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# ***BEYOND COVID-19:*** Lessons for social protection from WFP's work in East Africa in 2020

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Rachel Slater, Anna McCord, Stephen Devereux,  
Daniela Baur, Danielle Trotter and Rosie Bright

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# | Introduction

Large scale covariate shocks, such as pandemics, can have a significant impact on the lives of the most food and nutritionally insecure, with both immediate and long-term impacts. There is increasing recognition of the importance of strong social protection systems for effective response and community resilience in the case of such events. The advent of the COVID-19 pandemic in 2020 has provided a case of significant learning and appreciation in relation to social protection, and WFP's current and potential role in support of social protection in the East Africa region. Chief amongst these lessons is the importance of, and challenges to, WFP's responsibility to maintain and sustain support to the most vulnerable through such large-scale shocks. Sustaining and adapting support are both critical to the continued effectiveness of social protection in the challenging and changed circumstances of a pandemic.

WFP's Regional Bureau in Nairobi (RBN) serves the East Africa region including Burundi, Djibouti, Ethiopia, Kenya, Rwanda, Somalia, South Sudan and Rwanda, and as of December 2020, also Sudan. In May 2020, RBN established a Social Protection

Learning Facility to enhance evidence-based decision making, learning and accountability in WFP's social protection work in the context of COVID-19 and other shocks. The Facility combined real-time evaluation of WFP's activities with technical assistance to WFP staff who were navigating difficult trade-offs as they sought to support governments to flex social protection in the region. The Facility comprised social protection researchers and advisors who provided on demand support to WFP in areas of programme design, implementation and wider strategic considerations in WFP's work, and offered 'Ideas Space' sessions to support the sharing of experiences.

This report is a product of the first phase of the facility partnership and focuses on lessons learned from WFP's work in 2020 that are important for the social protection sector in the region going forward.

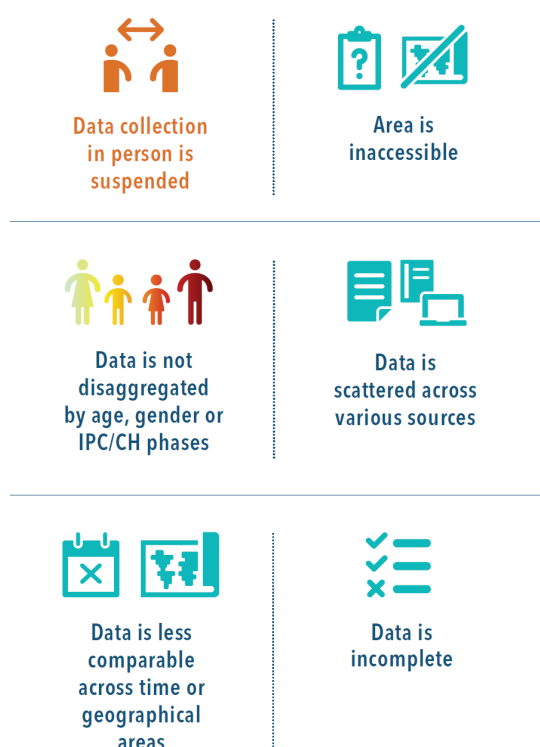


# LESSON 1:

## When social protection is expanded to respond to new shocks, adaptations to vulnerability assessment and monitoring are required.

In terms of the impacts on poverty, vulnerability and food security, empirical evidence of the impact of large-scale covariate shocks can be limited due to challenges in data collection, for reasons outlined in Figure 1. The experience of COVID-19 provides an example of this in practice, with initial evidence that COVID-19 was impacting on food security being either geographically patchy or anecdotal.

