the cash it received from corporate organisations to provide food for the vulnerable (Aduhene & Osei-Assibey, 2021). Through this, approximately one million poor people in lockdown zones received food deliveries and hot meals (Dzigbede & Pathak, 2020). Unlike Ghana, where the government provided food items for beneficiaries, two studies in Kenya reported that food transfers to the vulnerable were provided by the UNCHR, corporate organisations, religious institutions, non-governmental organisations and good Samaritans (Pinchoff et al., 2021; Sarr et al., 2021). In South Africa, the government provided food for vulnerable people, but due to challenges in meeting people's food supply needs, NGOs and other organisations had to come to the government's rescue (Devereux, 2021; Gronbach et al., 2022; Marx et al., 2022).

#### *4.2.4 Utility subsidies and fee waivers*

Beneficiary households benefit from subsidies and waivers by increasing their disposable incomes (Devereux, 2021). To cushion the effects of the pandemic, the Ghanaian government provided subsidised electricity and free water to some targeted groups (Antwi-Boasiako et al., 2021; Dzigbede & Pathak, 2020b; Issahaku & Abu, 2020; Scott & Ammoun, 2021). While the government of South Africa did not provide free water for poor households, the UNHCR had to fill this gap by providing water, sanitation, and hygiene services to the vulnerable (Sarr et al., 2021).

#### *4.2.5 Tax relief*

In the sense that it enhances the disposable income of low-income households, tax relief is a type of social assistance (Devereux, 2021). Many governments provided temporary tax breaks for businesses to reduce economic losses, as well as tax breaks for low-income people (Devereux, 2021). Only Kenya was reported to have provided a 100% income tax reduction to anyone earning less than USD 22,000 in the included studies (Devereux, 2021). The Kenyan government also provided cash support to micro-, small-, and medium-sized enterprises (Kansiime et al., 2020; Nafula et al., 2020; Ouma, 2021).

#### 4.2.6 Public works

Cash for Work was another social instrument used by the Kenyan and South African governments to support vulnerable people at the time of the pandemic's crisis. The Kenyan government used the National Hygiene Programme (NHP), also known as Kazi Mtaani, to provide employment for younger adults (Kimani-Murage et al., 2022; Nafula et al., 2020), while the South African government deployed the use of the Presidential Employment Stimulus, which targeted young employed South Africans, and nearly one million people benefited from the intervention (Marx et al., 2022).

In Ghana, In April/May 2021, the Labour-Intensive Public Works (LIPW) programme operations were suspended for one to two months and then resumed following a safety assessment and measures to reduce transmission risks (Scott & Ammoun, 2021). About 14,000 people were working under LIPW when COVID-19 struck. Priority was given to ensuring that they would continue to receive cash to support their lives, but safety concerns were raised (Scott & Ammoun, 2021). Following a brief pause, an initial review found that, because the virus was more common in urban regions and the southern part of the country, the programme could be restarted with a few amendments (Scott & Ammoun, 2021).

#### 4.2.7 Unemployment benefits

The Unemployment Insurance Fund (UIF) in South Africa provided economic support to temporarily furloughed workers, while unemployed workers who did not get UIF might apply for the specially formed Temporary Employee/Employer Relief Scheme (TERS) (Devereux, 2021).

