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Social impacts and responses related to COVID-19 in low- and middle-income countries

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July 2020

About this report

The K4D Emerging Issues report series highlights research and emerging evidence to policy-makers to help inform policies that are more resilient to the future. K4D staff researchers work with thematic experts and the UK Government's Foreign, Commonwealth and Development Office (FCDO) to identify where new or emerging research can inform and influence policy.

This report is based on 23 days of desk-based research during June and early July 2020.

K4D services are provided by a consortium of leading organisations working in international development, led by the Institute of Development Studies (IDS), with the Education Development Trust, Itad, University of Leeds Nuffield Centre for International Health and Development, Liverpool School of Tropical Medicine (LSTM), University of Birmingham International Development Department (IDD) and the University of Manchester Humanitarian and Conflict Response Institute (HCRI).

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Suggested citation

Rohwerder, B. (2020). *Social impacts and responses related to COVID-19 in low- and middle-income countries.* K4D Emerging Issues Report 35. Brighton, UK: Institute of Development Studies.

Contents

1. Executive summary

The impacts of COVID-19 and the response to it extend beyond health impacts to the social impacts outlined below, which are structured around the five core technical competencies of the UK Government's Foreign, Commonwealth and Development Office (FCDO) Social Development Advisers:

Poverty and vulnerability

Impacts:

- The **global economic shock and steep recessions are causing millions to fall (back) into poverty** (World Bank, 2020a; Hazard, 2020; Sumner et al., 2020). Some estimates range from 71 million to 395 million more people falling into extreme poverty (USD 1.90), most of whom are in Sub-Saharan Africa (Mahler et al., 2020; Sumner et al., 2020). An estimated 176 million to 576 million more people, most of whom are in South Asia, will fall into poverty measured at the USD 3.20 poverty line (Mahler et al., 2020; Sumner et al., 2020).
- Many of those who escaped extreme poverty in recent years are still vulnerable to falling back into it, and many live very close to the poverty line in urban and rural areas, with little ability to withstand the economic shock of COVID-19 (World Bank, 2020a; Sumner et al., 2020; Rahman et al., 2020; Wylde et al., 2020).
- **Poor people and marginalised communities (see below) have been the hardest hit** in terms of vulnerability to the virus and its economic consequences (Alston, 2020; UN 2020a).
- **Measures taken in response to epidemics can have severe consequences for people's livelihoods and access to food and essential services**, especially for poorer people, women, and those in the informal sector, and they may turn to negative coping mechanisms (UNAIDS, 2020; UN Women, 2020d; Global Protection Cluster, 2020; Hazard, 2020).Dec
- Research in a number of different countries **found significant drops in people's incomes since the outbreak of COVID-19** (e.g. in Ethiopia 55% of households' income had reduced or disappeared), at the same time as seeing increases in the price of basic necessities (Wieser et al., 2020; Population Council, 2020b; Rahman et al., 2020; Regmi et al., 2020; UNDP, 2020a; Global Protection Cluster, 2020; Le Nestour et al., 2020).
- The number of **people facing acute food insecurity could double to more than 260 million in 2020**, with serious consequences for health (World Bank, 2020a; UN, 2020d).
- **Women are more likely than men to suffer from food insecurity** and to forgo spending on other essentials (Population Council, 2020b).

Preparedness, response/mitigation, resilience, and recovery measures:
- Responses to COVID-19 should **balance virus containment and risks to people's livelihoods** and be appropriate to the context (World Bank, 2020b; Jones, S., et al., 2020; Dercef et al., 2020).
- The **protection and creation of jobs and incomes of the most vulnerable workers**, including women, small and medium-sized enterprises, the self-employed, daily wage earners and migrant workers, should be central to the recovery effort (UN, 2020d; World Bank, 2020b; Cochran et al., 2020).

- It is important to **maintain essential food and nutrition services** and to **provide support to cover financial obligations** for items such as basic utilities and rent (UN, 2020d; Cochran et al., 2020; Staab et al., 2020).
- Evidence from past crises shows that **expansionary fiscal and social protection responses** have helped to reduce poverty, while austerity measures have had detrimental impacts (Tirivayi et al., 2020).

Social policy: Focusing on vulnerable groups

Impacts:

- **Existing inequalities have been exposed and worsened**, with those already marginalised and vulnerable the most affected by COVID-19, either directly or indirectly through the responses to it (UNAIDS, 2020; UN, 2020d).
- The changes in people's interactions as a result of fear or precautions have impacted on community trust and social cohesion in past major infectious disease outbreaks (Rohwerder, 2020; Lamoure & Juillard, 2020).
- **COVID-19 has resulted in the stigmatisation of those affected** by COVID-19 (survivors and their families and healthcare workers) and those who become associated with it (already vulnerable social groups, such as racial and ethnic minorities, foreigners, people with disabilities, people who are homeless, lesbian, gay, bisexual, transgender/transsexual, intersex and queer/questioning (LGBTIQ), sex workers, or people living in poverty) (IFRC et al., 2020; UNESCO, 2020). This **stigmatisation has led to discriminatory behaviour, social exclusion, economic marginalisation, and violence**, particularly gender-based violence, against them, as well as further restrictions on access to essential support and services (UNAIDS, 2020; Bishop, 2020).
- Lack of accessible health communications, issues with the provision of care and support, and some pre-existing health conditions mean that **persons with disabilities are especially at risk of catching and dying from COVID-19** (HI, 2020a; Goyal et al., 2020; Webster, 2020). Research in a number of countries has found that the crisis response has exacerbated barriers faced by persons with disabilities and **disproportionally exposed them to loss of income, food insecurity, and violence,** negatively impacting on their physical and psychological wellbeing (HI, 2020a; Goyal et al; 2020; i2i, 2020).
- **Older people are very vulnerable to dying of COVID-19** and the responses have often neglected them and **left them isolated, impoverished, and not receiving the care and support they had** before (UN, 2020c).
- Children, especially **children from marginalised and excluded groups, are severely affected during the COVID-19 pandemic by school closures, protection risks (including violence, female genital mutilation, child marriage, child labour), lack of routine healthcare, malnutrition, and poverty**, jeopardising their development (Hazard, 2020; Wieser et al., 2020). Globally, **over 1 billion students and youth are affected by school and university closures** due to the COVID-19 outbreak.[1] Up to **86 million more children could be pushed into household poverty** (UNICEF, 2020b). **Child labour is likely to increase** (ILO & UNICEF, 2020). Up to **85 million more girls and boys**

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[1] https://en.unesco.org/covid19/educationresponse

worldwide are likely to be exposed to physical, sexual and/or emotional violence over the next three months as a result of COVID-19 quarantines (World Vision, 2020).

- Many **young people risk being left behind in education, economic opportunities, and health and wellbeing**, due to the disruptions caused by the COVID-19 response (UNDESA, 2020b; Jones, N., et al., 2002; Farheen Ria et al., 2020; Hamad et al., 2020).
- **1.6 billion informal workers are at risk of losing their livelihoods** as a result of COVID-19 restrictions (ILO, 2020b). Many have little or no access to social protection to protect them from the economic shock (Devereux et al., 2020; UN, 2020d). They may also be **vulnerable to catching COVID-19 due to the conditions they live or work in** (WIEGO, 2020).
- While **migrant workers** have been vital in filling essential roles during the pandemic, many **are more exposed to the loss of employment and wages** during the economic crisis caused by COVID-19, and those in irregular positions **often have limited or no access to social protection** (UN, 2020b). **Families depending on their remittances are also hit hard** by the loss of migrant workers' wages (UN, 2020b; Wiesner et al., 2020).
- **Refugees and internally displaced persons** often live in conditions conducive to **increased risk of rapid spread of COVID-19**, while many have **lost their livelihoods** in the informal sector (Hazard, 2020; UN, 2020b; Kebede et al., 2020). **Protection risks and rights violations** are also a concern (Hazard, 2020; UN, 2020b).
- **Racial and ethnic minorities are disproportionally dying of COVID-19** as a result of structural inequalities and are facing **increased abuse and discrimination, loss of livelihoods, and lack of access to education** (Bachelet, 2020b; OHCHR, 2020b).
- **Indigenous groups** may be impacted directly and indirectly because of their **poor health and exclusion from health services and their reliance on the informal sector and exclusion from social protection systems** (UNDESA, 2020a; OHCHR, 2020a). The loss of indigenous elders has cultural implications for their communities (UNDESA, 2020a).
- COVID-19 has **amplified the violence, exclusion, and deprivation already experienced by LGBTIQ people** across the world (Bishop, 2020; Edgell et al., 2020).
- **Prisoners in overcrowded prisons are particularly vulnerable to disease outbreaks** and the loss of visitors due to COVID-19 precautions **negatively affects their mental health** (UNAIDS, 2020; PRI, 2020).

Preparedness, response/mitigation, resilience, and recovery measures:

- In order to leave no one behind there is a need to **analyse who is marginalised and at risk** and to collect, analyse, and monitor **disaggregated data** (UNFPA, 2020a; HI, 2020a).
- The creation of **stigmatising views or attitudes should be prevented and combated** if they arise (UNAIDS, 2020).
- It is **important that COVID-19 responses are inclusive**, especially of groups that are particularly affected (UN, 2020b; HI, 2020a).
- Responses should be **human rights based** and **involve the groups most affected** in the decision-making, governance, and monitoring of the response (UNAIDS, 2020; UN, 2020b).
- In the long-term, countries need to invest in protecting health, economic, and social rights as key defences against global epidemics and their fallout (UNAIDS, 2020; UN, 2020a).

Gender equality and the empowerment of women and girls

Impacts:

- **COVID-19 has the potential to reverse progress in women's and girls' development and rights** and decades of progress towards gender equality and women's economic empowerment (UNFPA, 2020a; Grown & Sanchez-Paramo, 2020; Rafaeli & Hutchinson, 2020).

- Reports in almost every country worldwide indicate big increases in gender-based violence since the outbreak of COVID-19 and the measures taken to contain it (UN Women, 2020b). An **additional 31 million cases of gender-based violence** can be expected to occur if lockdowns continue for at least six months (UNFPA, 2020a). At the same time, **access to gender-based violence services is constrained** by the lockdowns, social distancing, and the diversions of resources (UNFPA, 2020a; Klugman, 2020).

- There is a **risk of sexual exploitation and abuse and sexual harassment** in the response to COVID-19, especially for those already disadvantaged in their communities (SRSH, 2020a; Peterman et al., 2020; Global Protection Cluster, 2020).

- **School closures, financial insecurity, and disruption to programmes to prevent female genital mutilation may result in an additional 2 million cases** over the next decade that could have been averted (UNFPA, 2020a; Reuters, 2020; Hodal, 2020).

- An **additional 13 million child marriages** may take place between 2020 and 2030 that could otherwise have been avoided, including possibly at least 4 million more in the next two years, as a result of school closures, financial insecurity, breakdowns in social networks, and unintended pregnancies (Girls Not Brides, 2020; World Vision, 2020; UNFPA, 2020a; Global Protection Cluster, 2020).

- **Justice for women has been further undermined**, as the justice system has had to adapt to social distancing measures and resources have been diverted away from it (Klugman, 2020).

- Women and girls are finding it increasingly **difficult to access lifesaving sexual and reproductive services**, as services are sidelined, resources are diverted, health workers lack personal protective equipment, and women cannot travel to clinics or stay away for fear of contracting COVID-19 (UNFPA, 2020a; Haegeman & Vlahakis, 2020; Klugman, 2020; Rafaeli & Hutchinson, 2020; IPPF, 2020; Church et al., 2020). A 10% service disruption would lead to an additional 15 million unintended pregnancies, 28,000 maternal deaths, 168,000 additional newborn deaths, and 3.3 million unsafe abortions leading to an additional 1,000 maternal deaths (Riley et al., 2020).

- **Safe abortion services are at particular risk** during the pandemic, with COVID-19 being used as a deliberate opportunity to push for a roll back of women's sexual and reproductive health rights (Mijatović, 2020; Skinner, 2020).

- **Women are more vulnerable to losing their livelihoods** due to their greater representation in sectors worst affected by the crisis, including the informal sector (ILO, 2020c; UN Women, 2020d; UNFPA, 2020a; Cochran et al., 2020; BRAC, 2020). The dip in women's labour-force participation and economic activity compared to men's is likely to be prolonged (Klugman, 2020). Economic hardship can lead to risky behaviour, including transactional sex (Rafaeli & Hutchinson, 2020; Global Protection Cluster, 2020).

- **Around 70% of frontline health and social care workers are women**, increasing their exposure to the virus and to challenging work conditions, including attacks against them (Hazard, 2020; Rafaeli & Hutchinson, 2020; Amnesty International, 2020).

- **Gender inequality in education is likely to worsen** as a result of school closures, with girls less likely to return, having less access to online learning due to the digital gender divide, and needing to spend more time on care duties during school closures than boys (Rafaeli & Hutchinson, 2020; Haegeman & Vlahakis, 2020; Girls Not Brides, 2020).
- **Women's and girls' care burden has increased** as a result of COVID-19, due to caring for sick, increased responsibilities caring for older and household members with disabilities, and socially ascribed, gendered domestic responsibilities (Hazard, 2020; Klugman, 2020; Nazneen & Araujo, 2020). This can push them out of the workforce/education (Staab et al., 2020; Haegeman & Vlahakis, 2020). However, there are some reports that, in some contexts, men are becoming more involved in domestic tasks and childcare during lockdown, although still to a lesser extent than women (UN Women, 2020d).
- Despite their frontline work and the impact that COVID-19, and the response to it, has on women, **there has not been enough involvement of women in official COVID-19 response planning and decision-making**, leading to responses which fail to account for the disproportionate impact the crisis has on them (Fuhrman & Rhodes, 2020; Freizer, 2020). Countries where women are at the helm have been praised for their inclusive and effective COVID-19 response efforts, although the evidence is still emerging (Freizer, 2020).
- **Women's groups have been active in responding to the crisis** in their communities, although their regular functions have been challenged by lockdowns, social distancing and funding constraints (De Hoop et al., 2020; Freizer, 2020).

Preparedness, response/mitigation, resilience, and recovery measures:
- Response and recovery plans should be **centred on human rights and gender analysis**, paying particular attention to marginalised and excluded women and girls (Rafaeli & Hutchinson, 2020; Haegeman & Vlahakis, 2020).
- **Gender disaggregated data** of the impacts of COVID-19 are needed (Haegeman & Vlahakis, 2020).
- **Women should be represented in decision-making bodies** of the responses at every level, and their barriers to participation, including ones arising as a result of the COVID-19 pandemic, should be overcome (Fuhrman & Rhodes, 2020; Freizer, 2020). This includes ensuring that women have the information they need, that processes are flexible to account for their additional care burden, and that diverse women's organisations are strengthened (Freizer, 2020; Fuhrman & Rhodes, 2020; De Hoop et al., 2020).
- It is important to **ensure the continuity of gender-based violence services and efforts to prevent harmful practices** through continued support and adaption (Nazneen & Araujo, 2020; UN Women, 2020a; UNFPA, 2020a; Klugman, 2020; Hazard, 2020; SHRH, 2020b).
- Action needs to be taken to **maintain essential health services delivery, including sexual and reproductive health services**, through adaptions and women's participation, and to build inclusive health systems with comprehensive sexual and reproductive health services (Nazneen & Araujo, 2020; Leung et al., 2020; UNFPA, 2020a; Church et al., 2020).
- **Economic recovery programmes need to be gender sensitive** and targeted at the hardest-hit sectors that employ predominantly women and at women-led enterprises and businesses (Nazneen and Araujo, 2020; Cochran et al., 2020; Staab et al., 2020).

- The promotion of flexible work arrangements, the expansion of social protection to those with care responsibilities, the provision of childcare, and sharing of unpaid care and domestic work are important to **help alleviate women's unpaid care burdens** (Cochran et al., 2020, p. 6; Staab et al).

Social protection

Impacts

- **Lack of access to social protection contributes to people's vulnerabilities** to the impacts and economic shocks posed COVID-19 and the response (Hazard, 2020; Devereux et al., 2020).
- **Around 55% of the world's population have no or inadequate social protection**, especially in Africa, where 80% are not covered, and amongst informal sector workers, part-time workers, temporary workers, and self-employed workers (ILO & UNICEF, 2020; Lind et al., 2020; World Bank, 2020b; ILO, 2020c).
- Surveys of affected rural and urban poor have found low levels of social protection coverage and issues for existing recipients (Rahman et al., 2020; Ahmed, 2020; Goyal et al., 2020; Wieser et al., 2020; UNDP, 2020a; Farheen Ria et al., 2020; BRAC, 2020).

Preparedness, response/mitigation, resilience, and recovery measures:

- Counties that have **strong and effective social protection systems are better prepared to respond to the impacts of COVID-19** (ILO, 2020c; UN, 2020d; Dafuleya, 2020).
- 195 countries had planned, introduced or adapted 1,024 **social protection measures in response to COVID-19** by either **temporarily expanding the numbers eligible, topping up existing payments, creating new benefits, or combinations thereof** (Gentilini et al., 2020). Some new programmes are including previously excluded groups, such as informal workers (Staab et al., 2020).
- However, not all countries have been able to respond in this way, with **Africa having the lowest levels of coverage at 2% for cash and 5% for cash and in-kind combined**, and many of the most fragile countries having no measures in place – as of 12 June 2020 (Gentilini et al., 2020).
- **Most of the social protection response to COVID-19 so far is in the form of social assistance, mainly consisting of cash transfers**, followed by support for financial obligations and in-kind food/voucher schemes, and is often of short duration and uncoordinated in its targeting (Gentilini et al., 2020). Some programmes are including previously excluded groups, such as informal workers (Staab et al., 2020; Barca, 2020).
- **Some countries' expanded social protection programmes are almost universal**, but their implementation has been marred by issues with state capacity (Seekings, 2020; Dadap-Cantal et al., 2020).
- **In some fragile and conflict-affected states, humanitarian assistance could be linked to social protection systems**, although differences in their approach can make this challenging (Lind et al., 2020; Harvey et al., 2020; Wylde et al., 2020).

Preparing for the future

- COVID-19 is likely to remain around and therefore the **social protection response needs to consider both immediate needs and building firm foundations for**

comprehensive social protection systems, with the aim of building back better (Lind et al., 2020).

- Building back better will involve creating **links with complementary public goods and services**; designing **inclusive social protection systems** to ensure the inclusion of the most poor and vulnerable; finding ways to **adequately finance social protection systems**; establishing **strong accountability mechanisms**; and building **administrative capacity** (Lind et al., 2020; Tirivayi et al., 2020; ILO, 2020c, 2020d).
- In the long term, by building on/transforming their temporary social protection measures and if the right conditions are fulfilled, the aim of **universal social protection would offer the opportunity to protect against the impact of containment measures of a possible resurgence of COVID-19 and future pandemics** (Lind et al., 2020; ILO, 2020c; World Bank, 2020b; ILO, 2020d).

Empowerment and accountability

Impacts:

- The public health threat posed by **COVID-19 has effectively encouraged a further closure of civic space**, especially by governments already inclined to limit it (Barendsen et al., 2020; Brechenmacher et al., 2020). Lockdowns and physical distancing measures have affected people's ability to meet, organise, and advocate, and civil society organisations are struggling to survive, having lost important sources of funding (Brechenmacher et al., 2020).
- **Some emergency laws and responses to the pandemic have not been proportionate and compliant with human rights standards** (Barendsen et al., 2020; Youngs & Panchulidze, 2020; Edgell et al., 2020). There is a concern that **some governments are using the pandemic as a pretext to push their own political agendas** and adopt repressive measures, particularly around women's rights and sexual and reproductive health, and to silence their opponents (Barendsen et al., 2020; UN, 2020a; Skinner, 2020; Youngs & Panchulidze, 2020; Bachelet, 2020).
- The **responses of some governments have caused stigmatisation, and in some cases deliberate marginalisation**, of certain groups, including LGBTIQ people and other minorities, especially religious and ethnic minorities (UNAIDS, 2020; Edgell et al., 2020; Youngs & Panchulidze, 2020).
- COVID-19 has disrupted the regular functioning of state institutions and the way in which they interact with people, which has **contributed to limiting transparency and accountability** (UNDESA, 2020c).
- Some government actions have **limited access to information** (either unintentionally or deliberately), while others have engaged in **disinformation campaigns** (Barendsen et al., 2020; Article 19, 2020; UNDESA, 2020c). This is occurring in the context of a **"massive infodemic" of myths, fake news and conspiracy theories** (Fleming, 2020). In addition, certain groups, including women and persons with disabilities, are disadvantaged in terms of accessing information (UN Women, 2020d; Goyal et al., 2020).
- There are concerns about **increasing digital surveillance**, which may be used to constrain civic space (Barendsen et al., 2020; Youngs & Panchulidze, 2020).
- Emergency responses and economic stimulus packages create greater **opportunities for fraud and corruption** due to the bypassing of accountability and oversight procedures (UNDESA, 2020c, pp. 1, 3; Youngs & Panchulidze, 2020).

- However, the **pandemic has also created new opportunities for civil society**, with new forms of protest and activism, and the provision of assistance to communities where the official response has not adequately met people's needs (Barendsen et al., 2020; Youngs & Panchulidze, 2020; Brechenmacher et al., 2020). This **could strengthen their legitimacy** and counter negative narratives spread by some governments about civil society organisations' lack of local accountability and authenticity (Brechenmacher et al., 2020).

Preparedness, response/mitigation, resilience, and recovery measures:
- **Transparency is needed** for accountability and trust in the responses to COVID-19, and this entails regular sharing of information, proactive communication strategies to reach vulnerable and at-risk populations, and steps to counter false information (UNDESA, 2020c).
- Efforts need to be made to challenge restrictions on **access to information** (UNDESA, 2020c; UNAIDS, 2020; Barendsen et al., 2020).
- **Legislative and judicial oversight, internal and external auditors**, and civil society have an important role to play in mitigating the opportunities for corruption in the COVID-19 response (UNDESA, 2020c; UNAIDS, 2020).
- Affected populations need to receive relevant and timely information, participate in decisions that affect their lives, and have access to trusted feedback mechanisms to **ensure the COVID-19 response is accountable** to them (UNICEF, 2020a; UNHCR, 2020).
- **Opportunities for participation, engagement, and representation** need to be adapted to the new circumstances (UNDESA, 2020c; UNAIDS, 2020).
- **Support needs to be provided to strengthen civil society** (Brechenmacher et al., 2020).

2. Introduction

COVID-19 has triggered a global crisis that extends beyond health impacts to all aspects of life, especially as a result of the response and mitigation efforts taken to contain the virus. The pandemic poses a threat to sustainable development and implementation of the UN Sustainable Development Goals (Filho et al., 2020, p. 5). The impacts of the situation resulting from the virus and responses to it are harshest for those groups who were already marginalised and excluded before the crisis (UN, 2020b, p. 2). Pre-existing inequalities are being exacerbated and deepened, "exposing vulnerabilities in social, political, economic, and biodiversity systems, which are in turn amplifying the impacts of the pandemic" (UN, 2020d, p. 3). The negative impacts of major infectious disease outbreaks are "particularly profound in fragile and vulnerable settings, where poverty, poor governance, weak health systems, lack of trust in health services, specific cultural and religious aspects and sometimes ongoing armed conflict greatly complicate outbreak preparedness and response" (WEF, 2019, p. 3). Based on previous major disease outbreaks, the impacts of COVID-19 and responses to it (such as lockdowns and quarantines) are likely to be long-lasting (Rohwerder, 2020, p. 2). While there are similarities across countries, the way in which COVID-19 and the response to it plays out is context specific (De Hoop et al., 2020, p. 1), and thus what measures need to be taken to mitigate the social impacts may differ.

However, the actions taken now by countries as they respond to the spread and impact of COVID-19 will be fundamental in creating the foundations for a world capable of avoiding, mitigating, withstanding, and recovering from such extreme crises in the future (UN, 2020d, p. 38). This would involve making "macroeconomic choices and fiscal policies that are pro-poor and place peoples' rights at the center, greater investment in public services and other measures that curb inequalities", as well as responding to the threat of climate change (UN, 2020d, p. 38). Thus far, however, "much-needed structural responses have been sorely lacking", with many governments ignoring the need for large-scale economic and social restructuring, others taking it as an opportunity to undermine or restrict human rights, and most actors doubling down on existing approaches that are failing to end poverty (Alston, 2020, p. 9).