**Figure 1: Data collection challenges**



Source: GFRC (2020)  
[Global Food Crises September Update](#)

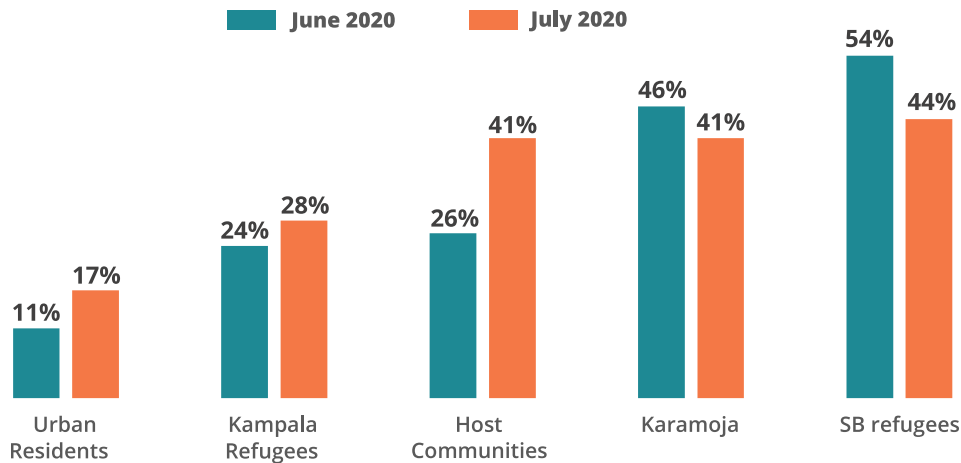
Alternatively, understanding of impact is based on predictive modelling and evidence of food price changes. For example [WFP 2020](#) (p. 29) predicted an increase in Acute Food Insecurity in 2020, compared to 2019, with greater numbers experiencing Acute Food Insecurity in 2020 at a level of Phase 3 'Stressed' or above (Phase 4 'Emergency', Phase 5 'Catastrophe/ Famine') in a number of areas in the region. These include Ethiopia's lowlands, Burundi, Kenya and Somalia. The numbers of people in Phase 3 or above in Uganda and South Sudan was predicted to remain unchanged (but in South Sudan's case at very high levels).

Other adaptations to generate evidence on food insecurity through COVID-19 have included strengthened use of remote monitoring and assessments through platforms such as mobile Vulnerability Analysis Mapping (mVAM). One example is the assessment of food insecurity in urban and refugee locations in Uganda. Figure 2 reveals significant increases in the prevalence of food insecurity among urban residents, refugees in Kampala and host communities in a single month, from June to July 2020. Partnerships with other agencies such as UN Habitat have also proved important, allowing for evidence generation among urban populations not previously covered by WFP.

However, the challenges are compounded further given that other impacts on food security can occur at the same time. During 2020, conflict and insecurity, locusts, floods and droughts were all ongoing challenges in various parts of the region, while good rains were experienced in other parts. The result is that there is no solid empirical evidence to isolate the additional impact of a pandemic, such as COVID-19, on food security, beyond what is expected from other shocks. Parts of the region have very serious food security challenges that COVID-19 is believed to have compounded, but evidence of the extent of COVID-19's additional impact is hard to establish. In the early days of the pandemic, this proved challenging particularly vis a vis some donors who were interested to



isolate 'COVID response' from other activities.



**Figure 2: Households with poor and borderline food consumption in Uganda, June to July 2020**  
**Source:** [WFP \(2020\) Uganda mVAM bulletin: July 2020 Urban Food Security Monitoring](#)

One final point is important: the types of critical adaptations made to programmes to reduce the risk that registration processes and distribution sites become vectors for COVID-19 transmission prove difficult to capture in existing monitoring systems. For example, when programmes have switched from a distribution on a monthly basis, to a combined three

months of support in a single distribution every three months, it is difficult to demonstrate that this is sustained support rather than a one-off distribution. This is an important insight for the efforts of numerous agencies around the world that seek to maximise linkages between humanitarian responses and social protection.



