SAVING LIVES
CHANGING LIVES

WFP/Khudr Alissar

Targeting and prioritization of impoverished and food-insecure populations affected by COVID-19[1]

Safeguarding and scaling up assistance for people most at risk

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Disclaimer: This document provides practical recommendations based on what is currently known about the coronavirus. There will be regular updates as new evidence emerges. The focus is the targeting and prioritization of poor and vulnerable groups affected by the primary health impacts or the socioeconomic effects of the pandemic.

1. Introduction

The outbreak of COVID-19 comes with unpredictable primary and secondary impacts on vulnerable and food-insecure populations across the world. Mortality and morbidity appear to be most acute for elderly people, and those with underlying health conditions. At the same time, the widely anticipated economic downturn could have a more devastating effect on the world's poor than the virus itself.[1]

According to the International Food Policy Research Institute (IFPRI), the food and nutrition security implications of the pandemic will manifest itself in two waves: a massive short-wave shock will be followed by long wave that will affect the world for years to come.[2] IFPRI estimates that, globally, over 140 million people could fall into extreme poverty (measured against the $1.90 poverty line) in 2020—an increase of 20 percent from present levels. As extreme poverty and food security are closely linked, this would also drive up food insecurity. The global health crisis could therefore result in a major food crisis, unless steps are taken to provide unprecedented emergency relief and safety net support.[3]

Prior to COVID, 135 million people were acutely hungry as a result of conflict, climate change and economic crisis according to the recently published Global Report on Food Crises 2020. WFP has projected that a further 130 million may be driven into hunger due to the socioeconomic impacts of the pandemic taking the total to 265 million in 2020.

International Labour Organization (ILO) estimates that by April, 68 percent of the world's workforce had been affected by full, or partial, lockdown measures. In the second quarter of 2020, the reduction in working hours was equivalent to 130 million full-time workers assuming a 48-hour week. Lower-middle-income countries are expected to register the highest rate of hours lost, at 12.5 percent. Sectors currently most affected include wholesale and retail, manufacturing, accommodation and food services, as well as transport and storage. Among the most vulnerable in the labour market, are the 2 billion informal economy workers. According to ILO, 1.6 billion or 76 percent are impacted by lockdown measures and/or working in the hardest-hit sectors. It is estimated that informal economy workers in low- and lower-middle income countries will face income losses of up to 82 percent. By region, the largest decline is expected in Africa and Latin America. Women are particularly hard hit as they are overrepresented in the hardest-hit sectors.[4]

Socioeconomic impact: The hardest hit are low- and lower-middle income countries relying largely on:

- **imports** of food and other essential commodities
- **exports** of primary commodities
- the **export of labour and remittances**.

Countries with combined characteristics will face a **double or triple burden.**

A list of countries that are particularly vulnerable to these economic shocks was published in WFP's analysis on "Economic and food security implications of the COVID-19 outbreak. An update with insights from different regions"(April 14, 2020).

Governments, health authorities and organizations around the world are now faced with the impossible task of striking a balance between taking direct protective measures to prevent uncontrolled spread of COVID-19, while protecting lives and livelihoods from the threat of an economic recession at a massive

[1] Economic and food security implications of the COVID-19 outbreak (12 March 2020) and Economic and food security implications of the COVID-19 outbreak - An update based on the evolving economic outlook (25 March 2020).
[2] IFPRI: https://www.ifpri.org/blog/lessons-aids-epidemic-how-covid-19-may-impact-food-and-nutrition-security
[3] Source : https://www.ifpri.org/blog/poverty-and-food-insecurity-could-grow-dramatically-covid-19-spreads
[4] Source: **ILO Monitor: COVID-19 and the world of work. Third edition Updated estimates and analysis**.

scale.[5] Conflict-affected, or -prone, countries are particularly at risk of political unrest and violence if the prices of basic commodities increase when public and private reserves of food and other essentials are running low.

The paper will start with a brief overview on how to **assess and monitor needs** during the COVID-19 pandemic. This will be followed by a set of **recommendations informing targeting and prioritization**, divided into three sections:

(i) immediate adjustments of existing programmes
(ii) mitigating primary effects by protecting high-risk groups
(iii) addressing the socioeconomic impacts caused by the crisis

As urban areas are expected to be particularly hard-hit, there is a section focusing on **targeting considerations** in the **urban context**. The paper concludes with a section on how the **outcomes** of targeting and prioritization decisions **can be reviewed and monitored**.

