

Research papers

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Social Assistance for Informal workers: Analysis of the COVID-19 response in Brazil and Colombia

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Cash assistance for informal workers:

Analysis of the COVID-19 response in Brazil and Colombia

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Abstract

This paper exposes the measures extended to informal workers during the COVID-19 pandemic. The study analyzes two South-American countries which have a high percentage of informality, Colombia and Brazil. We study the implications of the expansion of the social assistance programs of these two countries, exposing their weakness and strengths to mitigate the pandemic adverse effects. The evidence provided by this research makes us believe that the perseverance of the informal worker's inclusion in cash transfers programs can be a powerful tool to mitigate inequalities in the labor market.

Keywords

Social assistance, Cash transfer, Informality, COVID19, Brazil, Colombia.

Cet article présente les mesures prises en faveur des travailleurs informels durant la pandémie de Covid-19.

Cette étude analyse les données de deux pays d'Amérique du Sud avec un haut degré d'informalité, la Colombie et le Brésil.

Nous avons étudié les conséquences -tant positives que négatives- de l'expansion des programmes d'aide sociale pour ces pays afin d'atténuer les effets néfastes de la pandémie.

Les éléments mis en évidence par cette étude nous laissent à penser que la poursuite de l'inclusion des travailleurs informels dans les programmes de transferts monétaires peut être un outil efficace pour atténuer les inégalités sur le marché du travail.

Mots-clés

Assistance sociale, transferts monétaires, Informalité, Covid-19, Brésil, Colombie.

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Introduction

Informal employment has always been an important feature of labor markets in Latin American and the Caribbean (LAC) countries due to the high number of low-skilled workers who find informal jobs as their only escape from poverty. Informal workers in the region usually experience economic vulnerability, have relatively low access to social protection and face high uncertainty on their income. Nowadays, economically vulnerable people represent around 37% of the total population of the LAC region, and their economic and labor conditions place them at a latent risk of falling back into poverty (OECD 2019). Informality is a concept that has many definitions. Three definitions of informal work are used in this investigation, one for the global analysis, one at country-level to analyze the contexts of Colombia and Brazil. From a global perspective, the International Labor Organization (ILO), the Delhi Group, and WIEGO in the 17th International Conference of Labor Statisticians (ICLS) classify informal employment as “all employment arrangements that leave individuals without social protection through their work, whether or not the economic units they operate or work for are formal enterprises, informal enterprises or households” (Boniol, et al. 2019). The definitions of informality for Colombia and Brazil are the ones established by the statistical authority of each country (DANE and IBGE, see section 1).

Informality permeates different types of employment across sectors in LAC, in which the 42% of workers in social services and the 62% of retail commerce and sales workers, restaurants, and hotels are informal (Altamirano Montoya, Azuara Herrera and Gonzalez 2020, Altamirano Montoya, Azuara Herrera and Gonzalez 2020). This article proposes a case study of the short-term response that two Latin American countries, Colombia and Brazil. According to the ILO, Colombia and Brazil stand out in the region with the highest percentage and higher absolute numbers of informal workers, respectively (Bonnet, Florence, Joann Vanek and Martha Chen, 2019). Moreover, according to the World Bank, in such countries with a Gini Index above 0.5, social programs are common to mitigate inequality, but informal workers are generally not considered (Brazilians Citizens' Ministry, 2020).

Informal workers used to be barely considered when designing social protection policies in Latin America. Social assistance schemes were mostly targeted to people who were extremely poor and had no source of income. The lack of help and opportunities for informal workers has led them to a vicious circle that prevents them from exiting the social vulnerability trap. In this trap, there are many risks, such as: job loss, unsafe working conditions, lack of safety regulations, no protection of their labor rights, and less opportunity of investment among many others.

The conditions for informal workers have often been uncertain but as the COVID-19 pandemic unexpectedly erupted, a multifaceted crisis made life conditions harder for everyone. COVID-19 pandemic reached Latin America by February 2020. The first case in the region was recorded on February 26, 2020, in São Paulo, Brazil (Schwartz 2020) and soon after, a domino effect commenced in the neighboring countries of the region. The first case in Colombia was recorded in March 6, 2020 in Bogota (Reuters 2020). With the previous knowledge from the virus having hit Asia and Europe, governments were more aware of the economic externalities of this virus. Some governments took action, while others tried hard to ignore it. The Virtual Ministerial Summit that met virtually on July 2020 claimed on their Informality and Social Inclusion in times of COVID-19 conclusions and policy consideration report the following:

“Latin America and the Caribbean was facing one of the most challenging moments of its history, (...) with more than 3.8 million cases recorded and already more than 160,000 lives lost. Estimates suggested that the region as a whole might see a fall in GDP of between 8% and 10% by the end of the year, with up to 17 million jobs lost and 45 million people falling into poverty. A shock of this magnitude risks undoing years of progress and setting the social inclusion agenda back by over a decade” - (OCDE 2020)

Main causes for all the widespread short-term effects were the newly enforced sanitary measures that included lockdowns and curfews that limited workers attending their regular jobs and consequently had both a lower purchasing power and a curtailed capacity to diversify their living.

To address the possibly devastating economic and social effects of the health crisis, several governments decided to implement short-term measures, like extending the coverage of social assistance programs and implementing emergency response measures, so to include explicitly informal workers in the design and/or target of national responses. They increased the coverage and amounts paid in ongoing cash transfer programs, some others started delivering food baskets and others created policies that granted exemptions of some social security contributions. The present investigation aims to inspect social assistance measures in Colombia and Brazil and how these have changed due to the emergency response. It will show how the COVID-19 pandemic increased the spotlight on informal workers and, as a consequence, how the social assistance policies were redesigned to be more inclusive of this informal fraction and to provide greater coverage of the population.

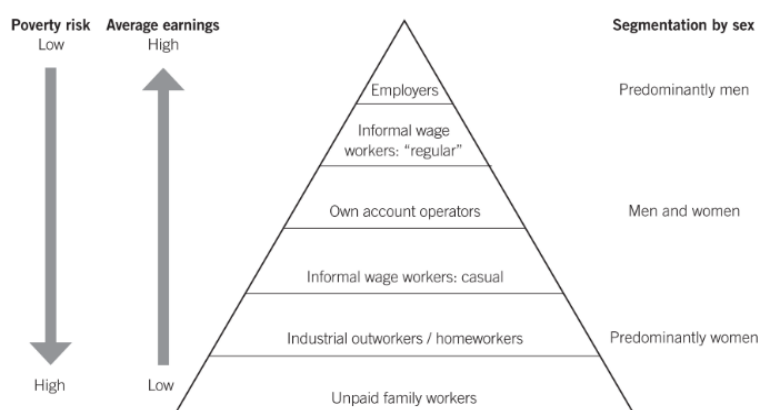
The structure of the article is as follows. We begin in Section 1 by defining informality and providing a broad policy review of social assistance policies and spending (at the global and regional level). As our main interest lies in the informal sector, we then answer in Section 2 “which type of *social assistance access exist for informal workers?*” We address this question for Colombia and Brazil separately. We analyze the social assistance policies in the pre-COVID period and the emergency response policies implemented during the pandemic. We analyze this both on a national as well as a within-country or regional level. Next, for each country we consider the gaps in coverage, challenges and ameliorations for the future. Finally, in Section 3 we compare the two countries’ responses and provide some pathways for future policy dialogue as well as recommendations. Section 4 wraps up the findings of our comparative analysis.

1. Informality & informal employment – Who are the informal workers?

Informality has been the center of debates from both economists and governments across the world. While the International Monetary Fund (IMF) defines the informal economy as “comprising activities that have market value and would add to tax revenue and GDP if they were recorded” (Delechat e Medina 2020), the ILO defines it as “all economic activities, excluding illicit activities, by workers and economic units that are, in law or practice, not covered or insufficiently covered by formal arrangements” (OCDE/ILO 2019). We use the former definition to slowly try to build an understanding of the informal employment.

Considering that this analysis focuses on Brazil and Colombia, we have taken into account the definitions provided by the statistical agencies of these two countries – the National Administrative Department for Statistics of Colombia (DANE) and the Brazilian Institute of Geography and Statistics (IBGE), which we explain in the following sections below.

Figure 1 – The Informal Economy



Source: (Chen 2012)

According to Chen (2012) 61% of employed individuals worldwide are informal workers. This brings forth the magnitude of the potential vulnerability of certain groups of society that fall under informal employment – as presented in Figure 1. Unpaid family workers, homeworkers, and informal wage workers tend to be predominantly women, have lower earnings, and higher poverty risk.

At the global level, 80% of informal workers live in rural areas (Chen, 2012) – this does not mean, however, that they are not all covered by the social protection system, as generally, rural informal workers tend to receive specific protection. This is not usually the case with informal workers in urban areas, which tend not to receive such protection.

Finally, the majority of informal workers are currently living in the developing & emerging world, and addressing the issue of informality remains one of their main developmental challenges. As per the ILO, in 2018 the highest level of informality was in Sub-Saharan Africa at 92%, while in Latin America and the Caribbean it currently is 54% (Chen 2012). While the characteristics of informal workers might be challenging

to pinpoint precisely, according to Biles, in Latin America, increasingly, the informal workers decide to remain in informality as a livelihood strategy – opting out of the formal sector as a more flexible way of generating income (Biles, 2008).

With all the existing vulnerabilities in informal employment, it is clear that governments must take an active role in protecting these groups, thereby preserving their human capital and enhancing their development potential. One crucial path towards doing this is by providing the necessary safety nets and inclusion in social protection systems. We explore these two notions in more detail below.

1.1. Colombian informal labor market

Informality is common in Colombia as in the rest of Latin America. According to the Large Integrated Household Survey (GEIH) issued by the National Administrative Department of Statistics (DANE), the percentage of informal employment¹ represented 48% out of the total number of employees in Colombia for the quarter July–September 2020 (JS) at the aggregate of the 23 main cities and metropolitan areas in the country. Moreover, at a national level, the proportion of informal employees of the total employees remained almost at a constant average of 47.9% after the first COVID-19 outbreak in Colombia, as for the quarter December–February 2019–2020 (DF).

According to the GEIH database, from the principal cities in Colombia, the country's interior cities tend to have a percentage of informal employment below the average of 48%. This is the case of the country's capital Bogotá (41%), and other major cities such as Medellín (41%). In contrast, peripheral cities tend to have above-average percentages (Cartagena (57%), Barranquilla (57%), Cali (50%), Quibdó (58%), and Cúcuta (70%)). This can be seen graphically in Appendix A7, which shows the evolution of the percentage of informality for selected major cities before and after the first wave of the COVID-19 pandemic. However, behind the steady trend in the percentage of informal employees, there was a 23% drop (1140.000 individuals) in the number of informal employees in Colombia between the quarter before and after the first COVID-19 outbreak (DF and JS). The trend has remained constant, as the drop in the total number of employees was equivalent (22% or 2'350.000 employees).

When disaggregating informal employees by subgroups, it can be observed that the order of representativeness regarding gender, education, occupational position, social security coverage and domain of the activity of work is similar before and after the COVID-19 outbreak. However, it will be shown an exception when considering the disaggregation by workplace. Inspecting the gender composition, the informal working population in Colombia is characterized by a higher percentage of men than women, whose average share by sex did not change after the onset of the pandemic. Still, the gap between men and women increased (see Appendix A8). The principal economic activity of informal workers is the trade and repair of vehicles (30%). Furthermore, regarding the workplace of the informal workers, for the quarter JS in 2020, the biggest group was people who work from fixed premises (29%). As expected, the percentages of the disaggregation for the workplace criterion did change due to the COVID-19 outbreak. Specifically, the percentage of informal workers who work from home increased from 16% to 21%, while the percentage of workers who work from other people's homes fell from 20% to 18% (see Appendix A9). This is one of the only

¹ DANE defines the Informally Employed Population as people with the following characteristics:

Individual employees and laborers working in establishments, businesses or enterprises employing up to five persons in all their agencies and branches, including the employer and/or partner; Family workers without remuneration; Workers without remuneration in enterprises or businesses of other households; Domestic workers; Day laborers; Self-employed workers who work in establishments with up to five people, except professional freelancers; Employers in enterprises with five workers or less; Government workers or employees are excluded.

disaggregations under which the orders of magnitude changed concerning the composition of the informal labor force in Colombia, which is consistent due to social distancing measures instituted by the Colombian government.

1.2. Brazilian informal labor market

According to the Brazilian Institute of Statistics and Geography (IBGE), informal workers are identified as:

- Private sector workers with temporary contracts that do not have their labor card signed;
- Domestic Workers without the labor card signed;
- Employers and self-employed workers without their business properly registered at the National Register of Juridic Persons (CNPJ) and
- Auxiliary family workers (IBGE 2021).

Brazilian workers that do not possess a labor card signed (*carteira de trabalho*) do not have insurance, neither guaranteed labor rights or social security benefits, such as: minimum wage, annual leave, medical leave and others.

The beginning of an upward trend in informality began in the 1990s because of the composition effect of two economic events. Firstly, the growth of the services sector – composed by a high rate of informality – and secondly by the retraction of the transformation industry, which was responsible for the production of many formal jobs (Yahmed 2017). Figure 2 expresses the Brazilian informality trend from the first trimester of 2012 until the fourth trimester of 2020.

What grabs our attention is the remarkable difference between the third trimester of 2015 and its last one. This happens due to the sudden temporal account of self-employed and employers with no registration as part of the informal labor sector. Additionally, the Brazilian 2015 crisis was also a factor in the increasing contingency of unemployed people (Barbosa 2020).

Before 2015 there was stability on the informality levels that is prevented from being analyzed due to the absence of the self-employed and employer categories. But after 2015 there are several fluctuations, culminating in a new high of 41.1% of informality share in the third trimester of 2019. From this former trimester, there was a trend of decline for the informality rate that reached a new low in the second trimester of 2020 (Costa, The pandemic and the labor market in Brazil 2020). Afterward, this movement is reversed reaching 39.1% of informality, a 3 percent increase for the second trimester of 2020.

Figure 2 – Brazilian Informality Rate (Q1–2012– Q3 2020)



Source: Data from the IBGE from Q1–2012 to Q3–2020. Available in **(IBGE 2021)**

The informal labor force is composed of many people with a lower educational background (Yahmed 2017). This expresses the number of years of education causing a selection bias for recruiters at the formal sector. Additionally, on average, there is higher educational attainment reported for females than males; According to Yahmed’s (2017) paper, if there is any bias towards formal employment within working women, it is only presented by women with higher education.

Within agriculture, construction, manufacturing and service sectors, the latter accounts for more than 50% of the total employment in urban areas. However, when it comes to informality, the agricultural sector has the most significant share due to its seasonal nature. Table 1 represents the number of workers for each sector, separating formal from informal labor.

Table 1- Number of Brazilian Workers by Sector (2020)

	Formal	Informal	Total
Private Sector	29.963	9.735	39.698
Domestic Workers	1.263	3.528	4.791
Employers	3.259	661	3.920
Self-Employed	17.517	5.419	22.936

Source: Available in **(IBGE 2021)**

The private sector employs a higher share of the active labor force. This country faced some legislation² changes in 2017, regulating autonomous employees that include those that provide temporary work, not having their workers permit signed. These legislation changes also affected self-employed people to have less bureaucracy to legalize their work stated in the same law. Both private and self-employed reported

² Law number 13467 of July 13th of 2017. Available in http://www.planalto.gov.br/ccivil_03/_ato2015-2018/2017/lei/L13467.htm

since 2017 a slight increasing trend of informal participation (Brazilian Institute of Geography and Statistics, 2021).

For employers, there was an augmentation in the number of normalized employers, becoming a steady trend in the last trimester of 2019 compared to 2017, excluding the demand and supply shock caused by the 2020 pandemic. The year 2020 presented 390 thousand new employers. Meanwhile, informal employers became close to steady growing only by 52 thousand new employers in the same period. This tends to change in the next years. Steps as testing for business viability will become unnecessary, simplifying and making it cheaper to maintain the business according to the resolution³. The picture changes when it comes to domestic workers, with their majority in informality. This occupation became regulated⁴ in 2015, assuring vacations, medical leave and others. Looking at the data, since 2015 the composition of the sector did not change drastically. To illustrate, right after the new law became effective into the third trimester, there were 2,081 million formals and 4,168 million informal workers. Using the third trimester of 2019 as a comparison, the domestic workers were composed by 1,740 million formal employees and 4,536 million informal.

Table 2 - Brazilian Workers' Average Income (USD) (2020)

	Formal	Informal	Informal/Formal
Private Sector	641	432	67,41%
Domestic Workers	358	206	57,60%
Employers	1.942	1.085	55,89%
Self-Employed	831	386	46,45%

Source: Available in **(IBGE 2021)**

Table 2 reports average income across occupations showing the wage differential for not being a registered worker. Due to the illegal character of informal employment, people in this type of sector perform as less qualified, and less productive, which reflects on their wages (ILO, 2014). The average income that comes closer to a parity with the workers in the formal sector is that of informal workers in the private sector. Even so, informal workers in the private sector earn 67% of the average wage of the formal workers on the private sector.

In the Brazilian case, the private sector has the lowest wage gap among the presented sectors. One explanation is the progression of the real minimum wage, without a proportional increase for the workers that earn close to the minimum wage level. But studies confirm that self-selection must be the primary explanation for such a low wage (Ulyssea 2018). When controlling for non-observable workers' characteristics, the wage gap becomes insignificant. This means that the difference in salaries might reflect the worker's abilities. If they perform the same task with the same skills level, they will receive the same wage (Ulyssea 2018). However, as was presented before, informal activities are mainly less productive and gather less qualified professionals.

