



27 March 2020

COVID-19: PD IMMEDIATE GUIDANCE

Targeting & Prioritization

NOTE: This note has been developed for WFP operations as interim guidance and will be updated regularly; FSC partners should adapt the recommendations to their own operations.

Introduction

Targeting aims to identify geographic areas and populations most in need in order to enable provision of timely and relevant assistance. Prioritization among targeted populations is often required due to resource constraints. A targeting system cuts across the entire programme cycle, from context analysis and needs assessments, through programme design and implementation, to monitoring and evaluation. If successful, the system will minimize unintentional distribution of assistance to non-vulnerable households/individuals (inclusion errors) and ensure that households in need of assistance are not excluded from assistance (exclusion error).

The COVID-19 disease outbreak comes with unpredictable primary and secondary impacts on vulnerable and food insecure populations across the world. Physically, the virus appears to strike elderly people and persons with underlying health conditions particularly hard. In addition to the immediate impacts on health outcomes, the daunting effects of COVID-19 on the global economy are becoming increasingly apparent. Disruptions to markets and livelihoods are expected to worsen, which will further exacerbate existing challenges faced by many vulnerable households to meet their food and other essential needs. Due to the highly contagious nature of the virus, containment measures limiting person-to-person contact are crucial. However, this puts the normal functioning of food supply chains, production as well as distribution at risk.¹

Countries with high levels of food insecurity are usually more vulnerable and less prepared for an epidemic outbreak than those who currently see a rapid spread of the disease as illustrated by the first edition of VAM analysis "Economic and food security implications of the COVID-19 outbreak". But health systems are pushed to the limit and beyond even in countries with high capacities, which are on the brink of collapsing when confronted with too many serious and critical cases within a short period of time.

The strong link between food security and health outcomes within a population has been widely recognized.² People who lack access to sufficient and diversified food are much more susceptible to diseases and find it more difficult to recover. They are also more likely to suffer from chronic conditions such as diabetes, hypertension and mood and anxiety disorders.

¹[WFP VAM: "Economic and food security implications of the COVID-19 outbreak", March 2020.](#)



27 March 2020

COVID-19: PD IMMEDIATE GUIDANCE

Targeting & Prioritization

Key questions to be answered to inform targeting and prioritization in COVID-affected populations

- ✓ How has the COVID-19 affected people's ability to meet their **food and other essential needs**?
- ✓ How are households reallocating their resources and prioritizing among different and possibly new **essential needs** including food, hygiene, health, shelter, transport, etc.?
- ✓ Who are the **most vulnerable and most affected populations groups**? E.g. demographic vulnerabilities, people living with underlying conditions (including HIV/TB), livelihood groups affected through secondary socio-economic effects, etc.
- ✓ How are governments responding to some of these needs, have they scaled up **national safety nets** or plan to do so?
- ✓ Which needs are **other partners** (UN, NGOs) covering or planning to cover? Are coordination mechanisms in place?
- ✓ Should the **objectives** of WFP interventions be reviewed in view of the crisis?
- ✓ Is there a need for immediate **targeting** adjustments based on the information available? Would these even be possible in the immediate term or would they need to be deferred to later?
- ✓ Has the crisis impacted the **needs of the people already targeted** or of other vulnerable groups **not previously targeted**?

Scale-up of monitoring systems and assessments to inform targeting

In order to answer these key questions, it will be critical to generate the evidence-base by analyzing pre-crisis secondary data and where required by collecting primary data through the scale-up of remote assessments and monitoring systems. 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. Two key actions are recommended:

Scale-up data preparedness: Pre-outbreak vulnerability data can help create an overview of the populations at-risk, 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 can be accessed in the [72-hour assessment guide](#).

Scale-up remote assessments and monitoring capacities: Without access to the affected population, face-to-face (F2F) assessments will no longer be feasible, as they may expose enumerators and respondents to unnecessary health risks. Nevertheless, it will be critical to assess and monitor the potential impacts of COVID-19 – both in terms of direct and secondary socio-economic impacts. Information to be collected typically cover preparedness measures, market functionality, impacts on livelihoods, morbidity and how people meet their food and other essential needs, etc. To inform targeting and prioritization, it will be key to also collect relevant demographic data, including the presence of elderly as well as people living with underlying health conditions. For more information on the existing tools and how to set up remote assessment and monitoring capacity, please refer to the VAM [remote monitoring guidance](#).

