Expert Consultation on Vulnerability and Participant Targeting in the Context of COVID-19

Summary

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Abbreviations

CRS	Catholic Relief Services
COVID-19	Coronavirus
DFSA	Development Food Security Activity funded by USAID's Bureau for Humanitarian Assistance (formerly Office of Food for Peace or FFP)
FAO	Food and Agriculture Organization
GBV	Gender-based violence
IDEAL	Implementer-Led Design, Evaluation, Analysis and Learning
IDP	Internally displaced people
IFPRI	International Food Policy Research Institute
IPC	Integrated Phase Classification
LAC	Latin America and the Caribbean
LMIC	Low and lower middle-income country
LSMS	Living Standards Measurement Study
LOA	Life of Award
M&E	Monitoring and Evaluation
NGO	Non-governmental organization
RMS	Recurrent monitoring survey
SEA	Sexual exploitation and abuse
SME	Small and medium enterprises
UN	United Nations
WFP	World Food Programme
USAID	United States Agency for International Development
VSLA	Village savings and loan association

Introduction

In the wake of the novel coronavirus global pandemic (COVID-19), humanitarian and development stakeholders face a new reality in terms of programming, implementation, and monitoring and evaluation (M&E) for food security and resilience strengthening activities. The speed and scale of this rapidly evolving pandemic is unprecedented in modern history, and its long-term impacts on people and systems (e.g., health, economic, food, water) is still unknown. While development and humanitarian assistance initiatives target food insecure populations, such populations will be even more vulnerable to the negative impacts of the pandemic—and measures to contain it—on their livelihoods, health, nutrition, and other well-being outcomes.

People who were not previously targeted through development programs or humanitarian assistance will now be vulnerable to food insecurity as a result of income loss, market closures, limits to movement and purchase of goods (e.g., agricultural inputs), social distancing, morbidity, and mortality of family and community members. Programming, particularly social protection and safety net programs, will need to expand to target the newly vulnerable. Rapid learning, adaptive management, and flexibility in programming and implementation are required to prevent currently vulnerable populations from becoming more food insecure and to assist those who are newly vulnerable to food insecurity as a result of the impacts of COVID-19.

Supported by USAID, the Implementer-Led Design, Evaluation, Analysis and Learning (IDEAL) activity convened a virtual expert consultation followed by four breakout discussions, which brought together stakeholders, donors, and practitioners from humanitarian and development implementing organizations in order to promote a common understanding of the key issues regarding vulnerability and targeting in the context of COVID-19 and identification of next steps (a list of participants is provided in Annex 1).

Organization of Consultation

After a brief introduction and summary of the issues as gleaned from the literature and pre-consultation interviews with individual participants, small group discussions were conducted around the following four topics:

- Do we have the right information to make decisions regarding new vulnerable groups resulting from the impacts of COVID-19? What are the information gaps? How can we improve access to the right types of information for decision-making? How frequently should it be collected? On what basis should decisions to pivot programming be made (e.g., indicators, thresholds)?

- What criteria should be used to determine appropriate interventions for humanitarian and development programs in the context of COVID-19? What does a "successful" intervention look like in the context of COVID-19? Are different interventions more appropriate for the short term, medium term, and longer term?

- What should be included in establishing an inventory of better practices to reduce vulnerability to COVID-19 (e.g., policies, institutional changes, food system enterprises, value chains, livelihoods, communication strategies, etc.)?

- What opportunities does the COVID-19 crisis provide for transformational change in equitable social protection, health care, food, value chain, and social justice systems as well as equity in development programming and humanitarian response actions?

This initial consultation was followed by four additional breakout discussions, one on each topic, conducted over a period of two weeks. This summary document synthesizes insights from all five discussion s, presents key findings and approaches, and lays out a series of next steps.

Key Findings

The COVID-19 pandemic has significantly altered the humanitarian and development programming landscape, including design, implementation, monitoring, and evaluation, certainly in the short term but likely also in the longer term. Until a vaccine and/or therapeutics are available and widely deployed, implementation of food security and resilience programming and data collection activities must be adapted to the reality of COVID-19. To effectively implement existing—and consider new—programs within the context of COVID-19, **humanitarian and development implementing organizations must integrate strategies into their respective programming approaches that reduce the risk of transmission, mitigate the negative impacts of COVID-19 on livelihoods, food security**, **and resilience outcomes, and strengthen resilience capacity of vulnerable populations and systems.**

Although our understanding of the full impacts of the pandemic and its effect on lives and livelihoods around the world is still evolving, several overarching learnings have emerged. This section presents key findings from the expert consultations (additional insights are provided in Annex 2).

Context: Understanding Who is Vulnerable and Why

The spread of COVID-19 is currently worse in urban than in rural areas, where most food security and resilience programming occurs. However, vulnerable rural communities will experience worse food security impacts than urban areas even though the virus has been slower in reaching these areas. Rural-urban linkages are essential for maintaining local food supplies to urban areas as well as remittances from urban to rural households.

Not all countries have the same options for responding to the pandemic; rich countries have a more diverse range of options than poor countries, which tend to have fewer resources and more limited public health capacity. Even within a country, different areas or regions have implemented different types of responses (e.g., U.S., Ethiopia) with varying degrees of success—or lack thereof—at reducing transmission and facilitating a return to some semblance of "normal." Countries with existing humanitarian crises will experience worsening conditions, and new humanitarian crises will emerge as a result of extra pressure on weak health systems, disruption of essential services delivery (e.g., water, sanitation, electricity, education), reduced income, increasing unemployment, economic deterioration, erosion of the rule of law, and potential social unrest and conflict. This is especially true for countries with developing economies, including parts of Africa, Asia, and Latin America and the Caribbean (LAC).