#### 4.3 Social solidarity funds

To finance the social protection programmes during the period of the pandemic, social solidarity funds were created. For instance, in Ghana, the COVID-19 Trust Fund was established by the government (Aduhene & Osei-Assibey, 2021). Within two months of its establishment, the COVID-19 Trust Fund received GHS 45 million in cash transfers from various institutions, organisations, and individuals around the country. The accumulated monies were used to provide meals for the country's most disadvantaged citizens (Aduhene & Osei-Assibey, 2021). In Kenya, Ksh 5 billion was approved under the elderly cash transfer programme to assist afflicted households in mitigating the economic effects of the pandemic (Nafula et al., 2020). Administrative costs accounted for 30% of the budgeted amount (Nafula et al., 2020). As a result, Ksh 3.5 billion is likely to benefit low-income households with older members (Nafula et al., 2020). In addition to the existing Inua Jamii programme, the government committed KES 10 billion for cash transfers (equal to 0.03% of GDP) to the Emergency Cash Transfer Fund (Ouma, 2021). In South Africa, the government budgeted R50 billion for social assistance alleviation initiatives to help the poorest and most vulnerable (Gronbach et al., 2022). This amounted to 10% of the total budget allocation for COVID-19 alleviation initiatives, or 1% of South Africa's GDP (Gronbach et al., 2022).

Table 6 shows the comparison of social protection responses in Ghana, Kenya, and South Africa. All three countries deployed cash transfers, food transfers, national social protection, social solidarity funds, and new social protection programmes to mitigate the effects of the pandemic. Only Kenya and South Africa used public work programmes to support vulnerable youth, while Kenya was the only country that gave tax relief to low-income earners. Similarly, South Africa was the only country that used a social insurance scheme to support workers who lost their jobs due to the pandemic, while Ghana and Kenya provided utility subsidies and fee waivers for some selected households.

Table 6. Social protection responses to COVID-19 in Ghana, Kenya, and South Africa

	Cash transfers	Food transfers	Tax relief	Public work	Insurance	Utility subsidies	National SP	Social solidarity funds	Emergency social protection
Ghana	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes
Kenya	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
South Africa	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes

Source: Authors' compilation.

#### 4.4 Settings of social protection instruments

Ghana, Kenya, and South Africa responded to the socioeconomic effects of COVID-19 with existing and new social protection instruments. The settings of these social protection instruments are examined in this section of the thesis.

##### 4.4.1 Settings of existing national social protection instruments responding to COVID-19 lockdown socioeconomic effects

We only compared the settings of existing national social protection programmes that were used as responses to pandemic socio-economic effects under the vertical expansion of existing social cash transfers and the horizontal expansion of cash transfers because these programmes were previously existing and new settings were added to them in response to the COVID-19 pandemic lockdowns (Table 7).

##### 4.4.2 Vertical shock-response

Vertical expansion of cash transfers allows beneficiaries to receive additional cash benefits for a certain period (Devereux, 2021). Ghana, Kenya, and South Africa expended some of their social protection programmes due to the pandemic. For example, the LEAP in Ghana provided a transport top-up benefit of 10 Ghana cedis for beneficiaries in urban areas and 20 cedis for their rural counterparts (Scott & Ammoun, 2021). Similarly, in Kenya, in addition to the existing Inua Jamii scheme, the government established a KES 10 billion Emergency Cash Transfer Fund (Ouma, 2021). The COVID-19 Emergency Fund provided additional financing for cash payments to households in metropolitan areas afflicted by the pandemic (Ouma, 2021). As in Ghana and Kenya, in South Africa, one-third of the population received higher payments or top-ups on certain social grants for six months (Devereux, 2021; Gronbach et al., 2022).

##### 4.4.3 Horizontal expansion of cash transfers

Horizontal growth of already-existing programmes is more difficult than vertical expansion since new beneficiaries must apply or be found, vetted, and registered, which is already a difficult process but is made even more difficult under the challenges imposed by COVID-19 requirements (Devereux, 2021). In Kenya, the expansion of the cash transfer programme comprised three months of targeted payments of KES 4,000 to urban households (Ouma, 2021). There was minimal information available about which households received the cash and how they were selected (Ouma, 2021). In South Africa, through two reforms, the government expanded the social grant system horizontally (Gronbach et al., 2022). First, it changed the CSG supplement from a per-child supplement to a payment per caregiver (Gronbach et al., 2022). This effectively meant that an additional seven million people—virtually entirely women—received a grant. Second, the government implemented a new temporary cash transfer programme for working-age adults who do not have another source of income (Gronbach et al., 2022). There is no evidence to show that Ghana applied the horizontal shock response.