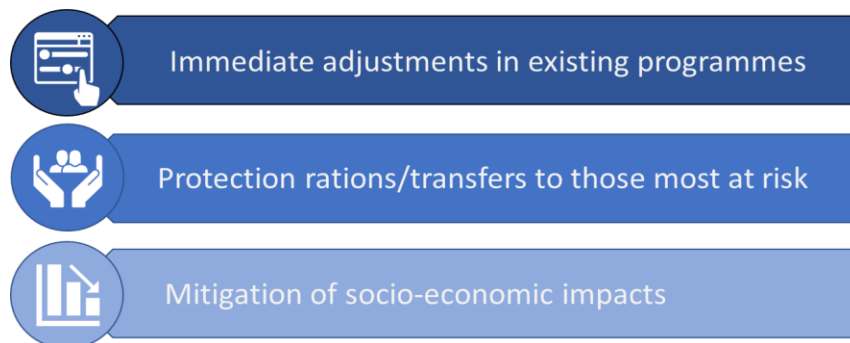
² See for example: [https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(17\)30004-9/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(17)30004-9/fulltext).

COVID-19: PD IMMEDIATE GUIDANCE

Targeting & Prioritization

Considerations for targeting adjustments by programme objectives

There are three areas where targeting and prioritization decisions may have to be revised or need to be made. First, possible adjustments have to be made to existing programmes; second Country Offices may be requested to implement or support the provision of protection rations/transfers to those most at risk; and third, in countries that are most harshly affected by the socio-economic effects created of health crisis, Country Offices may decide to establish or scale up existing safety net or livelihood support programmes.



1. Immediate adjustments

Existing lifesaving programmes usually focus on the most food insecure areas within a country, which, for example, are informed by IPC analysis. The recommendation is to maintain life-saving humanitarian assistance as they are already focused on meeting the needs of the most vulnerable groups.

Individual and household level targeting methods and criteria of existing programmes remain largely the same. Under certain circumstances reprioritization may be required but these decisions will largely depend on country specific circumstances, including availability of resources and potential supply chain disruptions within the country, transit countries or countries where supplies are originating from.

If necessary, a scale-up within the targeted areas or even beyond may need to be considered to support governments in addressing the additional needs with a focus **on areas that are under lock-down** or areas which have been identified as **epicentres of the spread** and where self-containment of particular social and demographic vulnerable groups has been promoted. While there is not yet firm evidence, it is assumed that the disease spreads more quickly in densely and well-connected populated areas compared to more remote and less populated areas.

It should be noted that a scale-up in a given country should only be considered if there are no alternative options in place or they are no longer functioning (e.g. disruptions of existing government safety nets).

If **schools are closing due to containment measures**, it could be considered to redirect the resources from school meals programmes to **take-home rations/cash based transfers** assisting the same families to address two objectives at the same time: facilitate containment in high risk areas and also support families whose income sources may have been affected by the measures undertaken. Take-home rations/cash-based transfers should be prioritized in the most food insecure parts of the country. It is recommended to increase rations from an individual to a family ration depending on the severity of the situation. Depending on the context this may require a change in the programme objectives (e.g. from educational objective to a more safety-net oriented objective).³

³ See School Feeding Guidance in this series for additional information and resources

COVID-19: PD IMMEDIATE GUIDANCE

Targeting & Prioritization

The targeting of **Food-for-asset (FFA) and climate change/resilience-building programmes**⁴ which usually are focused in areas that are prone to recurrent natural hazards and climate shocks would not have to be adjusted unless project areas become inaccessible or resources are being reprioritized towards life-saving activities. Additional vulnerabilities may emerge in urban areas, which would require adjustments in the programme design. Depending on the restrictions that countries are facing, new innovative approaches for programme delivery and community participation may be required.

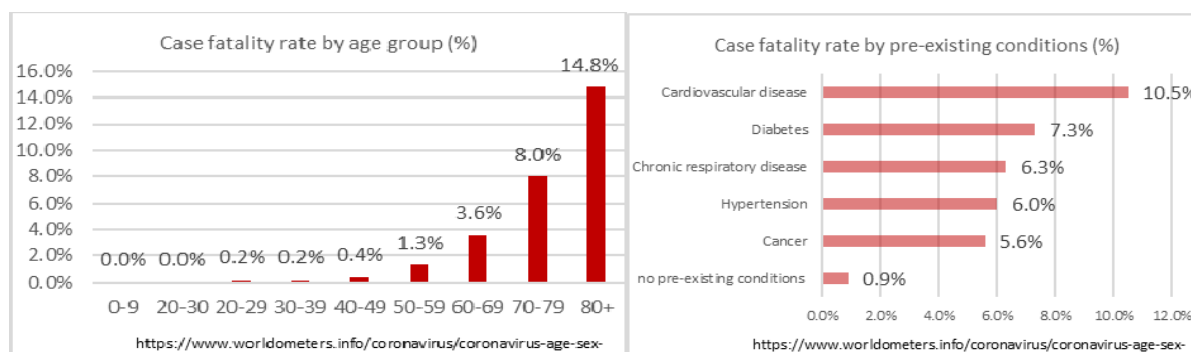
2. Protection of high-risk groups

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 in cash, voucher or in kind. Generally, it is recommended to consider innovative delivery mechanisms to reduce close physical contact and movements:⁵