In Africa, for example, we are witnessing primarily impacts to livelihoods, including the inability to migrate with livestock or as seasonal wage laborers because of border closings and shutdowns. Those working in sectors typically outside of the remit of humanitarian and development programs, such as manufacturing, services, tourism, and informal sector workers, have been hard hit by the effects of domestic lockdowns. Such households are in need of social assistance—at least in the short to medium term—but are not typically targeted by existing social protection mechanisms.

In order for humanitarian and development partners to meet the programming challenges and increased numbers of vulnerable people resulting from the pandemic, it is essential to **understand the context (i.e., which livelihood groups are impacted and how).** Are they directly impacted by the virus (e.g., clinical vulnerability) or indirectly by lockdown and other containment measures (i.e., economic vulnerability)? Is there a temporal element to their vulnerability? How long will it last and how will it change over time? Are different types of vulnerability interacting with each other (e.g., clinical vulnerability contributing to economic

"Emergency programs on top of development programs typically ignore impacts of the shock on groups other than the target group."

- Consultation participant

vulnerability) and what are the consequences of these interactions? In light of the large increase in the numbers of people vulnerable due to COVID-19, implementing organizations need to understand how vulnerability is changing—both within the communities in which they work and in the larger context (e.g., urban or peri-urban populations and their links to rural populations). The challenge is disentangling these vulnerabilities through rapid assessments in order to better understand how to adapt programming.

COVID-19 also interacts with other shocks, compounding its impacts and underscoring the need for comprehensive, integrated, and sustainable responses that use a systems approach to strengthening resilience of individuals, communities, and higher-level systems. Eastern Africa is currently experiencing drought, locusts, and conflict, and COVID-19 is layered over an already stressed situation, exacerbating and creating new vulnerabilities. Climate shocks can magnify the impacts of COVID-19 and vice versa. Synergistic epidemics ("syndemics") that share common underlying drivers may overlap in time and space with the COVID-19 pandemic. For example, obesity and other health epidemics may contribute to clinical vulnerability to COVID-19 in some people. As markets and borders close, people may rely more on non-perishable foods that are highly processed than on fresh foods, undermining nutrition and exposing people to health risks that may increase their vulnerability to COVID-19. Lockdowns are also contributing to a rise in obesity due to reduced physical activity and difficulties in sourcing a healthy diet, especially among the poorest households. The HIV/AIDS epidemic provides critical lessons for responding to COVID-19 in terms of the importance of understanding the nexus between disease, nutrition, and food systems.

Programming responses need to consider the dynamic and temporal nature of vulnerability as well as interactions between types of vulnerability. Before implementing organizations can identify appropriate responses, they must have a thorough understanding of the context in which those responses will be implemented. One of the recommendations from the expert consultation is to develop a series of questions that can guide implementing organizations' understanding of the dynamics of the pandemic in a given context. Questions should be adapted to specific contexts but generally seek to answer: **Who is affected and how? For how long? How have various systems (e.g., market, health) been affected? Are they adapting? Are adaptations resilient and sustainable? What is collapsing or starting to fall apart?** A list of adaptable questions should be developed for use by humanitarian and development practitioners to describe and better understand—using a COVID-19 lens—the context in which they are currently operating and are likely to be for the next 18 to 24 months.

> *"The impacts of most global crises are multifaceted and their effects differentially experienced based on broader contextual factors."*
>
> - Consultation participant

Information: Understanding What Data Is Needed and How to Collect It

Although there is ample reporting on the effects that COVID-19—and particularly the economic effects of containment measures implemented to reduce its spread—is having on people's lives and livelihoods across the globe, there is a distinct lack of actual data regarding who is vulnerable and why. We know (or assume) accounts are sufficiently accurate but robust data on who and where they are and what direct and indirect impacts the pandemic is having on them is mostly missing. **Current surveillance methods do not capture all vulnerable groups because they are not focused on newly emerging vulnerable populations.** Sample populations used for surveillance tend to involve the same populations that are used for monitoring acute food insecurity (e.g., for the Integrated Phase Classification or IPC). Thus, most information systems are not tracking key populations such as the "newly poor" or "newly food insecure." Urban and peri-urban populations are not sampled, nor are migrants, refugees/internally displaced people (IDP), informal sector workers, small and medium enterprises (SME), etc.

For example, women and informal sector workers have been disproportionately affected by the pandemic. For many women, stay-at-home orders and lockdowns have resulted in increased gender-based violence (GBV) and sexual exploitation and abuse (SEA), inability to earn income, and increased caretaking burdens, among others. Women make up a large proportion of health care workers and, as such, are being exposed to greater health risks. Additionally, diversion of program resources for COVID-19 response, for example, from routine health care services already appears to be limiting women's access to reproductive health services, including safe deliveries, contraceptives, and pre- and post-natal care. Women may be hesitant to seek health services out of fear of contracting COVID-19, resulting in increased health risks from other health conditions.

Informal traders are an important part of the food distribution system in many African countries and cities, and have been severely impacted by government restrictions on movement of people and goods through road blockades and quarantines. National lockdowns could prove disastrous since informal traders provide the majority of food to Africa's urban poor. Informal sector workers, especially in agriculture, food systems, and value chains, rarely have paid sick leave and may be forced to work when ill, exposing others and spreading disease. Recent evidence from Mercy Corps suggests that actors in the formal market sector have been less negatively affected than those in the informal sector. In part, this appears to be a result of more extensive networking or connections among formal sector actors than informal sector actors. They simply have better connections and more clout in reaching other formal market actors, including along supply chains, financial institutions, producers, etc.