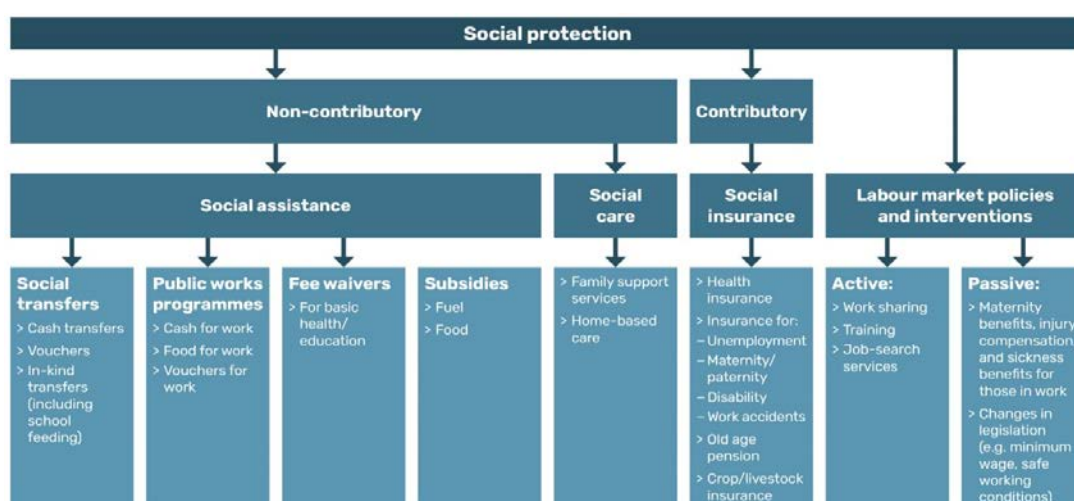
³ Resolution 61 of August 12th of 2020 on the Union Official Diary. Available in <https://www.in.gov.br/en/web/dou/-/resolucao-cgsim-n-61-de-12-agosto-de-2020-271970565>

⁴ Complementary Law number 150 of June 1st. Available in http://www.planalto.gov.br/ccivil_03/leis/lcp/lcp150.htm

1.3. Social Protection programs and spending

The late 19th century and the beginning of the 20th century marked the beginning of the establishment of social protection (SP) systems for today's developed countries (ILO 2019). The ILO defines SP as “the set of public measures that a society provides for its members to protect them against economic and social distress caused by the absence or a substantial reduction of income from work as a result of various contingencies (sickness, maternity, employment injury, unemployment, invalidity, old age or death of the breadwinner), the provision of health care and the provision of benefits for families with children” (ILO, 2004, pg. 2). Similarly, the OCDE defines social protection as “the extent to which countries assume responsibility for supporting the standard of living of disadvantaged or vulnerable groups” (OECD 2019). Appendix A1 provides, for comparative purposes, additional definitions of social protection as coined by other international organizations and the relation to the SDGs. For purposes of this paper, we adopt the taxonomy of social protection instruments used by O'Brien et al. (O'Brien, et al. 2018), which dissects the instruments into four main pillars: “social assistance, social care, social insurance, and labor market policies”, as presented in Figure 3.

Figure 3 – Social protection instruments



Source: (O'Brien, et al. 2018)

The social assistance pillar is generally provided to recipients from a state budget. Its main goal is often to alleviate or prevent poverty, guarantee food security, or reduce vulnerability across the life cycle. Three types of policy instruments are often used in countries (through either national or local-level programs or ad-hoc initiatives). These are social transfers, public work programs, and fee waivers. Under the social transfers, cash transfers have grown to become instruments included in national schemes as well as ad-hoc local projects the favored choice of policymakers and recipients – they are periodic, predictable, and usually regular, and they can be in the form of Unconditional Cash Transfers (UCTs) – provided without specific requirements to a target recipient population, and Conditional Cash Transfers (CCTs) – requiring specific conditions be met by recipients. The latter are expected to improve income predictability while simultaneously decreasing the inter-generational transmission of poverty.

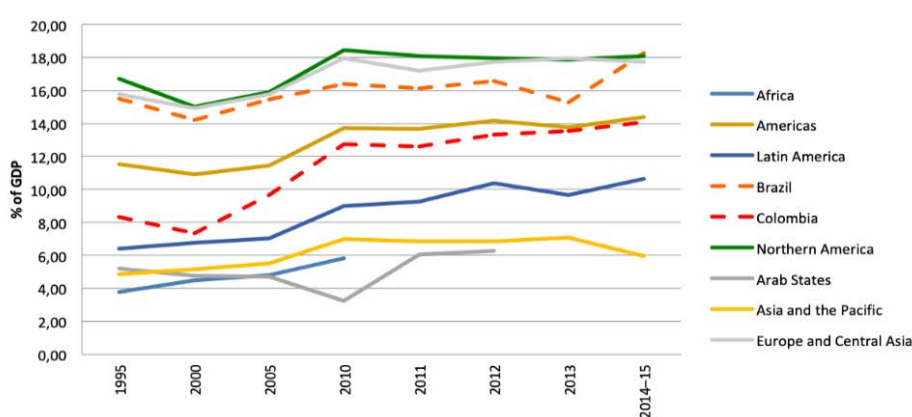
Vouchers, or other in-kind transfers can include lunch boxes to children in school, for example. The public works programs sometimes qualify as labor market interventions, which are planned by the state but run at local level, aiming both to increase employment opportunities and improve income stability of program participants (O'Brien, et al. 2018). Finally, while fee waivers and subsidies help reduce prices, they have been

considered unsuccessful in reaching the poorest who need it the most (World Bank 2018). Social care entices in itself more to services like counseling and networking to groups in the society. In the OCDE framework, family support services and home-based care fall under the social assistance category. However, as will be elaborated below, the focus of this paper is on social assistance, and specifically on cash transfer programs considering that with the unprecedented COVID-19 crisis, this social protection instrument ended up as the “go-to” option for governments to distribute support to the most vulnerable members of the society, including informal workers. In our analysis, we opt for the O’Brien et al. 2018 framework, which makes the above-mentioned separation.

Social Assistance programs are usually provided to individuals or households when the latter belong to a group of population (e.g., pensioners), or reside in a specific area (e.g. rural area) or fulfill a certain category (e.g. schooling age child), which then dictates the properties and longevity of a specific program. Often, programs’ targeting may also rely on a “proxy means-test,” which aims to identify those who fall under a specific threshold of asset, income or a combination of means (OECD 2013). Targeting recipients can also be made through existing social registries and/or via self-selection, requiring application from the prospective recipient to a particular program. Social insurance and labor market policies are also considered important pillars of social protection. We briefly outline them in Appendix A2.

Social protection takes up a significant portion of government spending globally. According to the data collected in the World Social Protection Report 2017-19 by the ILO, the expenditure in social protection relative to GDP has followed a slightly positive or flat slope during the last two decades in the average aggregate of most of the continents and subcontinents in the world (ILO, 2017). As can be seen in Figure 4, Asia and the Pacific is the only subcontinent where there has been a decrease from 2013 to 2015, while in Europe and Central Asia it has almost remained constant. For the case of the Americas, the expenditure in SP as a share of the GDP has increased since 2000 but has remained almost constant from 2012 onwards. This is due to an upward trend in Latin America - including Brazil and Colombia. From 2000 onwards, there have been efforts to increase SP spending – and an almost constant behavior in Northern America. Nonetheless, Appendix A3, shows that within each of these regions, there are significant heterogeneities.

Figure 4 - Public social protection expenditure, 1995 to latest available year (% of GDP) Average by region



Source: (ILO 2017)

In figures, total spending on social protection including health as a percentage of GDP is 8.9% in LAC (see Appendix A4). Placing this on the spectrum, on the one hand, the highest level of spending on social protection is in Western Europe, with 22.6% of GDP, and the lowest in Eastern Asia with 2.9%, on the other hand. Furthermore, as can be seen in Figure 4, in 2015 the spending in SP as a share of the GDP in 2015 was 14.1% in

Colombia and 18.3% in Brazil, meaning that both countries are located above the regional average and, particularly, Brazil appears to be the country with the highest spending share in Latin America and the Caribbean.

Finally, in addition to the global spending trends, in Appendix A4, more detailed information is provided on the principal destinations for these funds. Generally, it can be noted that the spending in SP in Brazil is strongly concentrated on older persons (9.6%), while in Colombia, it is more allocated towards the active age population. Adding the social benefits for persons of active age and the general social assistance in Colombia, the share reaches 4.7%, compared to a 3.8% on older persons.

2. COVID-19 response policies for the informal economy in Colombia and Brazil

With the economic crisis created due to the COVID-19 pandemic, the importance of a rapid emergency response was brought the emphasis to social assistance. Like all crises, the COVID-19 pandemic has especially exposed the gaps in social protection systems in developing countries by further emphasizing the vulnerabilities of social groups. According to the World Bank, by 2021 up to an additional 150 million people will be living in extreme poverty due to the pandemic (World Bank 2020). This is due to the lockdown measures imposed to stop the spread of COVID-19, which characterized loss of employment and income.

In both Colombia and Brazil, a state of national emergency was declared soon after the first cases were recorded (Benítez, et al. 2020). In Colombia, the measures were stricter, where in addition to borders being closed as in Brazil, national and local lockdown was imposed, schools were closed, and mass gatherings were prohibited (Benítez, et al. 2020). More information on measures taken is in Appendix A6.

According to Gentilini et al. (2020), between July and November 2020 a total of 212 countries or territories have planned or put in place 1,179 social protection measures (World Bank 2020, Gentilini, et al. 2020). At the global level, around 61% of all social protection measures in light of COVID-19 are social assistance payments (of which the majority are cash transfers of unconditional and conditional nature), with 24% including social insurance measures, and 14% labor market support. There has been a significant increase in the number of emergency cash transfers given out to vulnerable groups and populations. In addition to ramping up the existing schemes, countries have also put in place complementary procedures to support registered non-wage workers and, in settings where informality is the norm, to help informal workers. Informal sector workers, who were often not eligible for social registries, became among the main populations targeted for COVID-19 emergency cash transfers.

2.1. Colombia

2.1.1. Colombian Cash Transfer Programs

In Colombia, there are two conditional cash transfers (CCT) programs issued by the government. These are *Familias en Acción* (Families in Action or FA) and *Jóvenes en Acción* (Youth in Action or YA). This section of the study aims to shed light on the main characteristics of these programs to understand the relation that they could have with informal workers in Colombia and the short-term response to the health crisis in 2020 and the beginning of 2021. For a deep analysis of the content of the policies, their objective, their coverage and the way to access them, in Appendix A5 (Description of *Familias en Acción*) we describe FA in detail. In this section, we present a shorter description of YA, since this program is of a smaller magnitude and shares many of the characteristics of FA.

Familias en Acción

Familias en Acción is the flagship social protection program in Colombia that seeks through a financial incentive to have positive effects in the short, medium, and long term on children in early childhood and teenagers of the country, as a strategy to promote a path of sustainable development for the country. For this, the program seeks to reduce the poverty of its beneficiaries while generating good practices on them that trigger the creation of human capital and better health conditions to the children. Thereby, it is aimed at families in situations of poverty and vulnerability in Colombia with at least one child (member less than 18 years old).

FA has two modalities, one for health and the other for education. In the health modality, parents of children between 0 and 6 years old are encouraged to take their children for growth controls, in exchange for a bimonthly transfer of \$54 USD per household. In the education modality, school attendance of children under 18 years old is encouraged in exchange for a bimonthly transfer of between US\$15 and US\$42, depending on the child's school year. Most of the beneficiaries of FA have been targeted with the SISBEN multidimensional poverty index, followed by populations of people displaced by violence or belonging to indigenous communities.

Table 3 - Familias en Acción Program - R\$ - USD 2019

Conditions	Target	Financial Aid
Attending health check-ups	Health component: Children below 6 years old in poor or vulnerable households.	\$54 USD per household.
Attending school	Education component: Children in school below 18 years old in poor or vulnerable households.	\$15 to \$42 per children, depending on the school year.

Source : (Departamento de Prosperidad Social 2020).

The FA delivery method has evolved throughout its three phases, intending to make transfer access more efficient and easier. Traditionally, FA recipients had two ways of withdrawing the cash transfer. One was receiving a direct transfer to their savings account and the other was withdrawing this money at bank branches on specific days and times. However, according to the latest open database of the FA beneficiaries (subsample of 3 million beneficiaries), 53% of the beneficiaries don't have a bank account and only the 45% receive the transfer through a bank account (Colombia Federal Government 2020). The high percentage of beneficiaries who do not have a bank account led to the redesign of the program aimed at improving access for these families. This because the process of access through withdrawals was cumbersome, since on pay days the beneficiaries had to stand in long lines, not to mention the transportation costs they had to pay to reach the banks that were not always close, especially for the rural populations (Medellin e Sanchez Prada 2015).

In this context, the main tools that have been used to improve access for unbanked families are electronic transfers, either through cell phone apps or through Electronic Savings Accounts with Simplified Procedure (CATS in Spanish). These are bank accounts designed for potential beneficiaries of social

programs, created as an initiative of the Colombian government in cooperation with private banks. Among its main characteristics, beneficiaries only have to present their identity document to open a CATS account and not pay any type of handling fee. Access to transfers through CATS has been expanded to more ATM networks and networks of non-bank correspondents that operate through small businesses and retail chains. Regarding the cell phone banking tool, it is *Davivienda Bank*, through its *Daviplata* application, which oversees making the transfer. To withdraw the money, beneficiaries request the transaction on their cell phone and receive a 6-digit code that will allow them to charge at the payment points available in their territory, for example, in small businesses or an ATM. Finally, the Government requires that the financial entities that win the bids to carry out or handle FA transfers must start programs and campaigns for inclusion and financial education, such as banking and training sessions. As an achievement, the measures and innovations mentioned have allowed 87% of the transfers to be made through bank transfers to savings accounts, electronically (by CATS) or by cell phone, and only a small proportion continues to be made through bank drafts (Medellin y Sanchez Prada 2015, Medellin y Sanchez Prada 2015). For those who continue to receive their transfer through bank drafts, the requirement to receive the transfer is to present their identity document and copy it at a branch of the Agrarian Bank of Colombia (Agrarian Bank of Colombia 2016).

Youth in Action

After the success of FA, YA was created in 2012 with the goal that young people between 14 and 28 years old could continue their technical, technological, or professional studies. It is conditioned on the young people successfully passing their training program in the ideal semester duration established by their educational institution. YA is focused on municipalities that continuously offer higher education programs, so it is not offered throughout all the country, unlike FA. The YA's incentive consists of a transfer of 200.000 Colombian pesos (60 USD 2019) per month. Students who manage to continue in their program without failing receive 200 thousand pesos more, and finally, students with average excellence receive 100.000 pesos (30 USD 2019) more per month. Table 5 resumes the key elements of the program.

Table 4 - Jóvenes em Acción Program (R\$ - USD 2019)

Conditions	Target	Financial Aid
80% school attendance and must not fail more than 2 school years	Poor or vulnerable high school graduates	\$60 USD per person

Source: (Departamento de Prosperidad Social 2020)

The target population of YA is the young high school graduates pursuing higher education who face conditions of poverty or vulnerability. YA targeting is very close to the FA's one. Namely, to be a beneficiary of YA the young student or high school graduate must be part of one of the same groups of FA (SIFA, SISBEN III, UNIDOS, or displaced by violence and/or indigenous). Nevertheless, YA allows for higher SISBEN scores. That is, the multidimensional poverty threshold allows for people less vulnerable than in the case of FA. For people living in the principal cities in Colombia (Area 1) persons with SISBEN III index between 0 and 54.86 are eligible to be beneficiaries. For urban areas aside from the main cities (Area 2) SISBEN II can range between 0 and 51.57. Finally, for people located in less populated rural regions and far from the main cities, the allowable scores are between 0 and 37.80 (Departamento de Prosperidad Social 2020). On the other hand, YA requires beneficiaries to be enrolled in a higher education program either in a public university in Colombia or in the National Learning Service (SENA in Spanish). This poses a problem for those young

students who, having finished school, do not have the resources to continue their studies. That is, the YA benefit goes to people in poverty or vulnerability, but the most vulnerable or poorest may not be able to access this benefit because they cannot enroll in an education program, either because of economic barriers or because they do not have the elements to be admitted. Finally, the last requirement to be beneficiary of YA is not to have an academic degree superior to the high school.

2.1.2. Colombian Cash Transfers during COVID-19

Following the onset of COVID-19 cases in Latin America, many countries quickly undertook economic support measures, such as support to enterprises, lowering of interest rates, etc., but they were slower to design and implement social protection programs for informal workers and poor and vulnerable households (Benítez, et al. 2020). While many of its neighbors put in place such programs in about a month or so after the first COVID-19 cases were declared, Colombia was the first to introduce support to informal workers and poor/vulnerable families, with an average of 16 days after the first case (Benítez, et al. 2020). The government followed a joint strategy of scaling up existing programs and introducing new ones. According to Gentilini et al., pre-COVID-19 coverage from social protection programs in Colombia reached around 4.6 million individuals in 2019. However, with the scaling up of programs, this coverage was expanded with an additional 13.250 million individuals, reaching a total of post-COVID-19 range of around 17.9 million individuals, marking about a 300% increase in coverage (World Bank 2020) (Gentilini, et al. 2020).

Scale up: *Familias en Acción* & *Jóvenes en Acción*

In terms of existing cash transfers, both *Familias en Acción* and *Jóvenes en Acción* experienced a vertical scale-up to support the COVID-19 measures.

A one-off additional cash payment of COP 145,000.00 (43.72 USD 2019) was made to 2.6 million households that are beneficiaries of *Familias en Acción* (Gentilini, et al. 2020). Similarly, a one-off payment of COP 356,000.00 (107.35 USD 2019) was made to the 204 thousand beneficiaries of *Jóvenes en Acción* (World Bank 2020, Gentilini, et al. 2020).

Both support measures were implemented using the existing distribution arrangements of the beneficiaries of FA and YA, explained in detail in the preceding sections of this document.