Elderly persons and people with underlying medical conditions should be prioritized because they 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 conditions. Among people with pre-existing conditions, those who are suffering from cardiovascular diseases, diabetes and asthma are particularly vulnerable (see Figures below).⁶ It is also expected that certain pre-existing medical conditions like cancer or HIV can significantly weaken the immune system of the affected person, making it more likely for them to develop severe symptoms and complications when being infected by COVID-19.⁷ 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 of the affected people may also find it increasingly difficult to get hold of medication.

Most of the evidence shown so far illustrates that **youth and children** are less susceptible to fall seriously sick and generally suffer from no or less severe symptoms. However, they are potential carriers of the disease which can pose a risk to other family and community members who are in the higher risks' groups.

Figure: Case fatality rate by age group and pre-existing conditions



⁴ See FFA and Climate Change Guidance in this series for additional information and resources

⁵ Guidance for Cash-based transfers in the context of the COVID-19 outbreak can be accessed [this link](#). Support is also available via Global.cbtsupport@wfp.org

⁶ Similar trends were also reported by CDC for the United States (<https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e2.htm>).

⁷ See for example, CDC (<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/hiv.html>).



COVID-19: PD IMMEDIATE GUIDANCE

Targeting & Prioritization

The **effect of sex** on susceptibility to COVID-19 is less clear than the age effect. While preliminary data suggest that men might be slightly more susceptible than women, the difference might be explainable by different lifestyles and a higher susceptibility to underlying health conditions among men.

The introduction of **household level protection rations** should be considered to reduce the necessity of other household members to leave their homes (innovative delivery mechanisms will be required). In addition to individual and household level targeting, institutional support targeting **health facilities** may need to be considered. The rationale for this is that in many countries, families are taking care of their relatives when hospitalized, including the provision of food. However, family members may no longer be able to enter clinics or are discouraged to do so to reduce the risks of contamination or further spreading of the virus.

Table: Proposed targeting criteria for COVID-19 measures for protection of high-risk groups

Priority areas	Individual targeting criteria	HH level targeting criteria	Institutional targeting criteria
Priority 1: Areas under lock-down (red zones)	<ul style="list-style-type: none"> Elderly people (60+) People with underlying health conditions Primary caretakers of the above 	<ul style="list-style-type: none"> Households with at least 1 elderly people (60+) Households with person(s) with underlying health condition(s) – e.g. scale-up of existing HIV/TB programmes could be considered 	<ul style="list-style-type: none"> Hospital/clinics in epicentres affected by the outbreak Elderly nursing homes (where relevant)
Priority 2: Areas under official movement restrictions			
Priority 3: Other high-risk areas (high prevalence of new cases or fatality rates) – to be identified at country-level			

All interventions should be as short as possible. For hospitalized patients, the duration might be up to one month, while persons supported in their homes might require assistance up to three months to bridge the critical period during the disease outbreak. As further evidence will be generated by WHO, CDC and academia, these recommendations may be adjusted.

3. Mitigating socio-economic effects

While navigating the direct effects of COVID-19 on the population in general and the most vulnerable in particular, it is important for VAM, Programme and Management at country- and regional levels to develop plans to address the immediate and longer-term socio-economic effects of the health crisis. This section pulls together resources that can guide the selection of priority countries that will be among the hardest hit and help to establish context-specific planning scenarios to mitigate the immediate and longer-term socio-economic effects of COVID-19.

Affected populations are not only at risk from the disease but also from the economic consequences which, for some, will be more devastating than the disease itself according to the economic analysis conducted by VAM and others.⁸ According to IFPRI estimates, a contraction of the world economy by one percent could push more than 14 million additional people into extreme poverty – only taking into account the slowdown driven by COVID-19

⁸ [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)

COVID-19: PD IMMEDIATE GUIDANCE

Targeting & Prioritization

containment measures affecting businesses. If in addition, there are trade disruptions, the number of newly extremely poor could even rise to 22 million.⁹

According to the WFP economic analysis, countries with the following characteristics will be among the hardest hit:

- Low-income and lower middle-income countries that are largely relying on the **imports** of food and other essential needs
- Low income and lower middle-income countries that are largely relying on **exports** of primary commodities
- Low income and lower middle-income countries that are largely relying on the export of **labour and remittances**
- Countries with combined characteristics will face a **double or triple burden**