High-Frequency Data Collection

In Malawi and Madagascar, CRS conducts high-frequency data collection activities that includes a COVID-19 module to track the impact of the disease on households as well as its impact on markets and food security. Initiated in Malawi and expanded to Madagascar, the system is flexible and involves sentinel sites. In Malawi, where COVID-19 is not yet widespread, enumerators were provided with training and masks before beginning monthly data collection activities around shocks and well-being. A cohort of 21 households has been providing data over a period of 30 months, including prior to the pandemic. In Madagascar, enumerators are sourced from within the communities being monitored.

While COVID-19 could have profound negative impacts on women, girls, and informal sector workers, data regarding the impacts of the pandemic on these groups (among others) is, at best, scarce. The same is true for data regarding systems, including market systems, health systems, social protection systems, supply chains, etc. In particular, **data is needed on how systems are adapting—or not—to the new pressures exerted by COVID-19.** Additionally, data is needed on whether the adaptations are resilient and sustainable. In light of the fact that this is a health-related pandemic, data are needed on how health systems are impacted, especially as many low and lower middle-income countries (LMIC) have somewhat weak health systems and limited ability to absorb a health crisis. **More data—and particularly more frequently collected data—are needed in order to fully understand the dynamics driving systems-level impacts of the pandemic and its containment measures as well as its effects on individuals (including health care workers), households, and communities.**

The pandemic has highlighted the need for more expansive data collection to capture increasing numbers of the vulnerable, especially those that typically fall outside of "traditional" food security monitoring systems. Although abundant data are collected by partners, governments, United Nations (UN) agencies, non-governmental organizations (NGO), etc., such data are somewhat imprecise; data may not be entirely representative in terms of who is vulnerable due to COVID-19. At the same time, COVID-19 is making data collection much more difficult. For example, the ability of the IPC to inform analytical work has been greatly affected by the lockdown. Travel restrictions and social distancing are resulting in disruptions to

data collection activities, which in turn severely limits the ability to answer many questions regarding the pandemic's impact (e.g., who is vulnerable and why). In-person data collection has been largely replaced by remote monitoring and data collection.

The ability of development and humanitarian implementing organizations to monitor increased numbers of vulnerable people is limited, yet **there is an urgent need for real-time information to capture horizontal expansion of vulnerability as well as a need to use alternative data collection methodologies.** Better use of mobile phones, qualitative data (e.g., key informants, focus groups), community-trained enumerators, crowdsourcing (e.g., using SMS texts), community radio stations, and other non-traditional methods of data collection are required and will help empower and create capacity at the community level. **Better collaboration, partnerships, and data sharing among humanitarian and development actors is also needed.** Country-level NGO coordination mechanisms, which typically meet regularly (e.g., monthly), provide one avenue for fostering collaborations around information sharing.

Participants in the expert consultation acknowledged the **need to better utilize existing data as much as possible.** Using a COVID-19 lens with existing data or information systems could help expand or shift analyses to better capture changing dynamics and inform decision-making at different levels. The World Bank provides governments with data (e.g., LSMS) that can be used to decide where resources should be focused. Recurrent monitoring surveys (RMS) are being used in a number of countries to collect high-frequency panel data on shocks, coping strategies, and food security. CARE has implemented new methods for data collection, including remote monitoring through key informant interviews from village savings and loan associations (VSLAs) or relying on field staff who live in or near project areas. They have also been monitoring in secondary or tertiary cities (i.e., small urban or peri-urban areas) within their program areas. Catholic Relief Services (CRS) has also responded to the new reality by adapting their data collection approaches, at least in some areas. Qualitative data, for example from specific community-based key informants, can be used to "check in" periodically and track changes over time.

While it is important to better understand vulnerability in terms of COVID-19, it is equally important to capture information regarding what response strategies are working and why. **High-frequency monitoring of multiple outcomes is needed to better understand the impact of different response strategies in different contexts**. People—and programs—are adapting to challenges presented by the pandemic and it is critical to capture local adaptations and/or stories from existing programs and projects in order to help identify potential "best practices."

Best Practices

In order to identify best practices for responding to the impacts of COVID-19, the following need to be considered at the individual, household, community, and higher systems levels:

- What are we doing to mitigate transmission?
- What are we doing to reduce the impact?
- What are we doing to strengthen resilience?
- What are we doing to protect different vulnerable groups?

Existing development initiatives (e.g., DFSAs) could be used as natural experiments, in which high-frequency data collected on a limited set of key outcome indicators, such as with an RMS or CRS's MIRA methodology, allows for tracking responses—and recovery—over time. Data can then be used to assess the effect of different response strategies in different contexts. Participants to the consultation suggested that a data call go out to implementing organizations to capture what types of adaptations are happening in different country contexts and that an inventory of best practices be developed. Adaptations can then

be mapped against a conceptual framework focused on anticipated impacts to identify gaps (i.e., where adaptations are not occurring).

From a resilience programming perspective, this is particularly useful as **it is important to consider capacity rather than just vulnerability**. What capacities do communities have for responding to the pandemic? What capacities do households and individuals have? What capacities do local or national governments have? What capacities do local systems (e.g., health, market, supply chains, social protection, water) have that help mitigate the negative impacts of COVID-19? In other words, which groups and which contexts have—or lack—the resilience capacity to withstand the direct impacts of the novel coronavirus as well as the indirect impacts resulting from measures to contain its spread?