What is targeting and prioritization?

Targeting aims to identify geographic areas and populations most in need to enable provision of timely and relevant support (in response to a crisis or as part of a safety-net for vulnerable populations). ***Prioritization*** among the targeted populations is often required due to resource or other constraints such as budgetary ceilings, physical access and existing capacities.

Effective targeting cuts across the entire programme cycle and requires the involvement of cross-functional teams for:

- **Assessments:** context analysis and needs assessments
- **Design:** programme formulation and targeting and prioritization strategies
- **Delivery:** identifying eligible individuals and households and communicating targeting decisions to affected populations
- **Assurance:** monitoring of targeting and prioritization processes and outcomes

During the design of targeting strategies, time, capacities and financial resources required will have to be considered. A successful targeting system will minimize unintentional distribution of assistance to non-vulnerable households/individuals (inclusion errors) and ensure that households/individuals in need of assistance are not excluded from assistance (exclusion error).

2. Assessing and monitoring needs during the pandemic

A prerequisite for sound targeting and prioritization decision-making in any context is access to up-to-date data to understand the needs of the affected population. This section provides recommendations and resources that can help prioritize information needs, including systems and tools to facilitate remote data-collection and analysis during COVID-19.

Key questions to be answered to inform targeting and prioritization during the pandemic

- ✓ How has the crisis impacted the **needs of the people already targeted**, as well as groups **not previously targeted** but that are becoming vulnerable?
- ✓ Who are the **most vulnerable and most affected population groups** in relation to health and socio-economic impacts? Is the profile of the most vulnerable households changing in the face of COVID-

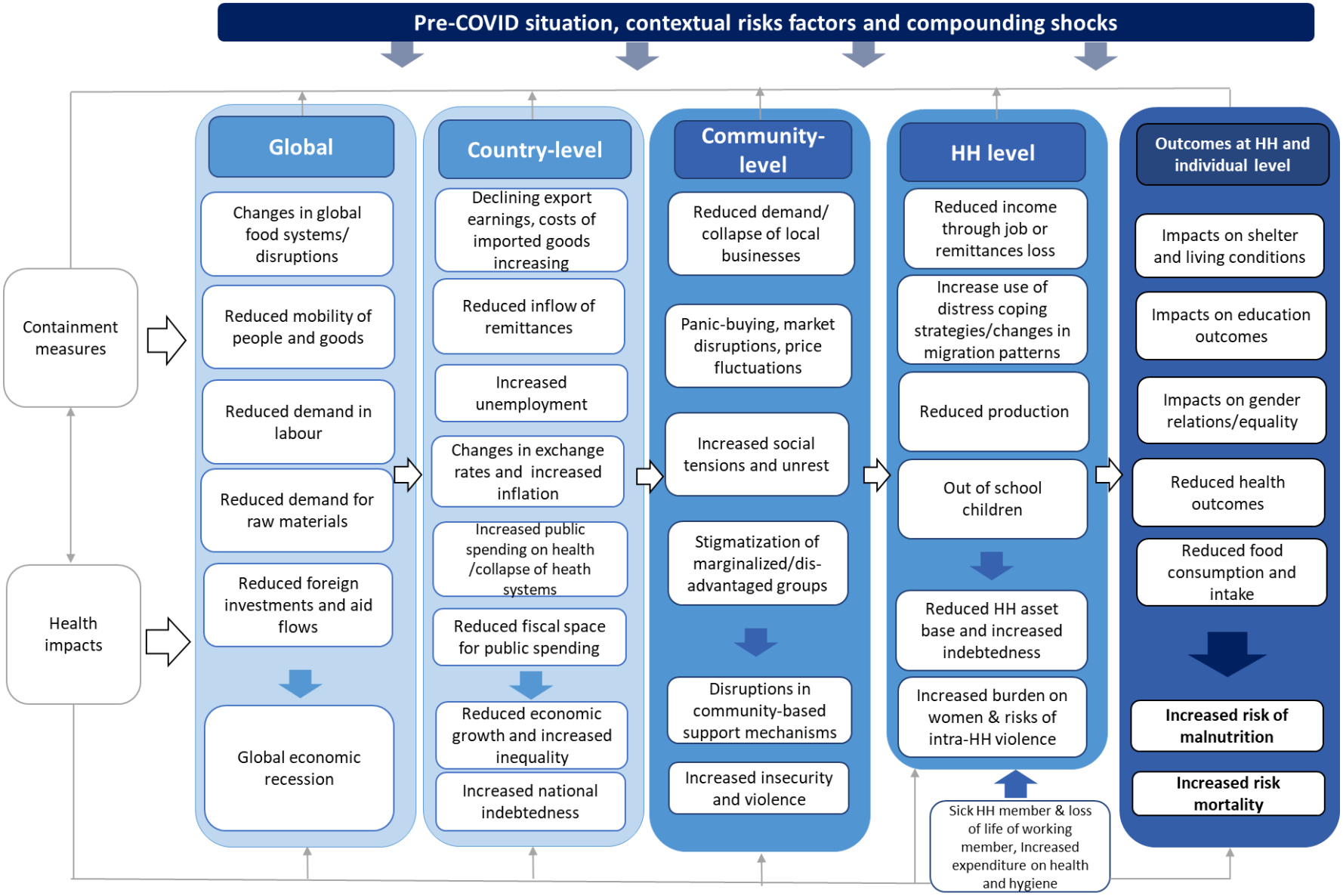
[5] IMF: "International Monetary Fund Head Predicts Coronavirus Will Trigger 'Worst Economic Fallout Since the Great Depression"