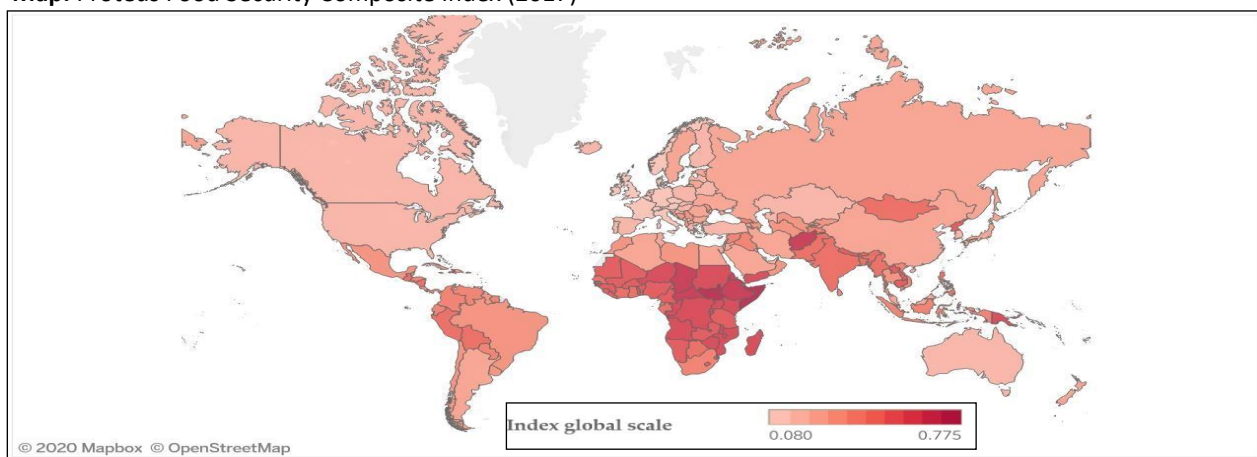
An important consideration to factor in is also the pre-crisis situation. The **Proteus Food Security Composite Index** developed by WFP VAM in 2018/19 could become a useful tool to prioritize countries with similar risk profiles.

The **Proteus composite index** measures food security across 185 countries. While the focus is on identifying countries that require priority action to address their chronic and structural food security challenges, the index also proved flexible enough to capture sudden onset crisis. Shortfalls typically associated with other composite food security indices are addressed. A variance-based sensitivity analysis tackles sources of uncertainty in the index. The results are robust over time and comparable between countries.

Source: World Development (Vol. 126), Oscar Caccavale/Valerio Giufridda (2020): The Proteus composite index: Towards a better metric for global food security

<https://www.sciencedirect.com/science/article/abs/pii/S0305750X19303572>

Map: Proteus Food Security Composite Index (2017)¹²



⁹ <https://www.ifpri.org/blog/how-much-will-global-poverty-increase-because-covid-19>

¹⁰ [Economic and food security implications of the COVID-19 outbreak - An update based on the evolving economic outlook](#) (25 March 2020).

¹¹ <https://databank.worldbank.org/reports.aspx?source=2&series=BX.TRF.PWKR.DT.GD.ZS>

¹² <https://dataviz.vam.wfp.org/global-coverage-proteus-food-security-index-oct-2019>



27 March 2020

COVID-19: PD IMMEDIATE GUIDANCE

Targeting & Prioritization

Additional variables of interest include **old-age dependency ratio** or the **proportion of elderly** (60 or above) within the population. A table with the value of the Proteus index by country as well as relevant age-related indicators are available covering all category 1 to 3 countries can be downloaded from [this link](#).

The consequences of economic crisis including domestic food price spikes, even if short in duration, can be devastating and have long-term repercussions in low income countries. The poorest households often resort to coping strategies, compromising quality and quantity of food, comprising meeting other essential needs such as health and education, consequently directly impacting their short- and longer-term food and nutrition security.

During the **2008/9 triple food, fuel and financial crisis**, the following groups were among the hardest hit according to assessments and analysis conducted at the time:

- **Female-headed households** and with high dependency ratios
- Households mainly depending on income from the **informal sector** (e.g. daily labour, petty trade)
- Households largely relying on **support from others** through the disruption of formal and informal safety nets
- Households with **migrant workers** largely depending on remittances
- Households depending on the **mining sector and processing industry**
- Households with **people living with HIV or TB** who were no longer able to afford medical services
- **Urban households** were generally hit harder than those in rural areas – due to their heavier reliance on markets to access food

The scale-up of remote monitoring systems and assessments will be critical to provide the evidence base for changing levels of vulnerability, and guide targeting and prioritization decisions for immediate actions now, during the course of the next months, as well as during the recovery phase.