Ingreso Solidario

The *Ingreso Solidario* or Solidarity Income has been the main country-wide emergency cash transfer program initiated by the Colombian government in response to the COVID-19 crisis. Starting in April 2020, through the Department of Social Prosperity and the Department for National Planning, the Central Government in Colombia rolled-out the Solidarity Income in 32 departments across 178 municipalities in the country (Prosperidad Social 2021, Prosperidad Social 2021). We summarize in Table 5 below with precision all its features.

The program was initiated in April 2020 to support vulnerable/poor households whose income is impacted due to the COVID-19 pandemic, and who do not benefit from any other social protection program provided by the government (Prosperidad Social 2021, Prosperidad Social 2021).

The Solidarity Income is targeted at 2.5 million poor and vulnerable households suffering from a loss of income due to the COVID-19 pandemic. The recipients are classified as poor or vulnerable households by the Department of National Planning, based on information from the SISBEN, DPS, MinTrabajo, MinSalud and

MinHacienda databases (Prosperidad Social 2021, Prosperidad Social 2021). These recipients are then eligible to receive three monthly payments of COP 160,000.00 (48.25 USD 2019); in total each qualifying household receives COP 480,000.00 (144.74 USD 2019) (Prosperidad Social 2021, Prosperidad Social 2021).

Considering the majority of those who receive the Solidarity Income are informal workers as part of vulnerable/poor households, the government organized the delivery method in two forms. First, for those households who have bank accounts, the three transfers were made to those accounts (Prosperidad Social 2021, Prosperidad Social 2021). For the remaining portion which did not have an existing bank account, digital accounts were used to make the transfers. Two strategies of diffusion were implemented: (1) if the household had a basic/regular cellphone, they received information on opening the digital account via text message; and (2) if they had a smartphone, they downloaded the appropriate application and created the digital account thereof (Prosperidad Social 2021, Prosperidad Social 2021). The Ministry of Finance of Colombia signed agreements with the digital banking services/application Daviplata, Grupo Bancolombia, Nequi, and Movii, to ensure that those recipients without a traditional banking account could still have access the cash transfer via the digital account option.

Other initiatives

The Colombian government undertook several other initiatives, which were not in the form of cash transfer programs, but are very relevant in mitigating the negative impacts of the COVID-19 pandemic.

The government had planned the start of a new program in January 2021, which would refund to the poorest families 3% of the VAT collected. Instead, this program was rolled-out in April 2020, whereby an amount of COP 75,000.00 per household (20.95 USD 2019) is reimbursed to families on a bi-monthly basis (Prosperidad Social 2021, Prosperidad Social 2021). Currently, the program benefits around 1 million households, targeted via SISBEN as 700000 of the poorest households under FA, and 300000 old-age adults' households from Colombia Elderly (Prosperidad Social 2021, Prosperidad Social 2021).

In terms of other non-cash transfer instruments, the government has supported pensioners by providing in advance pension payments – both for the existing Colombia Adulto Mayor or Colombia Adults and Elderly and the new, one-off Colombia Mayor or Colombia Elderly program which targeted older adults who live in extreme poverty and provided 1.7 million of them with a COP 240,000 (67.04 USD 2019) (Gentilini, et al. 2020). Existing food voucher systems were expanded and school feeding was provided to children at home, although they did not attend school. Moreover, Gentilini, et al. (2020) report that utility payments and repayment of loans to banks was either postponed or facilitated by the government.

Other forms of social protection programs and initiatives, such as pensions, social security contributions, unemployment benefits, have also experienced transformation (at least partial) to meet the new challenges posed by the COVID-19 pandemic. Although very relevant as a response measure to a crisis, we do not cover them in detail, as they would go beyond the scope of the study.

2.1.3. Colombian Regional Cash Transfers

In Colombia, the most important cash transfer programs are run at the country level and are implemented by the Central Government. However, with the restrictive measures brought in place to stop the spread of COVID-19, the District of Bogota implemented a new program to support households to comply with these restrictive measures – *Renta Basica Bogota*.

Renta Basica Bogotá

The Bogota Mayor's Office initiated a program to support households with mobility restrictions, specifically with a 23-day quarantine. The Renta Basica Bogota or Basic Income Bogota intends to deliver a Guaranteed Minimum Income to the poorest and most vulnerable families in Bogotá for the duration of their isolation (World Bank 2020, Gentilini, et al. 2020). This policy involves three types of support: cash transfer, exchangeable voucher, and in-kind subsidies to 500000 households (Bogotá's Government 2020). The program is funded by the national government budget and donation schemes.

The objective of the Basic Income Bogota is to provide to 350,000 households in monetary poverty, with informal or inactive jobs support of COP 233,000.00 (65.09 USD 2019) (Bogotá's Government 2020). Further, an additional 150000 households in Bogota which are not poor but are very vulnerable to falling under the poverty line in any emergency, are supported with COP 160,000.00 (44.7 USD 2019) (Bogotá's Government 2020). There are three main conditions to fulfill to qualify for the Basic Income Bogota:

1. Households have to be classified as poor or vulnerable according to official census data and other registry systems and the Multipurpose Poverty Survey.
2. Respect isolation measures and remain at home; and
3. Domestic violence offenders will not receive aid.

The qualifying households must also fulfill the geographical criteria – i.e., be resident in Bogota (Bogotá's Government 2020). To become part of the program, households do not need to apply to the program, beneficiaries are contacted directly by the Bogota Mayor's Office by telephone or text message (Bogotá's Government 2020). As mentioned above, the Basic Income Bogota system has three channels to deliver the benefits, as follows:

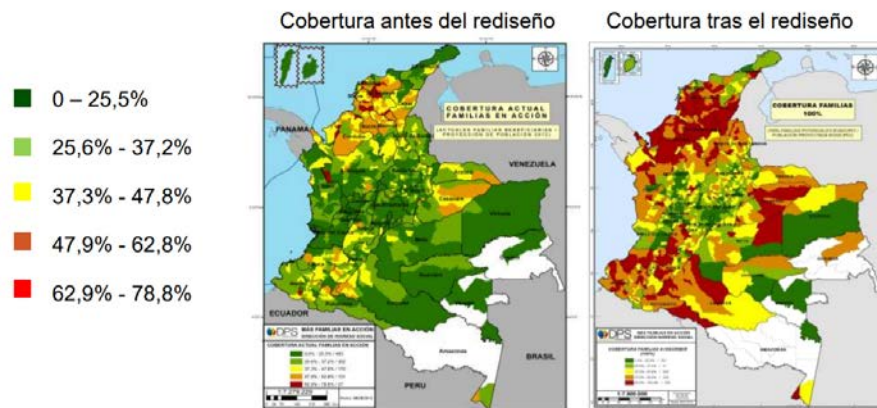
1. Cash transfers are disbursed through bank operators via the traditional banking system and with online banking tools via digital accounts;
2. Voucher cards are distributed to the qualifying households, which can redeem them at different points; and
3. In-kind subsidies are delivered directly to the home of each household, with emphasis on those households that, because of their living conditions or geographical location, cannot access the two previous channels.

2.1.4. Shortcomings of the Colombian EMERGENCY COVID-19 response: amount and targeting

According to data compiled by the United Nations Economic Commission for Latin America and the Caribbean (ECLAC), the policies implemented in Colombia, representing 0.33% of its GDP, do not seem adequate to protect the labor force from risks in times of crisis (Lustig, et al. 2020). The coverage of these policies is shallow in relation to the demand for unemployment insurance in the case of formal workers and cash transfers to informal workers. Furthermore, the amount is not enough to prevent vulnerable households in the country from sliding into poverty. These points are developed in this subsection.

Figure 5 reports that FA coverage increased between its second and third phases. However, as visible in the right map, even in the third phase of the program, which started in 2012 and finished in 2020, there are many areas with low coverage levels (green and yellow color). This heterogeneous coverage has been one reason that led to the incorporation of extraordinary measures during the COVID-19 outbreak, such as Solidarity Income. According to the Comptroller General of the Republic, in 2017 the FA coverage was 74.7% on aggregate, which if associated with the heterogeneity reported across the areas of the country, may suggest that a post-COVID-19 policy trajectory could inspect the scope and needs for guaranteeing further support where coverage is at its lowest (Office of the Comptroller General of the Republic of Colombia 2018, Office of the Comptroller General of the Republic of Colombia 2018).

Figure 5- Coverage of FA in Phases 2 (2007-2011) and 3 (2012-2020)

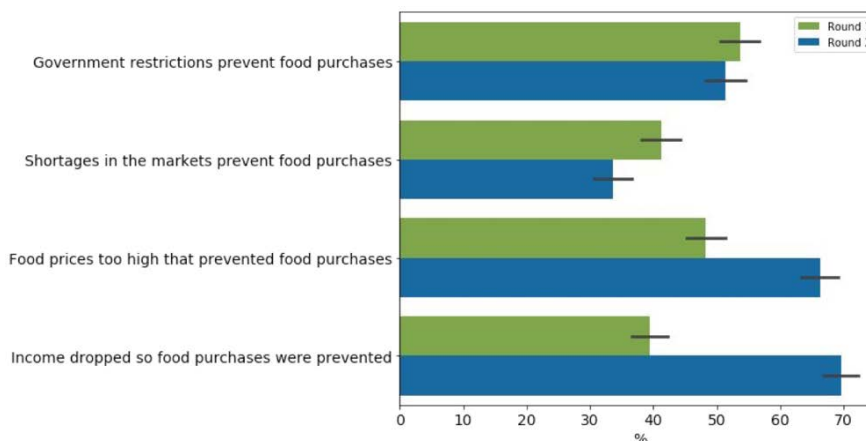


Source: (Colombia National Planning Department (DNP) 2018, 25)

It should be noted that the Colombian departments had high degrees of freedom in designing and implementing cash transfer programs and other measures to fight off the negative impacts of the COVID-19 pandemic. While one could argue that this places policymaking at the local level closer to the needs of the people, there are also some other aspects to consider. For instance, some richer departments –such as Bogota or Medellin – could, in theory, afford to implement additional and more effective measures, effectively contributing to a further polarization between those departments with a high versus those with a low income per capita (Prieto Sanabria 2021). Inevitably, the support received across departments will not be equitable (Prieto Sanabria 2021). In addition, one could also argue that poorer departments would indeed have a more direct need for cash transfer programs and any other support to livelihoods. For comparison purposes, only four out of 33 departments have implemented cash transfer programs, which according to Prieto Sanabria are more innovative and effective *vis-à-vis* in-kind contributions (Prieto Sanabria 2021).

Understanding the need for extraordinary measures as Solidarity Income, there are two main criticisms of such a policy. The first is that the amount of the transfer is low when compared to other similar programs in other neighboring countries, and the second is that the targeting of the measure has not taken into account subsequent drops in population's income, leaving many people who have become vulnerable after the first outbreak without benefits.

Figure 6 – Understanding the need for extraordinary measures as Solidarity Income



Source: (IPA 2020)

Regarding the first criticism, Solidarity Income’s amount of transfer is relatively lower compared to other cash transfers in the region, such as in Brazil, Dominican Republic, Panama, and Chile (Lustig, etj. 2020, Lustig, etj. 2020). According to ECLAC, cash transfer programs should cover the basic necessities of the recipient households. However, ECLAC analysis suggests that in general in the region, but specifically in Colombia, the non-contributory transfers represented only a fraction of the poverty line, hence they have yet to be successful in achieving their goal. The average monthly amount of the transfers related to the COVID-19 pandemic in Colombia for the period March-December 2020 were 38% of the poverty line and 76% of the extreme poverty line, as defined by CEPALSTAT for 2017 (ECLAC 2021). These parameters suggest some likelihood that the level of inequality in Colombia, already quite high, could increase as a result of the crisis in the near future. According to Lustig, Martinez, Sanz, & Younger, in the absence of measures to mitigate the impact of the COVID-19 crisis on vulnerable households, the GINI coefficient in Colombia would increase from 0.55 to 0.56 (Lustig, et al. 2020). Thus, in the context of the Colombian economy, the measures taken to mitigate the direct income fluctuation effects impacts do not seem sufficient to fully protect the exposed informal population, and the divergences in the level of income might be likely to continue to increase.

Further suggestions that informal workers may have not been fully protected from the harm caused by the pandemic are provided by data collected by Innovation for Poverty Action through its Research for Effective COVID-19 Responses (RECOVR). Using data collected through randomized telephone calls, a sample of individuals were asked first in May and then in August 2020 about their socioeconomic conditions in the wake of the pandemic. Findings comparing informal and formal workers reflected the vulnerability of informal workers to this shock. Overall, Figure 6 reports that, among the sampled population, respondents had to reduce their food consumption due to mobility restrictions and the economic contraction. Moreover, as months went by during the first lockdown in Colombia, in August 2020 the number of respondents who had to buy less food due to a drop in their income or an increase in food prices was even higher than the first round of panel survey.

Comparing formal and informal workers, IPA also finds that the rate of informal workers who had to reduce their portions or eliminate a meal from their daily workday was significantly higher than that of formal workers (IPA 2020). Related to this, informal workers were more likely to suffer a reduction in income or to perceive that food prices were too high for their purchasing power during the first wave of the COVID-19 pandemic than formal workers. Also, when asked if they would need COP 100.000.000 (301 USD 2019) in case of an emergency, 40% of the respondents reported that they did not think they would be able to get the money. Among this group, the proportion of informal workers was found to be higher than that of formal

workers. Finally, 64% of respondents indicated that their debts had increased during the quarantine. Of the workers who reported no increase in debt, the proportion of formal workers was higher (IPA 2020). On the other hand, if a social protection policy is to be included in the Colombian government's toolkit for dealing with crises, these policies must guarantee sufficient coverage, in this case for the labor force. As mentioned, this appears to be the case for neither formal nor informal workers. Regarding the former, claims for unemployment insurance by formal workers who lost their jobs amounted to 800,000 at the end of June 2020 in Colombia, while only 109,000 were delivered (13.2% of claims received). As a result, the Colombian government took recourse to grant the Solidarity Income transfer to those who failed to receive the insurance (Blofield, Lustig e Trasberg 2021). However, it is necessary to point out that this transfer is only 48.25 USD 2019, which is not enough to replace minimum earnings derived from labor income since Solidarity Income accounts for approximately 18% of the minimum wage in Colombia.

Finally, taking into account that there is a higher likelihood that migrants and refugees work as daily wage earners in the informal economy in their host countries, the pandemic has intensified their vulnerabilities – many lost their jobs and income, facing difficulties in affording food or housing (ECSWA, UNHCR, ILO 2020). As such, it is worth examining their treatment under the COVID-19 governmental response briefly. Colombia hosts the largest number of Venezuelan refugees in Latin America, which are over 70% employed in the informal sector (Mazza 2020). According to Mazza, by May 2020 only 20% of Venezuelans in Colombia were engaging in some form of employment (Mazza 2020). Considering that the overall international migrant population of Colombia is also composed of irregular workers and refugees, the need to support this vulnerable group was only exacerbated with the pandemic. While in theory, in Colombia, Venezuelans did qualify for support under FA, Mazza highlights that having a valid Special Permanence Permit (PEP) proved to be a very restrictive condition, meaning that almost 65% of Venezuelan refugees in the country were ineligible (Mazza 2020). However, starting February 2021, the Colombian government undertook a 6-point plan to include migrants into its COVID-19 response program (UN Global Compact on Refugees 2021). Facilitation of access to healthcare without the need for a PEP, instituting cash transfer programs for housing and food, and inclusion of Venezuelan migrants in the Solidarity Income, are some of the measures intended to address the vulnerability of migrants program (UN Global Compact on Refugees 2021). It remains to be seen to what extent these measures will be effective with regards to the coverage and poverty alleviation aspect of the COVID-19 response measures for migrants.

Table 5 - Summary of Main Colombian Cash Transfer Programs

REGULAR CASH TRANSFER PROGRAMS		
	Familias en Accion (Families in Action)	Jovenes en Accion (Youth in Action)
Geographic coverage (city, region, national, etc.)	National program	Municipalities that offer higher education programs
Time (when it started, program duration and if already ended)	Test in 2007; widespread in 2012-ongoing	2012-ongoing
Financing body (Ministry or institution financing/in charge)	Central Government, Dept of Social Prosperity and Dept of National Planning Funds for scaling-up channeled through FOME: Fondo de Mitigación de Emergencias	Central Government, Dept of Social Prosperity and Dept of National Planning (Office of the Comptroller General of the Republic, 2018)
Allocated finances	COP 2.4 billion. (US\$724 000) Scaling up due to COVID-19 for FA and YA: COP 1,9 billion (0.19% of GDP).	Scaling-up due to COVID-19 for FA and YA: COP 1,9 billion (0.19% of GDP).
Design of the response		
Target recipient characteristics (household/individual)	Vulnerable/poor families (as per the SISBEN Poverty Index) with members under 18.	Youngsters in the age 14-28, who are in a vulnerable/poor household.