The immediate phase of COVID-19, which might be expected to last about six months, has been characterised by high infection rates and lockdowns, resulting in abrupt and unprecedented disruption to lives and livelihoods (Lind et al., 2020, p. 6). The medium phase, which in the best-case scenario, is expected to last roughly 12 months with the development of a vaccine, or around 7–8 years (or longer) due to difficulties with vaccine development, should see a "shift from immediate crisis management towards continuing efforts at economic and social stabilisation as well as supporting livelihood recovery". Widespread disruption to livelihoods is likely to continue and "depletion of food stocks and disrupted supply and food chains will cause deepening levels of poverty and growing spread of hunger" (Lind et al., 2020, p. 7). In the longer term, once effective therapy and prevention regimes are in place and deployed at scale, "employment and income generating opportunities can be expected to pick up again but against a backdrop of severely depleted resources and intensified levels of poverty and inequality" (Lind et al., 2020, p. 8).

Focus of this report

This report focuses on the social impacts of the COVID-19 pandemic in low- and middle-income countries and considerations around preparedness, response/mitigation, resilience, and recovery measures taken or proposed in response. However, it should be acknowledged that the different

impacts are interconnected and COVID-19's social impacts do not exist in isolation from the health and economic impacts, for instance. The report is structured around the five areas of technical competency expected of FCDO's social development advisers and draws on a desk-review of the available literature and research. It should be noted, however, that most of the issues in the different sections are in fact interconnected and reflective of intersecting inequalities. As a result, the report contains hyperlinks to the different sections throughout.

As the pandemic progresses, more evidence is emerging from different countries about the immediate impacts of the outbreak and response, with some also showing the impacts over time through the use of multiple rounds of surveys. The research carried out so far has been a mixture of quantitative and qualitative research of the situation on the ground and predictions based on various models. The literature available also includes policy papers based on experience with previous epidemics and work being carried out in the relevant areas prior to the outbreak of COVID-19.

Suggestions for preparedness, response/mitigation, resilience, and recovery measures in the literature come from a mixture of what is happening at the moment, what has worked in previous epidemics, and adaptions and reinforcement of recommendations generally made for activities in the particular areas. Much of the focus currently is on the more short-term responses to contain the pandemic and some of its indirect impacts, yet the long-term, lasting impacts of the crisis should be considered concurrently and included in the current responses to the crisis. Health needs are connected to social, economic, and environmental wellbeing, and there is a "strong environmental sustainability and gender equality imperative to build back better" (UN, 2020d, p. 1, 38).

This report presents a snapshot of the evidence available in July 2020, with recognition that more evidence continues to emerge which may bring up new issues and nuance those that are discussed in this report. Nevertheless, the impacts outlined are likely to remain important to consider and be long-lasting.

3. Poverty and vulnerability

Impacts

COVID-19 has a large negative impact on people who were already in poverty before the pandemic and will result in large increases in the number of people in poverty.

"Poor people and marginalized communities have been the hardest hit in almost every country, both in terms of vulnerability to the virus and its economic consequences" (Alston, 2020, p. 3). Their livelihoods are more likely to be lost due to lockdowns, layoffs and closures, and they generally have little recourse to social protection and ability to cope with shocks (UN, 2020a, p. 7; Alston, 2020, p. 9; de al Fuente et al., 2019, p. 2). They are also more likely to die from COVID-19 as a result of factors including that they cannot afford to adopt distancing measures, that the conditions they live in do not allow for distancing, that they have no food stockpiles, and that they have worse baseline health and limited access to medical care and sanitation (World Bank, 2020b, p. 8; UN, 2020a, p. 7; Alston, 2020, p. 9). "Those who are better off are more likely to have secure employment and savings to draw on and access to social protection and health coverage, and are better able to quarantine themselves while continuing to work remotely" (ILO,

2020d, p. 2). This leads to highly uneven impacts and outcomes of the crisis within and across countries, which will result in increasing inequalities (ILO, 2020d, p. 2).

Many countries are expecting to experience steep recessions and shrinkage in per capita incomes as a result of COVID-19 and the response, which is likely to cause many millions to fall into poverty and reverse development progress (World Bank, 2020a, p. xv; Hazard, 2020, p. 5; Sumner et al., 2020, p. 19). Many of those who escaped extreme poverty in recent years are still vulnerable to falling back into it (World Bank, 2020a, p. 127; Sumner et al., 2020, p. 19; Rahman et al., 2020, p. 25). There are many living very close to the poverty line in urban and rural areas, such as casual wage labourers and those with household enterprises, who have very little ability to withstand the shock of the fall in their incomes due to COVID-19 lockdowns, and a complete halt to their earnings will probably push them into poverty very quickly (Wylde et al., 2020, p. 5). The crisis is likely to "cause repercussions for global poverty for years to come" (Sumner et al., 2020, p. 20; Wylde et al., 2020, p. 8). Calculations by Decerf et al. (2020) indicate that, as of early June, the "poverty costs of the pandemic are very large relative to the mortality costs", especially in developing countries.

The marginalised groups that have been hit hardest are described in more detail in **Section 4 – Social policy: Focusing on vulnerable groups** and **Section 5 – Gender equality and the empowerment of women and girls**.

Increased numbers falling into poverty

Estimates of new poverty levels as a result of the COVID-19 pandemic vary. The "final poverty outcome will be determined by what governments do, the precise income shock in each country, and the duration of the crisis" (Sumner et al., 2020, p. 1; Wylde et al., 2020, p. 2).

A baseline scenario from the World Bank using growth forecasts from the Global Economic Prospects, which assumes that the outbreak remains at levels currently expected and that activity recovers later this year, would push an estimated 71 million into extreme poverty (UDS 1.90 poverty line[2]) (Mahler et al., 2020). A downside scenario, where outbreaks persist longer than expected, forcing lockdown measures to be maintained or reintroduced, would push an estimated 100 million into extreme poverty (Mahler et al., 2020). Sub-Saharan Africa is likely to be hardest hit by extreme poverty, although there are worrying signs from India (Mahler et al., 2020). Most of the 176 million additional poor at the USD 3.20 poverty line are in South Asia (two-thirds), while the estimated 177 million pushed into poverty at the USD 5.50 poverty line are mainly in East Asia and the Pacific (Mahler et al., 2020). See Figure 1.

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[2] The outgoing Special Rapporteur on extreme poverty and human rights notes that this international poverty line is well below the national poverty lines of most countries, and therefore more people in each country will be living in poverty than represented by this poverty line (Alston, 2020, p. 4). In addition, these figures ignore intra-household poverty, such as differences between men and women in the same household (Alston, 2020, p. 6).

Figure 1: The regional distribution of the COVID-19-induced poor
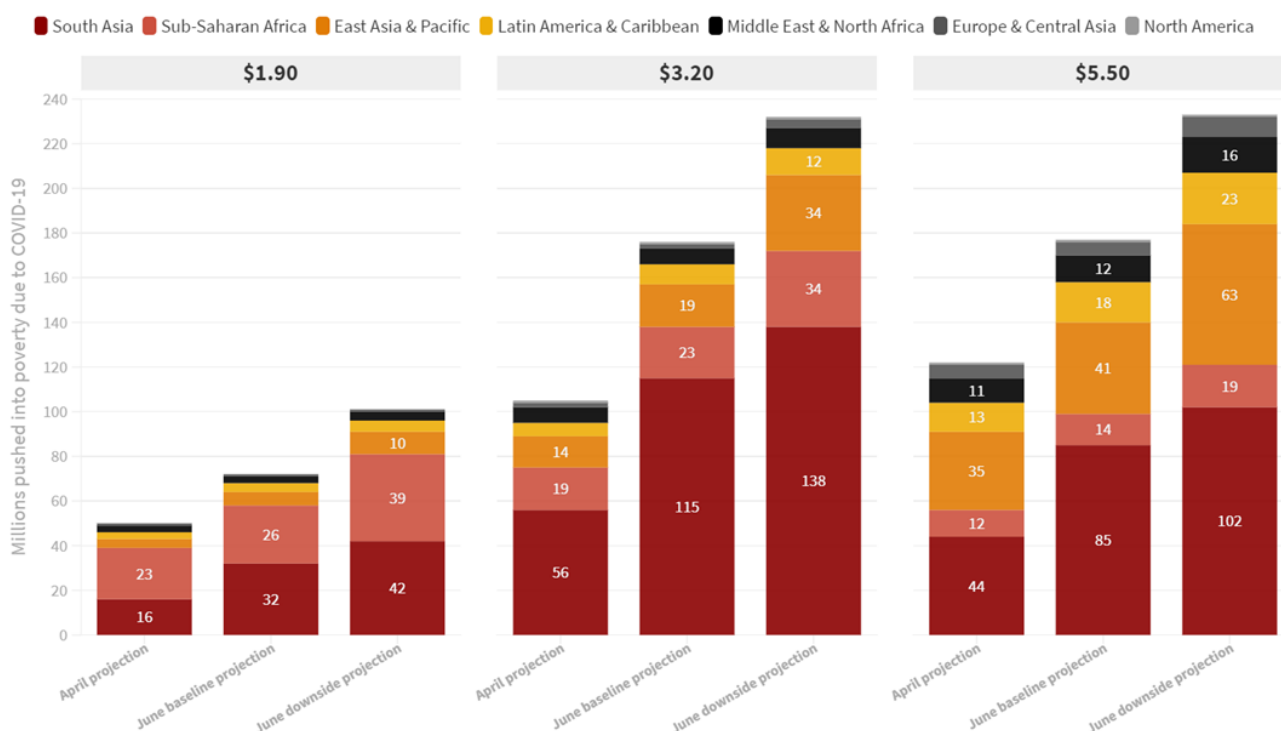
Source: Mahler et al., 2020. © The World Bank Group.[3]

Another set of estimates from the UN University World Institute for Development Economics Research (UNU-WIDER), using the World Bank's PovcalNet dataset of harmonised household surveys and based on three different scenarios of contraction in per capita income/consumption (5%, 10%, 20% – in line with short-term projections), suggests that the numbers falling into extreme poverty as a result of COVID-19 could range from between 80 and 395 million people, potentially reversing 7 to 10 years of progress in the fight against poverty (Sumner et al., 2020, p. 7). Using the USD 3.20 poverty line could lead to an additional 133 to 576 million people living under this poverty line (Sumner et al., 2020, p. 8). Using the USD 5.50 poverty line could lead to an additional 124 to 527 million people living under this poverty line (Sumner et al., 2020, p. 8). See Figure 2.

Sumner et al. (2020, pp. 8–9) also warn that the crisis could not only result in a higher incidence of poverty but also exacerbate both poverty intensity and severity. This would mean that the resources needed to lift the incomes of the poor to the poverty lines, as indicated by the poverty gap, could increase by 60% (Sumner et al., 2020, p. 19). Their estimates show that "poverty is likely to increase dramatically in middle-income developing countries" (Sumner et al., 2020, p. 19). "India plays a significant role in driving the potential increases in global extreme poverty", with Nigeria, Ethiopia, Bangladesh, Indonesia, Democratic Republic of Congo, Tanzania,

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Pakistan, Kenya, Uganda, and the Philippines coming next (Sumner et al., 2020, p. 14). This is partly a feature of the size of their populations, but also of the amount of people living just above the poverty line and thus vulnerable in the face of shocks, amongst other factors (Sumner et al., 2020, p. 15).

Figure 2: Additional people living in poverty (millions)
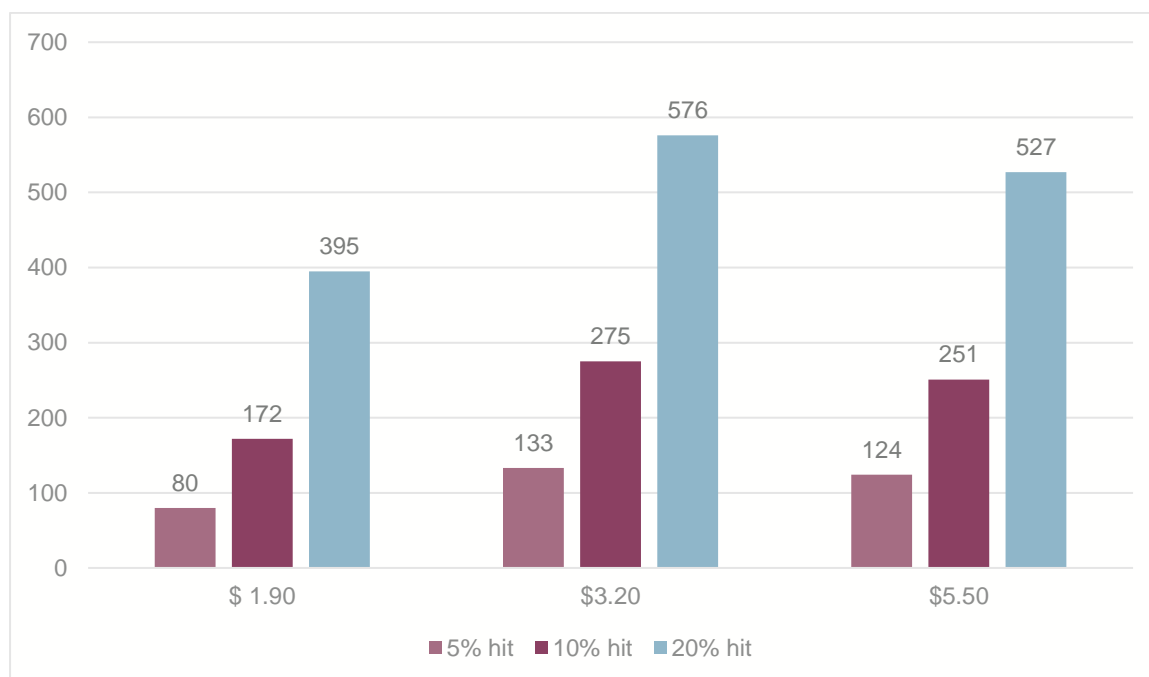
Source: Roelen (2020), based on data from Sumner et al. (2020).[4]

Loss of livelihoods and descent into poverty

Precautions taken in response to epidemics can have severe consequences for people's livelihoods, employment and access to food and essential services (UNAIDS, 2020, p. 13; Rohwerder, 2020, p. 12; Wylde et al., 2020, p. 2). If people are asked to isolate or businesses asked to shut down, there is a risk that people will lose their wages or employment (UNAIDS, 2020, p. 13). This holds especially for those in "precarious employment situations, or in employment without paid sick leave, which is something that can disproportionately affect certain populations on the basis of, for example, gender, race, socioeconomic status or nationality" (UNAIDS, 2020, p. 13). This extends beyond domestic precautions, as people working in sectors such as tourism or manufacturing are hard hit by slumps in demand due to the effects of public health measures in other countries (Wylde et al., 2020, p. 4). COVID-19 prevention measures also disrupt livelihood and subsistence activities (Hazard, 2020, p. 23). With more than 80% of the rural population in West Africa relying on subsistence farming, disruption to the current and upcoming agricultural seasons will have a long-term incremental impact on the region (Laouan, 2020, p. 2). However, generally, the poor who rely on farming are "likely to be more protected from the economic effects of the pandemic, as long as family farming activities are allowed to

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[4] Adapted from "Additional people living in poverty (millions)", K. Roelen, 2020. Unpublished. Adapted with permission.

continue" (Wylde et al., 2020, p. 3). The impact on households can be very wide, with research by Gatiso et al. (2018) in Liberia suggesting that the negative impact of Ebola on household incomes was also felt in communities that were not directly affected by Ebola.

Research from previous major disease outbreaks showed that the death, quarantine, or sickness of family members has an impact on household income, especially if they were the main wage earners (Rohwerder, 2020, p. 14; Wylde et al., 2020, p. 2). The marginalisation of survivors of the 2014 Ebola crisis also affected their ability to earn a living (Lamoure & Juillard, 2020, p. 22). In addition, people already living in poverty or just above the poverty line have limited means to cope with the shocks posed by major infectious disease outbreaks (de al Fuente et al., 2019, p. 2; Wylde et al., 2020, p. 5).

Previous poverty studies have shown that sickness can result in a poverty spiral caused by "expenditure on treatment, loss of income, depletion of livelihood assets (sale of land or livestock) and negative coping mechanism (withdrawing children from school)" (Hazard, 2020, p. 22). This combines with the economic downturn, which leads to "higher food prices, less purchasing power, higher risk of losing jobs, and lack of safety nets" (Hazard, 2020, p. 22). Rising costs can drain people's savings and force them into debt (Rafaeli & Hutchinson, 2020, p. 13). If there is a credit crisis, households may reduce household investment in things such as schooling and may turn to more desperate ways to access credit, such as bonded labour (ILO & UNICEF, 2020, p. 15). The Global Protection Cluster (2020, p. 1) found that the combination of economic decline, lockdown measures, and loss of livelihoods or income from remittances during the COVID-19 pandemic are "exhausting individual and family resources, exacerbating immediate assistance needs, and creating conditions for exploitation and abuse to thrive", resulting in reports of cases of transactional sex, early marriage, child labour, and human trafficking.

Emerging evidence from around the world highlights widespread and far-reaching impacts on livelihoods.

In Ethiopia, the first round of a high-frequency phone survey of 3,249 households in rural and urban areas during mid-April to mid-May found that 55% of respondents reported that household incomes were either reduced or had totally disappeared as a result of COVID-19 (Wiesner et al., 2020, pp. 1, 4). Some 13% of respondents have lost their jobs since the outbreak started, especially those in hospitality construction, and wholesale and retail, although only 63% of the job losses were attributed to COVID-19 (Wieser et al., 2020, pp. 1, 6). Female respondents were a little more likely to have lost their job than male respondents (15% compared to 12%) (Wieser et al., 2020, p. 7). Both rich and poor report reduced incomes, with the richest most likely to report a total loss in income (Wieser et al., 2020, p. 5). Urban respondents were more affected by job losses than rural ones (18% compared to 10%) (Wieser et al., 2020, p. 1).

In Kenya, a survey of five informal settlements in Nairobi in May found that 84% of respondents reported losing complete or partial income due to COVID-19, with an increase in the number of those reporting complete loss of income from a previous round of the survey in April (42% compared to 36%) (Population Council, 2020b, p. 3). Women were more likely to have completely lost their job/income (47% compared to 36% of men) (Population Council, 2020b, p. 3). Some 87% of respondents reported an increase in household expenses, especially as a result of increased food prices (Population Council, 2020b, p. 3). Only 21% were receiving assistance, and this assistance is not enough to meet basic needs and does not appear to be targeted to the most vulnerable (Population Council, 2020b, p. 3).

In Bangladesh, a telephone survey in early April with 5,471 rural and urban slum households of different income groups (extreme poor, moderate poor, vulnerable non-poor, and non-poor) found that 70% of main income earners in urban slums and 54% in rural areas became economically inactive in the first week of April due to system-wide economic standstill in response to measures to contain COVID-19 (Rahman et al., 2020, p 8). The rate of economic inactivity was higher for the poor and extreme poor but still high overall (Rahman et al., 2020, pp. 8-9). There was a dramatic and steep decline in the income of all segments of the respondents, with an income drop of 75% in urban slums and 62% in rural areas (Rahman et al., 2020, p. 9); and 73% of rural and 87% of urban households categorised as vulnerable non-poor by their reported February income dropped below the poverty line income in April (Rahman et al., 2020, p. 11). This suggests that 22.9% of the population will be new poor after COVID-19 (Rahman et al., 2020, p. 26). Those working in the informal sector suffered from a more severe income drop than those in the formal sector and farmers (Rahman et al., 2020, p. 12). "9% of extreme poor and 8% of moderate poor reported receiving government support while 4% of vulnerable non-poor and 6% of non-poor respondents" reported receiving support from government (Rahman et al., 2020, pp. 17–18); 19% of female respondents compared to 13% of male respondents in urban areas reported receiving government support (Rahman et al., 2020, p. 21).

In Nepal, a telephone survey of 4,416 households across all seven provinces in April found that 1 in 10 had lost jobs due to COVID-19 and 3 in 10 had lost some income (Regmi et al., 2020, p. 3). The loss in income occurred mainly amongst "daily wage laborers, migrant workers, and households with a disabled person" (Regmi et al., 2020, p. 4).

In Jordan, an online survey of 12,084 respondents, during the last week of April until 3 May, found that 58.6% of respondents who were employed before the crisis indicated that they have lost their entire income since lockdown, with large variations across the governorates, and younger age groups more affected (UNDP, 2020a, p. 4). Some 72.5% of respondents reported having difficulties covering basic needs (rent, food, heating and medicine) due to the lockdown measures (UNDP, 2020a, p. 4); and 66% of respondents reported that their financial resources will last less than one week should conditions continue (UNDP, 2020a, p. 4).

In Iraq, remote protection monitoring of internally displaced persons found that 89% reported loss of employment or livelihoods; 58% lacked access to humanitarian services; 52% lacked access to government services; and 44% had difficulty paying rent (Global Protection Cluster, 2020, p. 2). People were coping by reducing food consumption (75%), spending savings (70%), and taking on debt (61%) (Global Protection Cluster, 2020, p. 2).

In Senegal, a nationally representative mobile phone survey of 1,023 people in early April, found that 86.8% of households reported their income was below average in the last seven days, especially rural households, where 91.5% of village inhabitants reported a loss of income (Le Nestour et al., 2020, p. 3); 93.7% of people living below the poverty line reported a loss in income (Le Nestour et al., 2020, p. 3).

Reduced spending on essentials

The loss of or reduction in household income due to COVID-19 is likely to lead to cutbacks on essential health and food expenditures (Hazard, 2020, p. 5; Population Council, 2020b, p. 1). One of the consequences of this could be the erasing of the last two to three years of progress in reducing infant mortality (Hazard, 2020, p. 5). In the Ethiopia survey, households have struggled to buy what they need primarily as a result of decreases in their regular income, combined with

increases in prices (Wieser et al., 2020, p. 2). Poorer households were disproportionally affected by increases in prices (Wiesner et al., 2020, p. 2). Reductions in expenditure are not even, and women in Kenya are skipping meals and increasingly no longer buying sanitary pads (Population Council, 2020b, p. 1).

After doing nothing (55.2%), the most common coping strategy for households with reduced income was reliance on savings (19.5% – 34% in urban areas and 11% in rural), followed by reduced food consumption (13%) and reduced non-food consumption (10%) (Wieser et al., 2020, p. 6). Reduction in consumption can have long-term health effects on household members (Wieser et al., 2020, pp. 5–6).

Increased food insecurity

COVID-19 is contributing to food insecurity drivers across the world (Hazard, 2020, p. 5). Estimates from the World Food Programme suggest that the "number of people facing acute food insecurity could double to more than 260 million in 2020" (World Bank, 2020a, p. 46). This could result in increased mortality, morbidity, and malnutrition (UN, 2020d, p. 14).

This food insecurity is the result of the combination of falling household incomes, currency depreciation and increased food prices, as well as disruption to the supply of agricultural inputs diminishing next season's crop (World Bank, 2020a, p. 46; Hazard, 2020, p. 16). School closures have affected school feeding programmes (Wieser et al., 2020, p. 3). COVID-19 restrictions also mean that "women traders are unable to work and this is increasing food insecurity in local communities" (Rafaeli & Hutchinson, 2020, p. 14). Other factors, such as the plague of locusts currently threatening harvests in East Africa, also come into play (World Bank, 2020a, p. 46; Hazard, 2020, p. 17).

The telephone survey in Bangladesh found that "only 24% of urban respondents and 38% of rural respondents were able to rely on current income to meet their food expenditure needs", relying instead on savings, borrowing, or grocery shop credit, and curtailing food consumption (Rahman et al., 2020, p. 16). Demand for food support was high amongst the respondents (Rahman et al., 2020, p. 22). In general, Wieser et al. (2020, p. 8) found food security to be a concern amongst households in Ethiopia. In Nepal, 23% of surveyed households had inadequate food consumption, with food insecurity more prevalent amongst daily wage labourers, cash crop producers, people with less diversified livelihoods, those who sourced food in the market, households that did not have food stocks, and households with low education levels, a chronically ill member, or female-headed households (Regmi et al., 2020, p. 4). Difficult decisions are being made by households, between buying food or buying soap to maintain hygiene measures needed to stop the spread of COVID-19 (Rafaeli & Hutchinson, 2020, p. 14; Laouan, 2020, p. 3).