Table 7. Settings of existing national social protection instruments responding to COVID-19 lockdown socio-economic effects

Criteria	Ghana	Kenya	South Africa
Existing national social protection programmes	<ul style="list-style-type: none"> <li>Livelihood Empowerment Against Poverty (LEAP)</li> <li>Labour Intensive Public Works (LIPW)</li> </ul>	National Safety Net Programme(NSNP)	<ul style="list-style-type: none"> <li>Child Support Grant (CSG).</li> <li>Unemployment Insurance Fund (UIF).</li> <li>Temporary Employee/Employer Relief Scheme (TERS) Disability Grant, Old Age Pension, Foster Care Grant, Care Dependency Grant and War Veteran's Grant.</li> </ul>
Objectives	<p><b>LEAP:</b> To enhance poor household consumption through unconditional cash transfers.</p> <p><b>LIPW:</b> To offer recipients with work and opportunities for earning money</p>	To reduce poverty	<p><b>CSG:</b> To low-income families in order to assist parents with the costs of their child's essential necessities. <b>UIF:</b> Provides workers with short term support when they become unemployed or are unable to work due to maternity, adoption, or parental leave.</p> <p><b>TERS:</b> is a solution that benefits both employers and employees in distressed situation.</p> <p><b>Others grants:</b> To reduce poverty</p>
Eligibility criteria	<p><b>LEAP:</b> Geographical targeting and poverty targeting using a Proxy Means Test (PMT).</p> <p><b>LIPW:</b> Geographical and poor household targeting</p>	Households with a severely disabled person who requires assistance. The family must be terribly destitute. Inability to participate in productive programmes. Older people must be 65 or older. Those who are unable to work on a part-time basis.	<p><b>CSG:</b> Be the primary caregiver for a child.</p> <p><b>UIF:</b> When your employer ends one employment, one can seek for benefits through the UIF.</p> <p><b>TERS: Other grants:</b> Be a South African citizen or permanent resident.</p>
Beneficiaries	<p><b>LEAP:</b> Orphan and vulnerable children. Older people over 65 years. Persons with disabilities who are unable to work.</p> <p><b>LIPW:</b> Poor households</p>	So far, over 500,000 households have received regular cash transfers, and an additional 374,806 households in Northern Kenya have received cash support in the event of extreme weather disasters.	<p><b>CSG:</b> A child whose primary caregiver does not receive compensation for caring for the child lives with them.</p> <p><b>UIF:</b> All employees who are eligible for unemployment insurance and other relevant benefits.</p> <p><b>TERS:</b> Employers or employees <b>Other grants:</b> Be a South African citizen or permanent resident</p>
Benefits	<p><b>LEAP:</b> Household with one member 64 Cedi Household with two members 76 Cedi Household with three members 88 Cedi Household with four or more members 106 Cedi</p> <p><b>LIPW:</b> Wages are expected to be greater than the national minimum wage, this is in 2020 11.8 cedis but less than wage rate in agriculture</p>	For different programmes, KES 2,000 per home per month is supplied every two months, and KES 5,400 is delivered every two months for the Hunger Safety Net Programme (HSNP).	<p><b>CSG:</b> R480 a month per child.</p> <p><b>UIF:</b> R17,712 per month.</p> <p><b>TERS:</b> Employers or employees</p>
Vertical shock response	<p><b>LEAP:</b> Yes, Top up of 10 and 20 Ghana Cedis</p> <p><b>LIPW:</b> No</p>	Yes	<p><b>CSG:</b> Yes <b>UIF:</b> Yes</p> <p><b>TERS:</b> Top-ups of R250 on certain social grants</p>
Horizontal shock-response	No	Yes KES 4,000 to urban households	Yes An additional seven million people— virtually entirely women—received a grant
References	(Scott & Ammoun, 2021)	<a href="https://www.socialprotection.or.ke/about-sps/introduction-tosocial-protection#:~:text=In%20Kenya%2C%20Social%20Protection%20(SP,sustain%20their%20livelihoods%20and%20welfare">https://www.socialprotection.or.ke/about-sps/introduction-tosocial-protection#:~:text=In%20Kenya%2C%20Social%20Protection%20(SP,sustain%20their%20livelihoods%20and%20welfare</a> <a href="https://www.hsnp.or.ke/">https://www.hsnp.or.ke/</a> <a href="https://www.hsnp.or.ke/index.php/latest-testing/159-governmentdisburses-ksh537-million-to-poorfamilies-to-mitigate-droughteffects">https://www.hsnp.or.ke/index.php/latest-testing/159-governmentdisburses-ksh537-million-to-poorfamilies-to-mitigate-droughteffects</a>	<a href="https://www.gov.za/services/childcare-social-benefits/child-supportgrant">https://www.gov.za/services/childcare-social-benefits/child-supportgrant</a> <a href="https://www.sars.gov.za/types-oftax/unemployment-insurance-fund/">https://www.sars.gov.za/types-oftax/unemployment-insurance-fund/</a> <a href="https://nationalgovernment.co.za/unit/s/view/295/unemployment-insurancefund-uif">https://nationalgovernment.co.za/unit/s/view/295/unemployment-insurancefund-uif</a> <a href="https://www.gov.za/services/uif/uifunemploymentbenefits#:~:text=When%20your%20employer%20terminates%20your,suspended%20or%20absconded%20from%20work.">https://www.gov.za/services/uif/uifunemploymentbenefits#:~:text=When%20your%20employer%20terminates%20your,suspended%20or%20absconded%20from%20work.</a> <a href="https://www.ccma.org.za/temporaryemployer-employee-relief-scheme/">https://www.ccma.org.za/temporaryemployer-employee-relief-scheme/</a>