19? (e.g. demographic vulnerabilities; people living with underlying conditions, including HIV/TB; different livelihood groups affected by secondary socio-economic effects; etc.)

- ✓ How has pandemic affected people's ability to meet their **food and other essential needs**? How are they **coping**? How are households reallocating their resources and prioritizing among different and possibly new essential needs, including food, hygiene, health, shelter and transport?
- ✓ How are **urban and rural populations** affected? What are the different transmission pathways and how do urban and rural populations cope differently?
- ✓ How many are **affected**? How many additional people are **in need of assistance**?
- ✓ Are **governments/national systems** responding to increasing needs? Have **national safety nets/social protection** been scaled up; if not, are there plans to do so?
- ✓ Which needs are covered or may be covered by the various **international and local stakeholders and partners** (from the UN, NGOs, civil society or the private sector); and what coordination mechanisms are in place? Is the distinction between people in need and WFP's targeted population defined?
- ✓ Should the **objectives and programme design** of existing interventions be reviewed in view of any changing needs?
- ✓ Is there a need for immediate **targeting** adjustments based on the information available? Is there pressure to make **prioritization** decisions due to limited available resources?
- ✓ How is the **situation likely to evolve,** also taking **seasonal factors** into account?

Figure 1 visualizes possible transmission channels and pathways from the global level, to the country level, community level, and eventually to the household and individual level and can help to answer the questions why and how people are affected. It illustrates, for example, how containment measures reduce global demand of labour, which in turn leads to a reduced inflow of remittances in low- and lower-middle income countries and have a direct effect on households depending on them, which could result negatively on their meet food and other essential needs. The framework also highlights the importance of the pre-COVID situation, the presence of compounding shocks and risks and vulnerability factors that need to be taken into consideration and differ greatly from country to country. Risk factors could include import and export dependencies, limited national food reserves and other macro-economic indicators. Also important is to highlight is the number of people living in densely populated area such as slums, the presence of displaced populations and migrants, and so forth. The framework presents a simplification and will require adjustments as different elements will be more or less critical depending on the context.

Figure 1: COVID-19 Drivers and Pathways: Analytical Framework



Information about the most-affected populations and people at risk will be key for decision-making related to targeting and prioritization throughout the COVID-19 emergency. Three key actions are recommended:

Context analysis: Conduct literature review and secondary data analysis which will help to formulate the assumptions relevant for a country context and update them on a regular basis. This includes, but is not limited to, macro-economic indicators such as economic growth projections; exchange rates, national and sub-national price trends of food and other essential commodities; global market prices of key export commodities; changes in remittances, and changes in government containment measures and other relevant events.

Data preparedness: Pre-outbreak vulnerability data can help create an overview of at-risk populations, their characteristics, geographic distribution, etc. Data should be gathered/collected and visualized in easy and simple formats for decision-makers, and available in GIS shapefiles where possible. Some useful tips on data preparedness and analysis can be accessed in the WFP 72-hour assessment guide.