Food shortages could also cause food price spikes that could further exacerbate poverty and negatively affect the welfare of households, especially if they are reliant on negative coping mechanisms (World Bank, 2020a, p. 203; Wieser et al., 2020, p. 2; Hazard, 2020, p. 17). Insufficient food supplies also have the potential to trigger social unrest and conflict (World Bank, 2020a, p. 144).

Globally, women are more likely than men to suffer from food insecurity, making up 70% of the world's hungry (Hazard, 2020, p. 17). A survey of five informal settlements in Nairobi found that women were more likely to report skipping a meal than men (77% versus 68%) and that, in

general, a higher proportion of people were skipping means in May compared to in April (74% compared to 68%) (Population Council, 2020b, p. 1). Some 80% reported that their children skipped meals/ate less due to COVID-19 (Population Council, 2020b, p. 4). In Bangladesh, "female headed households, particularly in urban areas [were] in greater distress compared to their male counterparts when it comes to food security" (Rahman et al., 2020, p. 21).

In places where women and adolescent girls are responsible for food security within their household, increased food insecurity can "put them under heightened pressure and could expose them to intimate partner violence or reliance on negative coping mechanisms, such as resorting to transactional sex, sexual exploitation and abuse, and entering girls into child marriages" (Rafaeli & Hutchinson, 2020, p. 14).

Preparedness, response/mitigation, resilience, and recovery measures

The World Bank (2020a, p. xvi) suggests that "[i]mmediate policy measures should support health care systems and moderate the short-term impact of the pandemic on activity and employment". In the longer-term a comprehensive reform drive is needed, including expanding investment in education and public health (World Bank, 2020a, p. xvi).

"Social protection is a vital response to poverty, vulnerabilities and uncertainties exacerbated by the COVID-19 crisis" (Lind et al., p. 4) – it is focused on in **Section 6**.

Responses to past crises: Expansionary fiscal and social protection responses and austerity

A review of previous health and economic crises found that previous "public policy responses to virus pandemics/outbreaks (apart from HIV/AIDS) were limited compared to policy responses to previous economic crises and natural disasters" (Tirivayi et al., 2020, p. 5). Useful insights can be drawn from the 2007–2008 global financial crisis, which included a "short phase characterised by expansionary fiscal and social protection responses, followed by a longer phase of austerity measures" (Tirivayi et al., 2020, p. 5).

Temporary social transfers and public works programmes were introduced in Sub-Saharan Africa, and in some countries pre-existing school feeding programmes were scaled up (Tirivayi et al., 2020, p. 5). "However, responses were constrained by weak social protection systems, low pre-existing coverage and decreased revenues" (Tirivayi et al., 2020, p. 5). In high- and middle-income countries responses included "economic stimulus packages and pre-existing statutory social assistance (mostly cash transfers) and insurance programmes or plans" (Tirivayi et al., 2020, p. 5). Some of these responses were "gender blind/discriminatory as they favoured sectors dominated by men or excluded young men mostly affected by the recession-induced unemployment" (Tirivayi et al., 2020, p. 5).

Evidence from previous crises shows that "economic stimulus responses reduce poverty and protects family income, while austerity measures have detrimental impacts on childcare, parental caregiving, adult mental health, home ownership, crime and the prevalence of infectious diseases" (Tirivayi et al., 2020, p. 5).

However, given the already existing wealth and income inequality, financial fragility and mounting debt in the global economy, developing countries will face "significant challenges to deploying the

full range of fiscal and monetary policies required to contain the virus and prevent economic devastation" (Cochran, 2020, p. 2).

Balancing virus containment and protecting livelihoods

Responses to the pandemic have needed to "balance protecting people from the pandemic with ensuring access to income, food, and basic services", requiring difficult trade-offs that need to be informed by the country context (World Bank, 2020b, p. 10). Decerf et al. (2020) suggest that the optimal design of containment interventions in low-income countries will be different from that in high-income countries to account for increased poverty. Developing countries have been putting in place many of the same policies used in China, Europe, and North America to contain the virus but S. Jones et al. (2020) suggest that some, such as lockdowns, may not be appropriate as they assume that families can stay in isolation with relative ease. However, in countries such as Mozambique household conditions are often unsuited to lockdown (limited access to safe water, sanitation, energy, information and communications technology, and permanent source of income or savings) and many people cannot afford to stay at home if there is no broad-based safety net in place (Jones, S., et al., 2020). Instead they suggest alternatives to lockdown, including extensive testing and tracking to identify virus hotspots, extensive prevention measures, and large-scale social protection programmes (such as cash transfers) and basic service expansion (such as mobile drinking-water stations) (Jones, S., et al., 2020).

In the short term, "governments should consider expanding social protection to support household consumption by increasing the coverage or amounts of cash transfers and appropriately designed public works, together with social insurance, where relevant", as well as considering employment retention or restoration policies (World Bank, 2020b, p. 12). It is also important to protect food supply chains and keep them fully functional through measures such as open "green channels" for the transport of food, improved on-farm food storage, innovative ways to help agribusinesses meet higher safety and health regulations, and inputs to farmers (World Bank, 2020b, p. 12).

Protecting and creating jobs

Experience from previous crises indicates the importance of making the protection of the jobs and incomes of the most vulnerable workers, including small and medium-sized enterprises, the self-employed, daily wage earners, and migrant workers central to the recovery effort (UN, 2020d, p. 21). Efforts to prevent the collapse of economic activities and jobs have included assisting businesses to contain massive layoffs (through grants, loans and tax relief and employment retention schemes) and protecting households and individuals through expanding social protection, teleworking and work-sharing polices (UN, 2020d, pp. 18, 21).

In addition, some countries have scaled up employment-intensive programmes, such as the Employment-Intensive Investment Programme, which can create about 55,000 short-term jobs (average 40 working days), benefiting about 270,000 vulnerable people, in 19 countries (UN, 2020d, p. 18).

In low-income countries, given that informality is high, "[e]nsuring the availability of finance for smaller firms and their workers should be a priority since they cannot be efficiently reached through formal instruments such as taxation policies or wage subsidies" (World Bank, 2020b, p. 13). Cash transfers to informal sector workers are also needed (World Bank, 2020b, p. 13).

Some governments have put in place fiscal and monetary policies to stimulate the economy and employment (UN, 2020d, p. 21). Such stimulus programmes need to consider those who have been most at risk of losing their jobs due to COVID-19, such as women or informal workers, and put in place targeted measures to support these sectors (UN, 2020d, p. 18; Cochran et al., 2020, p. 6).

Cochran et al. (2020, p. 5) warn that "economic response and recovery measures will be successful only if they tackle and reduce gender inequalities", yet thus far few of the measures taken in response to the impacts of COVID-19 have been designed with a gender lens or contain measures specifically targeting women. The UN (2020d, p. 21) notes that investment in the care economy (health and education), where women represent three-quarters of total employment, is an important part of this. See also: support for women's economic empowerment in Section 5.

Maintaining essential food and nutrition services

Efforts are being made to maintain essential food and nutrition services (UN, 2020d, p. 14). As well as being vital to prevent hunger and malnutrition, such support also relieves stress among women who are often responsible for meeting household food needs (Staab et al., 2020, p. 6). Such support includes food support, cash support, and vouchers, coupled with volunteer-supported social-behaviour-change communication programmes to improve children's and women's diets (UN, 2020d, p. 14). "More than 20 countries have found alternative ways of providing school meals, including through take-home rations distributed at schools or other collection points (e.g., Chile, Costa Rica, Liberia) or delivery, as in Kerala (India) where workers of the Integrated Child Development Scheme now pack ingredients for mid-day meals and send them to beneficiary households" (Staab et al., 2020, p. 6).

The support also includes promoting and supporting maternal health, adequate breastfeeding practices for infants, nutrient-rich diverse diets, and responsive feeding practices for young children (UN, 2020d, p. 14). Work is being carried out with the UN system, governments, and private sector partners to "secure affordable healthy food options for children, women and families, as well as vulnerable populations, including those living with HIV/AIDS" (UN, 2020d, p. 14).

Decreasing the financial burden on households

A number of different countries have been "providing support to cover financial obligations in cases of income loss, including deferred payments for basic utilities and services such as water and electricity in Japan and Lebanon, and allowing tenants to pay reduced rent in Greece, Hong Kong and Trinidad and Tobago" (Cochran et al., 2020, p. 6; see also Staab et al., 2020, p. 6).

As mentioned earlier, for more responses to the poverty and vulnerability impacts of COVID-19, see also Section 6 on social protection.

4. Social policy: Focusing on vulnerable groups

Impacts

Epidemics "often expose existing inequalities in society, where those already marginalized and vulnerable are the most affected, either directly or indirectly", and this can be seen in the impacts

of COVID-19 on different groups, which this section focuses on (UNAIDS, 2020, p. 10). The COVID-19 pandemic's impacts expose and exacerbate pre-existing vulnerabilities ("COVID-intensified") and create new vulnerabilities ("COVID-specific") (Devereux et al., 2020; UN, 2020d, p. 3). Groups who are particularly vulnerable to the direct and indirect impacts of COVID-19 include: persons with disabilities; older persons; children, especially poorer and marginalised children; youth; informal workers; migrants; refugees and internally displaced persons (IDPs); racial and ethnic minorities; indigenous peoples; LGBTIQ people; and prisoners. "Often, these populations tend to be marginalized and excluded; depend heavily on the informal economy for earnings; occupy areas prone to shocks; have inadequate access to social services; lack social protection; are denied access to such services on the basis of age, gender, race, ethnicity, religion, migrant status or other forms of discrimination; have low levels of political influence and lack voice and representation; have low incomes and limited opportunities to cope or adapt; and have limited or no access to technologies" (UN, 2020d, p. 6).

Those living in vulnerable settings that are already underserved by social services and where there is a lack of space, water, and resources, will be especially affected (UN, 2020d, p. 6).

The UN (2020d, p. 3) notes that the most pervasive of the pre-existing inequalities exacerbated and deepened by the pandemic is gender inequality. This is outlined in **Section 5 on gender equality and women's economic empowerment**. The issues outlined there are also relevant to the intersectional experiences of the women in the groups in this section. Most of the groups mentioned here are also found amongst the poorest, and the experiences highlighted in **Section 3 on poverty and vulnerability** are likely to apply to them.

Before discussing the situation of vulnerable groups in turn, we highlight two interconnected consequences of COVID-19 that are likely to disproportionately affect such groups, namely breakdown of social cohesion and stigma.

Decrease in social cohesion

The COVID-19 pandemic could place strain on social cohesion by magnifying existing fault lines in society and creating new ones (UN, 2020d, p. 27). Previous major disease outbreaks, such as the Ebola crises, have impacted on social cohesion as people's interactions changed as a result of fear or precautions, leading to isolation and deterioration in relationships (Rohwerder, 2020, p. 4). The "'epidemic of fear' undercut trust within and between communities" (Bonwitt et al., 2018, p. 172). Lack of trust "contributed to the erosion of the social fabric in many affected neighbourhoods" (Lamoure & Juillard, 2020, p. 25). Calnan et al. (2018, p. 407) found that the negative effects on social cohesion caused by the Ebola outbreak in Guinea continued after the crisis had ended.

Increased stigmatisation

As with past major infectious disease outbreaks, the COVID-19 outbreak has provoked social stigma and discriminatory behaviour, with different groups targeted across the world at different times during the pandemic (IFRC et al., 2020, p. 1; UNESCO, 2020). "Stigma is associated with a lack of knowledge about how COVID-19 spreads, a need to blame someone, fears about disease and death" (CDC, 2020). The misinformation and rumours spread about COVID-19 are contributing to stigmatisation and discrimination (IFRC et al., 2020, p. 1).

People associated with the virus, such as healthcare workers, those who catch it, and their families and carers, may be stigmatised even if they have recovered (Rohwerder, 2020, p. 5; CDC, 2020; Amnesty International, 2020, p. 37). They are "often viewed by others as 'guilty' of not having respected health directives, or 'dangerous', posing a risk that the disease may spread again" (Lamoure & Juillard, 2020, p. 25; UNESCO, 2020). Adolescents in urban slums in Bangladesh reported stigma and fear in their communities relating to catching COVID-19 (Farheen Ria et al., 2020, p. 2). Stigma has made it harder for health and essential workers across the world to access essential services such as transport and housing, and they have experienced negative attitudes and violence from members of the public (Amnesty International, 2020, p. 37–38).

The COVID-19 outbreak has also reinforced the targeting of the "other" (UNESCO, 2020). Already vulnerable social groups, such as racial and ethnic minorities, foreigners, people with disabilities, people who are homeless, LGBTIQ, sex workers, or people living in poverty, have been stigmatised and blamed for diseases and their consequences (CDC, 2020; UNESCO, 2020; Madhav et al., 2018, p. 325; IFRC et al., 2020, p. 1; Bishop, 2020, p. 6). A survey of five informal settlements in Nairobi in May found extremely high levels of fear about being stigmatised and treated badly if infected with COVID-19, especially amongst women and the elderly (Population Council, 2020b, pp. 1–2). The Global Protection Cluster (2020, p. 5) found examples of stigma and discrimination directly related to COVID-19 across a range of countries, including Chad, Afghanistan, Haiti, and Zimbabwe, including stigmatisation of returnees. Muslims in India have been victims of attacks and other forms of discrimination amidst the pandemic after the spread of the virus was allegedly associated with a gathering held by a Muslim missionary movement (UNESCO, 2020; Ellis-Petersen and Rahman, 2020). In addition, when viruses are associated with a particular region, nationality, race or even town, this can result in a rise in racism, xenophobia and even stigmatisation of local regions and towns (UNAIDS, 2020, p. 8; Rohwerder, 2020, p. 5). For instance, during the first phase of COVID-19, "those who suffered the most from discrimination were Asians and people of Asian descent, who were frequently targeted for causing the pandemic and its spread" (UNESCO, 2020). See also Section 7 on deliberate stigmatisation and marginalisation.

Stigmatisation can lead to discriminatory behaviour, social exclusion, economic marginalisation, and impact on people's mental health and access to services, and, in some cases, result in violence towards them, particularly gender-based violence (UNAIDS, 2020, p. 8; Rohwerder, 2020, p. 5; CDC, 2020). In addition, it can result in further restrictions on access to essential support and services (Bishop, 2020, p. 5). Stigma can also "undermine social cohesion and prompt possible social isolation of groups, which might contribute to a situation where the virus is more, not less, likely to spread" (IFRC et al., 2020, p. 1). In the case of cholera, the stigmatisation of cholera-affected communities has generated significant distrust of the authorities and led to resistance to the response (Ripoll & Wilkinson, 2018, p. 10). The stigma often continues long after the crisis has passed (Lamoure & Juillard, 2020, p. 25).

Increased vulnerability: People with disabilities

People with disabilities are disproportionality affected by both the direct and indirect impacts of COVID-19. The health conditions of some people with disabilities, issues with the provision of care and support, and the lack of accessible communications about COVID-19 prevention mean

that people with disabilities are especially at risk of catching and dying from COVID-19[5] (HI, 2020a, pp. 5, 7; Goyal et al., 2020, p. 8). For example, the lack of sign language interpretation of information about COVID-19 has been identified as an issue by people with disabilities interviewed by Humanity & Inclusion (HI, 2020a, p. 6). Research in India found that information provided online was not accessible through screen readers (Goyal et al., 2020, p. 8).

COVID-19 restrictions and adapted responses also exacerbate the barriers people with disabilities face in accessing services, such as health, education, water, sanitation, shelter and food, livelihoods, and to staying safe (HI, 2020a, p. 3; Goyal et al., 2020, pp. 8, 10). There are also reports that pre-existing stigmatisation and discrimination of people with disabilities has increased during the outbreak (HI, 2020a, p. 6).

For example, in Jordan, "88% of persons with a physical impairment and with current medical needs reported that they could not go to the hospital either for their regular checks or for additional medical needs" (HI, 2020a, p. 7). The shift to online learning has generally occurred without consideration of the access needs of children with disabilities (Goyal et al., 2020, p. 10). A survey in India in May with 3,627 respondents, for example, found that 43% of children with disabilities are planning to drop out of studies due to the barriers and lack of accommodations they experienced in online education, and many more were struggling to cope (Nagari, 2020). In Nepal, a survey of 686 people with disabilities in April found that the lockdown had negatively affected 76% of the respondents' family income and 49% of personal income, and over 40% faced food insecurity (HI, 2020b, p. 1). In the Philippines, 95% of youths with disabilities surveyed needed urgent financial aid; 74% were worried about insufficient food supply, and 69% about loss of employment or income (HI, 2020a, p. 9). In India, people with disabilities reported difficulties with access to their work and livelihoods and food insecurity (Goyal et al., 2020, p. 9, 11). Research with 312 people in Bangladesh and Kenya in April and May found that in Kenya, "68% of persons with disabilities surveyed reported not being able to work, while 65% felt insecurity in their current jobs" (i2i, 2020, p. 3). In Bangladesh, this was even higher, with 80% of people with disabilities reporting not being able to work and more than 85% feeling insecure in their current job (i2i, 2020, p. 3). Research from Uganda indicates that even when disabled people's organisations complied lists of people with disabilities and shared them with local authorities, few were provided with food relief (Emuron, 2020, p. 2). People who had access to some income-generating activities such as poultry, grocery shops, or land for farming reported more resilience than their counterparts who lacked any of such amenities (Emuron, 2020, p. 2). Some were able to use existing livelihoods programmes such as tailoring and knitting enterprises to produce masks to be able to earn some income (Emuron, 2020, p. 2). Access to mobile phones was found to be an important resource for people with disabilities (Emuron, 2020, p. 2).

People with disabilities, especially women and children with disabilities, already face higher risks of violence than their non-disabled peers, and the public restrictions, self-isolation of households, and disruption of community life, services, and social support caused by the response to COVID-19 have contributed to increased protection risks for people with disabilities and their caregivers (HI, 2020a, pp. 12–13; Goyal et al., 2020, p. 12).

COVID-19 was also found to have had a negative impact on the physical and psychological wellbeing of people with disabilities in humanitarian settings in 19 countries (HI, 2020a, p. 3). In

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[5] Research in the UK suggest that almost two-thirds of Covid-19 deaths in the UK have been of people with disabilities (Webster, 2020).

Bangladesh and Kenya, 45% of respondents were not getting the support required to live safely and independently as a result of COVID-19 restrictions (i2i, 2020, p. 4). In Nepal, 32% were not getting vital services usually provided by caregivers due to the lockdown (HI, 2020b, p. 1). Research in India also found decreases in the emotional wellbeing and mental health of women with disabilities, with respondents reporting a sense of loneliness and isolation, as well as increased stress (Goyal et al., 2020, p. 12).

However, people with disabilities often "fall between the cracks of humanitarian response" and there have been limited opportunities for people with disabilities and their representative organisations to be involved in consultation and decision-making processes regarding the COVID-19 response, resulting in responses which are not inclusive (HI, 2020a, pp. 4, 5, 11). People with disabilities living in remote areas have been particularly left out from responses to COVID-19 (HI, 2020a, p. 5; Emuron, 2020, p. 2).

Increased vulnerability: Older people

Older people are very vulnerable to COVID-19, with fatality rates for those over 80 years of age five times the global average at the end of April and worries that the morality rate could climb even higher (UN, 2020c). Older people are also among the caregivers responding to COVID-19, increasing their risk of exposure (UN, 2020c, p. 3). In addition, the scaling back of critical services unrelated to COVID-19 could increase the risks to the lives of older people (UN, 2020c, p. 3, 5). COVID-19 has spread through care homes and institutions, with reports of neglect or mistreatment of the older people who live in them (UN, 2020c, pp. 3, 6). Older people who are quarantined or locked down with family members or caregivers may also face higher risks of violence, abuse, and neglect, while those on their own are isolated (affecting their mental health) and do not always receive the care they need (UN, 2020c, pp. 3, 9). More older women than men (31.8% compared to 15.4%) live on their own and are more likely to depend on external care (Staab et al., 2020, p. 5).

The response to COVID-19 threatens older people's "social networks, their access to health services, their jobs and their pensions" and risks aggravating their social exclusion, through measures to restrict movement and contact (UN, 2020c, pp. 3, 9; Global Protection Cluster, 2020, p. 7). COVID-19 is also "escalating entrenched ageism, including age-based discrimination and stigmatization of older persons" (UN, 2020c, p. 9). Older people are less likely to be digitally included, which puts them at a disadvantage as things go online in an effort to physically distance (UN, 2020c, pp. 3, 9). The pandemic may also significantly lower older persons' incomes and living standards as they often rely on multiple income sources, including paid work, savings, financial support from families, and pensions, which are in jeopardy as a result of COVID-19 (UN, 2020c, p. 12). They may face difficulties accessing their social security and other protection measures if restrictions of movement or the breakdown of their social networks means they are unable to collect them (UN, 2020c, p. 12). Lessons from the Middle East Respiratory Syndrome (MERS) outbreak in Korea indicate that older workers are more likely to experience higher unemployment and underemployment rates than younger workers, especially those living in extreme poverty or if they are part of socially marginalised populations (UN, 2020c, p. 12).

Increased vulnerability: Children, particularly poorer and marginalised children

Although not amongst the groups most affected by the direct health impacts of COVID-19, children are being severely affected in other ways, especially children from marginalised and

excluded groups (Hazard, 2020, p. 6; Haegeman & Vlahakis, 2020, p. 4). "Children's routines and protective coping mechanisms are disrupted due to quarantine measures, restrictions on movements and school closures" (Hazard, 2020, p. 14). The most vulnerable children include "unaccompanied and separated refugee children, migrant and displaced children, street children, children affected by armed conflicts, children in judicial detention, children living with disabilities, … girls and children placed in institutions", and child domestic workers, who are more exposed to contamination, as well as violence and abuse (Hazard, 2020, p. 14). They may be seen as a source of contagion and be subject to stigmatisation and discrimination and left out of response strategies, especially when alternative care for the most vulnerable children is not in place or is not functioning (Hazard, 2020, p. 14). For example, attempts by the government to get more than 20,000 children off the streets in Senegal as a result of COVID-19 has been "extremely complex, putting unprecedented pressure on temporary reception centers and a fragile child protection system and requiring extensive coordination of stakeholders at different levels and the buy-in of religious actors to ensure the sustainable return of children in their home communities" (Hazard, 2020, p. 14).

The disruption to routine healthcare, such as routine immunisations, antenatal care, sexual and reproductive healthcare services, and services to stop children dying from preventable diseases such as malaria, diarrhoea or pneumonia, is likely to result in increased deaths and disability (Hazard, 2020, p. 8).

Analysis from UNICEF and Save the Children suggests that, as a result of COVID-19, up to 86 million children could be pushed into household poverty, bringing the total number of children living in poverty up to 672 million in low- and middle-income countries (an increase of 15%) (UNICEF, 2020b). Two-thirds of these children live in Sub-Saharan Africa and South Asia (UNICEF, 2020b). The loss of income means that families are less able to afford basics such as food and water and to afford healthcare and education (UNICEF, 2020b). Decreases in household income can also lead to increased instances of child labour and child marriage, especially with the opportunities offered by school closures (Hazard, 2020, p. 12; Rafaeli & Hutchinson, 2020, p. 12; ILO & UNICEF, 2020, p. 17).

Globally, over 1 billion students and youth are affected by school and university closures due to the COVID-19 outbreak.[6] In Sub-Saharan Africa, over 262.5 million children from pre-primary and secondary school were estimated to be currently out of school in April because of COVID-19 closures, disrupting not only their education but their access to vital healthcare, nutrition and protection services, as well as spaces to establish social contacts and practise voice and agency (Hazard, 2020, p. 6; Hamad et al., 2020, p. 6). Children who are out of school are at "greater risk of being abused and exploited, or recruited by force into armed group and for girls, they are more likely to never return to school once classes recommence" (Hazard, 2020, p. 12; Global Protection Cluster, 2020, p. 6). There are concerns that temporary school closures can lead to permanent dropouts of children from vulnerable households, especially in countries such as Democratic Republic of Congo, South Sudan, Nigeria, Mali, and Mozambique, which have already experienced decades of humanitarian crises (Wieser et al., 2020, p. 3; Hazard, 2020, p. 10). Risks to girls from school closures include child marriage and female genital mutilation.