## LESSON 2:

# There is an urban social protection gap that needs to be filled

A quarter of the population of East Africa, about 65 million people, live in urban areas, and about 60% of urban employment is informal – mainly casual labour and petty trading. These livelihoods are acutely vulnerable to any disruptions<sup>1</sup>. Pandemics are an example of a large-scale covariate shock that makes this group particularly vulnerable. In Ethiopia, one study suggested that more than 6 million formal and informal jobs could be lost due to COVID-19, and a survey found that 42% of firms in Addis Ababa had closed after the lockdown was imposed. In informal settlements in Nairobi, one-third of shops closed and between one-third and half the working residents lost their sources of livelihood completely. More than 80% of small and medium enterprises in Kampala cut their workforce by more than half, leaving thousands of Ugandans unemployed. Women were disproportionately affected, constituting more than half of informal businesses in Africa<sup>2</sup> and carrying gendered domestic responsibilities. Women faced the dual constraint of loss or reduction in income-earning opportunities, and an increased domestic burden of childcare after schools and childcare facilities were closed.

Most countries in East Africa started easing lockdown restrictions and travel bans in June or July 2020, allowing economic activity to resume. In Rwanda, where more than half of small and medium enterprises closed after the lockdown was imposed, many reopened, allowing workers to return to work. Nonetheless, thousands of formal and informal jobs have been lost, and those affected require ongoing support.

The experience of COVID-19 has drawn attention to the limited support that is currently delivered to urban residents by the emerging social protection systems in East Africa. Urbanization estimates plus fiscal constraints in the region have meant that tackling the urban social protection gap has been viewed as a challenge for the distant future. In 2014, East Africa was the least urbanized region in the world and many of its countries (including Ethiopia, Uganda and Kenya) will remain predominantly rural beyond 2050<sup>3</sup>. However, COVID-19 has introduced new impetus to address the fact that the urban working poor are excluded from virtually any social assistance and social insurance, and can be particularly vulnerable to large-scale covariate shocks. This needs to be urgently addressed.

It is important not to underestimate the challenges of pivoting to a greater focus on urban needs. COVID-19 has profoundly impacted on urban populations which are historically underserved by organisations such as WFP, particularly urban informal workers who are not covered by safety nets or social insurance schemes. The crisis has highlighted a critical gap in humanitarian operations. Staff in government departments and their counterparts in international agencies are having to switch focus from rural to urban.

With this comes a host of new challenges, for example, adaptation of orthodox indicators and proxies for eligibility, and revisions to activities for asset creation and livelihoods. These are discussed in the following lessons.

Finally, while it is important to fill the urban social protection gap, doing so at the expense of rural social protection needs would be counter-productive. In the case of pandemics, it is likely that diagnosis and testing are greater in urban areas, that rural-urban migrants will return to rural areas as livelihoods opportunities dry up in cities and towns, that infection rates may be relatively high in more densely populated commercial agriculture areas, and that policy-makers and programmers will maximise the (currently limited) opportunities for people to fall back on rural livelihoods in crisis situations. All these considerations need to be kept in mind.

1 Unless otherwise cited, all the statistics presented are from WFP/UNHabitat 2020.

2 <https://www.brookings.edu/blog/africa-in-focus/2020/05/26/covid-19-and-the-future-of-work-in-africa-how-to-shore-up-incomes-for-informal-sector-workers/>

3 OECD (2017), Social Protection in East Africa: Harnessing the Future, OECD Publishing, Paris. <http://dx.doi.org/10.1787/9789264274228-en>

## LESSON 3:

# Identifying appropriate targeting approaches is a key challenge for scaling-up urban social protection

Pandemics, with associated public health and other measures, affect vulnerability differently in urban versus rural settings, and may require context-specific social protection modalities and targeting. The experience of COVID-19 highlights that a lack of data on the differentiated impacts of pandemics or other covariate shocks in urban settings raises substantial challenges for identifying who is affected, and in what ways. This also then impacts on the capacity to define eligibility for social protection programmes, accurately identify participants, and undertake registration.

Vertical expansions of social protection programmes are far easier than setting up new programmes in terms of targeting, because existing programme beneficiaries simply receive top-ups in addition to their regular support. But there are only limited prospects for vertical expansion in urban areas, because coverage is so low. In East Africa urban programmes are small or fledgling or both, for example in Ethiopia the Urban Productive Safety Net Programme covers a fraction of the number of beneficiaries in its rural sister programme. There are also questions about the equity of vertical expansion: 'Why give the same people more when you could serve more people?'



