CHAPTER 5

Toward Inclusive Food Systems

Pandemics, Vulnerable Groups, and the Role of Social Protection

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KEY MESSAGES

- Poverty, poor health, and malnutrition not only result from pandemic stresses, but they also contribute to pandemic-related risks that impact wellbeing and worsen existing inequities.
- Vulnerable groups have been most affected by disruptions to food systems, such as lockdowns, through loss of employment and incomes.
- The urban poor, especially informal workers and women, have borne the brunt of health and employment impacts. Refugees and internally displaced persons have also been disproportionately affected.
- Men, women, and children experience different risks and stresses. Women have been more likely to experience increased domestic violence and food insecurity, reduced autonomy, and loss of income.
- Social protection is critical for supporting vulnerable groups and has expanded to an unprecedented degree. But many people were still left without coverage, and programs were rarely gender sensitive.

RECOMMENDATIONS

- Develop a better understanding of pandemic-related risks and stresses as well as requirements for effective social protection and related financing during a crisis.
- Use evidence to support policymakers' efforts to strengthen food system resilience to support vulnerable groups. Test and document local, context-specific innovations.
- Protect, rebuild, and strengthen women's rights and control over assets, both during the pandemic and for long-term food system transformation.
- Strengthen women's ability to build social capital by supporting group-based programs, which can also be effective service-delivery mechanisms.
- Adopt and improve on innovative responses to the pandemic, including use of digital transfers and expansion of social protection to informal workers, with attention to reducing inequities such as the digital divide.

- Consider complementary programming on gender-based violence, mental health, and maternal and reproductive health for all social protection programs.
- Distill lessons from pandemic responses so that social programs and policies can be redesigned to reduce gender, ethnic, and other inequalities to limit the impact of the next pandemic and promote an inclusive food system transformation.

Across our food systems, there is an urgent need to understand the effects of the current pandemic, including the impact of policy responses such as the stay-at-home orders and social protection systems, on the wellbeing and nutrition of vulnerable populations. Pandemics can be expected to have a disproportionate impact on minorities and other disadvantaged groups – who often suffer more from preexisting conditions and face greater risk of infection, and whose coping options are constrained by poverty and limited access to services, information, and technology.¹

Emerging data on the impacts of the coronavirus pandemic have exposed underlying inequalities. Importantly, poverty and poor health and nutrition can both result from pandemic stresses and contribute to pandemic-related risks. The pandemic and related policy responses are affecting the wellbeing of vulnerable populations in part through loss of access to healthy diets; in turn, malnutrition may raise the risks of serious infection, complications, and death. Moreover, the actions some households take to cope with the short-term impacts of the shocks (such as selling assets and taking children out of school) can affect their

livelihoods and wellbeing in the long run. These immediate and secondary effects and their feedback on food systems, nutrition, and health form a complex web of trade-offs and impacts.

To better understand these impacts and potential solutions, we examine the problem from two perspectives. Viewing the problem using a COVID-19 lens reveals both economic and health inequalities and vulnerabilities. Viewing the problem through a gender and inclusion lens shows how the pandemic magnifies these underlying inequalities and vulnerabilities. When we acknowledge these inequalities and address them in the design of policies, particularly social protection interventions, vulnerable groups get a better chance at attaining a healthier and more productive life – not only during the pandemic, but over the long term as we work toward transformation of our food systems.

DID COVID-19 INCREASE INEQUALITY?

We are just beginning to understand how, and why, this global shock has affected different groups within countries and different members within each household. Here, we focus on how pandemic-related disruptions to food supply chains in developing countries are affecting the poor and other vulnerable groups. The impacts are expected to be widespread but uneven, with rural areas insulated from the worst of the crisis and urban populations harder hit by loss of incomes and employment in the short term (see Box 1 on Myanmar) and medium term.² Disruptions in food supply chains can also have implications for diet quality (Chapter 3), with differences between rural and urban areas, as seen in the case of Myanmar. Rural areas may be better protected from decreased food and dietary diversity, at least in the short run, as seen in Burkina Faso (Box 2).