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[6] https://en.unesco.org/covid19/educationresponse

School closures have a particularly adverse effect on poorer students, students without stable internet access at home, students without mobile phones or computers, students in crowded homes, and children relying on help from their schools in meeting their nutrition and health needs (UNDESA, 2020b, p. 1; Farheen Ria, 2020, p. 5; Hamad et al., 2020, p. 6). Children from poorer households are less likely to engage in distance learning due to differences in electricity access and ownership of TVs, radios, and phones, and their parents' educational levels and ability to pay for private tutors (Wieser et al., 2020, p. 3). Malnutrition is likely to increase amongst families reliant on school feeding programmes (Wieser et al., 2020, p. 3; Hazard, 2020, p. 12). The World Food Programme estimates that more than 368 million schoolchildren are missing out on school meals (Hazard, 2020, p. 12). The "long-term impacts of lost months of schooling and nutrition will be particularly severe for children in poor families, because it will jeopardize their development of human capital and their earning potential" (Wieser et al., 2020, p. 3).

The pandemic's fallout may also lead to a rise in children's engagement with work. A 1% rise in poverty has been found to lead to at least a 0.7% increase in child labour (ILO & UNICEF, 2020, p. 8). The International Labour Organization (ILO) and UNICEF (2020, pp. 1, 9, 11) warn that "[m]ore children could be forced into exploitative and hazardous jobs", with those already in work working longer hours or under worsening conditions, especially if the informal economy expands as a result of the economic shock. Girls are "particularly vulnerable to exploitation in agriculture, informal labour and domestic work" (ILO & UNICEF, 2020, pp. 11–12). The Global Protection Cluster (2020, p. 6) reports an increase in child labour and forced begging in Ethiopia and Mali due to school closures. ILO and UNICEF (2020, p. 18) report anecdotal evidence from different countries finding that, as children are perceived to not be affected by COVID-19, they "care for sick family members and do grocery shopping and other activities that entail breaking the quarantine" and "supplement family income when adults are unable to work, especially since they can skip or bypass curfews as they are less visible and less likely to be caught by police", thereby putting their personal safety at risk.

World Vision (2020, p. 5) estimates that violence against children could increase by 20–32%, meaning up to 85 million more girls and boys worldwide are exposed to physical, sexual and/or emotional violence over the next three months as a result of COVID-19 quarantines. The stress of the situation is likely to increase violent behaviour of parents, caregivers, and children themselves (Hazard, 2020, p. 14; World Vision, 2020, p. 4). Child protection concerns that are likely to occur include "physical and emotional maltreatment, injuries and neglect due to lack of supervision, sexual exploitation including sex for assistance and child marriage" (Hazard, 2020, p. 14; see also World Vision, 2020). An assessment in Bangladesh in April found that beatings by parents or guardians had increased by 42% and that there was a 40% increase of calls to the child helpline (World Vision, 2020, p. 9). Children stuck at home are at increased risk from abusers, especially if they have already been experiencing violence (World Vision, 2020, p. 4). More time spent online for those with internet access has also heightened the risk of online bullying, engaging in harmful online behaviours, and/or targeting by predators for sexual exploitation (World Vision, 2020, p. 9). The COVID-19 situation is also causing children emotional distress due to the difficulties and disruptions they face (Hazard, 2020, pp. 30–31). The crisis has also shifted the attention of frontline workers, police and other service providers, creating a vacuum in monitoring mechanisms for safeguarding children, while being confined at home means children have fewer opportunities to report abuse or seek help (Haegeman & Vlahakis, 2020, p. 4; World Vision, 2020, p. 11). Children who lose caregivers to COVID-19, thus being deprived of family care, are "particularly vulnerable to child labour, trafficking and other forms of exploitation" (ILO & UNICEF, 2020, p. 18).

Increased vulnerability: Youth

Young people are particularly vulnerable to the economic and social disruptions caused by the COVID-19 pandemic and many risk being left behind in education, economic opportunities, and health and wellbeing during a crucial stage of their life development (UNDESA, 2020b, p. 1; Jones, N., et al., 2002, pp. 4–5). Prior to the onset of the economic crisis caused by COVID-19, youth (aged 15–24) were already three times more likely to be unemployed compared to adults, while 126 million young workers, mainly working in the informal economy, were in extreme and moderate poverty worldwide, with limited access to social protection (UNDESA, 2020b, pp. 1, 2). These numbers are likely to rise as a result of COVID-19, especially if there is not a targeted policy intervention to combat this (UNDESA, 2020b, p. 1).

Vulnerable and marginalised youth, including young migrants and refugees, youth living in rural areas, adolescent girls and young women, indigenous and ethnic minority youth, young people with disabilities, young people living with HIV/AIDS, young people of different sexual orientations and gender identities, and homeless youth are particularly at risk of COVID-19 and its impacts (UNDESA, 2020b, p. 1; Jones, N., et al., 2020, pp. 4–5, 7). UNDESA (2020b, p. 2) warns that the "pandemic and economic recession may further fuel stigma and discrimination against certain groups of young people, which in turn would further exclude them from accessing healthcare and maintaining their livelihoods". Risks to adolescent girls include child marriage and female genital mutilation.

The crisis and its mitigation measures are also causing a deterioration in mental health for many young people with mental health conditions or creating new mental health problems and negative coping mechanisms such as alcohol and drugs (UNDESA, 2020b, p. 3; Jones, N., et al., 2020, p. 8; Farheen Ria et al., 2020, p. 6). Research with 30 adolescents living in urban slums in Bangladesh found that they are aware of their households' financial situation and their parents' struggles, which is a constant worry, especially given the uncertainty over the length of the lockdown and given their families worsening financial situation over time (Farheen Ria, 2020, p. 5). In addition, they are experiencing education-related anxiety, especially around exams; feeling disconnected from friends and peers, especially as most do not have access to a personal phone or internet connection; and worrying about catching COVID-19 (Farheen Ria et al., 2020, p. 6). Boys were cut off from their friends, who they tended to rely on for emotional support (Farheen Ria et al., 2020, p. 8). Research with 48 adolescents in the Gaza Strip found that adolescents with disabilities and the economically disadvantaged were feeling particularly distressed (Hamad et al., 2020, p. 9).

Impacts have not been only negative: Young people have also been active in responding to COVID-19 and supporting their communities, including vulnerable members through delivery of food and medicines (UNDESA, 2020b, p. 3; Farheen Ria et al., 2020, p. 7).

Increased vulnerability: Informal workers

Informal workers are amongst the groups most at risk of being impoverished by COVID-19 (Devereux et al., 2020). The ILO (2020b) has warned that 1.6 billion workers in the informal economy stand in immediate danger of having their livelihoods destroyed as a result of the pandemic.

Informal workers who work hand to mouth in casual, part-time work or self-employed workers (e.g. domestic workers, market traders and waste pickers) who make no social insurance

contributions have "no protection against being forced to sit at home with no work and no pay, and limited savings to buffer them through this period" when lockdowns are ordered (Devereux et al., 2020). This is also the case for smallholder farmers or agricultural workers, fishers, and pastoralists in rural areas who tend to have no access to income insurance when their livelihoods are disrupted by the widespread lockdowns (Devereux et al., 2020; UN, 2020d, p. 7). A telephone survey in Bihar and Uttar Pradesh, in India, in early April, found that 52% of urban informal-sector workers had lost their jobs/income, compared to 70% of rural informal-sector workers (Population Council, 2020a, p. 1). Research in Bangladesh in April found that 77% of people working in the informal sector with income above the poverty line but within a band of vulnerability fell below the poverty-line income due to the impact of the Covid-19 crisis (Rahman et al., 2020, p. 28). The high dependence on engagement in global supply chains makes low-income countries and their informal workers extremely vulnerable to the economic fallout of the pandemic, as seen with the garment industry in Bangladesh and the flower industry in Kenya (Devereux et al., 2020).

Research carried out by Women in Informal Employment: Globalizing and Organizing (WIEGO) in April across Africa, Asia and Latin America, found that many informal workers also live and/or work in crowded spaces with little or no access to water and sanitation or personal protective equipment, and have no access to healthcare and information, which increases their risk of catching COVID-19 (WIEGO, 2020, p. 2). Their low wages meant that it was hard for them to stockpile food and other basics prior to lockdowns (WIEGO, 2020, p. 2). Their health and economic uncertainties are resulting in mental health challenges (WIEGO, 2020, p. 2). Police harassment of informal workers, including confiscation of goods, fines, or physical violence and abuse, has been common across the world (WIEGO, 2020, p. 2). The closure of schools and childcare centres has made it more difficult for women informal workers to work (WIEGO, 2020, p. 2). Many informal workers do not have access to digital bank accounts or access to mobile money transfers, which makes it harder for them to collect any income support provided (WIEGO, 2020, p. 2). Their support systems have broken down due to lockdowns and they are feeling isolated (WIEGO, 2020, p. 2).

WIEGO (2020, p. 1) notes that "many of the economic impacts on informal workers' livelihoods will remain relevant once the crisis subsides and countries transition from a full lockdown to a semi-lockdown or physical distancing". The loss of income could be permanent (WIEGO, 2020, p. 1). Local governments in India are using the lockdown to break up street vending infrastructure (WIEGO, 2020, p. 1). Waste pickers in Colombia are worried that private companies will use the crisis to justify the transfer of waste management contracts to them (WIEGO, 2020, p. 1). Home-based workers in South East Asia are worried that if tourists do not return, there will be no market for their products (WIEGO, 2020, p. 2). Domestic workers are worried about what happens if their employers lose their jobs (WIEGO, 2020, p. 2). Other countries, however, have recognised the contribution made by informal workers and are allowing them to operate (WIEGO, 2020, p. 2).

Sex workers

Globally, most direct sex work has largely stopped as a result of COVID-19 physical distancing and lockdown measures, resulting in loss of income for sex workers (Platt et al., 2020, p. 9). However, Platt et al. (2020, p. 9) note that "[s]tigma and criminalisation mean that sex workers might not seek, or be eligible for, government-led social protection or economic initiatives to support small businesses". A report on the hundreds of thousands of sex workers in India found that due to lockdown they have lost their incomes, including because most of their clients earn

daily wages and have lost their jobs (Chakraborty & Ramaprasad, 2020). However, they have been excluded from COVID-19 relief schemes for the poor (Chakraborty & Ramaprasad, 2020). As a result, many are starving and "dependent on charities for their basic needs, including food and access to medication during the lockdown, especially antiretroviral therapy medications for treating HIV/Aids" (Chakraborty & Ramaprasad, 2020).

Sex worker organisations and some government initiatives have provided sex workers with support, yet "these schemes often exclude the most marginalised, including those who are homeless, transgender, or migrants" (Platt et al., 2020, p. 10).

Shelter is also an issue for sex workers as loss of income means they cannot pay rent or they lose their accommodation as sex work venues shut down (Platt et al., 2020, p. 9). Repressive policing of sex workers has also been reported as a concern (Platt et al., 2020, p. 9). The increased prevalence of underlying health conditions such as HIV among sex workers might increase risk of COVID-19 progressing to severe illness (Platt et al., 2020, p. 9).

Increased vulnerability: Displaced populations

Migrants

Migrant workers have played a critical role in the COVID-19 response as essential workers, in particular in the health sector, the formal and informal care economy, and along food supply chains (UN, 2020b, p. 16). However, the 164 million international migrant workers and their families tend to be "more exposed to the loss of employment and wages during an economic crisis compared to nationals" (UN, 2020b, p. 12). Migrants in irregular situations, migrant workers with precarious livelihoods, or those working in the informal economy often have limited or no access to social protection measures, meaning that when they lose their livelihoods due to COVID-19, they are in a very vulnerable position (UN, 2020b, pp. 2, 12–13; Dafuleya, 2020, p. 263). In addition, lack of social protection means they are more likely to keep working if they are sick (UN, 2020b, p. 14). They also face barriers to health services, especially if they are undocumented, making them more vulnerable to the virus (UN, 2020b, p. 2; Klugman, 2020, p. 24).

The 800 million people who are reliant on migrant remittances also face devastating effects as a result of the loss of migrant employment and wages (the decline in remittances is estimated to be USD 109 billion) (UN, 2020b, p. 15). A recent survey in Ethiopia found that remittances have plunged, with 24% of beneficiary households reporting a reduction and 39% a total loss of remittances from abroad, while 45% have seen a reduction or total loss in domestic remittances (Wiesner et al., 2020, p. 5). The loss of foreign remittances is thought to be particularly harmful for the urban poor, who are more reliant on them (Wieser et al., 2020, p. 5).

Refugees and internally displaced persons

The conditions in which many forcibly displaced populations live are conducive to increased risk of rapid spread of COVID-19 (overcrowded with inadequate water supply and sanitation facilities, and under-resourced health services), and their reliance on the informal sector, which has been disrupted by COVID-19, greatly impacts on their livelihoods (Hazard, 2020, p. 18; Rafaeli & Hutchinson, 2020, p. 10; Cone, 2020; UN, 2020b, pp. 8, 13; Klugman, 2020, p. 24). Research in Jordan in early April, for example, found that Syrians were more likely to have lost their jobs than Jordanians (35% compared to 17%), and 95% reported a decline in household income (Kebede

et al., 2020, pp. 8, 9) Rising food insecurity is also a concern for forcibly displaced populations (UN, 2020b, p. 9).

Their rights are at risk as a result of some measures taken by governments to respond to COVID-19, creating a protection crisis (Hazard, 2020, p. 20; UN, 2020b, pp. 19–20). Fear of COVID-19 has exacerbated already high levels of xenophobia, racism, and stigmatisation and given rise to attacks against refugees and migrants in some places (UN, 2020b, p. 3). As with the general population, cases of gender-based violence among displaced populations seems to be increasing (Cone, 2020). The risk of family separation increases if caregivers or single parents are taken into quarantine and on-going/current repatriation and family reunification procedures are suspended (Hazard, 2020, p. 20; UN, 2020b, p. 20).

Non-governmental organisations (NGOs) providing essential and basic services are having difficulties accessing camp settings and reception centres due to COVID-19 restrictions (Hazard, 2020, p. 20; Rafaeli & Hutchinson, 2020, p. 4; UN, 2020b, p. 10). In addition, government and humanitarian agencies resources are stretched by the current crisis and are likely to be for a while into the future (Cone, 2020).

The UN (2020b, p. 23) notes that there are "concerns that in the mid- to long-term some of the current movement restrictions could outlast the immediate crisis" which could "erode legal obligations related to access to protection under international human rights and refugee law, as well as established practices and norms around mobility". The benefits of migration for countries of origin and destination could be reduced as a result (UN, 2020b, p. 23).

Newly displaced

COVID-19 has also resulted in new displacements in some countries, as, for example, millions of daily wage migrant workers and their families left cities in India due to the lockdown, removing their livelihoods and driving them to return to their villages in order to survive (Ellis-Petersen & Chaurasia, 2020). These migrant workers have faced great hardship and their displacement has created problems both for the places they returned to, in terms of concern over the spread of COVID-19, and in the cities they left, as the vital work they carried out (such as drain clearing in monsoon season) is no longer being done (Ellis-Petersen & Chaurasia, 2020; Dhillon, 2020). However, such large movements were not the case everywhere and a survey in Bangladesh in early April found that only 6% of its urban respondents moved to their rural homes, of which slightly more were non-poor rather than their poorer counterparts (Rahman et al., 2020, p. 8).

Increased vulnerability: Racial and ethnic minorities

COVID-19 is having a disproportionate impact on racial and ethnic minorities, with people of African descent, people of Asian descent and Roma doing worst during the pandemic (Bachelet, 2020b; OHCHR, 2020b, p. 2). In Sao Paulo, Brazil, for example, "people of colour are 62% more likely to die from COVID-19 than white people" (Bachelet, 2020b). These disparities probably result from multiple factors relating to the exclusion, marginalisation, economic inequality, overcrowded housing, environmental risks, discrimination, and limited access to and bias in the provision of health case that these minorities experience (Bachelet, 2020b; OHCHR, 2020b, p. 1-2).

Racial and ethnic minorities, especially migrants, are disproportionately represented amongst those who are more exposed to adverse labour market outcomes of COVID-19 (OHCHR, 2020b,

p. 7). People from racial and ethnic minorities are also found in higher numbers in some jobs that carry increased risk of catching COVID-19, including in the transport, health, and cleaning sectors (Bachelet, 2020b; OHCHR, 2020b, p. 2).

There has also been a "significant increase in racial verbal abuse, harassment and violence in public spaces, particularly targeting people of Asian descent in the context of the current crisis" (OHCHR, 2020b, p. 1). This includes minorities being disproportionately controlled, harassed, and profiled by law enforcement authorities (OHCHR, 2020b, p. 3). In addition, the current pandemic is "exacerbating discrimination, xenophobia and intolerance directed against religious groups, which often compounds with discrimination on racial or ethnic grounds" (OHCHR, 2020b, p. 9).

Marginalised racial or ethnic minority groups do not have equal access to remote learning tools, the internet, or adequate parental support, which places them at a disadvantage when schools close and education moves online (OHCHR, 2020b, p. 4). They are also more likely to depend on schools as a source of free meals and other social services and thus are likely to face additional nutritional and health challenges (OHCHR, 2020b, p. 4).

Increased vulnerability: Indigenous groups

COVID-19 and the response are "disproportionately affecting indigenous peoples, exacerbating underlying structural inequalities and pervasive discrimination" (OHCHR, 2020a, p. 1). Indigenous people in nearly all countries belong to those who are most vulnerable to the direct health impacts of COVID-19, as they "have significantly higher rates of communicable and non-communicable diseases than their non-indigenous counterparts, high mortality rates and lower life expectancies" (UNDESA, 2020a, p. 1). In addition, they experience malnutrition, poor access to sanitation, lack of clean water, inadequate medical services, and stigma and discrimination in healthcare settings (UNDESA, 2020a, p. 1), while "public information on COVID-19 measures has not been systematically communicated or disseminated in accessible formats and means to reach them" (OHCHR, 2020a, p. 5). Those living remotely or in voluntary isolation are particularly vulnerable as they lack immunity to many infectious diseases (UNDESA, 2020a, p. 2).

At greatest risk are indigenous elders, which has cultural implications for their communities because the elders "play a key role in keeping and transmitting indigenous traditional knowledge and culture and practices" (UNDESA, 2020a, p. 2). In Brazil, there are concerns that it is losing a generation of indigenous leaders to COVID-19 and that there has been a failure by the government to protect them (Phillips, 2020).

Indigenous groups largely fall outside formal social protection systems and the lockdowns threaten their livelihoods and work in the informal economy (UNDESA, 2020a, p. 1). As most indigenous communities depend on agricultural production, seasonal jobs in agriculture, fishing or pastoralism, restrictions in movement may result in their livelihoods being destroyed (OHCHR, 2020a, p. 7). There are reports that locked down indigenous communities are not receiving relief supplies, although other governments have put in place measures to support them (UNDESA, 2020a, pp. 1–2). Some indigenous communities have turned to traditional practices to help them during the pandemic, including closing the borders to their areas (UNDESA, 2020a, p. 2).

Increased vulnerability: LGBTIQ people

COVID-19 has amplified the violence, exclusion and deprivation already experienced by LGBTIQ people across the world (Bishop, 2020, p. 3). Research by OutRight Action International found that, in many countries, LGBTQ people predominantly work in the informal sector, which has been severely affected by the COVID-19 pandemic, resulting in the loss of their livelihoods and rising food insecurity (Bishop, 2020, p. 5). The pandemic has also caused disruptions in healthcare access, while, because of existing discrimination in healthcare, LGBTIQ people are reluctant to seek care (Bishop, 2020, p. 5). LGBTIQ people who "face discrimination from family members due to actual or perceived gender identity or sexual orientation are at higher risk of domestic violence during a time of lockdown and quarantines" (Bishop, 2020, pp. 5–6). In Colombia and Peru, policies making men and women leave their homes on alternate days during lockdown fuelled violence towards the transgender community by the police and the public (Griffin & Antara, 2020). Many face increased isolation and fear due to being cut off from their chosen families and support networks (Bishop et al., 2020, p. 6). LGBTIQ people have been blamed in countries such as Ghana, Guyana, Kenya, Liberia, Russia, Uganda, Ukraine, the United States, and Zimbabwe for causing COVID-19, leading to heightened stigma, discrimination, and sometimes violence (Bishop, 2020, p. 6). There are concerns that governments are using or will use the pretext of disease control to seize power under states of emergency and crack down on LGBTIQ people, which seems to be occurring in countries such as Hungary, Poland, Uganda, and the Philippines (Bishop, 2020, p. 7; Edgell et al., 2020, p. 3). There are also concerns that the COVID-19 pandemic is posing an existential threat to LGBTIQ movement-building and organisational survival, as a result of the slow-downs or stoppages in critical advocacy work such as strategic litigation and the provision of community support (Bishop, 2020, p. 7).

Increased vulnerability: Prisoners

Globally there are approximately 11 million people in prisons, many of them experiencing overcrowding and lack of access to healthcare services, making them particularly vulnerable to disease outbreaks (UNAIDS, 2020, p. 12; PRI, 2020, p. 4; Klugman, 2020, p. 24). COVID-19 cases have already been reported among prisoners and/or prison employees in multiple countries around the world (Klugman, 2020, p. 24). In addition, prisoners' mental health may be negatively affected if visits stop or they are quarantined or isolated due to virus prevention activities (UNAIDS, 2020, p. 13; PRI, 2020, pp. 5, 7). If visits by monitoring bodies are restricted there is a possibility that excessive use of quarantine, abuses of power, use of torture, or ill-treatment may occur (PRI, 2020, p. 9). For women in prison, decreased security as a result of COVID-19 measures increases their risk of sexual violence (Klugman, 2020, p. 24).

Preparedness, response/mitigation, resilience, and recovery measures

Analysis of marginalised and at-risk groups

Organisations working on prevention, response and mitigation measures acknowledge that, in order to leave no one behind, there is a need to analyse who is marginalised and at risk and what their context is (UNFPA, 2020a, p. 9). In the context of COVID-19, this includes the groups outlined above, who often face multiple and intersecting inequalities that make them more vulnerable to all the different impacts of COVID-19 and responses to it (UNFPA, 2020a, p. 9). It

is important to recognise the impacts on them of measures taken to prevent COVID-19, such as physical distancing, and ensure that social support measures remain in place (UN, 2020c, p. 3).

Data disaggregation

In order to understand and respond to the impacts of COVID-19 on different groups, it is also important to collect, analyse, and monitor disaggregated data (HI, 2020a, p. 14). Data should be disaggregated by sex, disability, and age, at a minimum, and efforts need to be made to ensure that marginalised groups are not being excluded or put at more risk from changes in data collection methods (DFID, 2020). COVID-19 is requiring the use of remote data collection methods such as mobile phone surveys, online interviews, online discussion platforms or the use of diaries/journals, which may exclude marginalised groups who lack access to phones or the internet (DFID, 2020).

Stigma prevention and reduction

Governments need to work to prevent the creation of stigmatising views or attitudes and combat such attitudes if they arise (UNAIDS, 2020, p. 8). The way in which the epidemic, its mode of transmission, and people who have the virus are talked about can shape the way people and communities are perceived and treated (IFRC et al., 2020, p. 2; UNAIDS, 2020, p. 8). For example, "[a]voiding phrases such as 'super-spreader' or choosing neutral phrases like 'acquired' rather than 'infected' can make a difference as to whether people feel empowered and willing to be tested and self-isolate, or to provide help to others in need" (UNAIDS, 2020, p. 8).

Respecting people's privacy and ensuring confidentiality have been found to reduce the fear of stigma and discrimination, build trust and open channels of communication between patients and healthcare workers, lead to more ready access to testing services, and enhance compliance with public health and clinical advice (UNAIDS, 2020, p. 9).