Scale-up remote assessments and monitoring capacities: Without access to the affected populations, face-to-face (F2F) assessments will no longer be feasible, as they may spread infection and expose enumerators and respondents to unnecessary health risks. Therefore, it is recommended to establish or expand remote monitoring and assessments using phone surveys (CATI) or web surveys.[6]

Information to be collected typically covers:

- Preparedness measures, for example centrally or locally imposed restrictions
- Changing access to markets, basic services, social safety nets and assistance
- Impacts different livelihood groups
- How different groups are meeting their food and other essential needs and how they cope[7]
- People's priority needs
- Awareness and preparedness measures taken by households and individuals

To inform targeting and prioritization, it will be key to also collect relevant demographic data, including the presence of elderly, people living with underlying health conditions and vulnerability criteria such as large household size, high-dependency ratios, sex and age of household head.

Proposed steps to project number of people in need due to economic shocks at country level

1. **Immediate:** Establish the baseline (pre-COVID) and estimate number of 'additional' people in need based on scenarios and initial assumptions (literature reviews, secondary data review analysis, see also below assumptions)
2. **Use remote assessments/monitoring** data to estimate needs where reliable data is available and update assumptions
3. **Optional (where capacities allow):** Modelling of impacts on different population groups

Scaling up remote assessments and monitoring, collating and re-analyzing available data, will be critical to providing the evidence base for changing levels and types of vulnerability. Where food security indicators have formed the basis for targeting and prioritization in the past, a broader outlook on socioeconomic vulnerabilities (including food security) will be required to capture the impact of COVID-19 and guide targeting and prioritization decisions.[8]

[6] Resources including guidance, technical notes and best practices on the use of **phone surveys** (CATI) can be found in the VAM Resource Center at this link or simply search using the tag mVAM at the bottom of the homepage. An example of the use of **web surveys** can be found here: https://docs.wfp.org/api/documents/WFP-0000110392/download/

[7] Essential Needs Indicators need to be adjusted for remote surveys. The Multidimensional Deprivation Index is particularly well suited to give a more nuanced picture of economic vulnerability and needs. It is not recommended to collect expenditure data remotely.

[8] For further guidance on Essential Needs Analysis guidance refer to WFP guidance: https://www.wfp.org/publications/essential-needs-guidelines-july-2018

It always key to differentiate between people who are affected (**number of people affected**), people who are in need of assistance (**people in need**), and people who will be targeted through a specific response (**targeted caseload**).

3. Targeting and prioritization decisions

Immediate adjustments to existing food or cash-assistance programmes

This section provides targeting- and prioritization-related recommendations that can support the immediate decision-making required for **existing food or cash-assistance programmes**. These programmes usually focus on the most food-insecure areas within a country, which for example are informed by the Integrated Phase Classification (IPC) and Cadre Harmonize (CH) analysis.[9] The recommendation is to maintain life-saving humanitarian assistance as such programmes are already focused on meeting the needs of the most vulnerable groups. This means—context allowing—that individual- and household-level targeting methods and criteria of existing programmes remain largely the same. Under certain circumstances reprioritization of programmes may be required but these decisions will largely depend on country-specific circumstances. For example, if households are no longer accessible due to containment measures or there are pipeline breaks due to funding or supply chain disruptions.

If **schools are closed due to containment measures**, one option is to redirect the resources from school meals programmes to **take-home rations/cash-based transfers**. In this way, two objectives are addressed: facilitating containment in high risk-areas and supporting families whose income sources may have been affected by the measures. Depending on the severity of the situation, it is generally recommended to increase the ration size to one that meets the needs of the entire family – which obviously would have implications on the resource levels required.[10] In case resources are limited, take-home rations/cash-based transfers should be prioritized to the most food-insecure parts of the country.

Livelihood-support programmes such as Food Assistance for Assets (FFA) usually target food-insecure households with able-bodied members in areas that are prone to recurrent natural hazards and climate shocks. FFA activities typically have two distinct objectives: enhancing food access and the community or household-level asset base. Where food access is the main objective, the general recommendation is to consider removing the conditionality of assistance. In other settings, depending on the restrictions in place, new innovative approaches for programme delivery and community participation may need to be established, which reduce the risk-exposure of people participating, their households and humanitarian workers.

Mitigating primary effects by protecting high-risk groups

Scaling up assistance with limited resources will require careful prioritization to reach populations most at risk. Depending on the context, assistance may be provided in the form of cash, voucher or in-kind. Generally, it is recommended to consider innovative delivery mechanisms to reduce close physical contact and movements.[11]

This section provides general recommendations and considerations on targeting and prioritization criteria for people affected by primary health related impacts or at risk of contracting COVID-19.