URBAN AND RURAL IMPACTS

Urban areas are the epicenter of the pandemic, with over 90 percent of all COVID-19 cases reported.³ A recent review summarizing the impacts of COVID-19 on cities emphasized the disproportionate impacts on poor, marginalized, and vulnerable groups.⁴ These differential health impacts reflect the urban poor's limited access to medical care and their substandard living and working conditions. Social distancing and

sanitation – key preventive measures for a disease like COVID-19 – are difficult to achieve in urban slums.

In terms of employment, the pandemic lockdowns have disproportionately affected workers in the informal sector. This reflects the nature of food supply chains in much of Africa and Asia where the midstream and downstream services, which are labor intensive and face little regulation or public standards, are concentrated in dense urban and peri-urban areas. Informal workers generally have neither employment nor health insurance. Yet, the informal sector may prove nimbler than the formal sector in coping with the pandemic. In India, for example, informal shops (relying on family labor) have been active during times when formal retailers had to close because of the pandemic.⁵ In Africa, in contrast, nonpoor urban households have been hit significantly as manufacturing and businesses face the strictest lockdowns.⁶

Social safety nets in urban areas may also help to buffer households and individuals against shocks, although coverage is generally quite low (Box 1); in low-income countries, only 18 percent of the poorest fifth of the population was covered by a social assistance scheme before the pandemic.⁷ To address the multiple crises affecting health, equity, employment, public finance, and public services in urban areas, governments must simultaneously help those who are infected and also address the urgent need to curtail the spread of the disease and to use safety nets to mitigate the food security impacts stemming from loss in incomes and employment.

In **rural areas**, dominated by small farms dependent on family labor, the farm sector has not suffered major direct impacts but may be indirectly affected by disruption of input supply chains and a dampening of demand for food due to reduced incomes. Even within the farm sector, the impacts may be uneven and are likely to vary across countries and contexts. Work on Ethiopia's vegetable chains suggests that medium-scale tenant farmers have been most affected by labor disruptions (Chapter 6).⁸ Small farms that rely on family labor and large farms that hire more labor but are big enough to reorganize labor use safely have done relatively better. At the same time, medium-scale farmers benefited more from the price increases in output markets.

BOX 1 A RURAL-URBAN COMPARISON FROM MYANMAR

In June and July 2020, approximately 2,000 mothers from nutritionally vulnerable groups in Yangon, Myanmar's largest city, and rural agricultural areas of Myanmar's dry zone were surveyed. The urban sample was comprised of women who were pregnant in January 2020. Survey questions about the perceived impact of the pandemic on the women's households revealed some interesting differences between the rural and urban samples. While loss of income or jobs was the most frequently reported impact across both samples, a larger share of urban households reported this setback. Among households able to estimate their monthly incomes confidently, incomes declined between January and June 2020; and a larger share of rural households than urban households reported an income decline or zero income as of June 2020. There was also a sharp increase in income-based poverty – up 31.9 percentage points among the rural sample and 21.9 percentage points among urban households. Two factors were likely to increase the risk of becoming poor: job loss of a family member (including migrants) and the birth of a child (but not pregnancy), indicating a lack of access to social protection and maternity benefits at the workplace. Coping mechanisms did not differ much between the urban and rural samples, with many households taking out loans, drawing down savings, or simply reducing spending.

Urban women were twice as likely as the rural respondents to report food supply challenges (related to availability, prices, or affordability) as a result of the pandemic, and fared worse on every indicator of food security, including diet quality. About 34 percent of the urban sample reported inadequate maternal dietary diversity as compared with about 16 percent of the rural sample. Plausible explanations for the difference in diets include better access to more nutritious foods in rural areas at this time of the year, food supply disruptions in urban areas, and food taboos related to pregnancy/post-pregnancy (since the women in the urban sample were either pregnant or had recently given birth). The pandemic also had a major impact on mothers' diets, particularly increasing the risk of micronutrient deficiencies.

Myanmar's government acted quickly and implemented its COVID-19 Emergency Response Plan in April 2020, which included in-kind food transfers to vulnerable populations; emergency food rations delivered via community-based food banks; top-up benefits for existing maternal, child, and pension program recipients; and cash transfers to the most vulnerable households. Approximately 30 percent of the respondents reported receiving cash or in-kind transfers in June 2020, primarily from the government. Coverage of the transfers was higher in the rural sample and among households with fewer assets. However, within the asset-poor group, only 35 percent received transfers – indicating a significant gap in coverage.