Discussions also highlighted the **need for better capacity to analyze and interpret data at all levels of decision-making**. Different decision-makers (e.g., donors, implementing partners, governments) require different types of information and analyses. In general, however, decision-makers ultimately need to understand what any individual analysis—as well as multiple analyses—means in terms of programming. How can information from data collection activities and analysis be translated into meaningful programs or program adaptations? An immediate option is to provide "help desk" services to implementing organizations to help build local capacity for analysis and interpretation of data and how to use that information for programming decisions.

As noted above, COVID-19 has underscored the need for a set of adaptable questions for understanding the dynamics of the pandemic in different contexts as well as the need for a set of step-wise questions that implementing partners can use in their specific context to identify appropriate responses. Any sort of decision framework would need to consider vulnerability, capacity (i.e., resilience), and outcomes at the individual, community, and systems levels.

Flexibility in Programming

Discussants repeatedly stressed **the need for more flexibility in humanitarian and development programming to respond to evolving needs resulting from COVID-19 and its impacts**. For example, most development programs are designed to address chronic food insecurity of a specific target group in a specific area. When layering the "newly vulnerable" due to COVID-19 on top of existing programs, implementing organizations are limited to the same geographic area as the original project. Though a pragmatic approach, the COVID-19 pandemic has shown that the economic, health, social, and security

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linkages between people and places cannot be ignored or contained in neatly prescribed packages. The pandemic affects everyone although in different ways to different degrees and at different times. Vulnerability within a project area may be linked to players in areas outside of the project's geographic focus (e.g., an ag input supplier within a project area who depends on a supplier at the national level). Through the perspective of a COVID-19 lens, inclusion error is preferable to exclusion error in terms of targeting. **Programs need the flexibility and authority to err on the side of inclusion rather than**

excluding all or some of the newly—and likely temporarily—vulnerable. In a crisis, programs must be able to respond quickly through a "no regrets" approach.

Awards and agreements need more flexibility than is currently practiced to rapidly pivot activities to better match changing conditions on the ground and to expand or adjust targeting on an ongoing basis. Existing projects and programs may need to: i) **expand areas of coverage** into new geographic areas, including urban/peri-urban areas; ii) **expand targeting** to include previously non-targeted groups (e.g., informal sector workers, SME), and/or; iii) **extend programming** by one or more years beyond the original life of the award (LOA). Future programs need to be more flexibly designed to allow for better and more rapid response to emerging health crises.

More flexibility is also needed in terms of social protection/safety net activities. For example, public works activities (e.g., food for work, cash for work) may need to eliminate conditionality, at least in some contexts. In others, the nature of work may need to shift, for example from road maintenance to cleaning schools, cleaning public transportation, making masks or other personal protective equipment, or contact tracing. The number and frequency of transfer distributions may need to change, as has already been happening. Some programs have shifted to providing larger and less frequent cash distributions to minimize the risk of exposure from beneficiaries waiting in long lines at distribution centers.

In order for programs to be able to make a difference when conditions on the ground change, they must be able to pivot quickly. Actions taken months after the need arises may not help at all, having missed the moment. **Donors and government actors need to delegate decision-making closer to the field in order to improve the rapidity of response and the likelihood of actually having a positive impact.** Transparency and accountability remain critical elements in the decision-making process but field-level personnel need to be able to respond quickly and appropriately during crisis situations.

Opportunities for Transformational Change: Making the Best of the Worst

Pre-consultation interviews with consultation participants revealed widespread agreement among humanitarian and development practitioners on the depth to which the pandemic has exposed not just structural weaknesses in national health care systems but inequality generally (e.g., income, gender, social justice). Discussions focused on ways to take advantage of this moment in time to rethink or redesign resilient systems-based **approaches that reflect equity** in economic, social justice, gender, climate change, health, nutrition, and other development outcomes. In particular, **strategies for strengthening resilience must include resilience to health shocks or crises**, **such as pandemics**. As the COVID-19 pandemic has demonstrated, ineffective health care responses can lead to economic crises.

Equity implies the fair distribution of resources, agency and power, and participation and inclusion of local partners in decision-making on appropriate responses as well as determination of whether those responses are effective. In other words, a shift from top-down approaches to engagement of local communities in the design of local solutions; a **user-centered design approach**. One of the first issues to consider is reframing the definition of vulnerability to include power inequalities as well as inequalities in educational, social, economic, and other systems.

> *"We need to engage community members with different vulnerabilities and work with them directly to co-design programs."*
>
> - Consultation participant

Traditionally, vulnerability has been defined by who is living below the poverty line. The state of living below the poverty line can be the result of many different and interrelated factors, many of which are the result of structural inequities. Thus, vulnerability should be considered as circumstantial and not a reflection of character or "failing" in any way. There are different aspects—or types—of vulnerability and interactions between them (e.g., clinical vulnerability versus

economic vulnerability) as well as degrees of vulnerability (e.g., temporary, longer-term, direct, indirect). Development and humanitarian **programs need to look beyond addressing a "state of vulnerability" at any given point in time to addressing vulnerability through systems-level changes**. This will allow building longer-term resilience capacity through more equitable systems that expand equal opportunity. An important and transformational step forward is incorporating power and agency, as well as health, into the resilience conceptual framework.