Eligibility criteria (or design of overarching targeting strategy)	<p>Health incentive: vulnerable family with atleast 1 child under 6; conditioned on the child attending specific health checks.</p> <p>Education incentive: delivered to up to 3 children/teenagers of a vulnerable family; condition on 80% school attendance and must not fail more than 2 school years.</p>	Youngsters must have maximum a highschool degree and continue technical, technological, or professional studies in Colombia in a public university or in the National Learning Service (SENA).
Registration/application	Enrollment is carried out by means of masscalls for applications in centers established by the local mayors' offices. Mothers of the household must be present to submit the respective documents (or the father in case of force majeure).	Website of the Department of Social Prosperity.
Level and frequency of transfer (and duration per beneficiary if limited) <i>Note: 2019 exchange rate</i>	<p>CTs for both incentives are paid bi-monthly.</p> <p>Health incentive: COP 180 000 (US\$54) in 2020 until the child is more than 6.</p> <p>Education incentive: in 2020, from COP 52 000 (US\$15.7) for children in grade 0, to COP 141 000 (US\$42.5) for grade 11, when program ends.</p> <p>COVID-19 Scale-up: a one-off additional cash payment of COP 145 000 (US\$43.7) was made to 2.6 million households that benefit from Familias en Acción.</p>	<p>Monthly payments of COP 200 000 (US\$60) in 2020. If students do not fail, they receive an additional COP 200 000, and those who have average excellence receive an additional COP 100 000 (US\$30.5) per month.</p> <p>COVID-19 Scale-up: a one-off additional cash payment of COP 356 000 (US\$107) was made to the 204 000 beneficiaries of Jóvenes en Acción.</p>
COVID-19 Emergency Response		
	Ingreso Solidario⁵	Renta Basica Bogota
Geographic coverage (city, region, national, etc.)	32 departments / 178 municipalities in Colombia	District of Bogota
Time (when it started, program duration and if already ended)	April 2020-June 2021	March 2020-December 2021
Financing body (Ministry or institution financing/in charge)	Central Government, Dept of Social Prosperity and Dept of National Planning Funding was channeled through FOME: Fondo de Mitigación de Emergencias.	District of Bogota through own finances and crowd funding (individual and business donors)
Allocated finances	Total budget by March 2021: COP 7,5 billion (US\$2.3 million) (0.75% of GDP).	COP 50 million (US\$15'000)
Design of the response		
Target recipient characteristics (household/individual)	3 million households in conditions of vulnerability/ poverty	500 000 households, of which 350 000 in monetary poverty, with non-formal or inactive jobs; and 150 000 vulnerable
Eligibility criteria (or design of overarching targeting strategy)	Vulnerable/poor households whose income is impacted due to COVID-19, not benefitting from any other social protection program provided by the Colombian government	Households must be classified as poor/vulnerable by the DANE census, SISBEN IV, and the poverty survey; and households must comply with quarantine measures
Registration/application	Department of National Planning identifies beneficiaries based on latest information from SISBEN, DPS, MinTrabajo, MinSalud and MinHacienda databases.	No application/registration by the beneficiary is necessary. The Mayor's office identifies beneficiaries.

⁵ Information retrieved from the Ingreso Solidario website: <https://ingresosolidario.prosperidadsocial.gov.co/#Info>

Level and frequency of transfer (and duration per beneficiary if limited) <i>Note: 2019 exchange rate</i>	15 monthly payments of COP 160 000(US\$48); in total, each qualifying household receives COP 2 400 000 (US\$724).	The program involves three types of support: cash transfer, voucher cards, and in-kind subsidies. We focus only on cash transfer. This incentive is a one-off payment of: COP 423 000 (US\$118) for the poor and COP 178 000 (US\$50) for the vulnerable. <i>Note: If households receive support from any other SP program, the District makes an additional transfer to guarantee the value of minimum income is met.</i>
REGULAR CASH TRANSFER PROGRAMS AFTER THE COVID-19 PANDEMIC		
	Familias en Accion (Families in Action)	Jovenes en Accion (Youth in Action)
Implementation of response		
Delivery methods	<ol style="list-style-type: none"> 1. Bank transfer 2. Cash withdrawal at bank branches 3. Mobile phone apps 4. Electronic Savings Account with Simplified Procedure (CATS) with no fees. 	
Payment/delivery institution (who sends/gives the transfer)	<ol style="list-style-type: none"> 1 and 2 are done in recipients' banks 3 in Davivienda Bank through a code to retrieve the money in collection points (ATMs/shops). 4 in private banks through an initiative of Colombian Government 	
Outreach and communication (How do they advertise these programs? Report website or info on radio/TV campaigns)	Own website/info sessions from the government/	Website of the Department of Social Prosperity
Grievance mechanisms/accountability (how can people report if something is not right)	Hotline phone number or in-person at the municipal offices of the program	Hotline phone number or in-person at the municipal offices of the program

2.2. Brazil

Brazil is the largest economy of Latin America in terms of GDP (World Bank 2020) in current prices. However, the pandemic emphasized further some pre-existing structural issues, like a strong fiscal austerity, primary sector production specialization for exports and strong trade relations with China (the biggest buyer of Brazilian commodities) (Costa 2020). The country disposes of high inequality, with a GINI coefficient of 0.539 in 2019 (World Bank 2020), implying a large share of people in the bottom of the economic ladder. Brazilian authorities put efforts towards reducing the income gap between the poor and the rich by extending the coverage of social policies. Nevertheless, many people are not included in social protection programs due to several issues, including program eligibility criteria, which are elaborated below.

ILO suggests that the increase of the worldwide unemployment rate began by the layoffs of temporary workers, which are considered informal workers (ILO, 2020). Two factors mainly caused this: First, the work groups that became more at risk (i.e. retail) have a large share of the informal sector. Second, informal firms

are very small and therefore, several had to close. Their access to credit is restricted to their cash flow, which makes them more prone to economic shocks.

2.2.1. Brazilian Cash Transfer Programs

In recent years, Brazil has been presenting expansions in its non-contributory social programs to decrease social inequality. The main social programs of the government are *Bolsa Família* and the *Benefício de Prestação Contínua* (BPC, Continuous Service Benefit). *Bolsa Família* was established in 2004 as a result of the incorporation of several existing programs. This led it to become the largest in the country, reaching a significant share of the targeted population and becoming the role model for others of the same type. Table 9 below reports a synopsis of the characteristics of both programs.

The Federal government built a platform for socially exposed families to submit their details and basic information to target the population effectively. The platform is called *Cadastro Único* (in English “Unique Registration”) and can be accessed by the Federal and State government to check the people’s eligibility in a social program. The information is added in the platform by government officers who visit poor households to collect their data via a survey. The Reference Center of Social Assistance (CRAS) is responsible for registering those eligible households which, for whatever reason, are not included in the Unique Registration platform (Caixa Econômica Federal 2021).

Benefício de Prestação Contínua

The Continuous Service Benefit or *Benefício de Prestação Contínua* (BPC) is a social program established by the Federal government. It was built to accommodate 65-year-old or older workers in extreme poverty situation and adults in working age that, due to health conditions, cannot exert a remunerated activity. It was initiated in 1996 and the benefit is equal to the federal minimum wage. (Brazilian Federal Government 2020).

Table 6 - Benefício de Prestação Contínua Program

Conditions	Target	Financial Aid
To families ⁶ with less than 25% of the federal minimum wage per person (\$70.49 USD).	Workers with 65 years old or more.	\$280.25 USD per household.
	People who present a physical or mental disability.	

Source: Brazilian Citizen’s Ministry (2020).

To have access to this program, they need to attend regular meetings in a Social Security Agency to guarantee the benefit of medical and financial analysis. In 2020, this program benefited close to 4.7 million people, with a total expenditure of R \$58.3 billion on the Brazilian currency (USD 14.27 billion) (Brazilians Citizens' Ministry 2020). The BPC is highlighted for its value, which has the power of excluding every benefited individual from the poverty line. The value is associated with the minimum wage, so the household budget constraint is relieved yearly, together with any wage regulation changes made by the federal government (Jaccoud, Mesquita e de Paiva 2017). The map of the distribution by city of people reached by the program in 2020 is shown in A11.

⁶ In this program, the meaning of family is spouse or companion, parents, children, step-children and siblings.

Bolsa Família

Bolsa Família project was created in 2003, aiming to decrease social and nutritional deprivation due to poverty, nutritional deficits while promoting access to public services, as public health and education. It unified four major programs: *Bolsa Escola*, a minimum income grant related to primary education; *Fome Zero* and *Bolsa Alimentação*, two income grants pertaining to food security; and *Vale Gás*, a subsidy to help poor households buy cooking gas. Once created, *Bolsa Família* was scaled up to include 13 million households by the end of 2020 (Caixa Econômica Federal 2021).

Table 7 – Bolsa Família Program

Conditions	Target	Financial Aid
Children must attend a minimum of 75% of the academic year classes. ⁷	Households with children ⁸ and/or pregnant women and an income of less than \$30 USD per person.	The minimum benefit is US\$17 but varies depending on the family composition and income.
Children's and mother's health follow-ups in a registered medical center.		

Source: Caixa Econômica Federal (2020).

The basic benefit is of 16 dollars and it varies depending on the following criteria:

- 1) If the household remains below the extreme poverty threshold after receiving the minimum income grant: there will be a calculation on what should be the additional financial grant for the family to overcome the threshold.
- 2) If there is a pregnant woman in the household: There will be an addition of 9.5 dollars for nine months since the start of the concession of the extra benefit.
- 3) If there are babies with less than 6 months of age: There will be an addition of 9.5 dollars for six months since the start of the concession of the extra benefit.
- 4) If there are children between 15 and 17 years old: there is an extra of 8.7 dollars per month, up to two benefits per household.
- 5) If there is more than one child with less than 15 years old: there will be an addition of 9.5 dollars per children, up to five extra benefits.

Compliance with requirements is monitored by the Ministries of Social Development, Education, and Health, coordinating with local authorities. In non-compliance with the rules, families receive the first notice with no penalty, and benefits continue. Upon the second notice, the benefit is blocked for a period of 30 days and may be unblocked if the case returns to normal. The third notice causes suspension of benefits for 60 days. With the fifth notice, benefits are cancelled and the family is removed from the Program (Social Development Ministry 2015). In 2007 there were 1.5 million cases of non-compliance, or 14% of all beneficiaries. Benefits were-cancelled in only 34,050 cases (2%) (Awotwe, 2020).

This program has the ability to target extreme vulnerable families. Recent studies show that the targeting efficiency in all States covered by the program does not fall under 57% in 2009. The program has a statistically significant coefficient that shows income inequalities reductions, with 26.57% of income increase in poor families. Other positive effects were found, such as decreasing child mortality (Campoli, et al. 2020). Also, it was found a significant decrease in fertility on the families reached by the program in the

⁷ For children with more than 15 years old and 85% of attend for less than 15 years old.

⁸ Children up to 18 years old.

long-term (Rachel, et al. 2019). Appendix A12 shows the distribution of the people reached by the program in 2020, by city.

2.2.2. Brazilian Cash Transfers During COVID-19

At the onset of the pandemic in 2020, formal workers were losing their jobs and had access to some insurance to alleviate budget restrictions, whilst informal workers mostly had their savings to depend on. During this first wave of Covid-19, the Brazilian Congress created a national plan to help people who lost their job during the pandemic, focusing on the informal workers via the Federal Social Program of *Auxílio Emergencial* (Brazilians Citizens' Ministry 2020). We summarize in Table 8 below its targeting and average transfer, whilst Table 9 details with more precision all its features.

The *Auxílio Emergencial* targeting method was done either by the already existing Cadastro Único registration or via a mobile application used to enroll and receive the benefit. The ones who benefited from Bolsa Família started to receive this extra income automatically. A mobile app was created on which individuals could register and add their personal information, and the government could perform an eligibility analysis. The eligible people received 9 payments of 102 USD (Brazilians Citizens' Ministry 2020).

Table 8 - Auxílio Emergencial (2020 Emergency Aid)

Conditions	Target	Financial Aid
Unconditional cash transfer	Households that don't have a formal job and the per capita household income should not exceed \$88 USD.	It included \$102 USD per household (55% of the minimum wage), up to two benefits if the household head is female.

Source: Caixa Econômica Federal. Available in <https://www.caixa.gov.br/auxilio>

The 2020 Federal emergency aid ended in December 2020, and this program had a budget of 33 billion USD and reached 89 million people, 46.81% of the population (Brazilian Federal Government 2020) since its first payment in May 19th 2020 until the end of this first phase. Appendix A13 shows the distribution by city of the people reached by the program in 2020.

In the third trimester of 2020, there was an increase of 1.4% in the Brazilian average income, despite the parallel trend of unemployment (Brazilian Institute of Geography and Statistics 2021). In July, when the number of participants reached the maximum, extreme poverty reduced by 2.4% and poverty 20.3% (Carrança 2021). Adding to this point, poorer states had a higher income increase in comparison with the rich. We can observe that this program could have been the cause of inequality reduction socially and within states.

The Federal emergency aid was renewed in March of 2021 with the same targeting methodology, but different benefit values. By the second quarter of 2021 there are four average payments of \$62 USD per beneficiary given on a monthly basis and whose benefit value depends on household composition. Delivery started on the April 4th,2021 with benefit values varying if:

- The household head is a woman, the value goes to \$82 USD.
- There is only one individual in the household the value is \$32 USD.

It is important to note that the new extension has made several changes on the eligibility criteria, for instance: Informal workers enrolled in CadÚnico who did not receive emergency assistance in 2020 cannot

apply for the benefit in 2021. The new emergency aid will use only the previous information to distribute the new amount. Furthermore, only one family member will receive the new four installments. The recipients are not allowed to receive any other aid from social security, labor or income transfer benefits with the exception of BF (Federal Senate 2020). There are extra norms for BF participants. If the 2021 Emergency Aid value is superior to the value received by the BF program, only the Emergency Aid will remain.

The constitutional amendment that renovated the emergency aid gives more rigidity to the application of fiscal restraint measures, control of personnel expenses and reduction of tax incentives. For the Federal Government, measures to contain public expenses and tax exemptions will be triggered when an alteration related to mandatory expenses is reached (Máximo 2021). The current aid already reached 11% of the Brazilian population until its end.

The government is in the process of undertaking another new regulatory project to change the BF conditions. With this change, the program will reach more families as it includes the ones under the poverty line and the ones experiencing income vulnerability. A beneficiary of the former scheme receives less than USD 130 per month as a sum of the household income. With the new cash transfer, if approved, the benefit level will vary (Brazilian Federal Senate 2020).

2.2.3. Brazilian Regional Cash Transfers

Besides the Federal Social Program of AE, during 2020 there were some Brazilian municipalities and states that provided additional emergency aid measures in order to sustain the livelihoods of many people, including informal workers. These measures vary in the target population, benefit level and emergency response duration. We thus proceed to discuss some municipal examples.

São Paulo City

The prefecture of Sao Paulo started giving aid on the 31st of March 2020 to waste-pickers. They all had access to a 3-month grant of R\$ 600 (US\$ 120). The measure was targeted at 900 waste-pickers from cooperatives and 1,400 independent waste-pickers. Autonomous waste pickers received R \$ 1,200 per month, also for up to three months. In the case of autonomous waste pickers, the composition of the aid was divided as follows: R \$ 600 paid by the City Hall and R \$ 600 from the federal government. The total cost of the program was R\$ 5,76 million (US\$ 1,1 million), and this expense mainly came from the municipality's budget. The validation for the distribution of the resource to qualified waste pickers is done through the *Fundo de Garantia do Tempo de Serviço*⁹ (FGTS or Severance Pay Guarantee Fund), via the *Informações à Previdência Social* (GFIPS or Collection Guide and Social Security Information), or via the lists for admission exams and / or adhesion form in the respective cooperatives authorized by the City Hall (Special Communication Secretary of São Paulo City 2020).

Rio de Janeiro City

The city council in Rio de Janeiro municipality has approved an emergency cash grant program to complement the federal grant (Lucena 2020) (Lucena 2020). The measure offers a complement to the federal cash-transfer program, *Bolsa Família*. With this measure, the beneficiaries have increased in number since it currently includes informal workers and self-employed (registered or not). The base amount of the grant is R\$ 445 (\$ 85 USD), which is added on top of the federal emergency grant of R\$ 600

⁹ The FGTS is a benefit guaranteed to all Brazilian workers with a formal contract, that is, contracted under the CLT regime, Consolidation of Labor Laws, in addition to some other cases, such as rural, intermittent, temporary and loose. Every month, companies deposit, in the name of each of their employees, the amount corresponding to 8% of their total wages in an account of Caixa Econômica Federal. Due to COVID-19, Brasil imposed the FGTS Emergency Cash Out in 07/04/2020 for all workers holding FGTS accounts with a balance, including active and inactive accounts. They are entitled to make withdraws with a limit of R \$ 1,045.00 per worker (\$ USD). (Caixa Econômica Federal, 2020).

(\$115 USD), to ensure each person gets at least one minimum wage (R\$1,045 or \$200 USD) per month, until the state of emergency finished in April 9th 2020. The resources came from the emergency funds and from the suspension of the payments of the Municipality's debts with the Federal Government and banks (WIEGO 2020).

The mayor of Rio de Janeiro announced on April 9th 2020 that an existing program, the food Carioca card, would be expanded and distributed to all families with students enrolled in the municipal public-school network, ensuring the universalization of this benefit during the pandemic. These cards were delivered to very vulnerable families previously enrolled to social programs. By April 21st they had delivered close to 78, 000 cards and they expect to deliver 641, 000 food cards to students by the end of the year 2020 (Rio de Janeiro City Hall 2020).

Mato Grosso do Sul State

In Mato Grosso do Sul, the city hall delivers food baskets to children whose families are part of Bolsa Familia. These are offered at the municipal public schools. This is still occurring in all Mato Grosso state and, the government keeps having meetings between mayors and government officers to secure a common application of legislation. Recently the government has also created an Emergency Program to receive and open new ICU beds in different cities in Mato Grosso (Transparency Portal of Mato Grosso do Sul 2021)

In parallel, there was a 3-months expansion for the already functioning program *Vale Renda* (Income Ticket). This program helps covering income gaps for economically vulnerable households. With the beginning of the pandemic, it was approved the addition of US\$12 on the previous value of US\$34 value that was distributed monthly to the beneficiary households. This extra cash grant was active from 30 April until 30 July 2020 (Human Rights, Labor and Social Assistency Secretary 2020).

Additionally, to help health service provisions, currently Doctors without Borders are in Mato Grosso do Sul aiding the indigenous people to prevent the spread of COVID-19 (Medecine Sans Frontieres 2020).