This experience in the early days of the pandemic points to the need to scale up social protection efforts to include urban populations, to expand coverage of pregnant women and mothers of young children, and to adjust labor laws to provide protection to women's incomes during pregnancy, childbirth, and early infancy.

Source: D. Headey et al., "[Poverty and Food Insecurity during COVID-19: Evidence from the COVID-19 Rural and Urban Food Security Survey \(RUFSS\) – June and July Round](#)," *Myanmar SSP Policy Note* (Washington, DC: IFPRI, 2020).

VULNERABLE GROUPS

Informal sector workers live hand-to-mouth with minimal savings, and must work every day to feed themselves and their families. About 61 percent of the world's employed population is in the informal sector, and 93 percent of the world's informal employment is located in emerging and developing countries.⁹ Unlike many jobs in the formal sector, most informal sector jobs cannot be performed remotely, and thus any restrictions on movement or lack of protective

equipment fall more heavily on informal sector workers.¹⁰ The pervasiveness of informality in rural areas also implies that much of the world's rural population may not be protected from loss of employment. This highlights the need for social safety nets beyond those that are targeted to the poorest of the poor.

Migrant workers were especially vulnerable during national lockdowns. Many were forced to return home, often without any means to do so or safety nets to fall

BOX 2 IMPACTS OF THE PANDEMIC ON DIETS, NUTRITION STATUS, AND FOOD SECURITY IN RURAL BURKINA FASO

In Burkina Faso, an observational study aimed at providing new empirical evidence on trends in diets, health, nutrition, and food security among rural populations was temporarily interrupted by the pandemic, allowing for analysis of the impact of the crisis. Three rounds of surveys had been conducted in 90 villages in three regions of the country between early 2017 and mid-2019, including approximately 1,080 households with mother-and-child pairs. The fourth survey in the series, which began in March 2020, was interrupted by the national lockdown in April and resumed in June after lockdown measures were eased. The study looked at child nutrition (body mass index [BMI]), child morbidity (caregiver-reported symptoms during previous week), diets (for women and children, using the measure of micronutrient intake), and household food security (shocks and access to food and to social assistance).

The analysis found that mean BMI was 0.24 points higher in children surveyed post-lockdown compared to children surveyed pre-lockdown. No statistically significant differences were found in children's and mother's diets, or in household food insecurity, shocks, or social protection. However, the small change in social assistance scores may reflect the scale-up of some targeted social assistance post-lockdown. Though no evidence was found of a major food-security-related shock in the immediate aftermath of the April 2020 lockdown, the data suggest that these rural households were already struggling with high levels of food insecurity well before 2020. Moreover, the data also suggest these households were rarely covered by social assistance programs either before or after the lockdown, highlighting an important gap in safety net coverage.

Source: A. Gelli et al., "Diets, Nutritional Status, and Food Security in Rural Burkina Faso: Empirical Evidence Before and After COVID-19 Lockdown" (forthcoming).

back on.¹¹ The chaos caused by the sudden national lockdown in India is now infamous – millions of migrant workers made long treks back home on foot, as all transportation was shut down, and many died during their journey.¹² In countries where safety nets were already in place or where a database of workers existed, it was easier to provide assistance to such workers (Box 3).¹³

Refugees and internally displaced persons (IDPs)

in refugee camps and temporary settlements have been affected disproportionately by the pandemic. Like slum dwellers, they face overcrowding and lack access to water, hygiene, and sanitation. Making matters worse, many refugee and IDP populations are located in places with weak or fragile healthcare systems and low government capacity. Despite this risk, the global response to the pandemic has not adequately included refugees and IDPs.¹⁴ A study that modeled COVID-19 transmission rates in Rohingya refugee camps in Bangladesh shows that dealing with COVID-19 would require large increases in healthcare

capacity and infrastructure that may exceed what is feasible.¹⁵ This highlights the need to think and plan ahead for these settings and for the next pandemic. In the longer term, this will require not only investments to make the camps more livable, but also services to move people out of camps more quickly and into more sustainable and permanent settings so that such crises can be avoided.