Although the need for a **systems-level approach** has been discussed previously, it is especially important here as it relates to health systems and the need to layer public health into our understanding of resilience. To date, public health has been little considered—or perhaps downplayed—in resilience theory. The novel coronavirus pandemic has emphasized the **need for a wide-angle lens to fully capture all the connections between systems**. Originally emerging in a food system in which wild animals and humans were in close proximity (e.g., a wet market), COVID-19 quickly overwhelmed health systems, and then undermined global and national economic systems. It has also threatened social systems, as awareness of inequities in health care, education, job opportunities, etc. have been exposed. The interconnectedness of the health crisis with the resulting economic and, in some contexts, social crises underscores that one system cannot be addressed without considering other systems. It is a false dichotomy for programs to focus either on economic (i.e., livelihood) or health (i.e., stopping transmission) outcomes. There is some evidence from East Africa that underscores the importance of a systems-based approach. In this case, improvements in livestock production practices (e.g., use of fodder/feed, vet services) led to increased household income, which in turn led to improved household food security even though reduced access to water and a deterioration of health care services contributed to worse nutrition outcomes.

Governments should expand emergency food assistance and social protection programs to ensure families' basic food needs are met while the pandemic and its economic impacts play out. Disasters challenge norms and provide opportunities to create more equitable social protection and more resilient food systems. The COVID-19 pandemic has resulted in both vertical and horizontal expansion of social protection systems to provide cash or food assistance to approximately 1.8 billion additional people. Across Africa, many of these government-led systems are nascent or underdeveloped, and must be supported, strengthened and made more shock responsive. **Targeting of expanded social protection programs must ensure inclusion of workers in the informal sector (e.g., traders, vendors, wage laborers, domestic workers, restaurant workers, etc.) and consider the specific vulnerabilities and roles of women as well as youths, the elderly, disabled people, refugees/IDPs, returning migrants, etc.**, i.e., those often not targeted through social protection initiatives. Assistance should be provided early, with no-regrets, and through delivery mechanisms that minimize person-to-person contact.

Participants in the expert consultation identified three critical components for engaging with existing country-level systems to institutionalize social protection: i) policy; ii) institutional coordination across ministries; and iii) structure and capacity for implementation. Botswana's social protection system, initiated in 1966, began as a social protection recovery program with individual programs created in response to specific shocks. As part of their current COVID-19 response, they are taking a life-cycle approach in which all programs work with each other and are interconnected. Although some donors do not provide direct assistance to governments for social protection, there are mechanisms for complementing existing government programs (e.g., Ethiopia's PSNP).

> *"[We] need to focus on equity in responses, especially with respect to safety nets and health systems."*
>
> - Consultation participant

There is ample evidence from resilience—and other—program evaluations that suggests selling off productive assets is a key "final straw" coping strategy and indicator of dire stress, from which households rarely (or with great difficulty) recover. Thus, such response strategies can have long-term effects on

household resilience capacity and well-being. COVID-19 provides the humanitarian and development sectors the opportunity to work in parallel with existing social protection systems to strengthen them and help ensure people are not resorting to strategies that lock them into chronic vulnerability.

It is important to note that **social protection programs need to apply a gender lens in design and implementation**, especially concerning transfer modalities (e.g., type, frequency, amount). For example, women do not typically own many productive assets, including livestock, putting them at risk. Women's time is taken up with childcare, cooking, water and firewood gathering, and other household
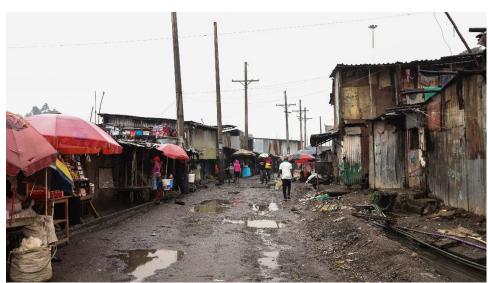

Photo credit: Mark Wahwai / Save the Children

responsibilities. Their access to markets tends to be more limited, as is their purchasing power. During crises, they may be unable to enter into activities that generate income or be prevented from entering the workforce. Thus, social protection programs need to take into account the most vulnerable (women, youth, the elderly, and disabled) in their program designs and implementation.

Functional markets are critical for building resilience. Although markets are commonly assessed through a variety of means and stakeholders,[1] **market research needs to be extended beyond basic market functionality in terms of supply and demand**. A functional market in the era of COVID-19 means it provides handwashing infrastructure (including soap and water) and implements other strategies for reducing transmission (e.g., limited hours of operation, mask requirements, social distancing). Normalized prices are not a true indication of market functionality during the pandemic. Additionally, markets occur at local, national, and international levels, and can be formal or informal. Market research needs to consider market functionality in terms of women's access to markets at all levels and types of markets, both as vendors and consumers. Do restrictions on movement disproportionately affect women and their engagement with markets? Do women have the same purchasing power as before the pandemic? Food systems also need to be scrutinized through a COVID-19 lens. What characteristics of food systems make them better able to adapt than others (e.g., markets, value chains, etc.)? Which parts of local, national, or global food systems are most vulnerable to the impacts of COVID-19? In a pandemic that has shut down global movement and transportation of goods, which parts of the food system can be more locally based?

The COVID-19 pandemic also provides an opportunity to **rethink the importance of integrating ecosystem service activities into development as well as humanitarian programming**. Certain patterns of natural resource use contribute to over-exploitation and degradation of ecosystems. Such practices are not sustainable. They contribute to conflict and ease zoonotic jumps from animal to human systems (e.g., Ebola, COVID-19). Thus, nature-based or ecosystem service approaches need to be integrated into food security and resilience program interventions to not just stem degradation of the natural resources on which households rely for food, fiber, and income but also to help prevent future pandemics such as

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[1] For example, see Mercy Corps. (2020). COVID-19 Rapid market impact report; USAID. (nd). Applying system mapping techniques to resilience: Conducting a rapid system assessment. USAID/Uganda Feed the Future Market System Monitoring Activity.