Source: Authors' compilation.



#### 4.5 Setting of major emergency social protection instruments in response to COVID-19 social and economic effects (new social protection programmes).

Due to the emergency of COVID-19, several countries in the world came up with new social protection programmes to mitigate the socio-economic effects of the pandemic lockdowns. The beneficiaries were frequently traditional pre-COVID vulnerable groups, implying that they faced "COVID-intensified" vulnerabilities: poor families (Devereux, 2021). Table 8 shows the comparative analysis of the settings of new social protection programmes created to mitigate the socio-economic effects. The settings are basically the benefits, the duration of the benefits, the eligibility, and the beneficiaries. In Ghana, the government established two additional social protection programmes to assist those socio-economically impacted by the pandemic. These are the COVID-19 Relief Cash Transfer and utility subsidies (Scott & Ammoun, 2021). In a similar manner, the Kenyan government also established two new programmes, namely the National Hygiene Programme (NHP), the Cash for Work Programme, and the Tax Relief Programme for Low-Income Earners (Devereux, 2021; Nafula et al., 2020; Ouma, 2021). Three new social protection programmes were developed for the South African government: COVID-19 Social Relief of Distress (SRD), Presidential Employment Stimulus, and COVID-19 Temporary Employer/Employee Relief Scheme (TERS) (Devereux, 2021; Gronbach et al., 2022).