Inclusive response

All people have a basic right to be included and exclusion is costly in the long run as it creates the circumstances that make groups more vulnerable and gives the virus the opportunity to persist in society, and therefore it is important that responses to COVID-19 are inclusive (UN, 2020b, p. 24; HI, 2020a, p. 14; UN, 2020a, p. 10). Organisations note the importance of deliberately including groups that are particularly affected in communications, responses, and budgeting, and ensuring that their participation is meaningful (Hazard, 2020, p. 24; UN, 2020b, p. 3; HI, 2020a, p. 14). Involving representative groups can be one way of doing this (HI, 2020a, p. 14). Prior and newly developed guidelines can also help in designing responses that are inclusive of different groups – see Resources for examples (HI, 2020a, p. 14).

Human rights based

Protecting people's human rights and measures taken to respond to COVID-19 should not be mutually exclusive (UN, 2020b, p. 24; UNAIDS, 2020, p. 2). Experience from the HIV/AIDS epidemic has indicated the "importance of a human rights-based approach to ensuring effective and proportionate responses to epidemics" (UNAIDS, 2020, p. 2). Taking a "community-centred and informed response, one that embraces solidarity and kindness, that prioritizes the most vulnerable and that empowers people to be able to take action to protect themselves and others

from the virus" is an important part of this (UNAIDS, 2020, p. 2). This can be done by focusing on "reaching and serving those who are most vulnerable, scaling up screening and testing for those most in need, empowering people with knowledge and tools to protect themselves and others (e.g. for COVID-19, increased social spacing) and the removal of barriers"[7] (UNAIDS, 2020, p. 3).

Communities, and men and women within those communities, should be part of the decision-making, governance, and monitoring of the response, especially those most likely to be affected by the epidemic, either because they are particularly vulnerable to the virus (e.g. healthcare workers, people who are older, or people with pre-existing health conditions), or because they are less likely to be able to take steps to protect themselves or access services (e.g. prisoners, people on the move, people who are homeless or in informal settlements, people living with a particular disability); or because existing social, economic, and political structures mean they may be indirectly affected (e.g. through traditional gender roles of carer or because they are in insecure work) (UNAIDS, 2020, p. 6).

In the long term, countries need to invest in protecting health, economic, and social rights as key defences against global epidemics and their fallout (UNAIDS, 2020, p. 10; UN, 2020a, p. 9) Countries that invest in protecting these rights are more resilient (UN, 2020a, p. 9). Rights such as universal healthcare systems; effective food distribution systems; social security and protection systems; gender equality; protecting people and jobs through labour rights, minimum wages and paid sick leave, as well as health and safety in the workplace standards (including personal protective equipment during this crisis); the provision of affordable good-quality housing; well-resourced education systems able to quickly switch to distance learning; and access to the internet should be "seen as an essential part of a prevention and preparedness strategy" (UN, 2020a, p. 9).

Resources: Recommendations and guidelines

Stigma

- International Federation of Red Cross and Red Crescent Societies (IFRC), UNICEF, & WHO: Social stigma associated with COVID-19: A guide to preventing and addressing social stigma

Inclusive programming

- International Committee of the Red Cross (ICRC): COVID-19: Inclusive programming – ensuring assistance and protection addresses the needs of marginalized and at-risk people

- Risk Communication and Community Engagement (RCCE): COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement

- UN: United Nations comprehensive response to COVID-19: Saving lives, protecting societies, recovering better

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[7] "Lack of access to correct information, concerns about unemployment or loss of wages, lack of ability to pay for testing and diagnostics, ongoing carer responsibilities and fear of stigma and discrimination if they are tested positive" (UNAIDS, 2020, p. 3).

People with disabilities

- International Disability Alliance: Toward a disability-inclusive COVID19 response: 10 recommendations from the International Disability Alliance
- UN: Policy brief: A disability-inclusive response to COVID-19

Older people

- UN: Policy brief: The impact of COVID-19 On Older Persons
- HelpAge International: COVID-19: Guidance and advice for older people

Children

- Save the Children: COVID-19 impacts on African children: How to protect a generation at risk
- Plan: Living under lockdown: Girls and COVID-19

Youth

- UN Department of Economic and Social Affairs (UNDESA): Protecting and mobilizing youth in COVID-19 responses

Racial and ethnic minorities

- Office of the United Nations High Commissioner for Human Rights (OHCHR): COVID-19 and Racial Discrimination

Indigenous peoples

- UNDESA: The impact of COVID-19 on indigenous peoples

Prisoners

- UN Office on Drugs and Crime (UNODC), WHO, UNAIDS and OHCHR: Joint statement on COVID-19 in prisons and other closed settings
- World Organisation Against Torture (OMCT): Building our response on COVID-19 and detention

5. Gender equality and the empowerment of women and girls

Impacts

Prior to the outbreak of COVID-19 women and girls already experienced significant gender inequalities (Nazneen & Araujo, 2020, p. 2). Previous crises have shown that they exacerbate existing vulnerabilities of girls and women, create new vulnerabilities, and deepen inequalities (Rafaeli & Hutchinson, 2020, p. 3). Emerging evidence from the COVID-19 pandemic indicates that it is also "deepening existing gender inequalities, increasing gender-based violence, and worsening discrimination and barriers for marginalized groups" and "severely disrupting access to life-saving sexual and reproductive health services" (UNFPA, 2020a, p. 1). Such negative impacts could result in significant reversals in progress over the last decades in women's and girls' human capital, economic empowerment, voice, and agency, and the limited gains made in gender equality and women's rights, especially if measures are not taken to address the immediate and longer-term impacts of the pandemic on them (Grown & Sanchez-Paramo, 2020;

Rafaeli & Hutchinson, 2020, p. 5; Nazneen & Araujo, 2020, p. 2). Lack of gender-disaggregated data makes it difficult to know the true impact of the COVID-19 pandemic on women and girls (Rafaeli & Hutchinson, 2020, p. 5).

The women and girls particularly affected by the impacts outlined below include those who are members of the marginalised and excluded groups outlined in **Section 4**.

Increase in gender-based violence

Gender-based violence is the "product of unequal gender power relations and gender discrimination, which is exacerbated by conflict and humanitarian crises, poverty, and economic stress", conditions that COVID-19 has contributed to (Nazneen & Araujo, 2020, p. 9). COVID-19 responses, including lockdowns and emergency orders, have "exacerbated existing risks for women in abusive relationships, for those working without security and legal protection, for women and girls at risk of harmful practices and discriminatory laws, as well as those in fragile humanitarian settings" (Klugman, 2020, p. 13; see also UN Women, 2020a). UN Population Fund (UNFPA) research indicates that "31 million additional cases of gender-based violence can be expected to occur if lockdowns continue for at least 6 months" (UNFPA, 2020a, p. 1). The restrictions on movement, combined with the fear, tension and stress related to COVID-19, and the negative impacts on household incomes, all serve to increase the risks of violence (UNFPA, 2020a, p. 2; UN Women, 2020b, p. 2). Women have been at increased risk of violence inside and outside the home (UN Women, 2020a, p. 3). "Women who are displaced, refugees, those living in conflict-affected areas and women with disabilities are particularly vulnerable to sexual and gender based violence" (UN Women, 2020b, p. 2).

Rapid assessments carried out by UN Women on the impact of COVID-19 on women and girls in the East and Southern Africa region found escalated levels of sexual violence, including "rape of elderly women and infant girls, marital rape, sexual slavery, trafficking, early marriage, sexual harassment, exploitation and abuse, domestic violence – mostly intimate partner violence (IPV) among other harmful practices", as well as excessive use of force by police on women defying the lockdown and attacks on healthcare workers (70% of whom are women) (UN Women, 2020b, pp. 2–3). For women and girls who can access the internet, there has been an increase in "online violence in the form of physical threats, sexual harassment, stalking, zoombombing, … sex trolling" and grooming (UN Women, 2020c, p. 3; UN Women, 2020a, p. 4).

Reports from Kenya found that during the first two weeks in April there was a "35% increase in gender-based violence cases and a 50% increase in violence against girls" (World Vision, 2020, p. 9). In Zimbabwe, one organisation supporting survivors of sexual and gender-based violence reported received 764 cases in the first 11 days of lockdown compared to the usual 500–600 cases a month (Sachiti, 2020). In Uganda there are reports of women street vendors being attacked by law enforcement officials, police officers, and Local Defence Units, and security personnel beating women at home and on their way to health facilities (Haegeman and Vlahakis, 2020, p. 3). People with disabilities in Uganda have also reported an increased risk of gender-based violence (Emuron, 2020, p. 3).

There are also concerns that adolescent girls, refugee women in camps, women and girls in conflict-affected areas, and undocumented migrant women workers may fall victim to human traffickers, as families face increased economic pressure (Nazneen & Araujo, 2020, p. 9).

Evidence from previous crises indicates that "violence against women and girls is likely to be a lasting legacy of the COVID-19 pandemic" (UN Women, 2020a, p. 3). UN Women (2020a, p. 3) warn that "as long as isolation measures remain in place, women are at risk".

Reduced services to respond to gender-based violence

Rapid assessments by UN Women to understand the impact of COVID-19 on violence against women and girls and service provision found limited awareness about available services, limited access to mobile technology, and movement restrictions are hampering survivors' access to gender-based violence services (UN Women, 2020a, p. 5). Services to prevent and respond to gender-based violence and sexual exploitation and abuse are also under pressure due to lockdowns, social distancing, and the diversion of resources (UNFPA, 2020a, p. 2; Klugman, 2020, p. 15; Nazneen & Araujo, 2020, p. 9; UN Women, 2020a, p. 3). First responders and crisis hotlines for survivors of intimate partner violence, which often serve as connecting points to legal channels and housing and financial assistance, are restricted due to the pandemic (Klugman, 2020, pp. 15, 19). Crisis centres, shelters, legal aid, and social services also risk being scaled back or being deemed non-essential (Klugman, 2020, p. 15; UN Women, 2020b, p. 3). Health and social care services that provide vital support to survivors have been disrupted because healthcare providers are overburdened and focused on handling COVID-19 cases (UN Women, 2020a, p. 3). "Some survivors report being unable to seek legal redress against their perpetrators due to court closures and forensic doctors being unable or unwilling to document physical abuse of survivors at police stations for fear of COVID-19 spread" (Klugman, 2020, p. 19; see also UN Women, 2020a, p. 4). In addition, the "informal social safety nets and networks many women previously relied on for support are now weakened due to reduced physical mobility and social distancing" (Laouan, 2020, p. 3). As well as the immediate negative impacts on women who need them, the reduction in services to prevent and respond to gender-based violence will have a long-term negative impact (Nazneen & Araujo, 2020, p. 9).

Increased risk of sexual exploitation and abuse and sexual harassment

Experiences with previous epidemics point to increased risks of sexual exploitation, abuse, and sexual harassment by response workers and others involved in the delivery of humanitarian aid and development assistance, as well as by host communities (SRSH, 2020a, pp. 1–2; Peterman et al., 2020, p. 17). This is due to factors such as the breakdown in societal structures, changes in community behaviour and mobility, greater gender and social inequality, the scarcity of resources, the impact on livelihoods, lack of access to basic services, and increased dependency on aid (SRSH, 2020a, p. 2; SRSH, 2020b, p. 1).

Sexual exploitation, abuse, and sexual harassment take place when individuals such as aid workers and those involved in aid delivery, such as drivers, contractors, and volunteers, have an opportunity to abuse their power (SRSH, 2020b, p. 1; Peterman et al., 2020, p. 16). There may be "demands for sex in exchange for treatment, or basic necessities, by response workers and by armed or security forces enforcing quarantine measures which are meant to protect them" (SRSH, 2020a, p. 2; see also Peterman et al., 2020, p. 17). For example, reports from Sierra Leone found increased cases of teenage pregnancies due to transactional sex as a result of increased poverty and sexual exploitation by Ebola workers in exchange for food and basic necessities (SRSH, 2020a, p. 2). Out of the 32 countries where the Protection Cluster is currently active, 14 report that "sale or exchange of sex as a coping mechanism is occurring" (Global Protection Cluster, 2020, p. 5).

Existing protective strategies such as moving in groups or ensuring aid workers are accompanied are more difficult due to the social distancing required by COVID-19 (Peterman et al., 2020, p. 17). Women and girls are generally responsible for collecting water and the additional pressure on water, sanitation, and hygiene (WASH) resources in this pandemic may also lead to increased exploitation by responders or those controlling water sources (Peterman et al., 2020, p. 17). Qualified female staff in response roles may be less available due to containment measures, illness, or competing care needs in their own homes (Peterman et al., 2020, p. 17).

Those most at risk of sexual exploitation, abuse, and sexual harassment are primarily those who are already disadvantaged in the community, particularly women and girls, people with disabilities, LBGTQ, migrants, and boys (SRSH, 2020b, p. 1). "Individuals that experience multiple forms of discrimination, such as adolescent girls with disabilities, boys living in refugee camps or transsexual women are at greater risk" (SRSH, 2020b, p. 1).

Increase in cases of female genital mutilation

UNFPA research indicates that school closures and the disruption to programmes to prevent female genital mutilation may result in an additional 2 million cases over the next decade that could have been averted (UNFPA, 2020a, p. 1). In Somalia, the lockdown has led to a huge increase in female genital mutilation as circumcisers go door to door offering to cut girls stuck at home during the pandemic (Reuters, 2020). There are concerns that it is "serving as a 'social' experience for families to meet during lockdown" (Hodal, 2020). Girls' time off school due to the lockdown is being used as an opportunity to have time to recover from the ritual, which can take weeks (Reuters, 2020). Financial insecurity contributes to the increase in female genital mutilation in places such as Kenya, Somalia, and Egypt, as parents see it as a precursor to financial and social stability through marriage (Hodal, 2020).

Increase in cases of child marriage

School closures place girls at increased risk of child marriage (Girls Not Brides, 2020, p. 3). Falls in household income, as a result of the economic impacts of COVID-19, can also lead to the marriage of adolescent girls being perceived by parents or caregivers as a way to reduce the household burden, or a means to earn income or access loans in informal dowry-based economies (World Vision, 2020, p. 11; Girls Not Brides, 2020, p. 5). Lack of access to contraception and safe abortion services is likely to increase the number of unwanted and unintended pregnancies for girls, which in turn could increase pressure on them to marry early (Girls not Brides, 2020, p. 2). Breakdowns of social networks can mean that some families marry off their girls to protect their "honour" or to guard against the social stigma that can result from surviving rape or sexual assault (Girls Not Brides, 2020, p. 2).

UNFPA (2020a, p. 1) finds that potentially an additional 13 million child marriages may take place between 2020 and 2030 that could otherwise have been avoided. This is the result of COVID-19 leading to schools being shut down, prevention programmes being paused, and increasing poverty taking its toll on families in the immediate and longer-term (UNFPA, 2020a, p. 1; Haegeman & Vlahakis, 2020, p. 4). World Vision (2020, p. 11) suggests that, as many of these marriages occur in the years immediately following crises, at least 4 million more girls may be married in the next two years. Anecdotal evidence from a number of countries indicates that cases of child marriage are occurring during the lockdowns, with cases reported in 12 of the 32

countries where the Protection Cluster is currently active, especially in Nigeria, Ethiopia, and Mali (Haegeman & Vlahakis, 2020, p. 4; Global Protection Cluster, 2020, p. 6).

Decreased access to justice

The COVID-19 pandemic has further undermined justice for women, as the justice system has had to adapt to social distancing measures and resources have been diverted away from it (Klugman, 2020, p. 15). In Palestine, for example, the "complete lockdown of the Family Courts in the West Bank and Gaza has heavily impacted on the ability of women and children to claim alimony, maintenance, custody, visitation rights, protection orders and inheritance rights" (Klugman, 2020, p. 15). Some efforts have been made to keep courts running through information and communications technology for remote access (Klugman, 2020, pp. 15, 29). However, there are concerns that poor women often have less access to mobile phones and computers so may not be able to use these adapted justice and other services (Klugman, 2020, p. 15, 17).

The pandemic has also resulted in delays to efforts to address conflict-related sexual violence, with, for example, the suspension of an investigation into mass rape in the Democratic Republic of Congo (Klugman, 2020, p. 15).

Reduced access to sexual and reproductive health services

The right to sexual and reproductive health services is at risk during the COVID-19 pandemic (Klugman, 2020, p. 20). In already weak health systems, now struggling to cope with COVID-19, health and sexual reproductive health services such as abortion care, contraception, maternal healthcare, gender-based violence services, and testing and treatment for HIV and sexually transmitted infections are at risk of being sidelined, with many health workers also lacking adequate personal protective equipment to safely provide these services (UNFPAa, 2020, p. 1; Haegeman & Vlahakis, 2020, p. 5; Klugman, 2020, p. 20; Church et al., 2020, p. 1).

Governments and donors have been "redirecting funds and attention toward COVID-19 prevention and response and diverting energy from [sexual and reproductive health] and other health services" (Rafaeli & Hutchinson, 2020, p. 7; see also Laouan, 2020, p. 3; Nazneen & Araujo, 2020, p. 3). In some countries, reproductive health services were not considered amongst those essential to continue during lockdown, or certain sexual and reproductive health services, such as abortion care, may not be classified as essential, resulting in their suspension (Bagri, 2020; Riley et al., 2020, p. 73). At the beginning of April, the International Planned Parenthood Federation (IPPF) reported that "5633 static and mobile clinics and community-based care outlets have already closed because of the outbreak, across 64 countries", with the highest numbers of closures in South Asia (IPPF, 2020; see also Church et al., 2020, p. 1). Countries particularly affected by closures include Pakistan, El Salvador, Zambia, Sudan, Colombia, Malaysia, Uganda, Ghana, Germany, Zimbabwe, and Sri Lanka (IPPF, 2020). The suspension or restriction of mobile clinics means that poor, rural, marginalised communities "may be left with no alternatives; they are the least likely to access or be able to pay for pharmacy-supplied products, to access any form of telemedicine or to be able to travel further to towns to find care" (Church et al., 2020, p. 2). In some countries, such as India, community health workers who previously focused on reproductive health have been redeployed to COVID-19 duties (Bagri, 2020). Other countries have not been affected so much by the diversion of resources but rather by the existing lack of funding for sexual and reproductive health services. UNFPA in Yemen, for

example, was forced to suspend the provision of reproductive healthcare in 140 out of 180 health facilities in mid-May due to funding from donors drying up (UNFPA, 2020b).

In some countries, ultra-conservative groups and politicians have used the crisis and the measures adopted to contain COVID-19 to push for the roll back of women's sexual and reproductive health rights (Mijatović, 2020; Skinner, 2020). Safe abortion services are at particular risk during the pandemic, with these services being classed as non-essential and attempts made to close abortion clinics. For example, in Poland the ruling party has discussed bills that would virtually ban abortion and sexuality education (EPF & IPPF EN, 2020, p. 8). At the global level, the Trump administration in the US called for the removal of references to sexual and reproductive health from the UN COVID-19 humanitarian response plan and not to consider abortion as an essential service (Ford, 2020).

Research in West Africa with a wide range of respondents across 12 countries found that concern over the risk of catching COVID-19 is also preventing women from attending healthcare services, while mitigation measures within facilities have slowed down service provision, meaning that women are struggling to access sexual and reproductive health services (Laouan, 2020, p. 3; see also Riley et al., 2020, p. 73). Restrictions on movement have also made it more difficult for women to visit health facilities (Nazneen & Araujo, 2020, p. 3; Bagri, 2020). In addition, the extra precautions clinics are required to take to prevent COVID-19 are expected to increase the cost of things such abortion services, which could impact women's decisions to seek care (Bagri, 2020).

Reduced access to sexual and reproductive health services can lead to increases in maternal and child mortality, as was seen during the Ebola crisis in West Africa, which led to a 75% increase in maternal mortality and an increase in neonatal deaths and stillbirths (Rafaeli & Hutchinson, 2020, p. 8; Rohwerder, 2020, p. 17; Riley et al., 2020, p. 73). Riley et al., (2020, p. 74) estimate that a 10% decline in coverage of pregnancy-related and new-born healthcare due to the impacts of the COVID-19 pandemic would result in an additional 28,000 maternal deaths and 168,000 additional new-born deaths.

Managing their periods during COVID-19 lockdowns has become more difficult for women and girls as a result of "shortages of products, a sharp rise in prices of pads and tampons, and lack of access to basic information and services about menstrual hygiene management" (Rafaeli & Hutchinson, 2020, p. 9). A survey in five informal settlements in Kenya in May found that fewer women were buying sanitary pads (41% didn't in May; 36% didn't in April) (Population Council, 2020b, p. 1). Research with women with disabilities in India found that the failure to notify menstrual products as essential services affected their access to them and their dignity and health (Goyal et al., 2020, p. 10).

Unintended pregnancies

UNFPA research indicates that "47 million women in 114 low- and middle-income countries may not be able to access modern contraceptives and 7 million unintended pregnancies are expected to occur if lockdowns carry on for 6 months and there are major disruptions to health services" (UNFPA, 2020a, p. 1).

Riley el al.'s estimates are even higher, suggesting that a "10% proportional decline in use of short- and long-acting reversible contraceptive methods in [low and middle income countries] due to reduced access would result in an additional 49 million women with an unmet need for modern

contraceptives and an additional 15 million unintended pregnancies over the course of a year" (Riley el al., 2020, p. 74).

The closure of production sites of vital sexual and reproductive health goods and medicines and the breakdown of global and local supply chains mean that shortages of vital supplies for sexual and reproductive health, such as modern contraceptives, loom large (UNFPA, 2020a, p. 2; Nazneen & Araujo, 2020, p. 3; Riley et al., 2020, p. 73). Women who access contraception through community health workers going door to door have had this service disrupted during lockdowns (Nazneen & Araujo, 2020, p. 3; Bagri, 2020).

School closures due to COVID-19 containment measures are also a risk factor, as girls who are not in school face increased risks of early pregnancy, with experience from the Sierra Leone Ebola crisis showing that the country had recorded an increase of 11,000 teenage pregnancies (Hazard, 2020, pp. 12–13). The rise in teenage pregnancies in previous crises is attributed to "increased sexual exploitation, sexual violence and transactional sex, as well as a rise in consensual sexual activity and enhanced barriers to accessing [sexual and reproductive health] services", especially as a result of school closures, which removed girls from the protective environment they provide (Rafaeli & Hutchinson, 2020, pp. 3, 6; Haegeman & Vlahakis, 2020, p. 4).

Increases in unintended pregnancies are also likely to result in more women dying in childbirth or from undergoing unsafe abortions (Nazneen & Araujo, 2020, p. 3; Bagri, 2020). In India, for example, the Foundation for Reproductive Health Services India estimates lockdown disruption could lead to an additional 834,042 unsafe abortions, the third leading cause of maternal deaths in India (Bagri, 2020). Riley et al. (2020, p. 74) estimate that if 10% of women who would normally have a safe abortion resorted instead to an unsafe method, an additional 3.3 million unsafe abortions would occur in low- and middle-income countries over the course of a year, resulting in an additional 1,000 maternal deaths.

Decreases in gender equality

There are major concerns that COVID-19 and the responses to it will push back the fragile progress on gender equality (Klugman, 2020, p. 5; Cochran et al., 2020, p. 3).

Employment

The ILO (2020a) warned at the end of June that there has been the equivalent of the loss of 400 million jobs in the second quarter of 2020 as a result of COVID-19, with women workers worst affected due to their overrepresentation in some of the sectors worst affected by social distancing measures – accommodation, food, hospitality, tourism, sales, and manufacturing (see also Klugman, 2020, p. 22; Cochran et al., 2020, p. 3). Part-time and temporary workers, the majority of whom are women, are also expected to suffer dramatic job losses due to COVID-19 impacts (Cochran et al., 2020, p. 3). UN Women (2020d) found that women in the formal sector are seeing large reductions to their working hours in countries such as Bangladesh, the Maldives, the Philippines, and Thailand. In Bangladesh the gender gap was 69 points, and women in formal employment are almost six times as likely to work fewer hours than their male counterparts since the outbreak of the virus (UN Women, 2020d). However, a telephone survey conducted in early April in Bihar and Uttar Pradesh, India, found that more men had lost their jobs in the private sector (25%), compared to women (15%) (Population Council, 2020a, p. 1).