A more challenging alternative is a horizontal expansion to individuals or households not covered by social protection. Experiences in Rwanda highlight that the targeting criteria for the existing flagship social protection programme do not necessarily align well with individuals and households that are most affected by COVID-19, because targeting is designed to focus on indicators of poverty, vulnerability and food insecurity that make most sense in rural settings. Social registries (ranked lists of poor and vulnerable households) can provide a rapid route to targeting but even then there are challenges – especially that the criteria on which the ranked list is based may not be appropriate criteria for identifying those most seriously affected by a large-scale covariate shock, such as COVID-19. Furthermore, social registries – databases of potential beneficiaries – are notably absent in most countries in East Africa. There are cases of integrated beneficiary registries (which differ from social registries because they list only programme beneficiaries, combined across a number of different social protection programmes). These can at least be used to reduce duplication or double dipping. However, the rural bias of social protection coverage limits even this possibility, as most integrated beneficiary registries list predominantly rural individuals and households.

As also noted in [Gentilini et al \(2021\)](#), targeting and registration systems can be leveraged in creative ways in urban areas in order to address some of these challenges for COVID-19 response, including using:

- previous or existing beneficiary lists, such as returning to those on waiting lists for programmes;
- other government databases, such as national ID data;
- other data beyond government (such as data held by humanitarian agencies, financial inclusion programmes, mobile money systems, chambers of commerce, and informal workers' associations);
- on-demand digital windows which can provide high coverage and quick registration;
- other forms of proactive outreach (eg use of media or direct contact by SMS) to those not on any existing system or list to promote on demand registration (i.e. self-identification / self-targeting)



## LESSON 4:

# Social protection should prepare to respond to impacts on health systems

COVID-19 infections in the East Africa region did not increase at the rate initially anticipated by governments and international agencies in 2020. Growth in July and August, for instance, was lower than expected. While concerns remain about the rate and magnitude of testing and the accuracy of data, infections remained far below what was predicted. Ethiopia, the most populous country in the region, reported the greatest number of recorded infections at 72,700 by end-September.

The implication of not seeing a massive rise in COVID-19 infections in the region has been lower morbidity and mortality effects of the pandemic than initially anticipated, and social protection responses that have predominantly focused on supporting households to deal with the impacts of lockdowns and associated restrictions, rather than the impacts on households of illness and death. This makes COVID-19 qualitatively different to the HIV/AIDS pandemic, where the focus of support to affected households was about coping with the costs of medical treatment and loss of breadwinners.

At first glance, this focus on responding to the effects of lockdowns appears appropriate, given lower than expected morbidity and mortality rates. But it also raises questions about the preparedness of the social protection system to deal in the future with serious morbidity and mortality effects. Social insurance provision and coverage in East Africa is low, particularly because of the challenges of reaching informal

sector workers who form the majority of the labour force. The high level of coverage of the *mutuelle de santé* health insurance scheme in Rwanda is a notable exception. Informal systems of social insurance – such as burial societies – have collapsed in many areas under the burden of decades of high mortality rates among working age adults, including because of the HIV/AIDS pandemic.

Across East Africa there are few examples of social insurance that can provide social health insurance and critical illness cover, or life insurance and survivor benefits. Government announcements on social protection responses to COVID-19 have not yet begun to address future morbidity and mortality effects (nor the implications should COVID-19 become endemic in the region). The assumption has been that the current focus should be on social transfers and responding to the impacts of lockdowns and restrictions. However, preparedness for future phases should include consideration of these wider impacts, not only on affected households but also on health systems, in terms of exploring support for expansion of social health insurance provision as well as other forms of social insurance and social assistance to accommodate both large-scale covariate shocks and also idiosyncratic health events over the life cycle, as set out in the social protection floor. These new or expanded forms for health insurance will likely need to be long-term and sustained, particularly if COVID-19 (or other future viruses) become endemic in East Africa.



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