COVID-19. Building on previous comments, such an approach fits easily into user-centered design and capacity building.

As part of this discussion, participants highlighted the **need for partnerships**, as most development or humanitarian initiatives are simply not able to effectively address some systems-level changes. COVID-19 is a global problem and needs global collective action. More coordinated effort is needed across programs, donors, working groups, UN clusters, etc. to layer and sequence activities so that the "newly vulnerable" do not fall between the gaps. Partners need to work together (e.g., a COVID-19 task force) in ways perhaps never before seen—or imagined—to better utilize limited and potentially diminishing resources and avoid wide-spread starvation and/or death. As a novel disease, COVID-19 requires novel approaches to response, not business as usual. As a prime example, it was suggested that one of the next shocks the world will face will be a "vaccination" shock. Once a vaccination is produced, it will need to be distributed and deployed to millions through health systems that are newly recovered, over-extended, weak, or non-existent.

Conclusion

Development and humanitarian assistance initiatives typically target food insecure populations. While such populations will be even more vulnerable to the negative impacts of the pandemic on their livelihoods, health, nutrition, and other well-being outcomes, people who were not previously targeted through development programs or humanitarian assistance are now also vulnerable to food insecurity as a result of income loss, market closures, limits to movement and purchase of goods (e.g., agricultural inputs), social distancing, morbidity, and mortality of family and community members. The speed and scale of this rapidly evolving pandemic is unprecedented in modern history and, therefore, needs to be understood in the context of ongoing and future food security and resilience program activities. Rapid learning, adaptive management, and flexibility will be required to prevent currently vulnerable populations from becoming more food insecure and to assist those who are newly—and hopefully temporarily—vulnerable to food insecurity as a result of the impacts of COVID-19. Resilience and other programming must ensure that food security of vulnerable populations does not deteriorate as a result of the pandemic while continuing to make progress on other development goals (e.g., building resilience, reducing poverty, increasing nutritional status, improving livelihood security).

Next Steps

Humanitarian and development implementing organizations must find ways of continuing their activities during the pandemic as well as adapting programs to better address its impacts on the health, livelihoods, and food security of vulnerable populations. First and foremost, appropriate responses should **"do no harm"** not only from a health, livelihood, or food security perspective, but also in terms of conflict (or the potential for conflict) and the social contracts that facilitate social cohesion within and between different groups of people and their social networks.

In order to begin developing a strategy for addressing expanding vulnerability due to COVID-19, information gaps must first be addressed. In particular, more systematic collection of contextual information is needed. Appropriate responses are context-specific and may be implemented at different levels (e.g., household, community, government). In order to initiate this process, a number of first steps are required:

- **Develop a list of guiding questions that can be adapted to different contexts.** Questions will be developed for use by implementing organizations in different contexts to help them identify and understand what the short- and longer-term risks are, who is vulnerable and why, what resilience capacity exists, and how systems are adapting (or not). Different types of decision-makers will need different types of data, thus questions will be tailored to different information and decision-making needs. Guidance for how data should be collected in different contexts will also be

developed. Ongoing data collection efforts (e.g., CRS, TANGO) may be useful as case studies or proof of concept.

- **Create an inventory of adaptions.** A call for data and/or information regarding what types of adaptations are occurring locally will go out to implementing partners to begin identifying innovative responses to the challenges presented by the pandemic. Some adaptations may be quite familiar (e.g., reducing impact, mitigating risk) while others may be more unique (e.g., protecting newly vulnerable populations). A template will be provided to partners for what data needs to be collected, including guiding questions for capturing some contextual information and the range of interventions being promoted.

- **Establish a help desk.** Facilitated by IDEAL, a help desk will be staffed to help partners build their capacity for data analysis and interpretation of results as they apply to programming and response. The service will be provided through virtual (e.g., Zoom) meeting platforms, email, frequently asked questions, or online fora (e.g., webinar).

- **Natural experiments.** Existing development initiatives involving high-frequency data collection activities could be used as natural experiments, particularly in countries with a devolved governance structure (e.g., Ethiopia, Kenya). Employment of a RMS on a regular and frequent basis would provide data on a limited set of key outcome indicators that would allow for tracking responses and recovery over time. Data can then be used to assess the effect of different response strategies in different contexts.

- **Policy dialogue regarding flexibility/adaptation in programming.** In order to help ensure that implementing organizations are able to pivot programming during a crisis, particularly a global health pandemic, there needs to be more understanding and collaboration between donors, implementing organizations, and governments about what decisions can be made and by whom. Many types of crises require rapid response and implementing organizations must have the flexibility to adapt their program activities accordingly and quickly, without having to "jump through bureaucratic hoops." The flexibility to adapt and pivot programming requires decision-making at more local levels, particularly at the field level. At the same time, donors and governments need transparency and accountability from programming partners. Effective adaptive management requires streamlined processes that allow for quick responses by local partners first and foremost. IDEAL proposes a virtual meeting with USAID and their implementing partners to explore ways of improving flexibility and adaptation in programming, particularly in response to a crisis, without too many restrictions or "hoops."