GENDER AND FAMILIES

Pandemic stresses on vulnerable populations – including financial stresses and confinement – can create or aggravate tensions in the home, lead to mental distress, and reduce women's autonomy. For **men**, who are typically seen as and consider themselves to be their families' breadwinners, loss of employment and income may lead to depression, suicidal thoughts, or domestic violence.¹⁶ Men may also lose contact with their peers, exacerbating stress.¹⁷ As male migrants return home, women are likely to lose their autonomy in decision-making and their role as de facto household heads.

BOX 3 DEVISING A SAFETY NET DURING A PANDEMIC: A CASE FROM BIHAR, INDIA

In the wake of India's pandemic-induced lockdowns, the state government of Bihar implemented the Corona Sahayata program. This social safety net was set up from scratch in the middle of the pandemic to support migrant workers from Bihar who were stuck in other parts of the country and had no access to safety nets. Given the circumstances, it was implemented and executed completely digitally. The program was far from perfect but is an excellent example of what can be accomplished quickly in a crisis.

In late March 2020, India's federal government announced a countrywide lockdown and soon after, a relief package providing cash and food transfers. India's Direct Benefit Transfer platform is used by various federal and state programs to deliver transfers digitally. This platform is complemented by the biometric ID system (Aadhaar) and a nationwide financial inclusion program (Jan Dhan) designed to expand bank account ownership. The pandemic provided the perfect opportunity to test these systems. It soon became clear that the government's biggest problem was not how to pay beneficiaries but whom to pay. While India has a multitude of social safety nets – at both the federal and state levels – it does not have a unified beneficiary database or social registry.

Many migrant workers from Bihar were stranded in other states, with no income and no access to social assistance. Social assistance was available to them only in Bihar, where they were registered. On April 7, 2020, the Bihar government responded by launching the Corona Sahayata scheme to provide direct cash transfers of 1,000 rupees (about US\$15) into bank accounts of migrant workers, so that they could return home. Starting from a blank slate during a pandemic meant that the scheme had to be digital end-to-end. Applicants had to provide proof of residence outside Bihar and a bank account registered in Bihar. They also needed access to a mobile phone to receive the transfer. The Bihar government received about 3 million applications within a month of the scheme's launch, and roughly 2 million were verified and paid before the end of May 2020.

Not surprisingly, there were challenges in implementation, particularly the application process and complicated eligibility criteria, and the costs often outweighed the benefits. There are no data to evaluate how the scheme performed, but the experience offers important lessons for safety nets in such circumstances. Even in a country where the prerequisites of digital transfers were up and running, identifying and paying beneficiaries was not straightforward. With restrictions on mobility, bank accounts may not be the best option for delivering transfers. In addition, as is the case with all digital transfers, people who lack digital access are excluded.

Source: A. Mukherjee, "Digital Cash Transfers for Stranded Migrants: Lessons from Bihar's COVID-19 Assistance Program," *CGD Notes* (Washington, DC: Center for Global Development, 2020).

For **women** and **children**, quarantine conditions increase intrahousehold tension and exposure to potential violence. Intimate partner violence has been shown to increase during pandemics (Box 4), but overburdened health services – often the first point of contact for women seeking help – may be unable to respond. Redirection of health services toward the pandemic response also jeopardizes reproductive health services such as family planning and obstetric care. The indirect effects of an inadequate health-care system will also have long-lasting consequences for maternal and child health – as the COVID-19 response takes precedence over non-emergency health services, such as growth monitoring and nutritional counseling.¹⁸

Stay-at-home orders also make it difficult for many women to procure food for cooking. Women may have to allocate the limited amount of time permitted outside the home to procure either safe water or food for their children and families; the difficulty of accessing water or food is a long-term problem that is magnified by the pandemic. And food insecurity may affect women more than men, as seen in previous work on the food price crisis of 2007–2008.¹⁹ As their small businesses collapse and their informal work arrangements are canceled, women lose financial independence, affecting their empowerment in the short term, with potential longer-term impacts on children. Children may be affected in multiple ways – through increased exposure to domestic violence, poorer nutrition and

BOX 4 PANDEMICS AND VIOLENCE AGAINST WOMEN AND CHILDREN

Early in the pandemic, stakeholders working on gender equality warned of an increasing risk of violence against women and children due to a confluence of factors, arising from both direct effects of the virus and associated response measures. A review of the literature on past pandemics, public health emergencies, and economic crises identified nine distinct and overlapping pathways through which pandemics could lead to changes in the frequency and severity of violence, depending on the setting and population group of interest. Primary pathways include (1) increases in economic insecurity and poverty-related stress, and (2) social isolation and quarantines, which in turn induce poor mental health and increase exposure to perpetrators in the home. Emerging literature has largely confirmed these dynamics.