[9] See: http://www.ipcinfo.org/, http://www.ipcinfo.org/ipcinfo-website/where-what/cadre-harmonise-in-west-africa-and-the-sahel/en/

[10] Depending on the programmatic context, this may also require a change in objective (e.g. from more educational to a more a more safety-net oriented objective).

[11] Support and guidance for cash-based transfers in the context of the COVID-19 outbreak is also available via Global.cbtsupport@wfp.org

The recommendations in this section are based on available evidence around the direct impacts of COVID-19 on high-risk groups based on the following assumptions:

Group-level risk factors

- ✓ Coronavirus disease spreads more quickly in **densely and well-connected populated areas** compared to more remote and less populated areas
- ✓ Poor neighbourhoods in cities, in particular **slums or informal settlements** provide conditions for a wide transmission of the virus. The first cases in a country are usually found among better-off populations that have international connections. However, once the virus reaches poor neighbourhoods, these will be hit hard due to the higher population density, restricted access to handwashing facilities and limited opportunities for social distancing
- ✓ **Refugees, asylum seekers, IDPs and migrants** living in camps, detainment centres or in highly populated urban areas face the prospect of a devastating virus outbreaks. The conditions in which they live in make it very difficult to apply measures such as social distancing

Individual-level risk factors

- ✓ **Elderly persons and people** with underlying medical conditions are more susceptible to developing serious and potentially fatal infections. The fatality rate is higher among elderly persons, likely reflecting the presence of other diseases, a weaker immune system, or generally worse overall health
- ✓ Among people with **pre-existing conditions**, those suffering from cardiovascular disease, diabetes and asthma are particularly vulnerable
- ✓ It is expected that certain pre-existing medical conditions like **cancer or HIV** can significantly weaken the immune systems of affected people, making it more likely for them to develop severe symptoms and complications from COVID-19. This is of particular concern for people living with HIV who are undiagnosed or who are not receiving a proper viral suppressing treatment. Given the potential disruptions on medical supplies, some affected people may also find it increasingly difficult to get hold of medication
- ✓ **Poor nutrition** and the resulting weak immune systems leave the already malnourished especially vulnerable
- ✓ Evidence largely points to **young people and children** being less susceptible to falling seriously ill. However, they are potential carriers of the disease which can pose a risk to other family and community members in higher-risk groups
- ✓ The effect of a **person's sex** on the susceptibility to COVID-19 is less clear than the effect of age. While preliminary data suggests men are slightly more susceptible than women, the difference might be explainable by different lifestyles and a higher prevalence of underlying health conditions among men
- ✓ Although severe cases and high fatality rates are generally among older populations, **the advantage of a younger population in low-income and lower-middle income countries might be outweighed by widespread additional risk factors such as malnutrition as well as underlying health conditions**, including TB or HIV/AIDS.[12] Weaker healthcare systems and limited access to public information campaigns will further exacerbate the situation.

[12] Source: https://www.lshtm.ac.uk/newsevents/news/2020/covid-19-control-low-income-settings-and-displaced-populations-what-can.

Objectives to address the primary impacts could be to protect population groups at high risk to be affected by a disease outbreak, protect people at high risk to develop severe symptoms and support them and their caretakers when they fall sick.

Possible response options may include the scale-up of existing programmes (e.g. nutrition and HIV-AIDS/TB), the introduction of household level protection transfers for vulnerable groups, as well as logistical support for health facilities, including the transport of personal protective equipment (PPE) to protect health workers and other caregivers. Institutional feeding may be considered in situations where families usually are taking care of their relatives when hospitalized to the extent of providing food and are no longer able do so as a measure to reduce the risk of further contamination.

Possible eligibility criteria are listed below. They have been formulated based on the above assumptions and need to be contextualized.

Table: Proposed eligibility criteria for programmes mitigating primary effects by protecting high-risks groups

Priority areas	Individual targeting criteria	Household-level targeting criteria	Institutional targeting criteria
• **Areas under lockdown** • **Areas under official movement restrictions** • **COVID-19 hotspots**	• Elderly people (> 60 years) • People with underlying health conditions • Health clinic personal and other primary care-takers • Malnourished children	• Households with at least 1 elderly person • Households with people that have underlying health conditions (e.g. scale-up of existing HIV/TB programmes)	• Hospital/clinics in outbreak epicentres • Nursing homes (where relevant)
• **Densely populated urban areas such as slums** • **Crowded refugee and IDP camps** • **Migrant detention centres and collective shelters**	• Slum-residents in precarious shelters • Refugees and IDPs • Undocumented migrants • Unaccompanied minors • Homeless people	• Female, elderly and child-headed households • Large households with many children and elderly	