Table 8. Setting of major emergency social protection instruments in response to COVID-19 social economic-effects

Criteria	Ghana	Kenya	South Africa
New social protection programmes	COVID-19 Relief Cash Transfer	National Hygiene Programme (NHP)	Covid-19 Social Relief of Distress (SRD)
	Utility subsidies	Tax relief	Presidential Employment Stimulus Covid-19 Temporary Employer/Employee Relief Scheme (TERS)
Objectives	To help the vulnerable achieve their basic nutritional needs and enhance their living conditions	To support the most vulnerable but able-bodied youth while they offered labour for public goods	A temporary support to people who are in such a grave financial situation To help self-employed workers make ends meet
	To support households to cope in the face of lockdown and reduce the risk of transmission	To increase households' income	The TERS directive allows for a relief benefit to be sought in cases when COVID-19 stuck
Eligibility criteria	People who are extremely poor and vulnerable in Ghana's lowest regions	18-34 years old youth	There must be no social benefits being received by the applicant, and he or she must be unemployed
	Households with no water pipe connection and with low electricity consumption	Individuals making less than USD 22	Applicants were needed to provide testimonials as well as police certification that they did not have a criminal background Unemployed workers who do not receive UIF may apply for the newly developed programme (TERS)
Beneficiaries	125,000 vulnerable individuals and households	367,958 youth	Unemployed adults (18-59 years old) without any other social security plan or care from a state institution
	Households that live close to Ghana's Water Company and customers with low electricity consumption	Low-income workers	The majority were young individuals. Some employments were protected through salary subsidies, while others were saved through farm input vouchers The unemployed
Benefit	220 Cedis up to 550 Cedis	Nairobi, Kisumu, and Mombasa residents received 653.10 Kenya Shillings per day. Other municipalities 600 Kenya Shillings per day.	R350
	Water and electricity	Income tax rate (Pay-as-YouEarn - PAYE) was cut from 30% to 25%	R3,500 for school assistants Minimum salary by sector, up to R17,712

Table 8 (cont.). Setting of major emergency social protection instruments in response to COVID-19 social economic-effects

Criteria	Ghana	Kenya	South Africa
Duration	December 2020 to June 2021	April 2020 to December 2020	First phase: May 2020–April 2021 Second phase: August 2021–March 2022
	Six months	April 2020-June 2022	Round 1 December 2020 to April 2021 Round 2 from November 2021 April 2020–July 2021
References	(Scott & Ammoun, 2021)	(Devereux, 2021; Nafula et al., 2020; Ouma, 2021) <a href="https://www.tuko.co.ke/372489k-azi-mtaani-initiativeapplication-proceduresalary.html">https://www.tuko.co.ke/372489k-azi-mtaani-initiativeapplication-proceduresalary.html</a> (Kihiu, 2021)	<a href="https://www.gov.za/services/socialbenefits/social-relief-distress">https://www.gov.za/services/socialbenefits/social-relief-distress</a> (Devereux, 2021) (Gronbach et al., 2022a)

Source: Authors' compilation.

#### 4.6 Limitations.

There are some limitations to this study. First, the study used a qualitative comparative analysis in a systematic review to answer the research questions. This data was derived from existing studies, and some of these studies have several limitations. Secondly, this is a comparative study of three different countries with different social protection programmes. The data from these countries did not represent the total beneficiaries of government social protection interventions to reduce the negative effects of the pandemic lockdowns.

Finally, the study focuses only on the immediate impact of social protection interventions. As a result, the effectiveness of the interventions cannot be ascertained because beneficiaries of government social protection programmes might have gotten support from family members, friends, or their communities before they received support from the government.

### 5. Discussion & Conclusion

Many people in Africa do not have access to social security due to the following reasons: most people work in the informal sector where the pension system does not exist, the common types of social protection programmes implemented by governments are not institutionalized, and public elected officials are not in a hurry to implement comprehensive social protection systems to cater for the poor.

When COVID-19 struck and was followed by measures such as lockdowns, restrictions, and curfews put in place to reduce the spread of the virus, most African countries found it difficult to support those affected by these lockdowns because existing social protection programmes were unable to cater for the large number of people in vulnerability.

This section recalls the research questions and discusses the findings that emanated from the analysis of the data gathered from the 40 included studies.

#### 5.1 What were the negative socio-economic effects that emerged from the lockdowns and restrictions imposed to reduce the spread of the COVID-19 pandemic in Ghana, Kenya, and South Africa?