Owing to their far greater representation in the informal economy,[8] women are more vulnerable to economic fragility caused by confinement and movement restrictions aimed at containing COVID-19 because their livelihoods depend on public space and social interactions that are now being restricted (UNFPA, 2020a, p. 2; Hazard, 2020, p. 17; Rafaeli & Hutchinson, 2020, p. 10; Laouan, 2020, p. 3; Klugman, 2020, p. 21; Cochran et al., 2020, p. 3). For example, in Africa much of the informal cross-border trade, which has been halted, is carried out by women traders (Hazard, 2020, p. 16). Research in early April in Bihar and Uttar Pradesh, India, found that 65% of female informal-sector workers had lost their jobs/income, compared to 55% of male informal-sector workers (Population Council, 2020a, p. 1). Working in the informal sector means that they are not normally entitled to health insurance, paid sick and maternity leave, pensions and unemployment benefits, or other social protection programmes which could protect them from the loss of their incomes (Klugman, 2020, p. 21; Nazneen & Araujo, 2020, p. 5; Cochran et al., 2020, p. 3).

Women-owned enterprises are particularly susceptible to the economic shocks caused by COVID-19, especially as they "tend to be more reliant on self-financing, thus increasing their risk of closure during extended periods of significantly reduced or no revenue" (Cochran et al., 2020, p. 4). In addition, the "gender digital divide puts women at a disadvantage where government and business services have moved online" in response to the pandemic (Cochran et al., 2020, p. 4).

The dip in women's labour force participation and economic activity compared to men is likely to be prolonged (Klugman, 2020, p. 22; Nazneen & Araujo, 2020, p. 5). Following the West African Ebola outbreak, men's economic activity returned to pre-crisis levels shortly after preventative measures were lifted, but the impacts on women's economic security and livelihoods lasted much longer (Cochran et al., 2020, p. 3). As a result of "pre-existing gender-based inequalities, women will likely experience more difficulty finding new jobs or entrepreneurship opportunities for their economic recovery" (UN, 2020d, p. 17). As many women farmers do not have formal ownership of land in many countries, it will be difficult for them to secure credit and investment in the recovery phase (Nazneen & Araujo, 2020, p. 5). Biased customary laws in some countries also mean that women who become widows due to COVID-19 are at risk of disinheritance (Nazneen & Araujo, 2020, p. 5).

The "economic impact of the pandemic is greater for women in the informal sector, in agriculture, migrant workers, or female-headed households" (Nazneen & Araujo, 2020, p. 5). Research by UN Women (2020d) in Bangladesh, Cambodia, Maldives, Pakistan, and the Philippines found that women tend to be more affected than men by cuts in income from family businesses, from own farming or fishing, from a paid job, and from remittances, as well as by drops in income from investments or savings and financial support from family and friends. The loss of income experienced by women affects "family income and food availability and leads to malnutrition, especially for children, pregnant and breastfeeding women" (UNFPA, 2020a, p. 2). A study with 2,317 households in early April in Bangladesh found that income loss due to the lockdown was higher in women-headed households (80%) than in men-headed households (75%), with the income of 57% of women-headed households reduced to zero compared to 49% of men-headed households (BRAC, 2020, p. 4). "Data from previous crises and emergency settings suggests that when poverty rates grow and family income declines women carry much of the added strain

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[8] In Sub-Saharan Africa, 74% of women work in the informal sector, while in South Asia over 80% of women in non-agricultural jobs are in informal employment (Haegeman & Vlahakis, 2020, p. 5; Klugman, 2020, p. 21).

and burden" (Rafaeli & Hutchinson, 2020, p. 12). In the Ebola crisis, economic hardships led to girls being forced into risky behaviour, including transactional sex, in order to support the family financially and put food on the table (Rafaeli & Hutchinson, 2020, p. 12). Some evidence is emerging of women and girls engaging in transactional sex to meet basic needs during the COVID-19 pandemic (Global Protection Cluster, 2020, pp. 5, 6).

On the other hand, globally, 70% of frontline health and social care workers are women and, while they may not lose their jobs, they face increased exposure to the virus and challenging work conditions, including attacks against them (Hazard, 2020, p. 9; Rafaeli & Hutchinson, 2020, p. 11; UN, 2020d, p. 17; Klugman, 2020, p. 22; Cochran et al., 2020, p. 3; Amnesty International, 2020, p. 38). The lack of childcare support as a result of the COVID-19 pandemic is particularly problematic for them as essential workers (Staab et al., 2020, p. 4). As they are often underrepresented in global and national health decision-making processes, their needs in relation to protection and workload are less likely to be met (Nazneen & Araujo, 2020, p. 3). A particularly neglected group are community health workers (Staab et al., 2020, p. 3). Domestic workers, providing care for children or older persons, have also lost their jobs or faced increased difficulties and risks if continuing to work (Staab et al., 2020, p. 3).

Education

Gender inequality in education is already an issue in many countries, and evidence from past crises suggests that it is likely to worsen as a result of the school closures (Rafaeli & Hutchinson, 2020, p. 5; Haegeman & Vlahakis, 2020, p. 4). After the Ebola crisis in Sierra Leone, for example, school enrolment rates for girls aged 12 to 17 fell from 50% to 34% in heavily disrupted villages (Rafaeli & Hutchinson, 2020, p. 6). In past crises, families have tended to prioritise sending their boys back if they can afford to send any of their children back to school (Haegeman and Vlahakis, 2020, p. 4). "Structural inequalities can cause girls' education to be deemed less valuable than their male counterparts, with adolescent girls often expected to assume unpaid carer roles within families" (Nazneen & Araujo, 2020, p. 7).

Online learning, often used as an adaption to provide education during school closures, can also be a barrier to girls' participation, as girls generally have more limited access to phones and the internet in many countries (Nazneen & Araujo, 2020, p. 7). During the Ebola crisis in Sierra Leone, for example, a survey found that only 15% of girls mentioned participating in home study, compared to 40% of boys (Rafaeli & Hutchinson, 2020, p. 6). In addition, girls are often expected to look after their younger siblings or do other domestic work, which may also have an impact on their ability to continue their studies through online learning, where this is available and they have access to it (Girls Not Brides, 2020, p. 3; Staab et al., 2020, p. 2).

As noted above, being out of school, whether as a result of school closures or dropout, impacts not only on girls' education and subsequent opportunities but makes them "more vulnerable and exposed to sexual violence and exploitation, female genital mutilation, forced marriage and early pregnancies" as a result of the reduction in their social networks, interaction and support from peers and staff, and access to sexual and reproductive health and to safe spaces (Rafaeli & Hutchinson, 2020, p. 6; Nazneen & Araujo, 2020, p. 7). Countries with policies that exclude pregnant girls from schools could see an increase in girls' dropout rates post-crisis (Rafaeli & Hutchinson, 2020, p. 6; Nazneen & Araujo, 2020, p. 7).

Increased care burden

The vast amount of unpaid and poorly paid care and domestic work that women have always done in homes and communities is immensely valuable and serves as the backbone of the COVID-19 response, especially when formal health systems are unable to cope (Staab et al., 2020, pp. 2–3). COVID-19 and responses to it, such as school closures and lockdowns, have resulted in increased care burdens, which often must be balanced with income-generation activities (Klugman, 2020, p. 21; Nazneen & Araujo, 2020, p. 5). Formal and informal childcare arrangements have also been severely disrupted across the world (Staab et al., 2020, p. 4).

Social norms mean that women and girls are disproportionally likely to be responsible for the additional burden of caring for family members who contract COVID-19, for children not in school, and for elderly or disabled family members, exposing them to greater risks of infection and increasing their already great unpaid care burden (Hazard, 2020, pp. 12, 15; Haegeman & Vlahakis, 2020, p. 5; ILO & UNICEF, 2020, p. 18; Staab et al., 2020, p. 2; Skinner, 2020). Basic care tasks such as procuring food, water, or fuel have become even more challenging as a result of the impacts of COVID-19 and responses to it (Staab et al., 2020, p. 4; Jones, N., et al., 2020, p. 4). As a result, women are generally "working longer hours, being physically tired and experiencing income loss" (Nazneen & Araujo, 2020, p. 5; Staab et al., 2020, p. 2). A study of five informal settlements in Nairobi in May found that women were "more likely to report they are doing more cooking (49% vs. 24% of men), cleaning (61% vs. 25% of men), and childcare (67% vs. 36% of men)" since the outbreak (Population Council, 2020b, p. 3). A survey of 1,580 households in Jordan in early April found that 74% of women reported increased household and childcare responsibilities during the lockdown, compared to 59% of men (Kebede et al., 2020, p. 10). Research by UN Women (2020d) with thousands of respondents in Bangladesh, Cambodia, Maldives, Pakistan, and the Philippines found that "in all countries, women are more likely to see increases in both unpaid domestic and unpaid care work since the spread of COVID-19". Additional caring responsibilities also hinder women's ability to work, pushing them out of the labour force and girls out of school (Haegeman & Vlahakis, 2020, p. 5; Nazneen & Araujo, 2020, p. 5; Staab et al., 2020, pp. 2, 4).

However, there are some reports, such as research by CARE in West Africa, which indicate that in some contexts men who are out of work are becoming more involved in domestic tasks and childcare (Laouan, 2020, p. 7). Research in the Gaza Strip found that some boys "reported participating in cooking and cleaning, tasks they would not usually perform due to conservative gender norms" (Hamad et al., 2020, p. 8). UN Women's rapid assessment surveys also found that with families confined to the home, men are doing more, but that women continue to do the lion's share of unpaid care and domestic work (Staab et al., 2020, p. 3; UN Women, 2020d). The tasks generally carried out by men were less time-consuming than those carried out by women (UN Women, 2020d). Research in Bangladesh also found that while both male and female adolescents mentioned helping their mothers with household chores, girls seemed to spend more time on this than boys (Farheen Ria et al., 2020, p. 4).

Lack of women's participation and a gender lens in official responses

Despite the impact of the COVID-19 pandemic on women across the world and their frontline involvement, there has been insufficient engagement of women and women's rights organisations in COVID-19 response-planning and decision-making (Fuhrman & Rhodes, 2020, p. 2; Haegeman & Vlahakis, 2020, p. 6; Leung et al., 2020, p. 196). This risks failing to create

policies that account for the disproportionate impact of the pandemic on women and girls and risks gender equity gains (Fuhrman & Rhodes, 2020, p. 4; Freizer, 2020, pp. 2, 4). Women's "participation and influence are needed in the design, implementation and monitoring of COVID-19-related laws, policies and budgets at all levels of decision-making: local, national, regional and international" (Freizer, 2020, p. 2). Currently this is not really happening, with a survey of 30 countries, carried out by CARE, finding that the "majority of national-level committees established to respond to COVID-19 do not have equal female-male representation" (Fuhrman & Rhodes, 2020, p. 3).

Despite this, "across the world women are on the frontlines of the COVID-19 response, as Heads of State and Government, health-care workers, carers at home and community leaders and mobilizers, among other roles" (Freizer, 2020, p. 3). Despite their underrepresentation in decision-making forums, countries where women are at the helm have been praised for their inclusive and effective COVID-19 response efforts, although the evidence is still emerging (Freizer, 2020, p. 3). Lack of women's representation risks undercutting an inclusive response, as their specific needs may be "overlooked in the development, scrutiny and monitoring of COVID-19 policies, plans and budgets, including for economic recovery and future health resilience" (Freizer, 2020, p. 4). CARE's research in 30 countries found that seven of them seemed to have made no funding or policy commitments for gender-based violence, sexual and reproductive health services, or women-specific economic assistance (Fuhrman & Rhodes, 2020, p. 3); 54% of countries appear to have taken no action on gender-based violence; and 33% do not appear to have addressed sexual and reproductive health in their response, despite clear evidence of the impact of the crisis on these issues (Fuhrman & Rhodes, 2020, p. 3). Countries that have more women in leadership were found to be "more likely to deliver COVID-19 responses that consider the effects of the crisis on women and girls" (Fuhrman & Rhodes, 2020, p. 4).

However, women's ability to participate in public life is being undermined by their additional domestic and care work at home, while the effects of the virus and lack of protective equipment also pose a risk (Freizer, 2020, p. 4). In addition, the digital gender divide and escalating rates of cyberviolence risks their exclusion from new forums for information, consultation, and deliberation that have moved to social media and the internet (Freizer, 2020, p. 5).

Women's groups

Women's rights organisations from the Global South are leading efforts to advocate for the participation of women in response planning, but many are under threat of closure because of funding constraints and redirected donor priorities (Haegeman & Vlahakis, 2020, p. 6; Freizer, 2020, p. 5). Women's groups can strengthen members' resilience to economic shocks, but research carried out by De Hoop et al. (2020, pp. 2, 4–5) found that women's groups are finding lockdowns and social distancing challenging because most meet physically, while those linked to livelihood promotion may dissolve due to lack of capital or investments as a result of the economic shock of COVID-19. For example, "under the current COVID-19 lockdown, women's groups in India, Nigeria, and Uganda no longer have physical meetings", while there has been a steep decline in savings mobilised by self-help groups in India (De Hoop et al., 2020, pp. 4, 5).

However, in every context, women are taking the lead in their communities to organise responses including providing lifesaving health and protection services, reaching those most vulnerable (such as women living with disabilities, women living with HIV, migrant and refugee women, and others) and caring within the community, through activities such as providing food,

information-sharing, selling masks and soap, and supporting survivors of gender-based violence (Laouan, 2020, p. 4; Klugman, 2020, p. 31; Freizer, 2020, p. 5; De Hoop et al., 2020, pp. 7–8). Due to the coverage and existing governance structures of women's groups, the Indian government and NGOs with a focus on Africa (e.g. CARE, Women for Women International) are channelling funding and community-response initiatives, such as community kitchens and the production of personal protective equipment, through self-help and savings groups, to limit the negative economic consequences of the lockdown (De Hoop et al., 2020, pp. 2, 7).

Preparedness, response/mitigation, resilience, and recovery measures

Gender analysis – with particular attention to marginalised and excluded women and girls

Analysis of existing responses to COVID-19 finds that "there has been a shortage in a gender based lens in their design and implementation, which increases the probability that the unique and acute needs of adolescent girls and women will not be addressed properly" (Rafaeli & Hutchinson, 2020, p. 3). As a result, organisations such as the UN are "urging governments to centre their COVID-19 response and recovery plans around human rights and gender analysis" and to pay particular attention to "women and girls who were already marginalised and excluded due to disability, sexual orientation and gender identity, race, ethnicity, age, refugee or migrant status, amongst other factors" (Haegeman & Vlahakis, 2020, p. 1).

Gender disaggregation

Gender-disaggregated data of the impacts of COVID-19 are needed. For example, data on children affected by school closures should be disaggregated to ensure governments can act if children, especially girls, are not returning, by providing financial assistance for instance (Haegeman & Vlahakis, 2020, p. 4).

Women's representative participation

Support should be provided to ensure that women are recognised as frontline actors and decision-takers within the response at every level. Decision-making bodies and forums need to strive for gender balance and meaningfully include women's representatives, through gender equality quotas, for example (Fuhrman & Rhodes, 2020, p. 5; Freizer, 2020, p. 5). Existing gender equality institutions and mechanisms could be used in the COVID-19 response (Freizer, 2020, p. 6). Gender equality ministries in several African countries, for example, have been "substantially involved in COVID-19 response efforts, including in the development of guidelines for gender responsiveness, and in advocacy with other members of cabinet for programming to support women entrepreneurs and survivors of domestic violence" (Freizer, 2020, p. 6). Barriers to women's political participation should be considered in the development of new modes of participation and decision-making, and flexible working arrangements, safe spaces, and other measures may be needed to ensure that women are not excluded from key governance processes on account of their extra care and domestic work responsibilities or discrimination against them (Freizer, 2020, pp. 6, 7).

Public information providers should consider the access needs of women (Freizer, 2020, p. 6). Information should be disseminated in a variety of languages online and social media platforms must take action to discourage and prevent online harassment (Freizer, 2020, p. 6). TV, radio,

and public announcements need to continue and be expanded for women audiences (Freizer, 2020, p. 6). Civil society organisations can help to promote marginalised women's access to information (Freizer, 2020, p. 6). Efforts are needed to increase women's mobile phone ownership and digital literacy (De Hoop et al., 2020, p. 9).

Diverse local women-led and women's rights organisations, movements, and leaders should be worked with and be part of decision-making when responding to COVID-19 (Fuhrman & Rhodes, 2020, p. 5; Nazneen & Araujo, 2020, p. 14; Freizer, 2020, pp. 6–7; De Hoop et al., 2020, p. 9). Support should be provided to strengthen them and enable them to carry out their work, for example through fast, flexible funds (Fuhrman & Rhodes, 2020, p. 5; Freizer, 2020, p. 7; De Hoop et al., 2020, p. 9). Women's groups' responses to COVID-19 could be strengthened through collaboration with local governments and private actors (De Hoop et al., 2020, p. 9).

Adapting gender-based violence services and efforts to prevent harmful practices

It is important to maintain the provision of gender-based violence services and they should be designated as essential, with funds earmarked for them (Nazneen & Araujo, 2020, p. 10; UN Women, 2020a, p. 6; UNDP, 2020b, p. 3). Efforts are being made to ensure the continuity of services for survivors of gender-based violence and the most at-risk women and girls by providing both remote services and personal protective equipment to reduce the risk of infection among frontline service providers (UNFPA, 2020a, p. 6; Sachiti, 2020; UN Women, 2020b, p. 7). For example, in Botswana, Save the Children has worked with Childline Botswana to expand and adapt their child protection helpline to also deal with issues arising as a result of the COVID-19 situation (Hazard, 2020, p. 12). Multiple innovative platforms have emerged to prevent and respond to intimate partner violence using applications such as WhatsApp or new free applications, while others aim to help victims through services that do not require mobile phones or internet access, such as providing assistance through pharmacies (Klugman, 2020, pp. 27–29; UN Women, 2020a, p. 6). In some places hotels have been repurposed as shelters that also adhere to quarantine policies (UN Women, 2020a, p. 6). Organisations are advocating and working to ensure that gender-based violence services (such as health, psycho-social, legal and social services including shelter and livelihoods) are recognised as essential services that should form an integral part of COVID-19 response, including in humanitarian settings (UNFPA, 2020a, p. 6; UN Women, 2020b, p. 7; UNDP, 2020b, p. 3). It is important to do awareness raising with the police and judiciary, and community outreach on violence prevention and COVID-19 (UN Women, 2020b, p. 7; UN Women, 2020a, p. 6–7; UNDP, 2020b, p. 4).

Mitigation measures to reduce instances of female genital mutilation and child marriage during COVID-19 include "supporting community-based mentors and women and youth groups in tracking and supporting girls at heightened risk of [female genital mutilation] and child marriage due to COVID-19; and using WhatsApp, radio, and other applications/platforms to share positive messaging (including edutainment and comprehensive sexuality education for girls) and facilitate continued community surveillance" (UNFPA, 2020a, p. 7).

Food and non-food assistance have been provided to child mothers and teenage girls in vulnerable communities to mitigate their having to engage in sex for assistance, as occurred previously during the Ebola crisis (Hazard, 2020, p. 15).

Organisations also need to review and implement their safeguarding procedures and make clear that all humanitarian services are or should be free of charge to help limit demands for sexual favours in return for services (SHRH, 2020b, p. 3).

Continuation of sexual and reproductive health services

It is important that action is taken to maintain essential health services delivery, including existing sexual and reproductive health services, despite the need to respond to COVID-19, and to build inclusive health services that meet the rights and needs of women and girls, including through comprehensive sexual and reproductive health services (Nazneen & Araujo, 2020, p. 3). Efforts are needed to protect and strengthen commitments on sexual and reproductive health rights, given significant pushbacks against them (Nazneen & Araujo, 2020, p. 4). Women frontline workers should participate in decision-making processes and women's rights organisations should be consulted for their inputs into design, delivery, and distribution of resources (Nazneen & Araujo, 2020, p. 4; Leung et al., 2020, p. 196). Leung et al.'s (2020, p. 196) research showed the "importance of women's role in managing public health outcomes, with the strong positive effects of gender equity and the proportion of women in legislature on public health expenditure, which in turn shows significant impact on the number of diagnosed and critical cases but not on the number of deaths".

Support is being provided to governments to keep health systems functioning, including sexual and reproductive health services, through the provision of things such as personal protective equipment for frontline workers and innovative approaches to service provision to facilitate opportunities for physical distancing (UNFPA, 2020a, p. 4). This includes "making services such as contraceptive counselling, antenatal and postnatal care telemedicine based; finding solutions through task-sharing and task-shifting; increased promotion of self care measures; and digital outreach (for the provision of sexual and reproductive health information and comprehensive sexuality education)" (UNFPA, 2020a, p. 5; see also Church et al., 2020, p. 1–2).

The crisis also presents an opportunity for rapid regulatory change and programme innovation, with several countries now allowing wider use of telemedicine to provide medical abortion at home, for example (Church et al., p. 2). However, Church et al. (2020, p. 1) warn that these innovations are unlikely to compensate for the overwhelmingly negative impact of the pandemic on sexual and reproductive health services.

Dignity kits, based on local needs and procurement realities, have been provided to quarantined/housebound women, girls, and other key populations to address their hygiene and sanitation needs (UNFPA, 2020a, p. 5). UNFPA has been providing reusable menstrual pads and hygiene products, so that disadvantaged groups of women and girls can use their limited resources to purchase other important items (Nazneen & Araujo, 2020, p. 4).

Contraceptive and reproductive health supplies

In order to ensure that people are still able to access items such as modern contraceptives, maternal health medicines and menstrual health supplies, work is being carried out by UNFPA to leverage "established mechanisms to monitor and track stock levels, consumption rates, risk of stock-outs or overstocks, and pipeline orders for every contraceptive method and for essential lifesaving maternal health medicines" to ensure that stocks are distributed where needed (UNFPA, 2020a, p. 8). Work is being carried out with suppliers to understand and mitigate the impact of delays and price increases (UNFPA, 2020a, p. 8).

Ministries of health and other providers are being supported to "provide online screening, information, and reproductive health and contraception counselling services" (UNFPA, 2020a, p. 8). Efforts are being made to shift contraceptive services to communities and private healthcare

providers to extend services and relieve pressure on public health systems (UNFPA, 2020a, p. 8).

Support for women's economic empowerment

Economic recovery programmes need to be gender sensitive and address issues such as women's unpaid care burdens in order to sustain women's economic empowerment (Nazneen & Araujo, 2020, p. 6; Cochran et al., 2020, p. 6). Participatory planning and monitoring of economic response and recovery packages and budgets should be promoted, including through the involvement of women's rights organisations, especially those representing marginalised groups (Cochran et al., 2020, pp. 6, 7). Social protection systems should be strengthened to cover all working women in formal and informal employment, including those who are self-employed, contributing workers in family businesses or family farms, domestic workers, and women migrant workers (Cochran et al., 2020, p. 6).

Immediate and longer-term support should be targeted at the hard-hit sectors that employ predominantly women and at women-led enterprises and businesses (Cochran et al., 2020, p. 6). Public procurement processes for food, basic supplies, and sanitary and personal protective equipment could use women-led enterprises (Cochran et al., 2020, pp. 6, 8). In Argentina, for example, "home-based workers (who are predominantly women) are producing COVID-19 face masks for the local market", while in Senegal the government is being supported to source food transfers from women rice producers (Cochran et al., 2020, pp. 6, 8). Investment in the care economy can also have "important multiplier effects by facilitating women's labour force participation, creating jobs in the care sector and beyond, enhancing children's capabilities and supporting the well-being of vulnerable populations" (Staab et al., 2020, p. 7).

Alleviating the unpaid care burden

The promotion of flexible work arrangements, the expansion of social protection to those with care responsibilities, and the provision of childcare are important for helping cope with increased care burdens (Cochran et al., 2020, p. 6; Staab et al., 2020, p. 5). Care workers, paid and unpaid, need to be recognised as essential workers and their safety at work should be ensured (Staab et al., 2020, p. 5). Advocacy efforts are needed to encourage greater sharing of unpaid care and domestic work, and in Latin America some countries have launched social media campaigns calling for an equal sharing of domestic responsibilities during lockdown (Staab et al., 2020, p. 6).