Addressing the socioeconomic effects of the pandemic

The pandemic is likely to have long-lasting economic and social impacts resulting from the direct and indirect effects of the disease, including individuals' precautions and government containment measures. In total, almost 140 countries have established containment measures, such as closures of borders, schools and markets, lockdowns and internal travel restrictions.[13] For most regions and countries, GDP projections have been revised downward, driven by shocks to both domestic demand and supply, sharp declines in the circulation of goods and services, as well as people and capital.[14]

[13] Source: https://www.bsg.ox.ac.uk/research/research-projects/coronavirus-government-response-tracker
[14] Source: https://www.worldbank.org/en/topic/poverty/brief/poverty-and-distributional-impacts-of-covid-19-potential-channels-of-impact-and-mitigating-policies

As new COVID-19 infections and related deaths continue to rise sharply, immediate protective actions against health-related impacts remain the priority in rich and poor countries alike. However, people living in low- and lower-middle income countries who are much less likely to be covered by social safety nets—or to be benefitting from the unprecedented economic stimulus packages implemented in some of the high-income countries—are likely to carry an unequal proportion of the burden.

The recommendations in this section are based on available evidence around the socioeconomic impacts of COVID-19 on high-risk groups and are based the following assumptions:

- ✓ **Already poor and food insecure populations are disproportionally affected** as many have no or little income security. Containment measures and movement restrictions will challenge the food security and nutrition of people living hand-to-mouth, who do not have a safety net to fall back on
- ✓ **Loss of livelihoods is likely to lead to higher numbers of severe and moderately food-insecure/poor**, primarily affecting populations that were previously marginally food secure, or just above the poverty line—and now fall below it as a result of the primary and secondary impacts of COVID-19
- ✓ The **urban poor** are the first hit by economic consequences, including from containment measures with immediate negative effects on their livelihoods. In the medium to longer-term, they would also be the most affected by a global economic downturn
- ✓ **Rural areas** are more advantaged in the short term – they might, however, be affected in the medium term due to agricultural labour shortfalls and disruptions of input markets, including higher costs
- ✓ Populations working in the **informal sector** without job security will be among the first to be severely affected by lockdowns and economic slowdowns. Those who depend on their day-to-day income for survival will have low capacities to cope and might not be able to meet their essential needs any longer – with severe consequences for their food security
- ✓ Economic impacts are also expected to be devastating for **international migrants**. Labour migrants, including the families that depend on their support through remittances, are at particular risk. Sectors in which migrants primarily work have been severely hit. These include retail, manufacturing, transport, construction, mining and quarrying and domestic labour. **Seasonal migrants** will be severely affected by internal and cross-border movement restrictions
- ✓ **Traditional coping mechanisms** may be no longer available due to movement restrictions and changes in supply and demand patterns (such as diversifying income sources, increasing migration, taking children out of school). Coping strategies expected to increase include compromising on food intake in terms of quality and quantity, distressed sales at unfavourable terms of trade, borrowing money and buying food and other essential commodities on credit
- ✓ Shifts in caretaker roles and household dynamics—with schools shut and elderly family members isolated—could lead to shifts in social cohesion within and between communities. They could also increase risk of **domestic violence**, with women, young children and adolescents particularly vulnerable.

Possible responses include the safeguarding of existing life- and livelihood-saving programmes as well as the strengthening of existing social safety-net programmes targeting the poor, such as cash-based transfers). If necessary, a scale-up of existing programmes can be considered to support governments in addressing additional needs caused by COVID-19. This could happen either '**vertically**', increasing the benefit value or duration of assistance to existing beneficiaries as well as '**horizontally**' by adding new beneficiaries to existing programmes.

Initially recommended eligibility criteria are listed below. They have been formulated based on the above assumptions and need to be contextualized based on country specifics.