Amapá State

In the Amapá state, they rolled out a 3-month program to distribute pre-recharged cards to the population that lives under the threshold of \$60 USD, the poverty threshold of Brazil. The eligibility criteria of this program are by exclusion, in which eligible households cannot be enrolled in any previous social program. These cards were delivered by the state's public agents to the eligible households and can only be used in a list of businesses that are associated with the program. This card benefits have the goal to support food and hygiene items purchase, the program started to be distributed in April 2020 with two transfers per household of \$24 USD, ending in July of the same year. (G1 Amapá 2020).

Maricá City

The town of Maricá extended the already existing program of Basic Income of R\$130 (\$22 USD) that was implemented since 2013 to support close to 43,000 people that received up to three minimum wage rates, to receive an extra R\$300 (\$60 USD) during the period of 6 months. They created a new online CAIXA platform for informal and autonomous workers to subscribe and be included in the program during the pandemic. The program uses a special digital currency called *Mumbuca*, which cannot be converted or used outside the municipality, forcing the inhabitants to spend their extra cash in the local economy (Maricá City Hall 2021).

Niterói City

In Niteroi city informal workers, including a wide range of profiles such as microbusinesses and drivers from digital platform applications, receive an R\$ 500 (US\$ 100) grant voucher, in form of a debit card, for food, groceries, pharmacy expenses, petrol stations and culture. This due to the implementation of the Temporary Basic Income, Active Search and Citizen Company programs in July 2020 that has been aiding close to 50 thousand families with an investment of approximately R\$ 110 million (\$19.5 million USD). These emergency programs have had an additional investment of R\$ 164 million (\$28.6 million USD) in March 8th 2021, which allows a continuation of benefits for low-income self-employed workers. The mayor of Niteroi, Axel Garcia, claims “Niterói is the only city to carry out a program of this magnitude and with this investment, covering almost half of the population. This has made a lot of difference when facing COVID-19” (Niterói City Hall 2020). In parallel, the city started delivering 1 million masks for its dwellers (or two masks per person), as well distributing hygiene material (soap, hand sanitizers, etc.) and staple food to families with children enrolled in public schools (Niterói City Hall 2020).

2.2.4. Gaps in coverage: Points of relevance for future policy adjustments

Auxílio Emergencial (AE) is by far the largest social protection program to mitigate the social effects of COVID-19 in Latin America. The monthly transfer of R\$600 for the first five months (about \$107 USD) represents around 120 percent of the national poverty line, and R\$300 (\$53.30 USD) for four months, around 60 percent of the national poverty line (Blofield, Lustig e Trasberg 2021).

Brazil relied mostly on a self-targeting and demand-driven system, meaning that it was the citizens who had to register in order to receive the additional emergency aid. Due to this targeting strategy, Brazil’s federal response was able to reach a large share of households compared to the previous social protection schemes. This allowed the cash transfers to reach those who needed them more rapidly and effectively. Moreover, due to this system, there were initially some limitations in the implementation and delivery of the aid, but after a three-month period (March-June 2020) a broad coverage was achieved, with the program reaching about one-third of Brazilians (Blofield, Lustig e Trasberg 2021).

An important feature of the Social Emergency Aid in Brazil is its high dependency on previous existing instruments like the *Cadastro Unico* registry and the existence of databases previously made for *Bolsa Familia*. The pre-existence of diversified registration systems simplified the scale-up effort.

A relevant innovation brought by AE was the development of remote request solutions such as apps, websites, and the creation of ‘Digital Social Savings Accounts’ which were adopted in order to sustain the social distance and sanitary measures due to the health emergency state. However, these digital solutions have not been as efficient within some population groups, since some groups are accustomed to the sole use of cash. This led to big crowds outside banks queuing to cash their emergency aid. Moreover, this digital tool is found to have caused an exclusion of at least 7.4 million eligible Brazilians who lacked access to the internet. This was particularly high in the Northeast, where over 30% of households lacked internet access (Blofield, Giamb Bruno dhe Filgueira 2020, Blofield, Giamb Bruno dhe Filgueira, Policy expansion in compressed time: Assessing the speed, breadth and sufficiency of post-COVID-19 social protection measures in 10 Latin American countries 2020).

The concern of digital exclusion, that is excluding some citizens due to the digitalization of the mechanisms of social programs and services, is a pressing issue in countries like Brazil due to the high levels of inequality in ICT literacy. Although, a study by Sarti, Ivanauskas, & Nishijima (2017) indicates that the digital divide among Brazilian individuals is decreasing quite fast over time. This paper shows that the impact of digital illiteracy in Brazil seems to be greatly attached to a lack of access to formal education, and less due to difficulties in accessing or using the Internet. Hence, elderly population is the most secluded from digital literacy, however, it is important to point out that this effect has been reduced during the period analyzed (2005–2013), especially due to improvements in educational attainment levels among older individuals

(Sarti, Ivanauskas e Nishijima 2017). Thus, increasing educational attainment of the Brazilian population may help overcome the problem of digital illiteracy.

A concern of digital transformation when implementing public policies is the need of opening grievance mechanisms where citizens can appeal to decisions, protest and even notify if there are any difficulties with the technological tools. These mechanisms are vital to realigning the system-level bureaucracy and improve them. By making sure there is a channel to promote debate that not only contributes to accountability, but also to be aware of the deficiencies the tools might have (Cardoso 2020). In the case of AE there were methods to communicate grievances via the mobile app of Caixa and also through the website.

Another challenge with social protection programs implementation is the street-level and system-level bureaucracy, which require a strong level of transparency and communication to interact among the two. According to Cardoso (2020), street level bureaucracy is considered as the group of professionals who are in direct contact with the population to deliver the necessary emergency services. Meanwhile, system-level bureaucracies are the big institutions that provide the services. In AE, we see a system built upon existing instruments like *Cadastro Unico* and *Bolsa Familia* cards, CAIXA, etc. However, this system can be concerning due to the possibility that these tools can exercise discretionary power in selecting criteria and constructing information system rules. In other words, independent of their level, these system-level actors wield discretion over people, and their choices can affect the implementation of a public policy (Cardoso 2020, Cardoso 2020, Cardoso 2020).

The law enforcement and monitoring of the requirements can lead to errors in determining the recipients of the AE, causing both inclusion and exclusion errors. This was an issue that Brazil had many problems with. The Government Accountability Office (*Tribunal de Contas da União*) stated that 8.1 million Brazilians with higher incomes incorrectly received the AE, and called for Dataprev and Cadastro Unico to do more cross-checking with other databases. At the same time, a survey of 2000 people carried out at the end of May 2020 in 72 cities found that one-third of people in the top two income categories had applied for the AE, and that 69% of them had received it, while in the favelas two-thirds had applied for the AE but only 61% had received it (Blofield, Giambruno dhe Filgueira 2020).

The reported evidence confirms that it is essential to invest further in information management and data governance when implementing policies, particularly if in light of ambitions to strengthen social protection systems to become universal. Additionally, researchers argue that to make the service more robust to shocks and holistic, their Information System field should conduct more studies on subjects such as information-related subjects, data governance, and resilience in preparation and response to health emergencies. It is imperative that when very demanding situations come up, countries are ready to respond with reliable data management. The social price to be paid is very high, especially by those who need aid the most (Luciano 2020).

Another drawback experienced in the emergency response in Brazil was the coverage of its immigrant population. (Carvalho e Vidall 2021) note the absence of social protection to which refugees in Brazil are subjected since the start of the COVID-19 pandemic, particularly concerning the Emergency Aid program. The requirements to receive the aid do not differ between migrants, refugees or Brazilian citizens (Brazilians Citizens' Ministry 2020). However, a main difficulty reported is that some of the migrants do not have a CPF, the Brazilian civil security number, asked when enrolling to the emergency aid (RODRIGUES, CAVALCANTE e FAERSTEIN 2020)

In May 2020, the Public Defender's office initiated a Federal Lawsuit to change the eligibility criteria in Brazil. Passports and Migration Register should be accepted as a valid document for migrants. According

to the Public Defender, CPF is a Brazilian measure to track problems with the Regional Electoral Court, becoming outside of the migrant's scope to maintain their civil regularity (Public Civil Lawsuit, 2020). Furthermore, this was considered a way of discrimination during the lockdown, it was not possible to register oneself to the civil security number, which also goes against the Immigration Law nº13.445/2017. The lawsuit case has not been solved, but the Brazilian assistance for immigrants has been gaining a good attention (Mazza 2020).

In the Brazilian case, albeit disaggregated data are unavailable to accurately measure the impact of the lack of emergency aid for the immigrant groups, researchers investigated the impact of COVID-19 on Venezuelan migrants in Brazil (Mazza 2020). According to Mazza (2020), immigrants were partially accounted for in the AE. By government estimates, more than 63% of the Venezuelans in the country were ineligible to receiving aid, due to the lack of a national work permit. Even though Venezuelan refugees and migrants are not as prevalent as in other countries of South America, had trouble accessing cash aid even though they were eligible (Mazza 2020).

Table 9 – Resume of Brazilian Cash Transfer Programs Before and During the COVID-19

REGULAR CASH TRANSFER PROGRAMS		
	Bolsa Familia	Benefício de Prestação Contínua(BPC)
Geographic coverage (city, region, national, etc.)	Federal Program	Federal Program
Time (when it started, program duration and if already ended)	In 2003 we see the union of other programs to deliver Bolsa Familia.	Implemented In 1996.
Financing body (Ministry or institution financing/in charge)	Resources from the Union that are managed by the Citizen Ministry.	Resources from the Union that are managed by the Citizen Ministry
Allocated finances	14.5 million households by the end of 2020 received from US\$21 to 43 per month depending on the family composition and income//Every month there is an average help of US\$734million (R\$3 billion).	4.7 million people benefited. Total expenditure: 58.3 billion R\$ (US\$14.3 billion).
Design of the response		
Target recipient characteristics (household/individual)	Families living in poverty or extreme poverty where there are children (0 to 17 years) and/or pregnant women and an income of less than US\$43 per person.	65-year-old or older workers in extreme poverty and adults in working age excluded from a remunerated activity due to health conditions

¹⁰ "Art. 4º To the immigrant in national territory, it's guaranteed the condition of equality with the Brazilian citizens (...)

VIII – to the access of health, social assistance and social security, on the law norms, without discrimination due to nationality of migration conditions."

– Available in: http://www.planalto.gov.br/ccivil_03/_Ato2015-2018/2017/Lei/L13445.htm

Eligibility criteria (or design of overarching targeting strategy)	Households with monthly income per person of up to R\$ 89 (US\$21.8); and families with income per person between R\$89 and R\$ 178 (US\$43.50), as long as they have children from 0 to 17. Plus, the following: Education condition: Households with children and adolescents from 6 to 17 with their school attendance checked. Health Condition: Households with children from 0 to 6 must have their vaccination schedule, weight and height monitored, in addition to data on women of childbearing age to identify pregnant women and monitor prenatal care. It also varies depending on the following criteria [Criteria decided by The National Secretariat for Citizen Incomes (SENARC)]: <ul style="list-style-type: none"> • If the household remains in the extreme poverty threshold after receiving the minimum income grant. There will be a calculation on what should be the additional financial grant for the family overcoming the threshold. • If there is a pregnant woman in the household: There will be an addition amount of US\$10 for nine months since the start of the concession of the of the extra benefit. • She must be registered in the Health System. • If there are babies under 6 months: There will be an addition of US\$10 for six months since the start of the concession of the extra benefit. These babies must be registered in Cadastro Unico until 6 months old. • If there are children between 15 and 17 years old: There is an extra of US\$9 dollars per month, up to two benefits per household but school attendance is checked. • If there is more than one child under 15: There is an extra of US\$11.7 per children, up to five extra benefits. Only if they are checked on their school attendance. 	Workers with 65 years old or more. Workers with a proven mental or physical disability. Workers born or naturalized Brazilian and/or has Portuguese nationality People who have a family income of up to ¼ of the minimum wage per person (\$61.06 USD), calculated with information from the Single Registry (CadÚnico) and the INSS systems. They must be registered in Cadastro Unico and in the Individual Taxpayer Register (CPF).
Registration/application	Through Cadastro Unico platform. SENARC also establishes the criteria for who receives benefits and how much they receive, puts together the questionnaire for the Federal Government Single Registry of Social Programs (Cad. Único, referred to in this report as the Cadastro Único), and determines the criteria for the suspension or cutting off of benefits, among other definitions of operational parameters.	People need to have regular meetings in a Social Security Agency to guarantee the necessity of the benefit via medical and financial analysis. If the medical or social assessment is in another city, the INSS must pay the applicant's transportation and daily expenses.
Level and frequency of transfer (and duration per beneficiary if limited)	US\$2 to \$37 per month depending on the family composition and income.	Monthly
Implementation of response		
Delivery method(s)	Electronic cards that are set up by The Federal Economic Fund (Caixa) ¹¹ .	It is through a bank, the INSS sends a letter informing in which bank branch and when they can come pick up the payment.
Payment/delivery institution (who transfer the money?)	Electronic cards that are set up by The Federal Economic Fund (Caixa)	INSS sends the money through a bank.

¹¹ Caixa Econômica Federal (Caixa) is the operating federal agent of Cadastro Único

Outreach and communication (how do they advertise these programs? Report website or info on radio/TV campaigns)	The information added in the platform is elaborated via a survey made by government officers who go to poor households to collect relevant information.	Citizens can go to the Social Assistance Reference Center (CRAS) in their city to receive information about the BPC and how to apply for it. Applying can be done on the Social Security Agencies (APS) or through a call to INSS (National Social Security Institute) or using their website.
Grievance mechanisms/accountability (how can people report if something is not right?)	People not included in the survey process can reach the CRAS, The Reference Center of Social Assistance, and ask for their registration (Caixa Econômica Federal, 2020).	In case of problem, there is a FAQs compilation file online, or citizens can get in touch with the INSS online or via phone in order to fix any grievances. There is more information and help at the Social Assistance Reference Center or the APS agencies.
COVID-19 Emergency Response		
Auxílio Emergencial		
Geographic coverage (city, region, national, etc.)	Federal Program	
Time (when it started, program duration and if already ended)	May 2020 - Ended in Dec 2020. Period when the remaining beneficiaries could get their complete 9 transfers. A program extension provides for 4 new payments from April 6 th 2021 to July 2021	
Financing body (Ministry or institution financing/in charge)	Resources from the Union that are managed by the Citizen Ministry	
Allocated finances	Budget of R\$25.7 billion (US\$6.3 billion) for the payment of emergency aid. It has reached 88 million people (until now). In 2021, there is an additional budget of R\$44 billion (US\$7.85 billion).	
Design of the response		
Target recipient characteristics (household/individual)	<p>Households that don't have a formal job and the per capita household income should not exceed US\$88.</p> <p>The beneficiary must also comply with the following rules:</p> <ul style="list-style-type: none"> • not having a monthly family income per capita above half a minimum wage; • be over 18 (except for teenage mothers aged 12 to 17 with at least one child); • not having a formal contract (active formal bond); • not receiving a social security, assistance, labor or federal income transfer program, with the exception of Bolsa Família • not living abroad; <p>Additional new criteria for 2021: All informal workers enrolled in CadÚnico and Bolsa Família beneficiaries who already received R\$600 emergency aid or R\$300 emergency aid extension in December 2020 are eligible automatically. Additionally, you must:</p> <ul style="list-style-type: none"> • not be a family member with a total monthly income above three minimum wages; • not have received, in 2019, taxable income (such as salary and retirement) above R\$28,559.70; • not have assets in excess of R\$300 000 on December 31, 2019; • not have received exempt, non-taxable or exclusively taxed income at source, above R\$40 000 in 2019; • not have been held in a closed regime or received detention assistance; • not have been included, in 2019, as a dependent in the income tax return as a spouse, child or stepson up to 21 years old (general case) or up to 24 (registered in a higher education or technical secondary education institution, or partner with whom the taxpayer has a child or with whom he or she has lived with for more than five years • not have an indication of death in the National Civil Registry Information System (SIRC) or in the Death Control System (Sisobi); • not have a CPF linked, as an institution, to the granting of a death pension of any kind; • not have emergency aid or the extension of the aid canceled at the time of the eligibility assessment for the new 2021 round. • not have moved the amounts of emergency aid deposited in the digital savings account or in the Bolsa Família deposit account throughout 2020; 	

COVID-19 Emergency Response	
Auxílio Emergencial	
Eligibility criteria (or design of overarching targeting strategy) (<i>continuation</i>)	• not be an intern, medical resident, multi-professional resident or beneficiary of scholarships awarded at the city, state or federal level.
Registration/application	Cadastro Unico but they also incorporated a mobile app in order to cope with the sanitary restrictions.
Level and frequency of transfer (and duration per beneficiary if limited)	9 payments per person, regardless on when they became beneficiaries.
Implementation of response	
Delivery method(s)	Caixa Digital Social Savings account// electronic debit card
Payment/delivery institution (who transfer the money?)	Caixa
Outreach and communication (how do they advertise these programs? Report website or info on radio/TV campaigns)	Enrollment is via internet in the CAIXA app. All the information for the conditions and process to enroll are clearly on the webpage. For people to be aware, it was promoted via public communication methods.
Grievance mechanisms/accountability (how can people report if something is not right?)	Call center from INSS and/or through online help from the website of CAIXA.

3. Comparing the two countries' response mechanisms for informal work: perspectives for the future

3.1. Overall Comparative Assessment

In this section, we do a comparative assessment on the COVID-19 emergency response measures undertaken by Colombia and Brazil by looking at some of the main aspects of the programs, including design, delivery, outreach, and grievance mechanisms.