More than 70 rigorous qualitative and quantitative studies have been published since the onset of the pandemic, most of which attempt to measure trends in violence over the pandemic period or to identify associated risk factors. While the majority of these studies find evidence of increased incidence and/or severity of violence, there are clear data constraints, including the use of reported data from administrative sources (which may also be affected by the pandemic), that likely affect the findings. Moreover, most of the evidence is from high-income countries and focuses on intimate partner violence, rather than more diverse forms of violence or geographic locations. Although the evidence with respect to effective response options is scant, the broader literature suggests that, in addition to bolstering first-response efforts, it is critical that social protection be put in place to address economic factors along with policies ensuring safe housing for survivors. Long-term solutions include increasing funding for violence-related services, integrating violence risk into pandemic preparedness planning, and changing social, legal, and economic policies that condone and allow violence against women and children to continue.

Source: A. Peterman et al., "Pandemics and Violence against Women and Children," CGD Working Paper 528 (Center for Global Development, Washington, DC, 2020); and A. Peterman and M. O'Donnell, "COVID-19 and Violence against Women and Children: A Third Research Round Up for the 16 Days of Activism," *CGD Notes* (Washington, DC: Center for Global Development, 2020).

health, lower schooling attainment, and developmental issues owing to all of the above. These impacts may hurt girls more, which in turn could affect female labor-force participation in the next generation.

Strengthening women's assets should be a key priority both in pandemic response and recovery and in the longer term. Because women's assets are often the first sold in economic crises,²⁰ protecting them to the extent feasible and rebuilding them after the pandemic will be crucial. Even more important will be securing women's rights to and control over their assets in the longer term, so that these assets will not be vulnerable to depletion if there is a shock. Such efforts also support women's empowerment. Owing to social distancing and lockdowns during the pandemic, many women have lost access to group-based programs that had provided a way to build both social and financial capital. Rebuilding the social capital embedded in women's groups may also empower

women to learn about and avail themselves of public services, and to provide the leadership their communities need.²¹

HOW INCLUSIVE WAS THE SOCIAL PROTECTION RESPONSE TO COVID-19?

Social protection is one of the key measures that governments take to reach vulnerable people in response to crises. The social protection response to the pandemic has in many ways been unprecedented in scale and nature. About one-third of the 1,414 social protection measures taken by 212 countries and territories, as of mid-December 2020, encompassed various forms of cash transfers. These transfers have reached more than 1.1 billion people, or 14 percent of the world's population – a rate that increases to 16 percent if all forms of social assistance are considered. Relative to pre-pandemic levels, cash-transfer benefit amounts

doubled, and coverage (the number of beneficiaries) grew by 240 percent. At least US\$800 billion has been invested in social protection, a level 22 percent higher than in the recession of 2008–2009. Programs have been simplified both in administration and design, allowing for faster scaling up during this crisis.²²

Yet the social protection responses were limited in many ways: cash transfer programs lasted 3.3 months on average, with a mere 7 percent of them extended for a longer period; 30 percent of programs were one-off payments. Additionally, scale-up occurred better and faster where delivery mechanisms were stronger (Chapter 2). Only a quarter of countries reached more than a third of their population, with no low-income country reaching this coverage level. Spending amounted to about US\$6 per capita on average in low-income countries, almost 90 times lower than average benefits in high-income countries.²³

Against this backdrop, governments have leveraged the pandemic response to address some longstanding challenges, many of which can lead to long-term transformation in the design of these programs.²⁴ For example, at least 11 countries in Africa have extended coverage of cash transfers to vulnerable urban dwellers, including adapting design and delivery practices to fit urban contexts.²⁵ In India, transfers have been provided to migrants,²⁶ while a number of countries (such as Thailand and Brazil) are now deliberately supporting informal sector workers by allowing them to apply to receive transfers; this is leading to “quasi-universal” social protection provisions.²⁷ In some countries, innovative combinations of social assistance and insurance have been introduced (for example, in Pakistan), and interventions like public works are being reconfigured to fit the nature of the pandemic – for example, by waiving work requirements (in India and Ethiopia), changing implementation so workers are not in close proximity to each other (in Uzbekistan), and adapting “cash for services,” such as sanitization of homes and neighborhoods (in the Philippines) and remote mentoring of adolescent girls (in Uganda).²⁸