Table: Proposed targeting (eligibility) criteria for programmes addressing the socio-economic impacts

Priority geographic areas	Socio-economic groups	HH-level/individual targeting/prioritization criteria
• COVID-19 **hotspot areas** facing extended measurements of lockdown and restrictions **in** movements • Areas with high levels of pre-COVID acute food insecurity **(IPC phase 3 and above)** • **Poor urban areas** (densely populated/slums)	• Households depending on **informal employment**, remittances and other informal support • **Urban poor** living in slums and other densely populated areas • **Undocumented international migrants (including seasonal migrants)** and their dependents • **Internal labour migrants** (including seasonal) and their dependents • **Displaced populations** (refugees and IDPs)	• **Children and their families** put under additional strain e.g. due to the death or isolation of caretakers • **Single parents** who are facing the double burden of work and taking care of children and elderly • **Female, elderly and child-headed households** • **Large households** with many children and elderly people

By late April 2020, nationwide school closures were still disrupting the learning of more than 73 percent of students globally, or more than 1.2 billion children and youth. To mitigate the longer-term negative effects on the next generation, UNESCO, UNICEF, the World Bank and WFP assist governments in the process of re-assessing the needs and, if required, the re-targeting of assistance to assure that the most vulnerable and marginalized populations benefit from an integrated school health and nutrition package under the "Framework for Reopening Schools".[15] The following information will inform targeting decision-making:

- Changed vulnerabilities and marginalization of school age children and their families, including their locations to target additional vulnerable children;
- Evolved barriers in accessing education, particularly for girls, to identify appropriate support to bring them back to school and help them stay there; and
- Knowledge and behaviour of communities around children's food, health and nutrition; school canteens, and possibility for schools to bring together divided communities.

4. Targeting and prioritization in urban areas

Populations living in densely populated urban areas are likely at greater risk of direct health effects as well as the secondary socioeconomic impacts of COVID-19 caused by the measures taken to contain its spread. Overcrowded neighbourhoods, where public health interventions, such as social distancing and hygiene measures are likely to be ineffective, provide favourable conditions for high transmission rates. Almost a quarter of the world's urban population live in slums, with the largest share in Sub-Saharan Africa (56%) and Central and Southern Asia (32%).[16] In some of these areas, a vicious cycle of rapid

[15] Source: Framework for Reopening Schools, UNESCO, UNICEF, the World Bank and WFP, April 2020
[16] Source: https://unstats.un.org/sdgs/indicators/database/, Indicator 11.1.1, 2016.

outbreak, enforced movement restrictions with immediate and long-term impact on the lives and livelihoods of already poor and vulnerable people, could easily escalate into a food security emergency.

Targeting and prioritization challenges: For a number of reasons, urban areas are in general challenging from a targeting and prioritization perspective, and even more so in the COVID-19 context:

- Needs usually outweigh available resources by far, meaning blanket assistance or self-targeting solutions are not feasible
- Geographical prioritization may be possible but more challenging (compared to less densely populated areas due to unclear boundaries and often outdated population data). IPC/CH analysis are often not available for urban areas (although work is on-going to strengthen this component)
- As distances are short, geographical targeting can lead to intentional pull-factors
- In the few cases where population registries are available that can facilitate the implementation of categorical targeting (e.g. households with a certain number of children), they are likely to be limited in coverage and quality due to factors such as people's movement.
- Finally, community-based targeting solutions that involve face-to-face interaction in the form of selection committees and household-verification visits should be avoided as long the pandemic persists and no treatment or vaccine is available.

Information sources: It is recommended to utilize the following resources in order to gain an understanding of who the most vulnerable are in a given urban context, and how they can be reached with assistance:

- In line with the above recommendations, scale-up remote assessment and monitoring systems to remotely gather up-to-date information on populations of interest. These tools, including phone and web-surveys are even more reliable in urban areas due higher mobile phone ownership and internet coverage compared to rural areas
- If available, leverage existing pre-crisis data on, for example, slum boundaries; population estimates and movement patterns; food security, and access to livelihoods and services, to narrow down the geographic scope as much as possible to the most vulnerable areas
- Use high-resolution spatial data to update urban boundaries and use WorldPop and other geospatial data sources to update populations figures
- Engage with local authorities, UN agencies, clusters and other partners, to map out existing programmes, charities, service provision, etc. that could be used to facilitate targeting and prioritization of assistance.

Recommended solutions: Due to general and COVID-specific challenges for targeting and prioritization in urban environments, most traditional data-driven and community-based targeting methods are practically impossible to implement. There is no perfect solution, but the following recommendations based on WFP experience in various urban contexts and the "Stronger Cities Consortium" guidelines on targeting in urban displacement contexts[17], may be helpful in overcoming some short-term obstacles and facilitating more precise targeting and prioritization solutions in the medium and longer terms:

- Strengthen ongoing interventions and assess potential scale-up: In some cases, population registries may be available via authorities delivering social safety nets or beneficiary lists of humanitarian and development actors; expansion of existing nutrition or health programmes may also be considered

[17] Source: Smith, G Mohiddin, L and Phelps, L (2017) Targeting in urban displacement contexts. Guidance note for humanitarian practitioners. International Institute for Environment and Development (IIED), London.