In response to the crisis, countries had to do what was in their power to maintain the livelihoods of their citizens. Many countries **expanded existing social protection systems** to tackle the pandemic. According to Bilo et al. (2021), in the global south, around 70 percent of the COVID-19 social protection measures were horizontal expansions¹², both of the existing programs and of emergency programs (Bilo et al., 2021). The remaining part was a combination of vertical expansion measures increasing benefits, adding new benefit components, or a combination of both (Bilo et al., 2021):

Another very important aspect is the **expansion of existing registration and delivery methods**, whereby within the emergency cash transfer programs, the beneficiaries could continue to subscribe online, and in some cases apply fully online, via website or mobile application. This expansion followed the process of digitalization and it was important to make the new beneficiaries apply for the aid while respecting social distancing and reducing the necessity of mobility. On the other hand, digital illiteracy may have excluded many people from accessing this cash transfer.

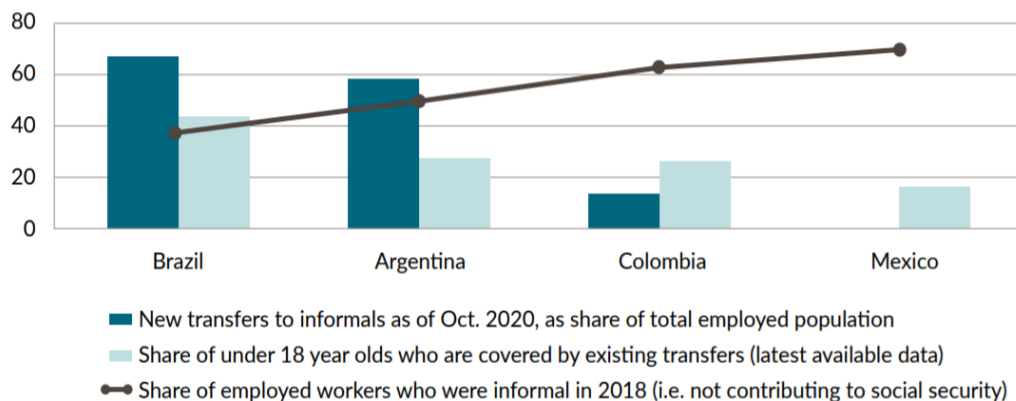
¹² Horizontal expansion means inclusion of new beneficiaries in existing programs or creation of emergency programs.

In terms of **coverage and inclusion of vulnerable groups**, the systems in both countries received some criticism. In Colombia, SISBEN is criticized for not being updated frequently and regularly. Specifically, the redesigns of SISBEN, which are the basis for the FA since it mostly benefits people identified by SISBEN, have been firstly done in 2000 (creation of FA), and was updated, in average, with a 5 years gap. The last update was done in 2020, in the framework that was presented in the preceding chapters. This can cause inclusion and exclusion errors. For Brazil, even though the databases were updated, there were cases of inclusion error. This may also in turn reduce the flexibility of a social assistance program to identify new beneficiaries and provide protection to vulnerable groups. In addition to this, the lack of a unified data management system across programs could potentially mean that some recipients were double-dipping. In general, the need to create, improve and integrate databases that allow a more dynamic and accurate targeting to identify informal workers and their characteristics, has been recognized as one of the main tasks to be carried out to improve social protection systems in the face of economic shocks, both for Colombia and Brazil (International Policy Centre for Inclusive Growth, 2021).

Another strong critique was concerning the **coverage of informal workers**. Figure 7 shows that in Colombia, compared to Brazil, the coverage of the policies implemented in relation to the level of informality was quite low. ECLAC (2020) estimates that while the level of informality in Colombia is around 60% (gray line), the percentage of new transfers to informal workers as a percentage of the total employed population did not even reach the 20% threshold (dark blue bar) of informal workers covered by the emergencial social program.

Moreover, the pre-crisis percentage of informal workers and children covered by transfers is also very high. Children account by 23%, far from the 60% of informality. It is therefore likely that a large percentage of children living in vulnerable households, insofar as informal employment means a condition of vulnerability, have not received relief from the transfers of the Colombian State as a result of the COVID-19 crisis. In this context, it is estimated that 1.9 million people who claimed state support in Colombia during March - June 2020 were not supported (Cardenas & Martinez, 2021). According to the OECD, around 65% of informal workers in Colombia are without labor-related social insurance and main social assistance schemes. In contrast, in the Brazilian case the coverage, both of new beneficiaries and children's beneficiaries, was higher than the share of informal by 2018, meaning that most likely the transfer carried out by Brazil could support a higher proportion to its informal population than in Colombia.

Figure 6 - Coverage of current and new cash transfers



Source: (Blofield, Lustig y Trasberg 2021)

Social protection is a right. It is, therefore, crucial that the beneficiaries, specially informal workers, are made aware of their entitlement and that they can seek accountability should such rights not be exercised. Finally, for any social protection measure to be successful, potential recipients must be made aware of its existence and the applicable criteria to be eligible to receive assistance. In terms of communication and outreach, both in Colombia and Brazil, **outreach and information campaigns** were conducted on nationwide media, social media, and through content-rich websites for the emergency cash transfers. Part of the campaigns, to the extent we could assess at time of writing (Q1 2021), was also information on the **grievance mechanisms** in each country. In Colombia, the available grievance mechanisms found to date were: hotline phone numbers (including through WhatsApp) and presenting in person at the municipal offices of the program (which was not very efficient during the mobility restrictions imposed by the pandemic). In Brazil, people could mainly call to submit complaints or could receive additional help from the FAQs in the respective Auxilio Emergencial website. At time of writing, we could not assess to what extent the grievance mechanisms were effective in achieving their goals.

3.2. Comparative analysis with regards to Sustainable Development Goals (SDGs)

Informal workers have received more attention after the pandemic, nevertheless, how can policy makers get closer to achieve the Sustainable Development Goals engagement on social protection for this vulnerable group? Unfortunately, COVID-19 pandemic caused a strong step-back towards the achievement of the 17 Sustainable Development Goals. The financial and sanitary crisis harmed the world's socioeconomic development, but it provoked a wide endorsement on social protection (Barca, Archibald, et al. 2020). We thus now focus on how Brazil and Colombia's strategies embraced the SDGs targets related to social protection.

The first SDG aims to end poverty. In SDG1.3, it is acknowledged that poverty reduction cannot be overcome without proper social insurance (United Nations 2015). Before the pandemic, it was estimated that 6% of the world population would be living in extreme poverty by 2030. Now, the projection includes 71 million people more in this group, which represents close to 1% of the total world population (The Lancet Public Health 2020). The target of leaving no one behind highlights the global commitment to building social protection floors, as the fundamental element of each country's social protection system. Such social protection floors are essential for alleviating and preventing poverty, vulnerability and social exclusion by guaranteeing a basic level of income and effective access to health care throughout the life course, in line with the ILO Social Protection Floors Recommendation, 2012 (No. 202) (ILO, 2012). Brazilian and Colombian reactions to the crises

included emergency responses that provided unconditional cash transfers which acted as floors in order to maintain a basic level of income. Although, Brazil provided a larger amount for a longer time that was not limited by national policy but even within the country, different regions imparted policies and cash transfers to the most vulnerable citizens. Colombia, even though it did not have the same level of reach as Brazil (88 million people vs. 3 million people), who was consistent to its commitments and kept the aid for longer time in order to ensure the provision of basic income people are entitled to. They both reacted to the emergency by incorporating informal workers into their target population and strengthening their respective social assistance programs (McClean, et al. 2020).

Social protection initiatives usually contain social health protection measures. Thereby, a second link between the SDGs and social protection is SDG 3.8 which aims to achieve Universal Health Coverage (UHC). A UHC consists of a health system that offers to all individuals affordable health, avoiding financial restrictions to limit the access of vulnerable groups to health assistance. Analyzing the short-term difficulties of the health crisis period, it is already predicted that health access inequalities may rise due to possible permanent side effects generated by the pandemics, making future health access to this group a priority (Shulla, et al. 2021). In this context, a reform in the health sector towards a UHC becomes necessary, especially in countries with high inequalities in various domains, as in Brazil and Colombia. According to the WHO (2021) the following are the key actions to achieve a UHC: First, governments have to set a robust financing scheme towards the health system. Furthermore, strategies to increase the health labor force must be put in place, as to achieve the UHC in 2030 18 million additional health workers are going to be needed. Third, health systems must study the correct balance between out- and in-patient care, according to the characteristics of the communities affected. Finally, a primary health care approach should be put in place. This entails three crucial components: early childhood healthcare; engage individuals to enhance self-care; and multisectoral policies put in place to get an integral health system (WHO 2021).

Both countries, Brazil in 1988 and Colombia in 1993, have undertaken structural reforms to achieve a UHC (Giovanella 2018). Since then, progress has been remarkable. Brazil built the universal public funded health system Sistema Único de Saúde (SUS) in 1988. The system achieved, in 2017, an Index of Service Coverage¹³ of 79% and a service capacity and access of 99% (Vicente 2020). For Colombia, the health system was designed to be an insurance-based, private and public health care system, achieving a Universal Health Coverage of around 97% in 2020 (Arrivillaga 2020). Nevertheless, even if Colombia and Brazil virtually reached these high coverage rates, the reality of utilization seems to be different SUS in Brazil has suffered from lack of funding while the financing system is becoming mixed (private and public) progressively, as the government contracts private entities to deliver health services in public infrastructures (Giovanella 2018). Furthermore, even if the coverage in Brazil is high, other indicators show that the needs of the people are not necessarily being satisfied, with a 40% satisfaction rate for management of health emergency response whereas for the world average is 57%, and 60% for access to essential health services whereas when accounting the all world, we reach a 66% level. (Vicente 2020).

As another illustration, Colombia, with a proportion of 1,3 nurses per 1000 habitants (OECD 2021), the lowest value within the OECD, reflects a clear need for increasing its health labor force. Furthermore, the Colombian health system suffers from structural problems, suffering of capacity issues due to the services that paradoxically is aim to cover demand mimicking the British system (without out-of-pocket spending) but at the same time copying the Northern-American model (without limits on the services subsidized) (Bardey 2017) (Gaviria 2020). For this reason, there is an ongoing debate about the quality of this system, because

¹³ Index of service coverage considers reproductive, maternal, newborn and child health, infectious disease control, noncommunicable diseases, and service capacity and access (Vicente 2020).

while on paper its coverage is extensive, users often have to endure long waiting times to receive treatments, and occasionally the health centers lack on capacity to treat them (Bardey 2017).

Given the context in these two countries, two ideas could be inferred. Coverage figures may not reflect the real capacity of health systems in Colombia and Brazil, meaning that the effective response to a crisis triggered by COVID-19 to protect vulnerable populations as informal workers could be lower than the one needed. Second, although Colombia and Brazil have advanced in constructing health systems with universal coverage, important reforms to guarantee quality and timely service provision are still needed.

The SDG 8 promotes inclusive and sustainable economic growth, employment and decent work for all. Linking this SDG to social protection, 8.b refers to developing and operationalizing a global strategy for youth employment and implementation by 2020. The ILO Global Jobs Pact¹⁴ is a global policy instrument that addresses the social and employment impact of the international financial and economic crisis of 2008. It promotes a productive recovery centered on investments, employment and social protection. This includes measures and policies, highlighting protection for the most vulnerable and those in the informal economy, by strengthening social protection systems to provide income support and sustain livelihoods and security of pensions (ILO, 2020). The Pact makes exclusive reference to *sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all*¹⁵ there will be a closely rooted aim to accomplish the other 16 goals.

Considering SDG 17 (increase of cooperation), this period made us see how global cooperation is needed to achieve positive results for the poor and vulnerable countries (Shulla, et al. 2021). Developing countries as Colombia and Brazil, have their existing social protection systems experiencing some drawbacks. It was caused for the lack of prevention triggers attached to the social programs to respond to unfavorable shocks. With the increase of multilateral cooperation, resilience can be built to mitigate detrimental economic environments and decrease possible spillover effects worldwide. Fixing inequalities is important develop a long-term financial plan for recovery, helping the vulnerable parts of the population even before being affected by the shocks effect (Barca, Archibald, et al. 2020).

Incorporating and assessing the effect of the different emergency policies around the world empirically in response to the Covid-19 crises will allow us to comprehend the changes needed across a very diverse series of social protection systems and emergency response strategies. For the moment, there is a visible common denominator which is the incorporation and relevance of the informal sector as a vulnerable group that requires economic aid to ensure their basic needs are sustained. Brazil and Colombia have taken a step forward for ensuring an inclusive recovery after the crisis by strengthening and further developing the standards and processes of social assistance delivery in emergency contexts. Nevertheless, to increase social assistance properly, these countries must incorporate in their overall social protection systems constant financing streams, legislative updates, and information planning for it to be concrete. The assessment of shock vulnerability takes time and time was not in favor of decision-makers in this health crisis onset. For that reason, the extension of already existing programs was essential for these two countries (Barca, Archibald, et al. 2020). However, the short-term analysis provided here comes as a testimony that, for the future, governments must be more prepared to enact response mechanisms for emergency scenarios. Also, present social protection systems can provide the necessary floors for their citizens to cope with risks and shocks.

¹⁴ "Faced with the prospect of a prolonged global increase in unemployment, poverty and inequality and continued duress for enterprises, in June 2009 the International Labour Conference, with the participation of Government, Employers' and Workers' delegates from the ILO's member States, unanimously adopted a *Global Jobs Pact*" (ILO, 2009)

3.3. Perspectives on instruments for the future of informal workers

The COVID-19 pandemic was an unprecedented global shock that affected informal workers worldwide due to the economic model and the difficult conditions in which the informal sector workers operate (Poggi & Salenson, 2020). While the emergency measures were needed in order to protect this vulnerable group, it would be ideal for them to be adequately covered by social protection so that such shocks find it in a better situation to start with. There are several risks possibly associated with emergency measures, which might further increase the vulnerability of informal workers when left unaddressed. As it is clear from the previous section, a cash transfer initiative alone is insufficient to provide a holistic floor for populations. Moreover, special attention should be paid to identifying measures to make it most solid, like the methods applied for registering, type of targeting and level of inclusiveness, the adequacy of the amounts provided, the possibility of setting up blended models, and the reliability of grievance mechanisms. In what follows, we intend to provide some brief perspectives on social protection instruments for the future of informal workers.

3.3.1. Data and Information Management

A key tool to develop is the way a country addresses **data and information management** for the enforcement of social protection programs. Brazil and Colombia have both used different information systems that enabled the flow and management of information within the social protection system. Having the registries of SISBEN in Colombia and Cadastro Unico in Brazil has allowed a level of integration across different social protection programs. These registries have also ensured a more equitable, responsive, and inclusive distribution of resources, while increasing efficiency and effectiveness of delivery. However, there are some tradeoffs and challenges that countries will face to improve such mechanisms, like how to manage the increasing costs and complexity, the risks to data privacy and security, and the risk of multiple exclusion from all social sector schemes (V. Barca 2017).

Both countries have also incorporated a higher level of digitalization to assess the eligibility of individuals and the delivery processes. They were able to develop digital systems in a way that would create more inclusion “to ensure a higher standard of living for the vulnerable and disadvantaged” (Alston, 2019). Nevertheless, there are a relevant number of gaps when incorporating these technological advances to address one of the poorest sectors in the world’s population: the informal sector. As (V. Barca, M. Hebbbar, et al. 2021) shows, it is crucial to invest in the information systems underpinning the delivery of social assistance. In addition to this, countries need to enhance the accessibility of digital interfaces to all the population. It can be done by building upon the capacity of service providers, like social workers and other local-level actors, to accompany applicants in the registration process. Since it would provide equal opportunities to all, digitalization training in the future could particularly aim at including the primarily secluded groups, e.g. women and people with disabilities.

More investment is advised towards a proper monitoring and evaluation system to assure complete transparency and follow-up on improvements made to digitalized social protection = tools. The best idea, according to Barca et al. (2021), is always to incorporate intentionally an inclusive design where the digital tools can make a difference in addressing the exclusion issue that many countries of the world experience when targeting a specific sector of the population (V. Barca, M. Hebbbar, et al. 2021).

3.3.2. Grievance Mechanisms

To begin, Colombia and Brazil both provide **grievance mechanisms** to beneficiaries of cash transfer programs and the emergency measures undertaken by the governments within the COVID-19 pandemic response. In Colombia many of the grievance mechanisms are given by the providing bodies, in the form

of a telephone hotline (including via mobile applications such as WhatsApp) or by presenting complaints in person in the offices of that institution. In Brazil, there is a similar approach, whereby beneficiaries are asked to contact the provider institutions via phone or through online mechanisms. In both cases, we see that emphasis has been given to online communication and ease of access, which is a vital feature for beneficiaries' outreach in a low-mobility context like the COVID-19 pandemic. Nonetheless, online/phone mechanisms can be more difficult for people to reveal their identities and follow-up on how their complaint is being addressed (Barca V., 2016). Moreover, they can be more costly for people as they require paying for telephone/internet expenses. All in all, it was difficult for us to examine to what extent such measures were successful in addressing citizens' complaints. Still, we believe it is a highly relevant aspect that policymakers should monitor closely to assess the efficacy of the emergency measures and future advancements in national social protection tools.

Thereby, in looking forward, Colombia and Brazil should put further emphasis on strengthening their grievance mechanisms for social protection programs. Barca (2016) stresses the importance of instituting complaint resolution mechanisms at the point of service delivery/ application, thus reducing transaction costs and offering the chance to address the issue at its root (V. Barca 2016). Further, authorities could implement multiple channels (i.e. including both on- and off-line mechanisms) and ensure that beneficiaries are made well aware of their options via information campaigns, targeting easy information on the functioning and rights implied within grievance mechanisms. In addition, for complaints to be addressed effectively, institutions should have dedicated staff working to respond to and monitor the complaints. Finally, to make the process fairer, damaged parties should at all times have the possibility to access to independent organizations - outside the providing institutions - that they could resort to for an independent review of their complaints (V. Barca 2016).