In the longer term, especially given the need to strengthen the preparedness of health systems, governments should "prioritize the creation of integrated care systems that cover care needs across the life course and rely less on unpaid work and more on collective and solidarity-based solutions" (Staab et al., 2020, p. 6). In addition, there is a need to invest in accessible basic infrastructure and time-saving technology, including water, sanitation, electricity, food grinders and fuel-efficient cookstoves (Staab et al., 2020, p. 7).

Resources – recommendations and guidelines:

- IASC: Gender alert for COVID-19 outbreak
- IASC: Identifying and mitigating gender-based violence risks within the COVID-19 response

- IAWG: Minimum Initial Service Package (MISP) for Sexual and Reproductive Health (SRH) during COVID-19
- IFRC: Prevention and response to sexual and gender-based violence in COVID-19
- Inter-Agency Standing Committee (IASC): Protection for sexual exploitation and abuse during COVID 19 response
- Inter-agency Working Group on Reproductive Health in Crises (IAWG): Programmatic guidance for sexual and reproductive health in humanitarian and fragile settings during the COVID-19 pandemic
- International Federation of Gynecology and Obstetrics (FIGO): COVID-19 contraception and family planning
- Jhpiego: Ensuring quality family planning services during COVID-19 pandemic
- Jhpiego: Operational guidance for continuity of essential services impacted by COVID-19
- Pathfinder International: Technical guidance: Gender-based violence during COVID-19
- Safeguarding Resource & Support Hub: Safeguarding against sexual exploitation and abuse and sexual harassment (SEAH) for aid organisations delivering programmes to assist countries affected by COVID-19
- UN Human Rights and the African Union: Seven possible actions: Women's rights and COVID-19, Guidance Note
- UN Women et al.: Justice for women amidst COVID-19
- UNFPA: Gender equality and addressing gender-based violence (GBV) and Coronavirus disease (COVID-19) prevention, protection and response
- UNFPA: Sexual and reproductive health and rights: Modern contraceptives and other medical supply needs, including for COVID-19 prevention, protection and response
- Unite Nations Development programme (UNDP): Gender-based violence and COVID-19

6. Social protection

Impacts

Exacerbation of existing vulnerabilities and gaps in social protection

The COVID-19 pandemic is exacerbating existing vulnerabilities, especially of those who do not have access to social protection systems to protect them from the loss of their incomes (Hazard, 2020, p. 5; Devereux et al., 2020). More information on the groups particularly affected by the different impacts of the COVID-19 pandemic can be found in Section 3 (poverty and vulnerability), Section 4 (vulnerable groups), and Section 5 (gender equality).

Social protection systems "increase resilience, contribute to preventing poverty, unemployment and informality, and are powerful economic and social stabilizers that can contribute to a swift recovery" from COVID-19 (ILO, 2020c, p. 1). However, many developing countries have "fragmented social protection systems often decoupled from the informal labour market where much of the population works" (Sumner et al., 2020, p. 1). At the time that COVID-19 hit, around 55% of the world's population, including two out of three children, had no or inadequate social protection and were extremely vulnerable to shocks like that posed by COVID-19 (ILO & UNICEF, 2020, p. 7; UN, 2020d, p. 13). Africa has the lowest coverage of social protection, with

80% of the population in the region not covered by any pension, safety net, or social protection programme, and most of the amounts transferred to citizens covered by social assistance inadequate for their needs (Lind et al., 2020, p. 4; Dafuleya, 2020, pp. 255, 258, 260). Fiscal and capacity constraints mean that social safety net programmes often only cover a small proportion of the poor, often the rural poor (Lind et al., 2020, p. 4). Formal sector workers may have social protection provisions in their employment contract, such as unemployment insurance or health insurance coverage, while some of the poorest may already benefit from social assistance programmes (World Bank, 2020b, p. 13). However, "[b]etween these two groups lie numerous vulnerable poor (and non-poor) people, often informal sector workers, often women, often urban", or part-time workers, temporary workers and self-employed workers, who lack social protection but whose livelihoods have been suddenly and adversely affected by COVID-19 and the response to it (World Bank, 2020b, p. 13; ILO, 2020c, p. 7).

COVID-19 has highlighted the importance of social protection to protect against the socioeconomic fallout of health crises (Wylde et al., 2020, p. 1). "The COVID-19 crisis has served as a wake-up call by exposing serious gaps in social protection systems around the world" (ILO, 2020c, p. 6). Philip Alston (2020, p. 10), the outgoing UN Special Rapporteur on extreme poverty and human rights, note that if "social protection floors had been in place, the hundreds of millions left without medical care, adequate food and housing, and basic security would have been spared some of the worst consequences" of COVID-19.

The World Bank (2020b, p. 9) notes that in the "immediate future, putting cash in the hands of vulnerable segments of the population – not only the poor but also informal workers – will be essential to protect livelihoods and enable containment policies". COVID-19 has also "exposed critical gaps in sickness benefit coverage, leaving large numbers of workers, such as self-employed workers and workers in non-standard employment, without paid sick leave", and thus more likely to be forced to work even if they may have the virus (ILO, 2020c, p. 3).

COVID-19 has also highlighted the prevailing gaps in social protection coverage and uneven access across groups. As many of those affected are not "necessarily the same as either the usual social protection caseload or the target population for 'business as usual' humanitarian assistance", well-designed expansion of coverage will be needed (Wylde et al., 2020, p. 1). The research in Bangladesh in April with 5,471 households in urban slums and rural areas by Rahman et al. (2020, p. 28) noted that the impact has been more severe for the urban poor, which is a concern as social protection programmes in Bangladesh are mainly focused on the rural poor (see also BRAC, 2020, p. 3). While households were initially able to rely on personal coping mechanisms, Rahman et al. (2020, p. 28) noted that large-scale social protection support had become critical to averting widespread food insecurity. Research with adolescents in urban slums in Bangladesh found that, due to relief support being targeted at the "extreme poor", low-income families suffering from financial crises are falling through the cracks and not receiving any assistance (Farheen Ria et al., 2020, p. 10). Other research in April in Bangladesh with 2,317 households found that not only had more women-headed households seen a drop in income, they were also more likely not to have received government support than men (72% compared to 62%) (BRAC, 2020, p. 4). Research with leaders of disabled people's organisations in Bangladesh also noted that local government has been disqualifying people with disabilities who receive a disability allowance from receiving other forms of relief, such as food aid, despite the allowance not being enough to sustain families who have lost their livelihoods due to COVID-19 (Ahmed, 2020, p. 1). Respondents in Bangladesh also reported that the assistance provided was not enough to meet people's needs and that cash support has been going to middle-income

households and not to lower-income households (Ahmed, 2020, p. 1). Research with women with disabilities in India found that pre-existing barriers to social protection schemes, such as the requirement for disability certificates, have made it harder for women with disabilities to access social protection during the COVID-19 outbreak (Goyal et al., 2020, p. 9). Participants also reported that "despite announcement of adapted schemes they experienced delays in receiving pensions, reduced amounts of pensions, or were unable to receive the pensions as it had to be obtained in person or through visiting banks that were far away" (Goyal et al., 2020, p. 9).

Of the 3,249 households in both urban and rural areas of Ethiopia surveyed between mid-April-mid-May, only 8% of households (10% rural and 3% urban) had received assistance from government, NGOs, or religious institutions (Wieser et al., 2020, pp. 1, 8). The largest proportion of the assistance provided was free food (47%) and direct cash transfers (39%), and the government was the biggest provider of this assistance (77%), mainly through the urban and rural Productive Safety Net Programs (Wieser et al., 2020, p. 8). A rapid assessment of 12,084 respondents in Jordan at the end of April found that 78% of respondents did not have access to social security, with access higher in urban areas (UNDP, 2020a, pp. 27–28). Only 7% of respondents were enrolled in a social protection programme, 4% in the National Aid Fund (UNDP, 2020a, p. 28). Different research carried out in early April in Jordan, with 1,580 Syrians and Jordanians, found that Syrians were more likely to be receiving cash assistance than Jordanians (20% compared to 3%), with their assistance coming from international organisations rather than the National Aid Fund, which caters to Jordanians (Kebede et al., 2020, p. 9). Syrians were also more likely to be receiving in-kind assistance in March 2020 (25% compared to 5% of Jordanians) (Kebede et al., 2020, p. 9).

Preparedness, response/mitigation, resilience, and recovery measures

In general, countries that have effective social protection systems with universal coverage are better prepared to respond to the impacts of COVID-19 (ILO, 2020c, p. 1). During the 2008 financial crisis, "countries with strong social protection systems and basic services suffered the least and recovered the fastest" (UN, 2020d, p. 13). Evidence from Southern Africa shows that "countries that have institutionalised social assistance, rely on domestic resources, and follow a rights- or justice-based approach, were swift to provide emergency assistance to mitigate the COVID-19 lockdown effects" (Botswana, Mauritius, Namibia, and South Africa) (Dafuleya, 2020, pp. 262–263). In contrast, "countries in the region with weak state-run social assistance and rely on international donors for finance, lagged far behind in introducing emergency measures to shield people's livelihoods" (Angola, Democratic Republic of the Congo, Madagascar, and Zimbabwe) (Dafuleya, 2020, p. 263).

In recognition of the need to address and mitigate the impact of COVID-19, there have been calls for "rapid and large-scale expansion of social protection systems and programmes including cash transfers, school feeding and child benefits" and investment in "other forms of social protection, fiscal policies, employment and labour market interventions to support families" (UNICEF, 2020b). Generally, "the current crisis calls for speed and broad coverage of assistance, in preference to precise targeting" (World Bank, 2020b, p. 13; ILO, 2020c, p. 6). However, countries should "prioritize support for those who are particularly vulnerable to the crisis, including workers in the informal economy" (ILO, 2020c, p. 6). Support provided should "focus on the use and strengthening of existing government social protection systems and services and contributing to building nascent systems where appropriate" (UN, 2020d, p. 16; Lind et al., 2020, p. 6). "Last

mile delivery challenges will be a critical issue for scaled-up social protection measures to mitigate the poverty impact of Covid-19 crisis" (Rahman et al., 2020, p. 29).

Experience from previous crises

Previous crises show that governments can "leverage pre-existing social protection infrastructure and expansionary stimulus packages to expand coverage and introduce new social protection programmes", although the capacity to do this varies (Tirivayi et al., 2020, p. 6; ILO, 2020c, p. 2). "Short-term responses often include the raising or top-up of benefit levels and the extension in duration of programmes or the introduction of new programmes" (Tirivayi et al., 2020, p. 6). "Long-term responses typically include permanent countercyclical reforms for social benefits, addressing sustainability and ensuring the transitioning of new programmes to permanence" (Tirivayi et al., 2020, p. 6).

Evidence shows that during crises "[u]nemployment benefits alleviate poverty, although there is the risk they can contribute to long-term unemployment" (Tirivayi et al., 2020, p. 5). Social assistance instruments, including cash transfers, have generally been found to "have wide-reaching positive impacts on child and family outcomes such as school attendance, poverty reduction, food security, emotional well-being and family livelihoods during crises" (Tirivayi et al., 2020, p. 5). Their impact during crises depends on design elements such as "targeting, coverage, transfer value and duration/intensity" (Tirivayi et al., 2020, p. 5).

Tirivayi et al. (2020, p. 6) note that the capacity of social protection programmes in low- and middle-income countries could be developed by short-term emergency social protection responses to the COVID-19 pandemic being extended into permanent programmes or combined with transitions into permanent programmes. In some fragile and conflict-affected states, humanitarian platforms could be used to "plant the seeds for future social protection systems" (Lind et al., 2020, p. 13).

Immediate social protection responses to COVID-19

The "abrupt and unprecedented disruption to lives and livelihoods in the COVID-19 crisis has required countries to quickly scale up existing social protection programmes and/or design new programmes to patch existing gaps in social assistance, which in some countries are considerable" (Lind et al., 2020, p. 6). In addition, not all social protection systems are flexible enough to adapt to incorporate additional caseloads (Lind et al., 2020, p. 6).

As of 12 June, a total of 195 countries, mainly higher-income, had planned, introduced, or adapted 1,024 social protection measures in response to COVID-19[9] (Gentilini et al., 2020, p. 2; ILO, 2020c). Throughout the course of the pandemic the number of countries and measures has increased over time, from 45 countries and 103 social protection measures on 20 March (Gentilini et al., 2020, p. 2). They consist of scaled-up or new social assistance, social insurance, and labour market interventions, or combinations thereof, and they could generally be considered as shock-responsive social protection[10] (UNICEF, 2020b; Lind et al., 2020, p. 2; Wylde et al.,

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[9] The extent to which these are ongoing, planned, or completed is unclear (Gentilini et al., 2020, p. 8).

[10] In recent years, innovative programming has "enabled social protection in different contexts to scale-up assistance in response to large covariate shocks, facilitated by targeting systems and contingency funding that

2020, p. 1). A review of these measures suggests that "few if any were designed with a gender lens and only a handful contain measures specifically targeting women" (Cochran et al., 2020, p. 5). For example, in Pakistan, the Ehsaas Emergency Cash Program relies largely on mobile phone registrations and requires a national ID to register, yet "[d]ue to large gender gaps in mobile phone ownership and national ID possession, women are at risk of being disproportionately excluded from the program" (Bourgault & O'Donnel, 2020, p. 1).

New and expanded social assistance measures

Most of the social protection response to COVID-19 thus far is in the form of social assistance (60%), mainly consisting of cash transfers (conditional and unconditional), followed by utility and financial obligation support (deferment and waivers) and in-kind food/voucher schemes – see Figure 3 (Gentilini et al., 2020, p. 2). This social assistance is potentially benefiting over 1.7 billion people (Gentilini et al., 2020, p. 5).

Figure 3: Social assistance interventions by programme type
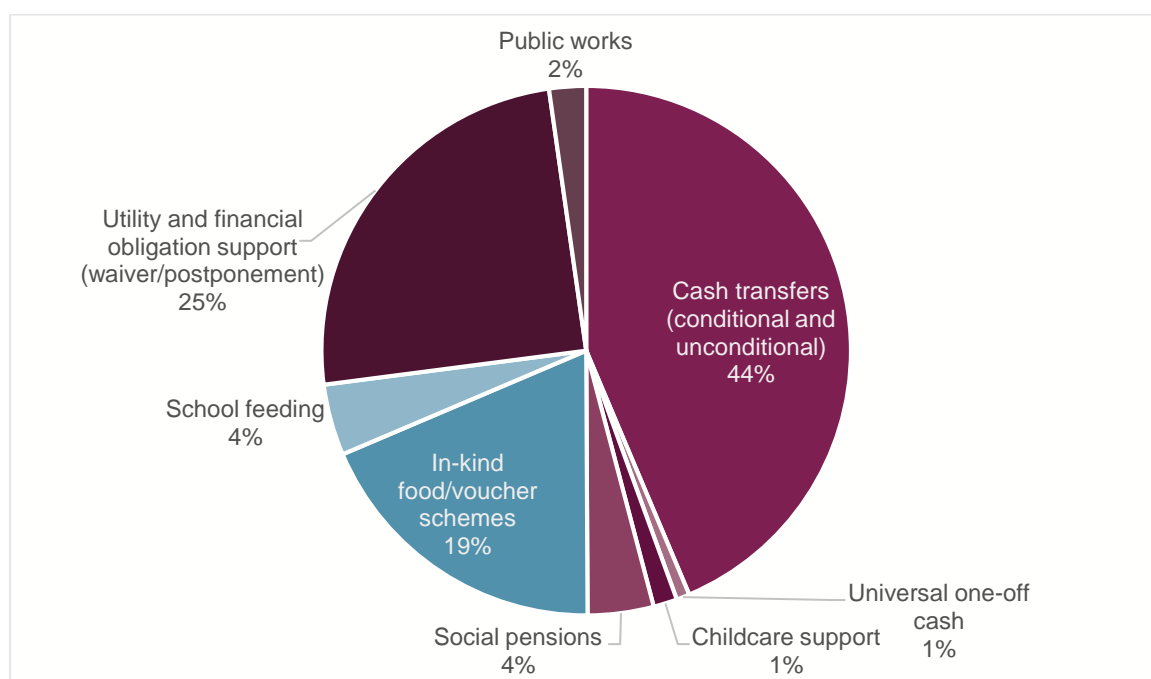
Based on 621 social assistance programmes, present in 173 countries

Source: Author's own, based on data from Gentilini et al. 2020, p.2.[11]

An estimated 59% of cash transfer measures are new programmes in 89 countries (Lind et al., 2020, p. 6). Figure 4 shows the increase in cash beneficiaries by region since the beginning of May 2020 until 12 June.

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provides programmes with the ability to respond more quickly to acute needs in a crisis situation than conventional humanitarian responses", known as shock-responsive social protection (Lind et al., 2020, p. 2).

[11] Based on data from "Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures," by Gentilini, U.; Almenfi, M.B.A.; Dale, P.; Lopez, A.V.; Mujica Canas, I.V; Cordero, R.E.Q.; Zafar, U., June 12, 2020 (https://openknowledge.worldbank.org/handle/10986/33635). Copyright 2020 by World Bank Group, CC BY 3.0 IGO.

Figure 4: Cash transfers beneficiaries by region over time
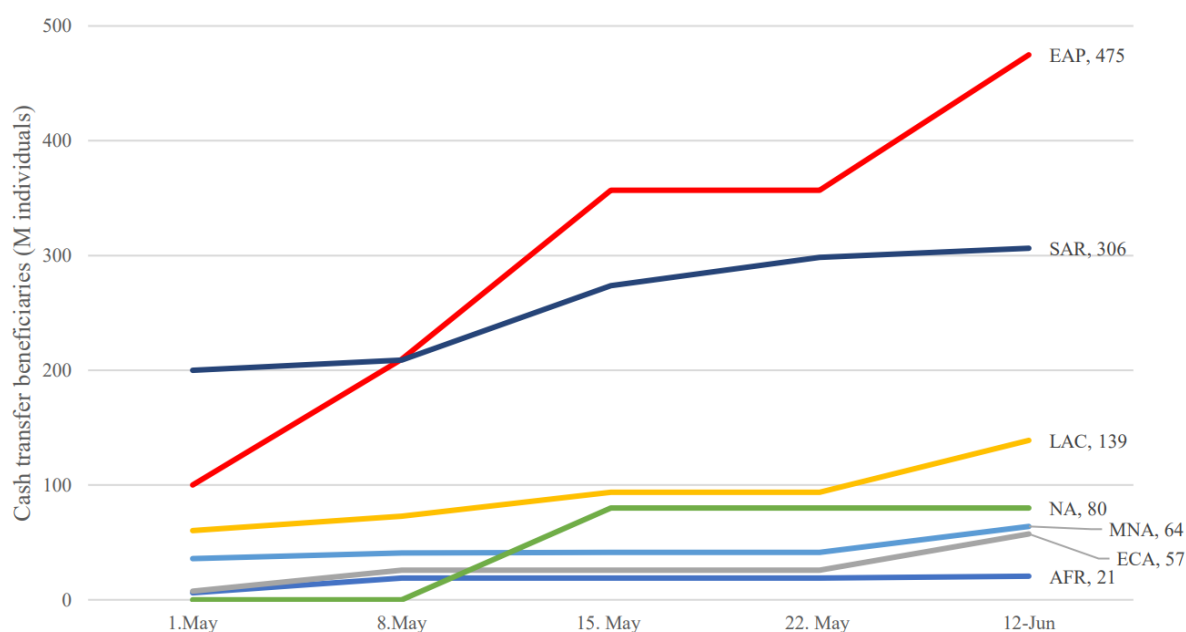
Source: Gentilini et al., 2020, p. 6. © World Bank.[12]

On average, 15% of the world's population was covered by cash transfers as of 12 June, rising to 22% if in-kind transfers are included, although this varies between countries and regions – see Gentilini et al., 2020 for individual examples. Africa had the lowest levels of coverage at 2% for cash and 5% for cash and in-kind combined – see Figure 5 (Gentilini et al., 2020, p. 8). "Many of the most fragile countries globally have no measures put in place – including Central African Republic, Syria, Yemen, Burundi, and Eritrea, among others"[13] (Gentilini et al., 2020, pp. 9–10).

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[12] From "Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures," by Gentilini, U.; Almenfi, M.B.A.; Dale, P.; Lopez, A.V.; Mujica Canas, I.V; Cordero, R.E.Q.; Zafar, U., June 12, 2020 (https://openknowledge.worldbank.org/handle/10986/33635). Copyright 2020 by World Bank Group. Reprinted under licence CC BY 3.0 IGO.

[13] Lind et al. (2020, p. 6) note that many fragile and conflict-affected settings have more limited infrastructure to support cash payments, but in-kind support through direct distribution of food can provide relief to the poor.

Figure 5: Cash and in-kind transfers as a percentage of population by region
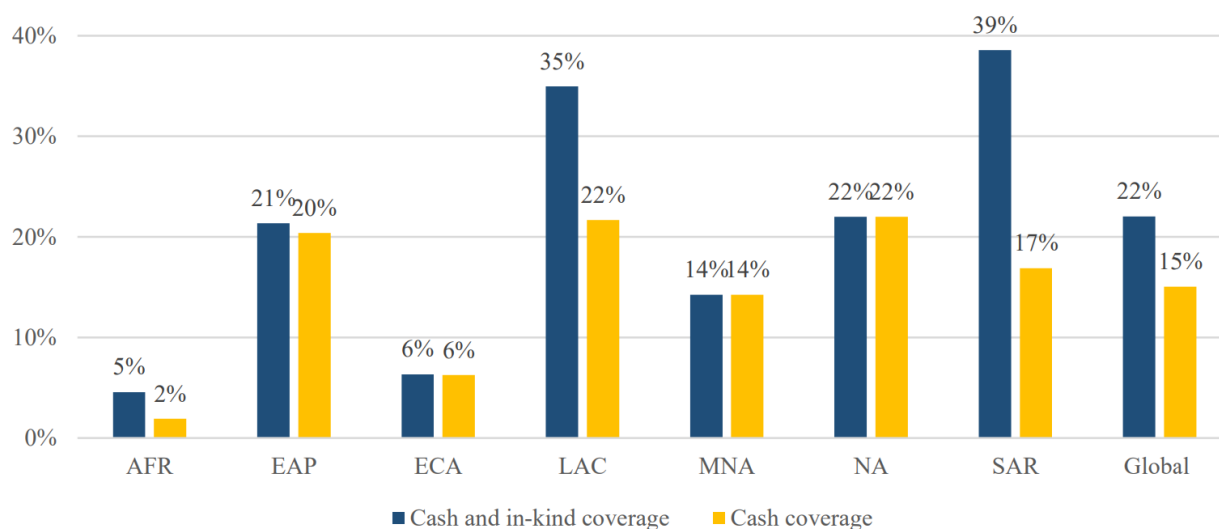
Source: Gentilini et al., 2020, p. 8. © World Bank.[14]

Many of the cash transfer programmes are of short duration (average 3.1 months) and relatively generous in size (average 30% of monthly GDP/capita) (Gentilini et al., 2020, pp. 3–4). Overall, social assistance programmes have been adapted in a number of ways, such as making it easier for people to access programmes (e.g. advance payments waiving conditionalities, remote applications); being made more generous (e.g. higher transfer levels, extra payment cycles); and scaling up existing programmes or adding new ones (a number of which are one-off) (Gentilini et al., 2020, p. 4).

Some of these new programmes are including previously excluded groups (Staab et al., 2020, p. 6). In Argentina, for example, a new cash transfer programme is expected to reach 3.6 million families of informal, self-employed, and domestic workers (Staab et al., 2020, p. 6). However, "much of the support provided to informal workers may be inadequate, is marred by design and implementation issues and their time frame does not exceed 3-6 months" (Lind et al., 2020, pp. 7–8). Countries can build on existing databases, existing information systems, online forms/systems for data collection from and interaction with citizens, and existing capacity at local levels of implementation for swift coverage (Barca, 2020, p. 2). Examples of potential ways for rapid expansion of social assistance caseloads for COVID-19 responses can be found **here**.