- **Build capacity to conduct virtual high-frequency data collection.** Facilitated by IDEAL, virtual workshops will be developed that help build capacity for data collection in the face of COVID-19 that allows for tracking changes among groups vulnerable due to COVID-19, such as women, informal sector workers, small and medium enterprises, etc. This includes conducting high-frequency data collection activities (e.g., RMS, MIRA), qualitative data collection methodologies, and innovative approaches (e.g., SMS, community-based enumerators, local radio stations).

- **Create opportunities for sharing information.** IDEAL will facilitate venues where different humanitarian and development stakeholders (e.g., NGOs, food security clusters, UN entities) can come together to share information and experiences regarding COVID-19 and its impact on vulnerability and programming. Stakeholders must work together in novel ways to help close information gaps and minimize the risk of newly vulnerable people falling through the cracks in terms of response due to geographic, sectoral, or other types of differences between programs and partners.

Annex 1: List of Participants

Name	Organization
Mark Constas	Cornell University
Nancy Mock	Tulane University
Dan Maxwell	Tufts University
Stuart Gillespie	IFPRI
Luca Russo	FAO
Dunja Dujanovic	FAO
Arif Hussain	WFP
Johnathan Rivers	WFP
Melissa Horn	Bureau for Humanitarian Assistance
Kavita Sethuraman	Bureau for Humanitarian Assistance
Jon Kurtz	Mercy Corps
Sara Henly Shepard	Mercy Corps
Tim Frankenberger	TANGO International
Suzanne Nelson	TANGO International
Lloyd Banwart	TANGO International
Robin Al-Haddad	TANGO International
Gheda Temsah	TANGO International
Arif Rashid	Bureau for Humanitarian Assistance
John Meyer	CARE
Joan Whelan	Bureau for Humanitarian Assistance
Melissa Opryszko	Bureau for Humanitarian Assistance
Lawrence Haddad	GAIN
James Camble	CRS
Jose Thekkiniath	CRS
Yeva Avakyan	Save the Children
Mara Russell	CARE
Dan Gilligan	IFPRI

Annex 2: Additional Insights from the Expert Consultation

Given the scope of the topics discussed during the expert consultation and follow-ups, it was impossible to capture every insight in a brief summary. Thus, this annex presents additional comments from participants over the course of all discussions. It is by no means complete, but hopefully provides more context on what is summarized above.

- Africa Voices Foundation (Somalia) crowdsourcing information via radio or SMS can provide new information that might challenge conventional understanding and assumptions or provide novel information. The same mechanism can be used to crowdsource new information while collecting program/monitoring data.

- Importance of qualitative data and information from those in the field (e.g., agriculture extension workers, field workers, IPs). Consolidating this data can help us have a better understanding of what is happening on the ground and allow us to pivot programs.

- Gender is often considered as somewhat secondary (e.g. we often hear "gender and equality can wait because we need to address people's immediate needs first"). The way in which we have chosen to handle COVID-19 has caused a great deal of harm (particularly to women) which is difficult to quantify as it can increase burdens for women and minorities. However, beginning with a sensitive and inclusive approach may have reduced unintentional harm. Therefore, ongoing assessments are necessary and there is a need to integrate analysis of gender into those assessments so that we constantly assess situations on the ground so that activities and recommendations can have those inputs from the beginning.

- Fluidity and context-specificity (e.g. by region, country) of crisis makes a single comprehensive decision-making tool difficult. Something that might be more helpful are guiding general considerations that can be taken into consideration based on context.

- Restrictions and guidance will also vary by country and any guidance should include several possibilities for adaptations.

- We need to think about the ways in which analyses are politicized and we need to better manage the politics around humanitarian information. Early warning information in the Horn of Africa provides information on a combination of shocks such as droughts, floods, locusts, etc., which are layered over COVID. The concern is not that we don't have information but rather there is a lot of information that is not coming together in a coherent analysis, including in a place where we would expect it. The result is that decision makers are overwhelmed with information, much of which they do not know what to do with.

- Given that COVID-19 is combined with other shocks, there are going to be temporal changes that happen quickly. We need enough information in a timely fashion in order to make decisions. Sometimes, the analysis is not there and practitioners need to figure out how to be more strategic with the information that we do have.

- Timeliness is so critical right now. We need to emphasize using existing data even if it's not perfect, from a programmatic perspective. There's a lot of good enough data out there, but we need the courage and agency to make decisions based on good enough data rather than perfect data. Empowerment on the activity level tends to be lacking.

- IPC strives to make analyses that are comparable across different contexts and vulnerabilities in order to be able to identify which crisis is more stressed. IPC at best happens two times a year (in some cases only once per year). In terms of monitoring a rapidly evolving situation, it is not going to do well. An essential element of monitoring is being able to identify when a situation demands more resources than another.

- Geographic targeting of food security programs is usually in rural areas but we are seeing impacts on urban populations. We don't collect data where COVID is impacting people. Currently, there is not much information on the impacts of COVID in emerging urban areas because we do not have a presence there or any programming there. Other geographic areas we need to understand from a macro perspective and try to link with other actors working in those areas to gather information and work in a synergistic way.

- We need to look at people dependent on business and those businesses that are not functioning well because the links to cities and finance are broken. How many people are dependent on credit and can't access it at the moment? How many people are having difficulty paying loans? How many people are renting and unable to pay rent and may become homeless?

- For new projects coming online, how much flexibility do we have to expand data collection to capture these new groups? Even if a population-based survey is part of the baseline, we focus on groups that project design was intended for and not new groups vulnerable due to COVID. How much flexibility do IPs have to incorporate those people? It isn't just about project baselines but the broader population. How do you incorporate looking at a broader population when a program was designed for a particular clientele?