The findings of this study shows that the lockdowns imposed by the governments of Ghana, Kenya, and South Africa to mitigate the spread of the COVID-19 pandemic prompted an increase in poverty and inequality among some groups of people. Most of these people worked in the informal sector, and the informal sector is known for having no social security. In a similar manner, in India, a study demonstrated that the epidemic significantly influenced poverty, hunger, deprivation, unemployment, and economic and social inequalities in the country's informal sector (Gururaja & Ranjitha, 2022). Similar findings were found in Bangladesh, where data from 372 undocumented workers in the most populated informal labour hubs in the country—the cities of Dhaka and

Chattogram—shows that during the epidemic, 65% of respondents' income declined sharply in the first quartile (Firoj et al., 2021). The second and third quartiles showed similar trends, with percentages of 35% and 24%, respectively (Firoj et al., 2021).

While those who work in the informal sector earn their income daily, and it is from this income that they purchase food for households. The findings from this study show that due to the lockdowns to mitigate the spread of COVID-19, some households experienced food insecurity in Ghana and Kenya. Similar studies have also shown that COVID-19 lockdowns influenced food insecurity in some households. For instance, Amare et al. (2020) took advantage of spatial heterogeneity in exposure to COVID-19-related illnesses and lockdown measures as well as temporal differences in outcomes of interest by using a difference-in-difference strategy. The researchers found a marked rise in food insecurity measures in households exposed to more COVID-19 incidents or mobility lockdowns. They further found that COVID-19 considerably lowers labour force participation and drives up food prices after examining various transmission pathways for this impact. The consequences vary according to economic activity and household size. The study found lockdown measures, for instance, raised food insecurity in households by 13 percentage points while lowering the chance of non-farm economic activity participation by 11 percentage points (Amare et al., 2020). Since it has been established that the lockdowns imposed by the governments of Ghana, Kenya, and South Africa led to various forms of vulnerability, social protection systems were activated by these countries to support those that were affected by the pandemic lockdowns as well as those that were under threat from economic shocks. This led to the second research question in this thesis.

### *5.2 What were the existing and new social protection programmes used to tackle the negative socioeconomic consequences of the COVID-19 pandemic-related lockdowns and restrictions imposed?*

Social protection is a combination of policies and programmes designed to decrease poverty and vulnerability by fostering more effective labour markets, lowering risk exposure, and enhancing people's capacity to defend themselves against dangers and loss of income (ADB, 2003). Social assistance and social insurance are the two basic components of social protection (Devereux, 2021).

Findings from this study shows that when the pandemic struck, coupled with the lockdowns imposed to reduce the spread of the virus, existing and new social protection programmes under social assistance and social insurance were used to support some groups of people because of the socio-economic effects of the lockdowns.

The main social protection programme in Ghana is LEAP; in Kenya, NSNP; and in South Africa, the CSG and other grants. These social protection programmes vis-à-vis cash transfers were part of the social protection responses to the socio-economic effects of the COVID-19 lockdowns. The use of existing and new social protection programmes in the form of cash transfers to mitigate the socioeconomic effects of the pandemic has been documented in some studies in developing countries. In Mexico, emergency cash transfers (Lustig & Trasberg, 2021); in Brazil, Emergency Aid (Souza et al., 2020); in Argentina Emergency Family Income (Arza, 2021); in India, Pradhan Mantri Garib Kalyan Yojana (Bhattacharya & Sinha Roy, 2021); in the Philippines, Ayuda (Flores, 2022); in Vietnam, income support (Tran et al., 2020); and in Nigeria, conditional cash transfers (Obiakor et al., 2021), social protection instruments were activated to support the vulnerable due to COVID-19 lockdowns socioeconomic effects.