Despite these innovations, some opportunities have been missed. Thus far, the social protection response to the pandemic in most countries has not been gender-sensitive, with fewer than 30 programs across 25 countries including gender-sensitive components.²⁹

This represents a mere 2 percent of all measures that were undertaken across the 212 countries. While this is not surprising given the speed with which governments had to respond, it is worrying because the pandemic-induced crisis can be expected to widen many gender inequities. From a long-term transformation perspective, it is important that policy actions be evaluated from a gendered perspective to ensure, to the extent possible, that the responses are gender-sensitive and built into programs in the future. Complementary programming focused on gender-based violence, mental health, and maternal and reproductive health should all be considered in the design of social protection programs – not just in response to shocks but also to foster long-term change that can prevent financial and health-related disruptions.³⁰ For example, mobile transfers directly to women’s accounts are a promising innovation; however, we need to be mindful of women’s relatively limited access to digital technologies.

There is no silver bullet for the diverse and multifaceted problems arising from a pandemic or similar shocks, but local, context-specific innovations may provide a way forward (Box 3). Testing and documentation of such innovations, including the contexts in which they function, coupled with the political will to scale up strategies that work, may provide solutions now and in the future. For example, in countries with limited Internet connectivity and inequality in the distribution of digital devices, the digitally marginalized are not only cut off from important sources of health and economic information, but also deprived of the possibility of benefiting from rapid, targeted safety-net responses such as that implemented in Bihar. Thus safety nets alone are not enough.

PREPARING FOR THE NEXT PANDEMIC AND BEYOND

The coronavirus pandemic is not yet over, and it is unlikely to be the last pandemic we will face. Fully understanding the short-, medium-, and long-term implications of the pandemic and policy responses across the food system will require integrated, multidisciplinary efforts by the policy, program, and research communities.

The COVID-19 experience makes clear who are the most vulnerable groups – those who live in suboptimal

conditions, depend on unreliable livelihoods, and do not have access to healthcare or safety nets. Digital technologies have shown promise in the current crisis but have also highlighted the challenges of the great digital divide between rich and poor and of covering individuals and families that are off the grid. Investments are needed not only in digital technologies and infrastructure but also in generating a database of potential beneficiaries that can then be easily linked to the digital infrastructure.

Many governments responded quickly to the crisis, but the response was often insufficient. To enable a sustainable and proactive approach, a better understanding is needed of the requisite level and frequency of safety-net transfers and of mechanisms for financing them. Just as the scientific community has learned much about preventing, mitigating, and eventually stopping the spread of the pandemic, the policy community has also learned lessons about how to mitigate the adverse economic effects, particularly for vulnerable groups. It will be important to distill the lessons learned from the pandemic responses all over the world, so that food systems and social programs and policies can be redesigned to alleviate existing inequalities that hamper the ability to cope with, and recover from, these health crises and to allow everyone to prosper.

The unprecedented nature of the crisis led to innovative responses, paving the way forward in three ways.³¹ First, governments responded and reached a large majority of vulnerable households despite various barriers – showing that reaching these households is above all a matter of political choice. Second, efforts must be deliberate and intentional, with a clear goal. Governments are undoubtedly central to these efforts, but it is equally important to recognize that communities, the private sector, and partnerships among them can contribute to achieving long-term objectives. Third, the rapid mobilization of research, both on ways to fight the virus and to understand and mitigate its effects, has increased knowledge on how we might cope with future shocks and enable long-term transformation in social programs and policies.

Preparedness is important, and researchers can play their part in helping policymakers be more proactive and innovative in their endeavors to strengthen food systems. Given the evidence that the pandemic has had disproportionately adverse impacts on vulnerable populations, we must pay attention to health equity, gender and ethnic equality, and human rights in this transformational journey.

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