- Utilise existing infrastructure for provision of assistance: Beneficiary selection can be facilitated through institutional support or through referral systems set up with partners and service providers. These include:
    - Healthcare centres caring for COVID-19 patients and their families
    - The organization of quarantined/shielded areas
    - Healthcare providers and others implementing nutrition programmes
    - Community-based organizations supporting groups at particular risk for severe symptoms if infected (elderly, chronically ill) or other risks (protection, gender-based violence, etc.)
    - Community-based organizations taking care of homeless and other marginalized groups
    - Street kitchens and distribution centres targeting the urban poor

- Consider geographic prioritization and blanket assistance at sub-neighbourhood level: Smaller areas identified as being at particular risk due to lack of access to services, the pre-crisis socio-economic and/or food security situation or demographic vulnerabilities, can be considered for provision of blanket assistance. However, actual implementation might be challenging due to pull-factors and the risk of discontent arising.

- The question of transfer modality and targeting is directly interlinked in the urban context – street kitchens, for instance, may have a self-targeting element as less needy people are likely not to frequent the services offered. On the other hand, general food distributions are not a viable option as distributions can lead to uncontrollable crowding, making cash the preferred transfer modality.
- Explore innovative community-based or self-targeting solutions: Given the requirements of social distancing, community-based targeting may not be feasible. Urban targeting during the pandemic can take advantage of the widespread adoption of mobile technology and internet to disseminate messages through social media, WhatsApp, SMS and online forums.
- Take action now: If horizontal expansion of existing safety nets is considered, conduct rapid registration exercises if it is still feasible.

5. Monitoring of targeting and prioritization decisions

Maintaining regular monitoring using remote data collection tools will be critical to tracking the COVID-19 response, including monitoring the outcomes of targeting decisions and processes. This section provides guidance on what type of data can, and ideally should, be gathered to assess the effectiveness and efficiency of targeting and prioritization decisions and their implementation while also taking into account time, capacities and resources required.

The overall objectives of targeting and prioritization – to minimize both inclusion and exclusion errors – are monitored using a combination of quantitative and qualitative data sources. Targeting errors can be divided into those that occur at i) the design stage of targeting, and ii) the implementation stage:

Design errors: These occur as a result of the targeting method – when the eligibility criteria applied leads to the inclusion of non-vulnerable households/individuals and the exclusion of vulnerable households/individuals.

Implementation errors: These result from the operationalization and lead to households/individuals being wrongly included or excluded, for example due to communication challenges and subsequent lack of awareness among affected populations in cases where they have to make themselves known.

Targeting errors are unavoidable but measures can and should be taken to mitigate them. Data from the following quantitative and qualitative data resources can be analyzed and translated into operational action to reduce both inclusion and exclusion errors. It should be noted, however, that for life-saving assistance in emergencies such as COVID-19, minimizing exclusion of vulnerable households in need of support is paramount, which naturally increases the (design) inclusion error.

Remote Food Security Outcome Monitoring (FSOM) refers to the monitoring of food security outcomes of assisted and non-assisted populations. Trends within the assisted and non-assisted groups can be assessed over time, indicating whether targeting and prioritization decisions are having the intended effects and if adjustments have to be made. The method is also useful to monitor the impact on households that are removed from assistance when data is collected before and after the assistance is cut.

Among **assisted populations**, it will be critical to collect phone numbers if not yet available, for example during registration exercises, to facilitate follow-up monitoring using phone surveys – taking into account all data privacy and confidentiality measures. **Non-assisted populations** can be captured through regular remote phone surveys when available and if a question on assistance is included. In order to make informed decisions on eligibility criteria, they also need to be captured in remote assessment and monitoring activities.

During **remote post-distribution monitoring**, specific targeting-related questions should be added to shed light on selection and distribution processes, for example if they were perceived as fair and transparent. It is also highly recommended to establish **remote complaints and feedback mechanisms (CFMs)** through which affected populations can raise their concerns around targeting and prioritization decisions and processes. Less tech-heavy solutions include hotline call centres and SMS. New digital technologies such as chatbots and web surveys through social media channels could be considered as additional tools in situations where at least some of the assisted populations have access to the internet, facilitating two-way communication.

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