

Knowledge to **Action** Briefs

Ask #5: Social protection, including food and nutrition, for marginalized and vulnerable groups, and enhanced data to better understand disparities

These seven knowledge-to-action briefs support partners to carry forward the PMNCH [Call to Action on COVID-19](#), which aims to increase investment and policy support to mitigate the devastating effects of the COVID-19 pandemic on the health of women, children and adolescents, and the societies and economies that support them. The knowledge-to-action briefs synthesize relevant evidence to the COVID-19 Call to Action, focusing on: 1) key impacts of COVID-19; 2) policies and mitigation strategies; and 3) strategic gaps in knowledge and action, including in humanitarian and fragile settings.



Background

In epidemics and health emergencies, multiple sectors of an economy and social services can be disrupted, leading to shortages and price increases for critical commodities, and social and economic impacts on households, businesses and governments. A World Bank analysis of the economic impacts of the 2014 West African Ebola outbreak stated, “Fear of association with others ... reduces labour force participation, closes places of employment, disrupts transportation, motivates some governments to close land borders and restrict entry of citizens from affected countries, and motivates private decision-makers to disrupt trade, travel and commerce by cancelling scheduled commercial flights and reducing shipping and cargo services”.¹ The negative consequences for households and individuals include harmful impacts on physical and mental health, income, food security, livelihoods, education, infrastructure and access to social services.

Key impacts

Poverty and food insecurity

A study of three economic scenarios, in which global income and consumption contracted by 5%, 10% and 20% respectively, found that the number of people living in poverty could rise by 420–580 million due to COVID-19.² Another study examined two scenarios, a baseline with global growth contracting by 5% and a downside scenario with global growth contracting by 8%, and estimated that COVID-19 would push 71 million people into extreme poverty in the baseline scenario and 100 million in the downside scenario.³

The World Food Programme (WFP) projects that the economic impact of COVID-19 will increase the number of people facing food insecurity to 265 million in 2020, an increase of 130 million from 2019.⁴

Socioeconomic impacts on vulnerable populations

Some groups of people will be more affected by COVID-19 than others, due to multiple and often intersecting reasons. These include: marginalization and exclusion; reliance on the informal sector for income; living in areas prone to shocks; insufficient access to social services and lack of social protection; low levels of political influence; low incomes and limited opportunities to cope and adapt; and limited or no access to technologies.⁵ People living in conflict-affected areas, where health systems are non-existent or significantly disrupted, are particularly vulnerable. The United Nations has identified the groups in Table 1 (including women, children and adolescents) as being at highest risk in the COVID-19 pandemic and thus in need of special attention in national and global responses.⁶

Lack of safety nets

The International Labour Organization estimates that more than half of the world's population (55%, or 4 billion people) are not effectively covered by any social benefits, and that only 22% of unemployed workers are entitled to unemployment benefits.⁷

Actionable interventions and solutions to mitigate impact

Coverage of social protection programmes, though still insufficient, has increased significantly in many countries over the past decade, including in low- and middle-income countries.

Social protection relating to COVID-19

As of June 2020, 195 countries or territories have planned or implemented a total of 1024 social protection measures as part of their COVID-19 response, with 60% of these measures involving social assistance, including cash transfer programmes (conditional and unconditional) and in-kind transfers (food commodities, vouchers and school feeding programmes).⁸ The World Bank estimates that these social assistance programmes have benefited over 1.7 billion people thus far.⁸ Other social protection measures being planned or implemented during the COVID-19 pandemic include social insurance (e.g. unemployment benefits, waivers of social security contributions) and labour market programmes (e.g. wage subsidies).

Social protection targeting women, children and adolescents

Some of these social assistance programmes focus specifically on women, children and adolescents. For example, Myanmar's Maternal and Child Cash

Table 1: At-risk populations with the highest degree of socioeconomic marginalization

Women	Persons in detention or institutionalized settings
Older persons	Slum dwellers, people in informal settlements, homeless persons
Adolescents, children and youth, especially girls and young women	People living with HIV/AIDS and those with pre-existing medical conditions
Persons with disabilities or mental health conditions	Small farmers, fishers, pastoralists, rural workers, the urban informal sector and the self-employed
Indigenous peoples	The food insecure, particularly where there is prolonged conflict and crisis
Migrants, refugees and stateless, internally displaced and conflict-affected populations	People in extreme poverty or facing insecure and informal work and incomes
Minorities	Groups vulnerable and marginalized because laws, policies and practices do not protect them from discrimination and exclusion

Transfer Programme, an initiative of the Ministry of Social Welfare, Relief and Resettlement, Department of Social Welfare and the multi-donor fund LIFT, supports pregnant women and mothers of children aged under 2. Beneficiaries are now receiving a one-off cash payment of MMK 30 000 (US\$ 20) in addition to their existing monthly payment of MMK 15 000 (US\$ 10). The total budget for this programme is US\$ 4.93 million, and it benefits 241 425 households.⁹ Additionally, as of June 2020, 25 countries have planned or implemented 27 school-feeding programmes for children and adolescents.¹⁰ For example, in Belize, children on national school meal programmes receive take-home rations, with the United Nations Children's Fund providing funding for access to a thousand nutrition hampers.^{11,12}

Social protection in humanitarian settings

The Office of the United Nations High Commissioner for Refugees (UNHCR) reports that more than 65 of its operations have introduced or increased cash transfer programmes, with many payments now made digitally^{13,14} to reduce the likelihood of transmitting COVID-19 by handling cash. For example, in Cameroon, UNHCR is providing a one-time unconditional cash transfer to more than 11 000 refugees in four urban areas via mobile phone money transfer, in collaboration with the company MTN. In Ecuador, UNHCR adapted its existing cash assistance programme, from cash-in-hand to withdrawal from any of the country's 1200+ automated teller machines, and expanded its eligibility criteria to include families at risk of losing livelihoods and income. This programme reached almost 3000 households in the first month of the COVID-19 crisis. In internally displaced persons' camps in Iraq, WFP provides cash for food and UNHCR provides cash assistance for basic household and hygiene items through digital payments at selected merchants contracted by WFP.

Priority knowledge gaps

The social and economic impacts of the pandemic and equity considerations are an important area for knowledge generation. At-risk groups will be affected by COVID-19 differently, for multiple and intersecting reasons. Better understanding this intersectionality is essential for targeting and scaling up social protection in the response to and recovery from COVID-19.

The World Bank and others have compiled, and are continually updating, a database on the social protection measures that countries are putting in place in response to COVID-19. Further information is needed on the gender- and age-sensitivity of social protection measures, whether they are targeting women, children and adolescents, whether these are one-off or ongoing initiatives and the impact of initiatives on beneficiaries.



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