In Ghana, Kenya, and South Africa, according to this study's findings, existing beneficiaries were authorised to receive additional benefits due to the lockdowns. Devereux (2021) refers to this approach as “vertical shock-response,” and it was a common response for some governments in Africa. For the duration of their lockdowns, Algeria, Angola, Cameroon, Côte d'Ivoire, Egypt, Gambia, Lesotho, Liberia, Mozambique, Nigeria, Sudan, and Tunisia raised additional cash handouts sent to low-income and vulnerable households (Devereux, 2021).

Food transfers, utility subsidies and fee waivers, tax relief, and public work programmes were some of the other social protection instruments used by Ghana, Kenya, and South Africa to mitigate the socioeconomic effects of the COVID-19 lockdowns. Other developing countries have also adopted these social protection instruments to support the vulnerable. For instance, the Government of Vietnam's social protection reaction to the epidemic includes improving food security, lowering energy rates for three months, giving isolated people daily income

support of 80,000 VND, and exempting citizens from paying for medical expenses (Tran et al., 2020). On April 8, 2020, in Nigeria the federal government stated that it would distribute 77,000 metric tonnes of food to disadvantaged households in three states under lockdown (Obiakor, 2020). In response to the housing and electrical issues vulnerable households encountered during the epidemic, the Nigerian government launched a USD 818.3 billion (NGN 317.29 billion) Mass Housing Programme (Olawajaju, 2020). In China, during the COVID-19 outbreak and lockdowns, non-local residents in need got temporary accommodation, food, clothing, and other assistance (Lu et al., 2020).

According to this study's findings, it was only South Africa that initiated a social insurance programme known as the Temporary Employee/Employer Relief Scheme, which was used to support temporarily furloughed workers (Devereux, 2021). Brazil also used the social insurance to support some workers that were affected by the COVID-19 lockdowns. The Brazilian federal government established the Emergency Employment and Income Maintenance Programme in 2020, allowing firms to cut employees' workload and compensation by 25%, 50%, or 70% for up to three months (Souza et al., 2020). Workers earning the minimum wage (R\$1,045/US\$195 per month) will receive a bonus to bring their salaries up to the full amount if their workload is decreased sufficiently (Souza et al., 2020). If a worker earns more than the minimum wage, he or she receives an advance payment of the unemployment insurance benefit proportionate to the reduction in workload if that worker becomes unemployed (Souza et al., 2020).

The social protection programmes used by the governments of Ghana, Kenya, and South Africa to support those that were affected by COVID-19 lockdowns had various policy settings. This led us the last research question of this thesis.

### *5.3 What were the main settings that emerged from these social protection programmes that responded to the consequences of the COVID-19 lockdowns?*

From the analysis and findings of this study, the policy settings of the existing and new social protection programmes consisted mainly of the benefits of these programmes as well as the requirements to get the benefits and who should receive the benefits. In the vertical shock-response of existing social protection programmes, according to the study findings, Ghana, Kenya, and South Africa allowed beneficiaries to receive additional benefits due to the socio-economic effects of the pandemic lockdowns. Only Kenya and South Africa experienced horizontal shock-response by allowing new beneficiaries to receive cash transfers during pandemic lockdowns. Some countries applied the vertical shock-response during the pandemic lockdowns. For instance, in China's Hubei Province, the amount of monetary support for the poor was boosted by adding 500 yuan (\$70.6) to the amount received by needy beneficiaries in metropolitan cities and 300 yuan (\$42.4) in rural areas (Lu et al., 2020).