- Qualitative data from field networks could complement more quantitative sources like FEWSNET and meet some of our needs in understanding what is happening on the ground. It is possible to get signals of urban stress from larger-scale data providers and compliment that with data from small-scale quantitative sources.

- We need high frequency monitoring of multiple outcomes to understand what happens when different strategies are implemented. Our ability to analyze and better understand the decision landscape and rapid outcome information for different vulnerable groups is the biggest piece of missing information. High frequency outcome data for different vulnerable groups is the best tool for better understanding what is working and what isn't.

- When we think about vulnerable groups, each has different capacities. Because of the shutdowns, they are often left alone to cope with the disease and the economic impacts. It is important to capture how different communities dealt with this and used different capacities to do so. Focusing on capacities is key to building more resilience. Part of data collection has to look at how people are managing with the constraints. Data collection should focus on local capacities. Resilience is important to capture in terms of data.

- Modalities need to meet realities on the ground. Awards and contracts have set parameters, which are approved by donors and local governments. Implementers need the flexibility to react and modifications need to have fewer restrictions.

- There needs to be flexibility in terms of vulnerability targeting and inclusion criteria. These are often held to strict standards for targeting social assistance and requires repeated validation of targeting. We need to relax this and bias toward inclusion error.

- Adding a further data collection burden is unpopular and unfeasible so we need to look at existing data flows and datasets to understand how such data can help us answer our questions regarding program success, vulnerability due to COVID-19, etc., as well as to identify data gaps. Before we say we need new data, we must first look at the data we have.

- We need to make sure to reduce risk. The health dimension is critical initially, while we are also trying to meet immediate needs, such as consumption needs. Do No Harm is going to be critical, especially in conflict settings.

- An important contextual factor to consider is how COVID-19 intersects with other shocks. How does it exacerbate the effects of other shocks?

- We need to understand who is making decisions. What decisions are donors trying to make? What decisions are implementing partners trying to make? What decisions are communities trying to make? It is important to be clear about decisions and what are the criteria for those decisions.

- COVID is amplifying inequality in the distribution of resources, agency, power, participation, and inclusion, and we should err more on inclusion criteria and bias toward inclusion error rather than exclusion error.

- Money for COVID may take money away from other activities that implementers want to engage in. One of the big problems that IPs stated is that once a project is designed, it is difficult to have flexibility; there are often numerous hoops to jump through to bring about change. One of the things we could lobby for in future designs is flexibility and adaptability to be built into activities.

- A health sector support program in Niger had a technical assistance and budget support arm and was reviewed collectively every quarter by all relevant stakeholders. This worked well because it was collaborative. If decision making could happen where everyone is involved and can review, for example, what has been learned in the field about our indicators, then everyone can agree on what adjustments should be made. Adaptive management requires the ability to re-evaluate indicators frequently. Being stuck on indicators that were unrealistic to begin with does not help.

- In terms of adaptability and flexibility, there needs to be agreement among donors, IPs, and host governments. We have seen governments want to stretch resources as far as possible across many different populations and locations. However, when you spread things too thin, there isn't concertation so impact goes down. It is on the donor to advocate with the government on why it is important for flexibility and adaptability to happen.

- We need to make sure to factor in women and gender dimensions and the effect of COVID on their ability to cope and adapt. Their ability to generate income is going to be heavily affected by caretaking responsibilities. GBV is increasing generally (and is spiking in many places). Women and youth have difficulty entering new economic pursuits because they often lack access to land or their legal roles prevent access to certain resources. They also tend to work in the informal sector, where wages are low and protections rare.

- Where we've seen weak health systems is where response is the weakest. We need to recognize this as a health pandemic and develop appropriate responses, including strengthening health systems for future health crises.

- We need to look for opportunities for public-private partnerships to address systemic-level issues in many program areas, particularly rural areas, especially when using mobile phones for program implementation. A global commitment to investment/stimulus is needed at the systems-level (e.g., ag systems, food systems, water and sanitation systems, market systems, health care supply systems).

- We need to consider approaches through a gender lens (e.g., interventions that use mobile technology need to be aware that women do not always have easy access to technology, either physically or culturally). Not all vulnerable populations can access these resources.

- It will be difficult to strengthen health systems in resource-poor settings because they lack the resources or need assistance to improve these systems. We have an example of how this worked during the HIV/AIDS crisis. The healthcare system was stretched especially in the Southern Africa region and different players came in and helped build up the system. Now, regardless where you are in southern Africa, rural and urban areas can get ARVs and different types of testing done.

- There is a need for localization and a need to focus on capacity. When we talk about transforming our approach, we often look for vulnerabilities and gaps versus looking at capacities. This changes the relationship with the communities we are working with and their own relationship to themselves. How do they define and work around their own characteristics, which we define as

vulnerable? How do we engage community members with different vulnerabilities and work with them directly to co-design programs? This could be one of the gateways for transforming how we work.

- Starting with a lens of capacities (vs. vulnerabilities or risk) and human-centered design is very different but paramount to facilitating true empowerment and localization. It enables a transformational shift in thinking and more equitable engagement strategies for individuals, households, and communities, as well as humanitarian and development workers.

- Recognize that global food supply chains can be unsustainable in this type of pandemic. Resilient food supply chains need to be locally focused. We need to empower small producers and retailers and ensure that food systems are operating effectively and are not as vulnerable to closures or border shut downs. We need to think about what capacities exist at the local food system level.