3.3.3. Cash Plus Models

Moving on to another promising tool, McLean, Holmes, Cabot V., & Smith (2020) identify a currently popular tool that many countries used around the world during the COVID-19 crisis - **Cash Plus** interventions that combine cash transfers with one or more types of complementary support (McLean, et al. 2020). This can be done by linking cash transfer program recipients to externally provided services or by providing multiple interventions within a cash transfer program (or combinations of both). For instance, the beneficiaries of a specific cash program can grant them participation in other activities related to schooling, health insurance, food and hygiene supplies, etc. In Brazil, it was able to see a combination of instruments being put together in a fashion similar to cash plus strategy with the Bolsa Familia program, in which beneficiaries receive access conditional to school attendance but would additionally receive food aid from the government during the pandemic. In the case of Colombia, cooperation was developed among strategies across institutions to provide not only a cash transfer but also food and sanitary products to the informal sector. There are several benefits of this tool. For instance, they provide tailored support to individuals and households by addressing sources of risk and inequality. Cash plus interventions can also support longer-term development objectives in recovery stages through supporting sustainable livelihoods and building human capital (McLean, et al. 2020). Additionally, linking cash to complementary programs can create system efficiencies, coordination and improve the administration of different programs. According to a report by the FAO (2017), cash plus interventions that combine consumption smoothing through regular cash transfers and complementary interventions to support longer-term income opportunities and skills development have been shown to improve households' agricultural production, income generation, asset ownership, women's economic empowerment, as well as dietary diversity and food security (Food and Agriculture Organization of the United Nations - FAO 2017).

3.3.4. Social insurance with a gender perspective for better including the informal sector

Although this study mostly focuses on the characterization of social assistance and emergency cash measures, we find that among the avenues for a stronger social protection system targeted at including vulnerable groups like informal workers, there are promising possibilities for expansions of social insurance services. For instance, a more inclusive design could allow informal workers to be on- and off- the payment system of an updated social security mechanism. A flexible contributory mechanism could be useful to respond to the precarious nature of informal earnings whilst preventing drop-outs from the system, as it would allow for everyone to join a registry (self-selection or via identification), to ensure informal workers can self-report or update on their situation, with the possibility for service providers to asserting their contribution and benefits evolutions, necessary in times of both idiosyncratic as well as covariate shocks, like those experienced during a crisis.

Moreover, it is imperative that improvements to **social insurance programs also include a stronger gender perspective** in their design updates to be genuinely effective. Otherwise, coverage and support for women will be lower. This is because women are overrepresented in informal employment (ILO 2018), feature which is to date an impediment to accessing social insurance schemes for many female workers. Additionally, women tend to face different risks in their life cycle than men and, even in those cases when an insurance coverage has been extended to informal workers, there is a tendency for women to access them less. As these schemes tend to be contributory, women access them in a lower proportion as they are systematically lower income earners (Holmes et Scott 2016) or have a lower participation in the labor force than men (Holmes, Jones, & Domingo, 2019). Besides social insurance, the relevance of gender-sensitive policies in other areas of social protection must act as a complement to existing initiatives and it seems that Colombia and Brazil have both the models and tools in place to advance further in their achievements. For instance, while globally only 41% of mothers with newborns receive a maternity leave, the Americas have advanced towards a universal maternal health coverage, that was achieved while demographically the region has experienced delays in marriage age, with the extension of CCT programs to support girls' education and empowering them through provision of basic services, training, credit, childcare, and long-term income security (Holmes, Jones, & Domingo, 2019).

In the case of Colombia, the Subsidized Health Insurance Scheme, with a progressive system of cross-subsidies, has advanced in the coverage of informal workers (Bernales & Solar, 2018). Furthermore, the Instituto de *Bienestar Familiar* offers subsidized day care centers, called *Hogares Comunitarios*, to support women in vulnerable conditions, expecting to attack sources of gender inequalities while improving also the health condition of the children (Diaz & Rodriguez, 2013).

3.3.5. Prioritization

Lastly, prioritizing is the first step towards an efficient strengthening of social protection measures for the informal economy. Research and bi-partisan policy planning are two tools that could be prioritized to build trajectories on financing. Knowledge exchange via cooperation's within countries can identify the tools for covering social gaps that can be enhanced in unfavorable economic environments (Barca, Archibald, et al. 2020). Research embedded in policy programming could also support the anticipation of the shocks, allowing for the definition of endogenous mechanisms that make it faster to reach those in need. Legislation changes should consider the worst-case scenario and avoid problems with coverage and financing of sub-national administrations, like municipalities. Thus, when the shock hits, there will be a basic plan that will run smoothly and properly consider the citizens' needs. (Barca, Archibald, et al. 2020).

The aim of a social assistance program should not be to fill in social gaps temporarily but to build resilience in the long term. There is an extra-economic multiplier effect in doing so, rather than other popular measures as tax reduction (Razavi 2020). Therefore, a program should persist even after the crisis (Barca,

Archibald, et al. 2020). Despite the preoccupations about financing large increases in social insurance measures, the world had never been wealthier than right now, so research advises a forward-looking behavior rather than “short-term” thinking (Razavi 2020). In light of the present health crisis, many advocate that public funds should be committed now that there is comprehension for the financing plans. Furthermore, it is possible to distinguish priorities for adequate procedures that will target the right people, with the right amounts and duration (Barca, Archibald, et al. 2020). We can count on the current momentum provoked by the emergency response in order to include the previously excluded individuals and provide justice not only in Brazil and Colombia, but at an international level.

4. Concluding Remarks

This article inspects the short-term emergency response measures in the social assistance field that Brazil and Colombia have activated between 2020 and 2021 to respond to the COVID-19 crisis, with a particular focus on the regulatory inclusion and overall treatment of the informal population. We choose the topic of informality as more and more it is becoming a priority in the policy debate, a group experiencing high degrees of vulnerability to shocks whilst covering various portions of the population in developing and emerging economies. Nevertheless, given the multiplicity of characterizations and needs experienced by informal groups across and within countries, it is also a challenging sphere of policy making and social dialogue, thus calling for a comparative perspective to be applied to a context-specific subject. Colombia and Brazil have among the highest percentage of informal workers in the region (accounting for roughly 48% of the workforce in Colombia, while in Brazil depending on the sector, it varies from 46% to 67%). Informal work is deemed vulnerable mainly due to the lack of both employment and social protection frameworks' coverage within national legislations, as well as due to a tendency of enduring unstable income, with higher risk of falling in poverty and earnings being on average lowest for women (Connor, et al. 2020).

This article compares from a public policy perspective how social protection systems in Brazil and Colombia reached informal groups in the first year of pandemic management (Q2-2020 to Q2-2021) and assesses how they could be armored to become more robust in the future for responding to further crises. It proposes a focus on social assistance and particularly on the analysis of short-term emergency responses that involve cash transfers. There are two main flagship conditional cash transfer programs in Colombia: *Familias en Accion* (program conditional on attending health-checks and attending school) and *Jovenes en Accion* (conditional on attendance and positive performance in school). The COVID-19 crisis brought additional complications to the existing issues experienced by the beneficiaries of these programs, but both were scaled up to provide additional support during the COVID-19 pandemic. The main new emergency cash transfer program launched at the national level as a response to this crisis is the *Ingreso Solidario*, while regionally, *Renta Basica Bogota* was implemented by the Bogota Mayor's Office to support households in complying with mobility restrictions.

In Brazil, the main social assistance programs are *Bolsa Família* (conditional on school attendance and health check-ups) and the *Benefício de Prestação Contínua* (unconditional transfer with targeting to the elderly and people with a physical or mental disability). To respond to the crisis, Brazilian authorities launched the *Auxílio Emergencial* as an emergency unconditional cash transfer program for households below an income threshold. The response however was also widely varied at the municipality level, by which cities like São Paulo, Rio de Janeiro, Mato Grosso do Sul, Amapá, Maricá and Niterói also implemented emergency cash transfer measures as a response to the COVID-19 crisis.

Comparing the emergency response measures across countries, Brazil offered a higher amount than Colombia with respect to each nationally determined monetary poverty thresholds. The amount offered by

Brazil with *Auxilio Emergencial* was equivalent, in the first 5 months of its delivery, to 120% of the monetary poverty line of the country and 60% for the following four months. This percentage for Colombia with *Ingreso Solidario* was only 38% (Lustig, Martinez Pabon, Sanz, & Younger, 2020). However, Brazil's digital self-targeting method generated coverage gaps due to digital exclusion concentrated in certain areas of the country. On the other hand, Colombia, through centralized targeting using SISBEN as the main input, had as a priority to avoid digital exclusion and made available several collection centers so that people could claim *Ingreso Solidario*. For both countries, inclusion and exclusion errors have been recurrent, in both cases possibly due to the lack of continuity in the monitoring as programs were extended, and in the impossibility in the short-term to optimally redesign their information systems to reduce even further any waste of social welfare. Furthermore, the emergency response through flagship programs carried out in both countries failed due to their design to cover migrants, however both countries took actions to correct this. Finally, regarding horizontal expansion, it is estimated that Brazil also generated greater coverage of its informal population than Colombia (Blofield, Lustig, & Trasberg, 2021).

This article has also inspected a range of possible tools that could serve in the future to complement emergency cash transfers in order to shield informal workers from shocks such as the COVID-19 pandemic. Improving the coverage of health systems in both countries - already pursued as a goal of Universal Health Coverage in both countries - is one of the main steps. Likewise, investment in the development of data, information management systems and grievance mechanisms would allow better fairness whilst strengthening the present targeting systems in social assistance measures. The precision and flexibility that updated systems could provide will be even more relevant in the face of the upcoming challenge in the post-pandemic years of systematically including populations from the informal economy across both contributory systems and non. Finally, cash-plus interventions and gender-sensitive social protection models (for insurance as well as assistance) are good tools that policy makers in Colombia and Brazil should further develop in their national systems for providing a more long-term and comprehensive coverage of their informal population.

5. Appendices

A1 - Additional Social Protection Definitions & Social Protection Spending

Social protection systems can be also analyzed by the function that they serve, in which policies should provide protection, prevention, promotion, and transformation, also known as “the 3P +T” (O'Brien, et al. 2018). Among international organizations and development practitioners, there are different angles from which social protection can be viewed. To illustrate, we provide in Box 1 some additional definitions coined by some agencies working in the field. While the definitions differ, and currently there is no universal definition acceptable by all, it is clear from these examples that the common denominator is that it refers to measures aimed at protecting those whose livelihoods are vulnerable (Devereux & Sabates-Wheeler, 2004).

The main purpose of social protection is to protect people facing risks over their life cycle (risks linked to the economic, social situation or linked to sickness for example) and to prevent people from falling in forms of poverty and vulnerability. Social protection has become an increasingly important tool to eradicate poverty - embedded in SDG 1 (end poverty) and SDG 10 (inequality), being explicitly mentioned in five targets, like Target 1.3 that refers to Implement nationally appropriate SP systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable. Aiming to

provide a common and solid social protection framework, in 2012 the ILO has issued the updated ILO Social Protection Floors, via Recommendation No.202, according to which the national floors should consist of minimally the four social security guarantees, as follows (ILO 2012):

1. Access to essential health care, including maternity care;
2. Basic income security for children, providing access to nutrition, education, care and any other necessary goods and services;
3. Basic income security for persons in active age who are unable to earn sufficient income, in particular in cases of sickness, unemployment, maternity and disability, and
4. Basic Income security for older persons.

A2 – Social Security Definition

“Social protection refers to the public actions taken in response to levels of vulnerability, risk and deprivation which are deemed socially unacceptable within a given polity or society” – Overseas Development Institute (ODI)

“Social protection is a collection of measures to improve or protect human capital, ranging from labor market interventions, publicly mandated unemployment or old-age insurance to targeted income support. Social protection interventions assist individuals, households, and communities to better manage the income risks that leave people vulnerable”. – World Bank

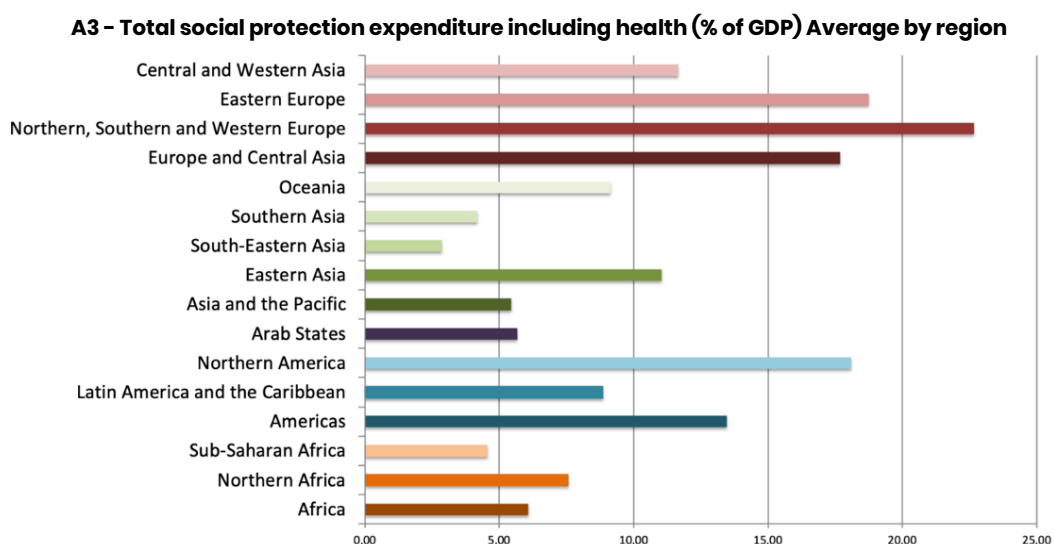
“Social protection is defined as ‘the set of policies and programs designed to reduce poverty and vulnerability by promoting efficient labor markets, diminishing people’s exposure to risks, and enhancing their capacity to protect themselves against hazards and interruption/loss of income”. – Asian Development Bank (ADB)

A social protection system is composed of non-contributory and contributory policies. The former refers to the policies that “normally require no direct financial contribution from beneficiaries of their employers as a condition of entitlement to receive benefits” (ILO 2017, ILO 2017). Further, SP can also be disentangled by the instrument of delivery and its varying objectives. For instance, the OCDE classifies social protection instruments into the following categories: 1) social assistance; 2) social insurance; and 3) labor market programs (OCDE 2019).

The social insurance pillar refers to a contributory program (i.e. one that is funded by its recipients, their employer and the state at different levels) and which will cover fully or partially by matching the funds, the expenses related to life-course (World Bank 2018). It includes programs such as health or social insurance, parental or unemployment benefits, old-age and injury pensions, and so forth.

Labor market policies can be both passive and active. They are considered social protection policies due to the opportunities they provide to vulnerable groups, especially when they are well-targeted. Passive labor market policies refer to the efforts put in by a government in terms of the regulatory environment. Active labor market policies, on the other hand, are specific measures undertaken by institutions to provide for employment, such as linking jobseekers to companies, providing subsidies for employment, or even opening new jobs (O’Brien, et al. 2018). While some might argue that active labor market policies can be impactful, in fact, creating the proper legislative framework is a key first step leading to positive results.

The figure below (A3) showed which regions invest more in Social Protection (SP) than others, being Europe and Central Asia the first ones, followed by the Americas, Asia and the Pacific, Africa, and finally the Arab States. However, as shown in Appendix A3, within each of these regions there are big heterogeneities. There are many examples, as comparing Central and Western Asia with Northern, Southern and Western Europe, Southern-Eastern Asia with Oceania or Latin America and the Caribbean (LAC) with Northern America. In this scenario, Latin America is in the middle ground, with social protection spending below that of the European and Central Asian regions, but higher than certain regions of Asia and the Pacific and all the major regions of Africa.



Source: authors' deliberation based on ILO data by latest year available. Data available here: <https://www.social-protection.org/gimi/ShowWiki.action?id=594#tabs-3>. (ILO, 2020)

North America has 18.1% and Northern, Southern and Western Europe 22.6% compared to high-income countries. So, the gap between LAC and higher income countries is around 11 percentage points. Moreover, upper-middle and middle-income regions such as Eastern Europe with 18%, Central and Western Asia with 11.7% and Eastern Asia with 11%, show that the gap is about 4.6 percentage points with middle and upper-middle income countries. Finally, compared to lower-middle and lower-income regions, such as Northern Africa with 7.5%, Southern Asia with 4.2% and South-Eastern Asia with 2.9%, we see that LAC is on average 4.1 percentage points above lower-middle and lower-income countries.

A4 – Public Social protection expenditure by guarantee (GDP)

	Brazil	Colombia
Total social protection expenditure including health	18.3	14.1
Public social protection expenditure for older persons (excl. health)	9.6	3.8
Public social protection expenditure for persons of active age (excl. health):		
Social benefits for persons of active age (excluding general social assistance)	2.6	3.9
Unemployment	0.7	--

Labor market program	0.3	--
Sickness, maternity, employment injury, disability	1.7	3.9
General social assistance	4.5	0.8
Public social protection expenditure for children (without health)	0.6	0.4

Source: ILO (2015)

A5 - Familias en Accion description

FA was created in 2000, following the example of Mexico with the CCT program *Progresas*, as a countercyclical response to the deep economic crisis that the Colombia suffered in 1999. Since its creation, FA program has had 3 different phases or redesigns. Initially, the program was designed in its Phase 1 as a temporary program focused on rural and small municipalities, those with less than 100,000 inhabitants. The Phase 2 took place in 2007, expanding the program to municipalities with more than 100,000 inhabitants. Finally, the Phase 3, in 2012, consisted of redesigning the program to have a higher impact on the reduction of the inequality between regions. For instance, after Phase 3, the amount of the transfers increased for the rural municipalities with a higher incidence of multidimensional poverty. In this redesign the name of the program changed from *Familias en Acción* to *Más Familias en Acción* and was established as a permanent program with national coverage, supported by Law 1532 of 2012 (National Planning Department 2019). Currently, the Government of President Ivan Duque changed the name of the program to *Familias en Acción* again, and has announced a new redesign. However, this has been postponed due to the COVID-19 pandemic.