For new social protection programmes created due to the pandemic lockdowns, all the countries' policy settings for these programmes came in the form of cash benefits for some selected groups of people. Likewise, in some developing countries, new policy settings (benefits) for social protection programmes were initiated to support the vulnerable. For example, during the early stages of COVID19, the Philippine government used a social protection programme named Ayuda to assist vulnerable communities (Flores, 2022). As COVID-19 ravages the Philippines, Ayuba, a form of social aid, provided two months of income support to disadvantaged households ranging from PHP 5,000 to 8,000 (USD 100 to 150). (Flores, 2022). In Vietnam, the social protection response to the pandemic includes increased food security, a three-month decrease in electricity rates, daily income support of 80,000 VND for isolated people, and medical expense exemption for citizens (Tran et al., 2020). In Nigeria, the government announced a conditional cash transfer (CCT) programme for the poorest and most vulnerable households, with a monthly payment of 51.58 USD (NGN 20,000) starting in April 2020. (Obiakor, 2020). The original iteration of the CCT programme featured bimonthly payments of \$12.90 USD (NGN 5,000) to Nigeria's poorest and most vulnerable persons (mostly in rural regions), as determined in the National Social Register (NSR) (Sanni, 2020).

To finance the social protection programmes for those that were supported during the pandemic lockdowns, the study findings show that Ghana, Kenya, and South Africa created social solidary funds. Some countries in Africa

also created these funds to finance their social protection programmes for the vulnerable during the pandemic lockdowns. For example, special funds were established in Chad, Côte d'Ivoire, the DRC, Gabon, Mauritania, and Senegal, but also in Morocco, Botswana, Lesotho, and Mauritius to raise ringfenced resources to offset COVID-19 consequences (Devereux, 2021). To depoliticize the pandemic, governments made appeals to a feeling of national urgency and the necessity for community response (Devereux, 2021). Along with government seed money, these funds were cofinanced by the private sector and individual tax-deductible donations (Devereux, 2021). These funds made up for the generally low spending and subpar social assistance delivery prior to COVID-19, particularly in some of these nations (Devereux, 2021). A National Solidarity Fund for impacted households, as well as Support Funds for the unorganised sector, small and medium-sized businesses, and major corporations, were set up by Côte d'Ivoire (Devereux, 2021). Senior government leaders and civil servants in Rwanda and So Tomé and Príncipe were subject to a "solidarity tax" as a show of state commitment (Devereux, 2021).

This study has demonstrated that the COVID-19 preventive measures, such as lockdowns and restrictions on movements, to mitigate the spread of COVID-19 led to negative socio-economic effects. These effects include an increase in poverty, the loss of employment and income, as well as an increase in food insecurity. Owing to these socio-economic effects, social protection programmes such as social cash transfers, food transfers, and work for cash programmes were used to support some groups of people affected by the lockdowns.

The methodology used to assess the effects of the COVID-19 lockdowns has several strengths. First, it provided a seamless account of the effects of lockdowns in the three countries' case studies. Second, aside from the COVID-19 lockdowns causing poverty to rise and some people to lose their jobs, the methodology provided an overview of the lockdowns' effects on gender, employment sectors, and localization. Furthermore, the methodology presented the different and similar social protection programmes used by Ghana, Kenya, and South Africa to mitigate the socio-economic effects of the lockdowns as well as the benefits of the programmes.

The shortcomings of the methodology include the fact that the researcher was not in control of the original data of the included studies for the comparative analysis in a systematic review. The researcher also finds it difficult to contact the authors of some of the included studies that need clarification on some bias issues. Despite these shortcomings, the study has been able to demonstrate that COVID-19 lockdowns were the major cause of the socio-economic effects experienced by some groups of people. Since social protection became the mechanism to support vulnerable people, there is a further need for the social protection systems in Ghana, Kenya, and South Africa to be strengthened. Furthermore, future social protection policies in these countries should take account of unforeseen circumstances such as a pandemic, a financial crisis, or climate change in the form of flooding. When such unforeseen circumstances occur, social protection should be able to lessen the social and economic suffering of those that will be affected by the unforeseen events.

Finally, the study is not able to assess the impact of the social protection programmes used by Ghana, Kenya, and South Africa during the lockdowns to prevent the spread of COVID-19. Future studies need to be conducted to ascertain the impact and effectiveness of these social protection programmes in reducing vulnerability in these countries.

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