Due to the magnitude and objectives of FA, it has been widely analyzed and evaluated, in order to understand not only its effectiveness but also the behavior that a beneficiary may have as a result of receiving this type of intervention. Some promising results have been found, such as that FA is effective at greatly increasing total consumption, notably food consumption and protein consumption, in both rural and urban areas (Attanasio y Mesnard 2006). Moreover, that FA has positive long-term effects on schooling of its beneficiaries, particularly the girls (Baez & Camacho, 2011), and has also dramatically increased attendance at health check-ups for early childhood children, approximately in 28%, having underlying positive effects in reducing the incidence of diarrhea (Attanasio & Gómez, 2004). Finally, FA has been found to reduce the probability of stunting and improve the nutritional status of its beneficiaries (Attanasio O. , Gómez, Heredia, & Vera-Hernández, 2005) (Adato & Bassett, 2009).

The policy

FA has two modalities, health and education. The cash transfers of both modalities are delivered each two months. The FA's health incentive is given one to each vulnerable family with at least one child under 6 years old. This is carried out every two months and is conditioned on the children between 0 to 6 years old to be attending specific health checks. The amount of the transfer for 2020 is COP 180.000 (54 USD 2019). On the other hand, the FA's education incentive is delivered individually to three (3) children or adolescents of the family between 4 and 18 years old who are in the school system, as long as the family fulfills two commitments: children and adolescents must attend at least 80 % of classes scheduled and cannot fail more than two school years. In the case that one of the participants is 18 or 19 years old, they must be in at

least 10th grade, and if they are 20 years old, they must be 11th grade. The amount of the incentive goes from COP 52,000 (15 USD 2019) for children in grade 0 or preschool and increases with the child's student grade up to 141,000 (42 USD 2019 for children in grade 11, that is the last school year in Colombia) (Certificado Colombia, 2020).

Objective

The target populations of FA are vulnerable or poor families with members under 18 years old. The conditions of poverty and vulnerability are defined by using the multidimensional SISBEN poverty index that is estimated with the survey of the Identification System for Potential Beneficiaries of Social Programs (SISBEN in Spanish). Additionally, all families in situations of special vulnerability are eligible, including population displaced by violence and belonging to indigenous communities. In these cases, all families with children under 18 years old listed in official records as vulnerable are eligible for FA regardless of their SISBEN score (Medellin y Sanchez Prada 2015). (Medellin y Sanchez Prada 2015) According to the Families in Action Information System (SIFA), in 2018, from a total of 2.796.241 households beneficiaries registered on SIFA, 83% (3.4 M) are active. Among them, 43% (1.4M) of the beneficiaries of FA were SISBEN population, 33% (1M) population displaced by violence, 19% population of the UNIDOS network¹⁵ (0.6M) and 5% indigenous population (0.15M) (National Planning Department, 2019).

Since its creation, SISBEN index has been redesigned three times in order to improve its accuracy. Then, the current system is called SISBEN III. The redesign of the SISBEN must be understood as a redesign also of the programs that depend on this score, that's the case of FA. For example, as the redesigning of SISBEN in 2012, passing from SISBEN II to SISBEN III, the goal of this change was also the underlying modification in the targeted population of FA (that is when the Phase 3 of the program began), as the possibility of being beneficiary depends of the SISBEN index. As mentioned before, Ivan Duque government envisages redesigning and creating the SISBEN IV and the new Phase of FA. Among the principal reasons, there is the fact that some families targeted as poor in 2012 are not poor anymore in 2020. This population is classified as population *in transition*, because they must be excluded from the program to include new families that are poor. According to the most recent Impact Evaluation of FA, around 220.000 households compose this population.

Thus, SISBEN III is a score from 0 to 100, being 0 the highest level of poverty and vulnerability. This score is constructed using the fuzzy sets method and includes four dimensions: health, education, housing, and vulnerability. Appendix A10 shows the variables considered in each of the dimensions. The threshold to be beneficiary according to SISBEN depends of the area where the household is located. For Area 1, composed of Colombia's principal cities, SISBEN has to be between 0 and 30,56. For Area 2, consisting of urban areas other than the main cities, the populated centers and the rural area around the main cities, SISBEN has to be between 0 and 32,20 to be beneficiary of FA. Finally, in Area 3, composed of rural areas aside from the rural area around the main cities, SISBEN index must range from 0 to 29,03 (Medellin y Sanchez Prada 2015).

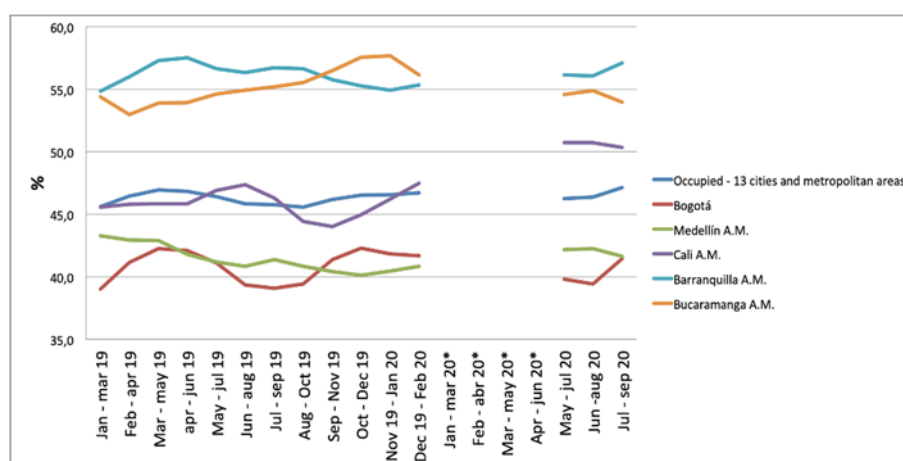
¹⁵ The UNIDOS Network is one of the Social Prosperity offers that consists of family accompaniment provided by social co-managers for a specific period of time. This accompaniment articulates access to public and private social services. The support given by Unidos Network doesn't comprises any cash transfer.

A6 - Summary of measures taken by the Federal government of Colombia and Brazil

	Mitiation/Containment Measure	Colombia	Brazil
1.	State of emergency declared	X	X
2.	Borders closing	X	X
3.	Lockdown	X	
4.	Local lockdown centrally defined	X	
5.	National curfew (night)		
6.	School closing	X	
7.	Prohibition of mass gatherings	X	
8.	Flexibilization/reopening	X	

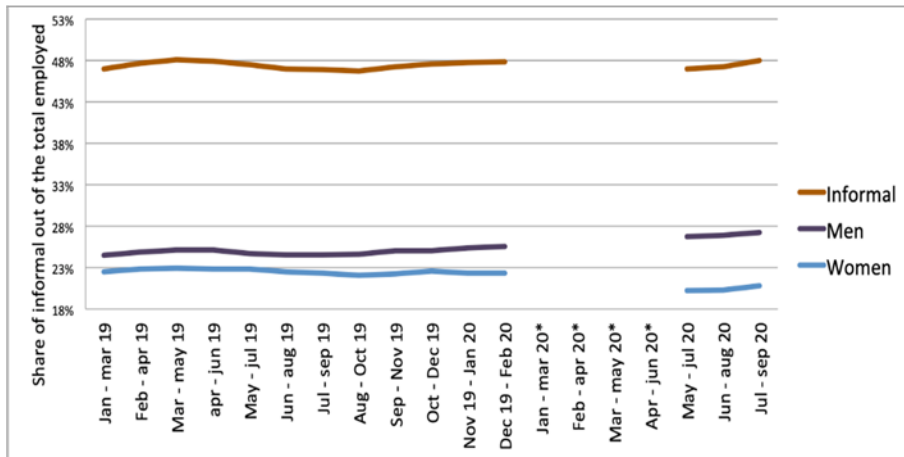
Source: Benítez, M., Velasco, C., Sequeira, A. R., Henríquez, J., Menezes, F. M., & Paolucci, F. (2020). Responses to COVID-19 in five Latin American countries. *Health Policy and Technology*, 525-559. Retrieved from <https://reader.elsevier.com/reader/sd/pii/S2211883720300861?token=2FB2057622BFI582BCCF0C3058A3C4A802ECCD71712DE208890213DD8ECEEC68411E41CE7EDFB24D0D3098157CE030CE>. Updated in April 19 with informations of the Brazilian Federal Government

A7 - Number of Informality in the Companies up to 5 workers in Colombia



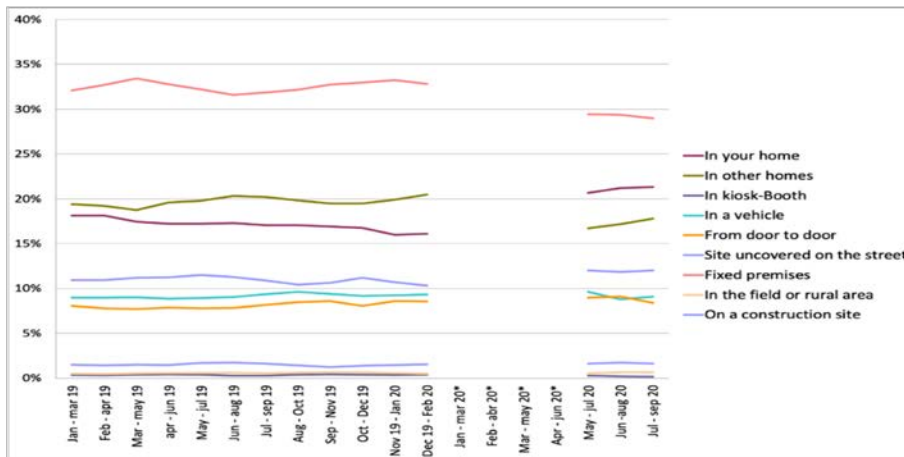
Source: GEIH, DANE.

A8 – Share of Formal Employment for Companies up to 5 workers by gender



Source: GEIH, DANE.

A9 – Total Informal Worker for companies up to 5 workers by workplace



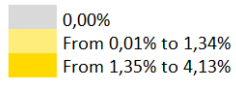
Source: GEIH, DANE.

A10 – Eligibility Targeting for Social Programs

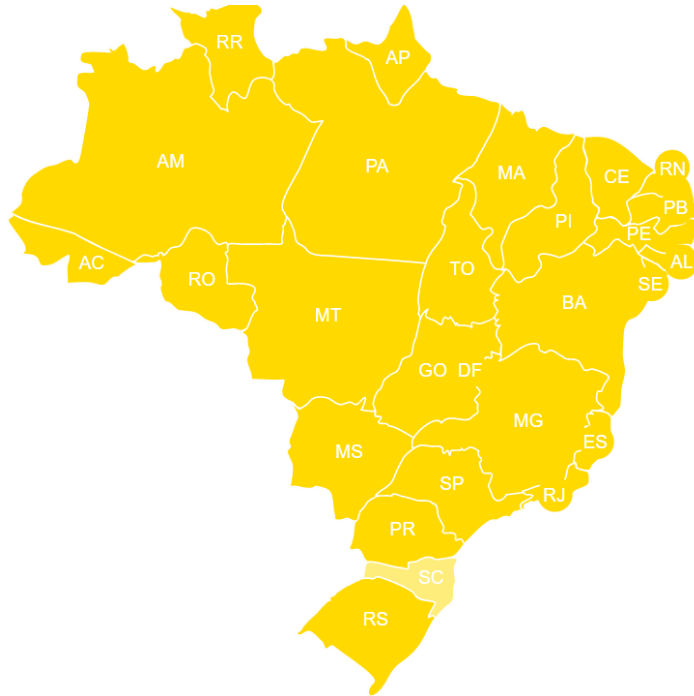
Health	Education	Living Place	Vulnerability
<ul style="list-style-type: none"> . Disability condition . Teen parent 	<ul style="list-style-type: none"> . % of adults who are functionally illiterate . % of children working . School delay . % of school absence . % of adults with incomplete high school or less schooling 	<ul style="list-style-type: none"> . Housing type . Type of fuel for Cook . Type of water source for consumption . Type of connection of the sanitary . Sanitary use exclusive . Flooring material . Material of the walls . Type of management of garbage and waste . Type of fuel for Cook . Condition of overcrowding 	<p><i>Individual:</i></p> <ul style="list-style-type: none"> . Number of people in the household . Gender of the head of household . Dependency rate demographic . Asset holding <p><i>Municipal context:</i></p> <ul style="list-style-type: none"> . Infant mortality rate . Homicide rate . Net coverage rate by educational level . % of families use general health services in case of need

Source: (Medellin & Sanchez Prada, 2015)

A11 - Percentage of People Reached by The BPC

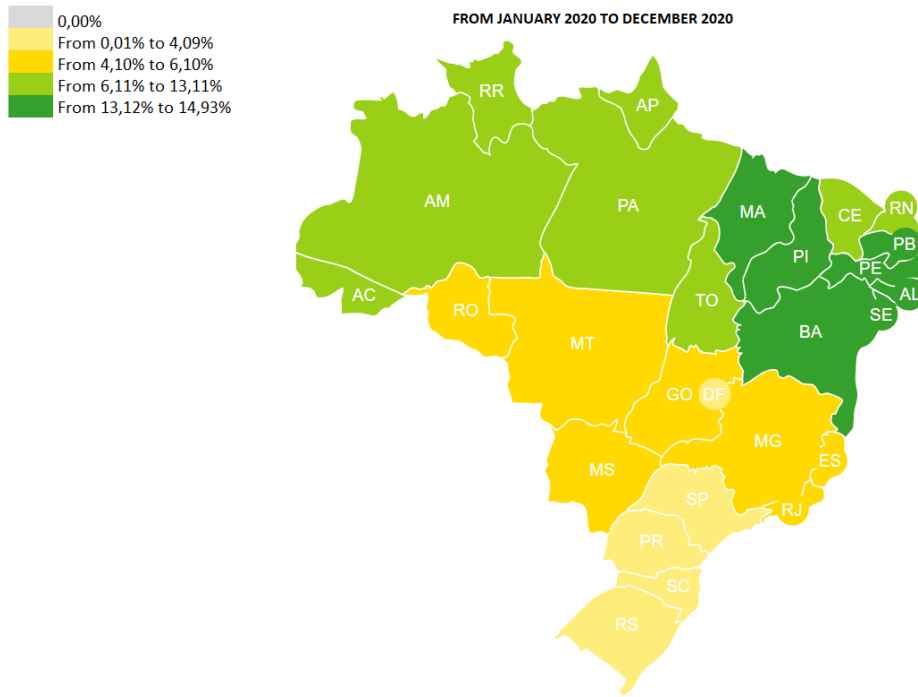


FROM JANUARY 2020 TO DECEMBER 2020



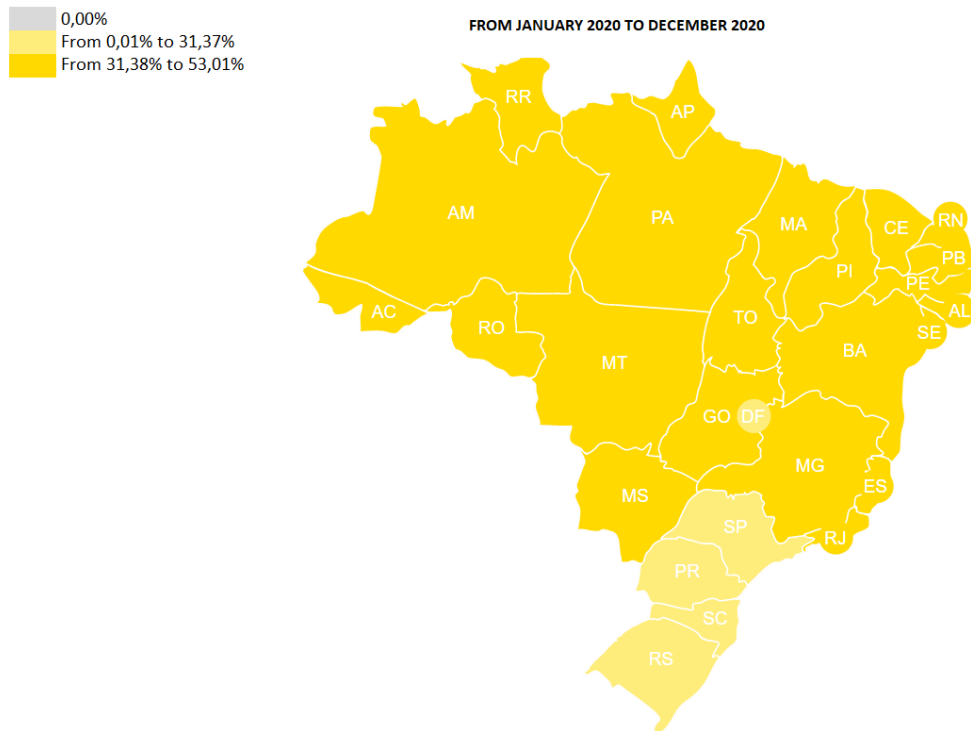
Source: (Brazilian Federal Government 2020)

A12 – Percentage of People Reached By Bolsa Família Program



Source: (Brazilian Federal Government 2020)

A13 – Percentage of People Reached By the Federal Emergency Aid



Source: (Brazilian Federal Government 2020)

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Acronyms List

AFD	Agence française de développement
BF	Bolsa Família
CCT	Conditional Cash Transfers
DNP	National Planning Department of Colombia
DPS	Department of Social Prosperity
EPS	Private health care providers or <i>Empresas Prestadoras de Salud</i>
FA	Familias en Acción
IBGE	Brazilian Institute of Statistics and Geography
ILO	International Labour Organization
SISBEN	Identification System for Potential Beneficiaries of Social Programs
SP	Social Protection
UCT	Unconditional Cash Transfers
WHO	World Health Organization
YA	Jóvenes en Acción

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