In order to improve accessibility for vulnerable groups, it is important to (i) set up and staff additional, temporary offices in locations that are safe and accessible for the target group; (ii) take registration activities to communities through the addition of registration camps or doorstep services; (iii) cover transport costs for vulnerable applicants to travel to social welfare offices elsewhere; (iv) cater to different language/disability needs; and (v) leverage the capacity and
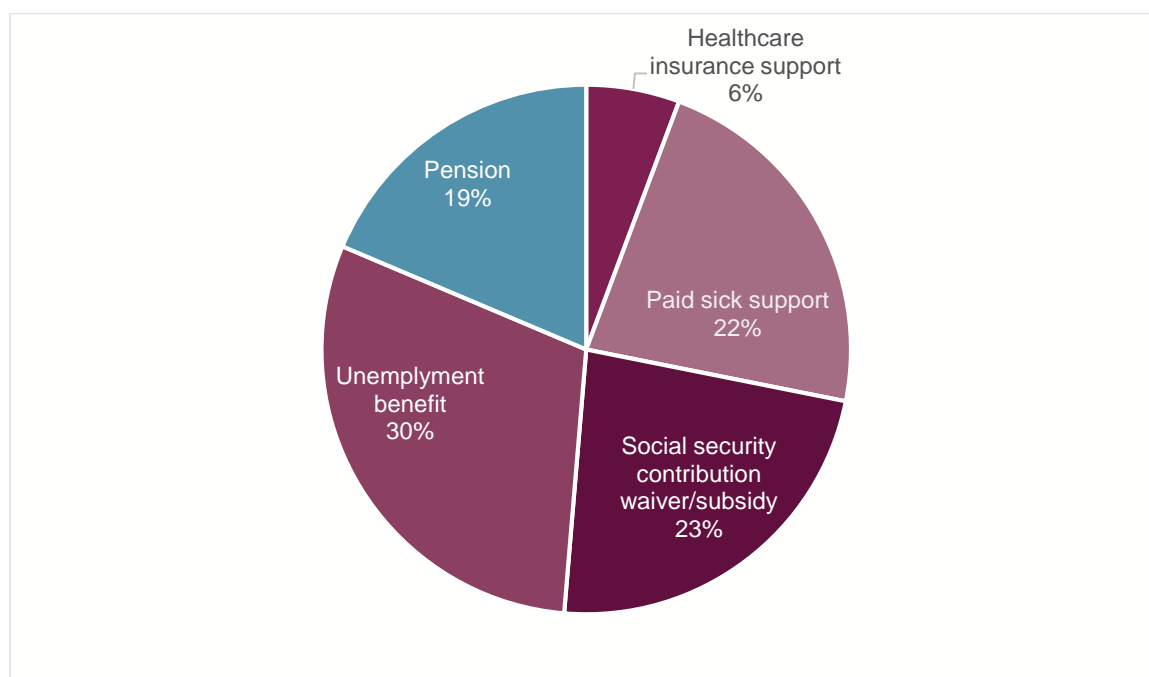
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[14] From "Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures," by Gentilini, U.; Almenfi, M.B.A.; Dale, P.; Lopez, A.V.; Mujica Canas, I.V; Cordero, R.E.Q.; Zafar, U., June 12, 2020 (https://openknowledge.worldbank.org/handle/10986/33635). Copyright 2020 by World Bank Group. Reprinted under licence CC BY 3.0 IGO.

networks of informal worker organisations, women's groups and other community-based organisations, NGOs, and civil society organisations (Barca, 2020, p. 2).

New and expanded social insurance and labour market programmes

The next most common form of social protection response to COVID-19 globally is new and expanded social insurance programmes (26%). They include unemployment benefits; waivers, deferment, or subsidisation of social security contributions; paid sick leave; adaptions to pensions; and healthcare insurance support – see Figure 6 (Gentilini et al., 2020, p. 8).

Figure 6: Social insurance interventions by programme type

Based on 263 social insurance programmes, present in 125 countries

Source: Author's own, based on data from Gentilini et al. 2020, p.9.[15]

New and expanded labour market programmes, which make up 14% of social protection programmes responding to COVID-19 globally, include wage subsidies, labour market regulation adjustments, training measures and shorter work time arrangements – see Figure 7 (Gentilini et al., 2020, p. 9).

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[15] Based on data from "Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures," by Gentilini, U.; Almenfi, M.B.A.; Dale, P.; Lopez, A.V.; Mujica Canas, I.V; Cordero, R.E.Q.; Zafar, U., June 12, 2020 (https://openknowledge.worldbank.org/handle/10986/33635). Copyright 2020 by World Bank Group, CC BY 3.0 IGO.

Figure 7: Labour market interventions by programme type
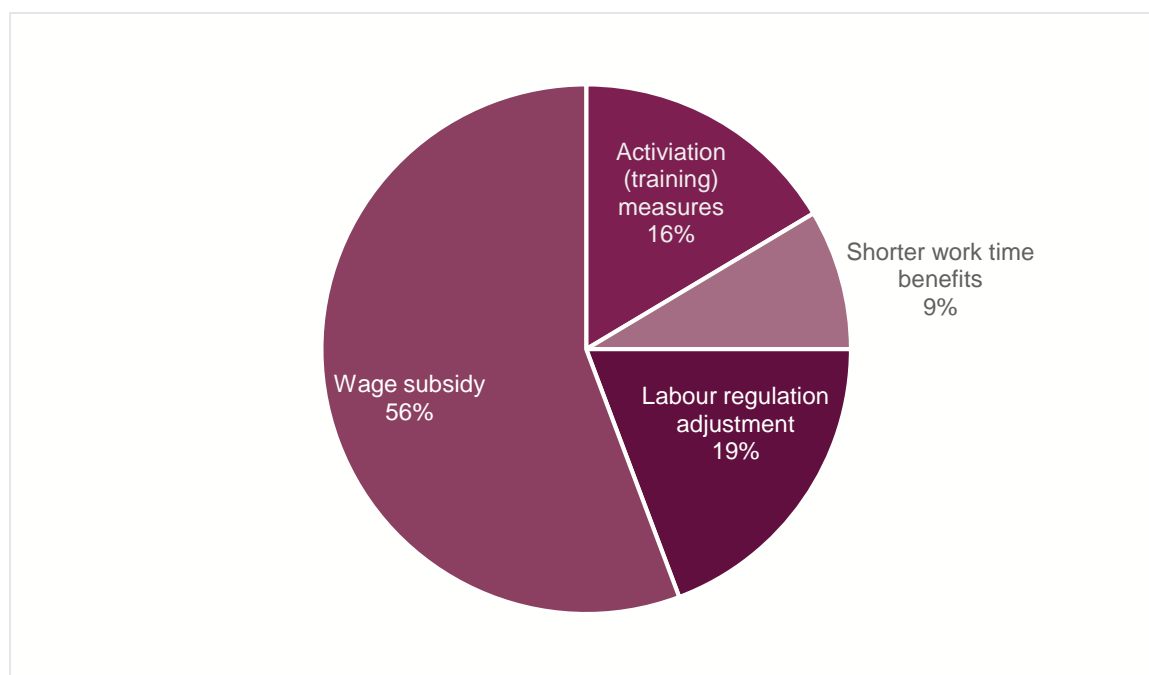
Based on 140 labour market programmes, present in 85 countries

Source: Author's own, based on data from Gentilini et al. 2020, p.9.[16]

Country case studies: Aiming for universalism

Many countries have expanded social protection to groups that were excluded from systems that were in place pre-COVID-19, such as informal workers. Rapid extension of coverage was plagued by delays and issues in implementation.

In South Africa, the government quickly announced temporary reforms of unemployment insurance in the immediate aftermath of the lockdown, which benefited businesses and workers in the formal sector (Seekings, 2020, p. 1). Later the government also announced "bold (albeit temporary) reforms of social assistance, through both raising benefits for existing social grants and extending coverage through a new emergency social grant (albeit with modest benefits)" that had the potential to extend financial support to up to two-thirds of the population (Seekings, 2020, p. 1). However, problems with state capacity have severely delayed the implementation of the new set of programmes and actual benefits fell far short of what was promised (Seekings, 2020, p. 1).

In the Philippines, the Social Amelioration Program, comprising at least 13 different schemes, introduced one-off near-universal social protection (Dadap-Cantal et al., 2020). Transfers have been more generous than existing poverty-targeted social protection programmes, although these families have also been included in the new programme (Dadap-Cantal et al., 2020). However, the programme experienced delays (the first tranche was due in April, but distribution

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[16] Based on data from "Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures," by Gentilini, U.; Almenfi, M.B.A.; Dale, P.; Lopez, A.V.; Mujica Canas, I.V; Cordero, R.E.Q.; Zafar, U., June 12, 2020 (https://openknowledge.worldbank.org/handle/10986/33635). Copyright 2020 by World Bank Group, CC BY 3.0 IGO.

only began in June) and backtracking in the distribution of the programme; the second round is being provided only to beneficiaries living in communities where the lockdown conditions have not been eased (Dadap-Cantal et al., 2020). The guidelines for the selection of beneficiaries have been vague and fragmented and have re-politicised the administration of social protection, and anti-poor sentiments have proliferated on social media (Dadap-Cantal et al., 2020). The "existing stratified, fragmented and residualist social protection system presents major in-built challenges" to building a universal social protection system and the government has largely bypassed the existing targeted system in scrambling to respond to COVID-19 (Dadap-Cantal et al., 2020).

### *Humanitarian–social protection linkages*

COVID-19 is taking hold in war zones, in refugee camps, and in the world's poorest countries, which raises questions about linking humanitarian assistance to social protection systems (Harvey et al., 2020). Generally, providing for "basic needs and livelihoods in the wake of sudden and unanticipated shocks traditionally sits within the remit of humanitarian response and is typically provided as short-term (and one-off) support", while social protection is a "regular safety net that allows people to manage the more predictable risks to their livelihoods" (Lind et al., 2020, p. 2). Social protection in development involves "international actors supporting states to provide assistance to their citizens as part of a social contract", while humanitarian assistance has "positioned itself as independent from states and as a provider of last resort when state capacities are overwhelmed or when states are parties to conflicts" (Harvey et al., 2020). This difference in approach makes linking social protection and humanitarian cash challenging, while the politics of fragile and conflict-affected places are another factor that comes into play (Harvey et al., 2020). However, it is important to find ways to "harmonise approaches (transfer values, etc.), develop strong linkages including coordination, and optimise the capacity available in both humanitarian and social protection systems" (Wylde et al., 2020, p. 12).

Preparing for the future

As COVID-19 could remain for decades to come, planning for social protection needs to consider not only a short-term response to immediate needs but also building firm foundations for comprehensive social protection systems (Lind et al., 2020, p. 4; Wylde et al., 2020, p. 12).

Lind et al. (2020, p. 5) consider two scenarios with different implications for social protection needs and capacities in relation to building back better. Figure 8 looks at the social protection response in the different stages under a best-case scenario, while Figure 9 looks at it under an alternative scenario, where it will take much longer to find a vaccine.

Figure 8: Social protection as immediate, medium-term, and long-term response to COVID-19: best-case scenario
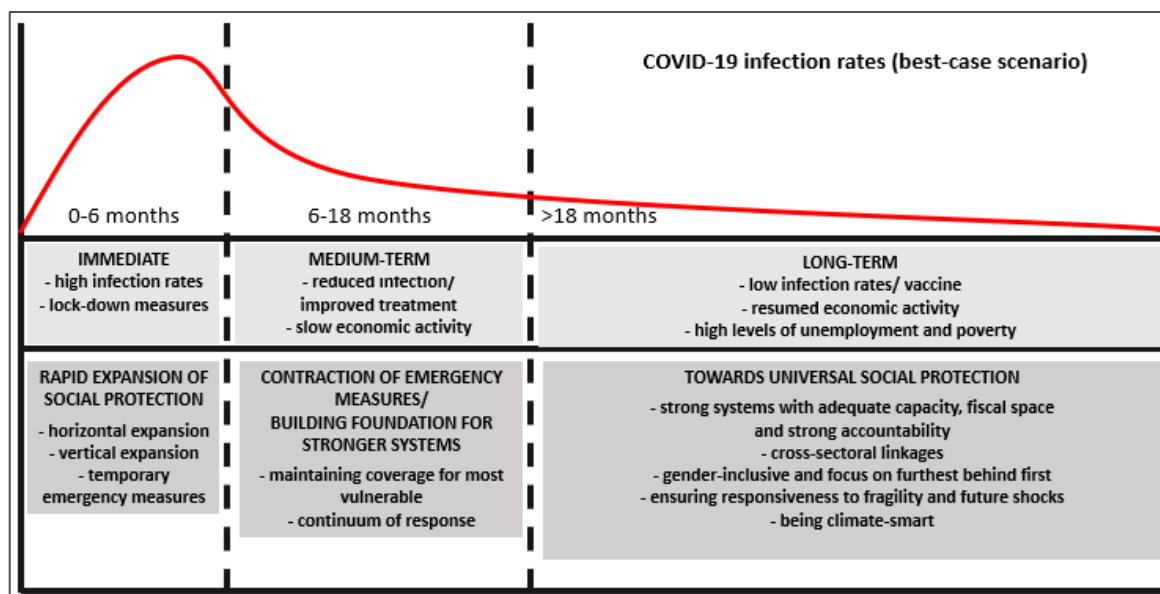
Source: Lind et al., 2020, p. 5. © Institute of Development Studies.[17]

Figure 9: Social protection as immediate, medium-term, and long-term response to COVID-19 under alternative scenario
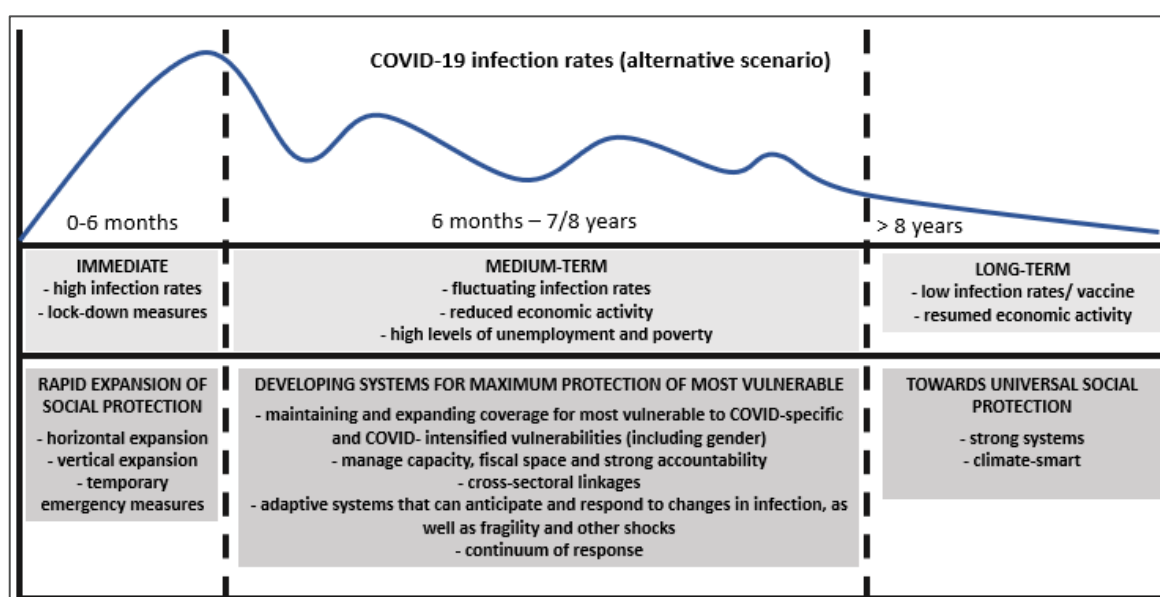
Source: Lind et al., 2020, p. 5. © Institute of Development Studies.[18]

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[17] From "Social Protection and Building Back Better: A Policy Paper for Irish Aid," Lind, J., Roelen, K., & Sabates-Wheeler, R., forthcoming, 2020. Copyright 2020 by Institute of Development Studies. Reprinted with permission.

[18] From "Social Protection and Building Back Better: A Policy Paper for Irish Aid," Lind, J., Roelen, K., & Sabates-Wheeler, R., forthcoming, 2020. Copyright 2020 by Institute of Development Studies. Reprinted with permission.

Immediate response

As outlined in Immediate social protection responses to COVID-19.

Medium-term response

In the best-case scenario, where a vaccine is soon developed and economic activity bounces back quickly, the medium-term period may be relatively short. In that period, social protection measures may be expanded further to lay the foundation for stronger systems (Lind et al., 2020, p. 7). However, the "protracted nature of the socioeconomic side of the COVID-19 crisis may mean that schemes are reshaped to expand horizontal support but contract with respect to vertical support" (Lind et al., 2020, p. 7). This means that "schemes may be scaled down in terms of the amount and intensity of support that they provide but do so to a larger number of people", for example, by expanding support to informal workers (Lind et al., 2020, p. 7). Focus could turn to building back better (Lind et al., 2020, p. 8).

If the medium-term phase involves the pandemic unfolding in a non-linear way and smaller and larger outbreaks happening in different places over many years, the "need for support will be greater for much longer, yet resources and capacity to deliver such support will also be under strain for a longer period" (Lind et al., 2020, p. 8). As a result, the focus may need to be on "striving for maximum coverage of the most vulnerable, strengthening capacity, fiscal space and accountability to the best extent possible", aiming to do so in the most inclusive manner and with a gender focus (Lind et al., 2020, p. 8). In order to keep infection rates low and prevent outbreaks, links between social protection and the health and social care sectors will need to be established and strengthened (Lind et al., 2020, p. 8). Flexibility will also be needed to respond to outbreaks in sub-national and localised areas (Lind et al., 2020, p. 8).

Long-term response: Inclusive social protection systems

As seen in the sections above, "COVID-19 and its socioeconomic consequences do not affect everyone equally" and marginalised groups, many of whom are already at risk of being excluded from social protection, are particularly affected (Lind et al., 2020, p. 11). Therefore, social protection in the post-crisis period needs to work to reverse new, and address longstanding, patterns of exclusion and inequality and ensure the inclusion of the poorest and most vulnerable (Lind et al., 2020, pp. 11, 13).

Lessons from previous pandemics indicate that in order to achieve sustainable impacts on wellbeing, economic stimulus and social protection responses need to be gender-responsive and child-sensitive, amongst others (Tirivayi et al., 2020, p. 6; Cochran et al., 2020, p. 7). Some governments are providing emergency assistance that is not based on entitlements due to formal employment and linked to previous earnings, which benefits the many women working in the informal sector (Klugman, 2020, p. 21). In some cases, women who have not generally been included in existing social protection systems have been reached with cash transfers through alternative delivery channels such as self-help groups or grassroots women's rights organisations (Nazneen & Araujo, 2020, p. 6). Previous evidence from low- and middle-income countries finds that "social transfers and school-based measures (subsidies/meals) are effective in protecting children's direct needs – health, nutrition, schooling – during past crises and mitigate the negative effects, not only in the short term but in the longer period (two+ years from response)" (Tirivayi et al., 2020, p. 6). It is also vital to consider disability inclusion, as access to

social protection has been a "crucial vector of relief in the recent weeks" for persons with disabilities who have had access to it (Cote, 2020, p. 1).

Evidence from previous crises also indicates the importance of including the near-poor, the newly poor, informal workers, and at-risk families and children in social protections responses to avoid entrenching poverty amongst these groups (Tirivayi et al., 2020, p. 7). Public works programmes in low- and middle-income countries have been found to be instruments that are responsive to the near-poor or newly poor due to their self-targeting approach and non-fixed criteria (Tirivayi et al., 2020, p. 7, 16). To allow for women's participation, they need to consider the need for childcare services and flexible timing (Tirivayi et al., 2020, p. 16). In low- and middle-income countries, public works programmes have increased household incomes and reduced poverty (Tirivayi et al., 2020, p. 6).

Examples of key questions and issues to consider in inclusive social protection programmes responding to COVID-19, focused around coverage, adequacy, and comprehensiveness, can be found in the Holmes et al. (2020) paper: Gender and Inclusion in social protection responses during COVID-19.

Long-term response: Links with complementary public goods and services

The multidimensional nature of needs and vulnerabilities arising from COVID-19 "requires social protection interventions to provide more integrated forms of support (such as through 'cash plus' models) or to be coordinated with other services", especially health services (Lind et al., 2020, p. 11). Tirivayi et al. (2020, p. 7) suggest building links between social protection and complementary interventions to enable holistic responses that can effectively address the multidimensional impacts of the pandemic. "Social protection responses to the COVID-19 crisis should be coordinated with other economic and social policies, including labour market and employment policies, and policies promoting occupational safety and health" and food security (ILO, 2020c, p. 6; Lind et al., 2020, p. 8).

Long-term response: Adequate financing

Large scale crises, such as COVID-19, "require significant additional funding allocations for social protection in order to ensure the provision of adequate and comprehensive benefits and services to all those who need them" (ILO, 2020c, p. 6). However, public expenditure on social protection was very limited in low- and middle-income countries prior to the crisis, especially in low-income countries and countries experiencing various forms of fragility and conflict (Lind et al., 2020, p. 8). Economic recessions put pressure on financial resources, at both national and international level. Many countries face existing substantial fiscal constraints, including debt burdens, and lack the room for manoeuvre to sustain responses to the longer-term nature of COVID-19 (Lind et al., 2020, p. 9).

The conundrum of increased need but reduced financial resources for social protection requires a range of options for leveraging more funds. Previous discussions about strategies to expand the fiscal space for social protection suggest increasing tax revenues; expanding social security coverage and contributory revenues; eliminating illicit financial flows; reallocating public expenditures; using fiscal and central bank foreign exchange reserves; managing debt; adopting a more accommodating macroeconomic framework; and increasing overseas development

assistance and transfers (Lenhardt, 2020, p. 3). Further information on them can be found in the K4D Helpdesk: Leading questions on sustainable fiscal space for social protection.

Options to leverage funds in this COVID-19 era might include temporary external support, although international donor funding may be reduced as a result of the recessions caused by COVID-19 (ILO, 2020c, p. 6). Debt relief needs to be considered as "part of a wider raft of financing measures to sustain social protection responses in low-income countries" (Lind et al., 2020, p. 10; see also Ghosh, 2020). Political will is needed to "ensure that the requisite fiscal space is created for large-scale investments in social protection" (Lind et al., 2020, p. 10). "Experience from previous crises shows that the first signs of recovery are often accompanied by calls for austerity and fiscal consolidation that can undermine the progress made", but it is "imperative that countries sustain their social protection measures and social spending when the immediate health crisis subsides in order to ensure that people are protected against the adverse economic and social consequences that might materialize overtime, as well as any future crises" (ILO, 2020c, p. 6).

The ILO (2020c, p. 6) notes that fiscal stimulus packages need to balance between financial support to enterprises to retain their workers, income support and employment services for those who have lost their jobs, sickness benefits (particularly for those not covered by statutory paid sick leave), social assistance, and ensuring effective access to healthcare.

Robust social protection systems need to put in place financial buffers to address the double challenge of increased expenditure and reduced revenue, which can "be refilled through sustainable and equitable financing structures, usually drawing on a combination of taxation and social insurance contributions, as well as an accommodating macroeconomic policy framework" (ILO, 2020c, p. 6). As social insurance contributions and taxes may have been temporarily suspended or reduced, "appropriate measures will need to be taken to ensure the financial sustainability of social protection systems while guaranteeing the adequacy of their benefits" (ILO, 2020c, p. 6). Ghosh (2020) notes that wealth taxes and unitary taxation of multinational companies could generate substantial revenues.

Long-term response: Administrative capacity and accountability

Establishing and strengthening administrative capacity and ensuring strong accountability are vital to building stronger social protection systems that are better equipped to respond to crises like COVID-19 in the future (Lind et al., 2020).

Administrative capacity to deliver social protection programmes in many lower-income countries is weak and sometimes altogether missing in some fragile settings (Lind et al., 2020, p. 10). COVID-19 means this capacity has been spread even thinner (Lind et al., 2020, p. 10). Therefore "[b]uilding government capacities to provide social protection to their populations is essential for long-term recovery strategies, especially in contexts of protracted fragility" (ILO, 2020d, p. 7). COVID-19 offers the opportunity to "scale up innovations and build capacities that could ensure the continued provision of basic assistance to a wider population in need long after the pandemic is over" (Lind et al., 2020, p. 10). The accessibility and use of digital technologies such as e-payments could be expanded (Lind et al., 2020, p. 10).

"The establishment of strong accountability mechanisms is key to well-functioning social protection systems, and investments in such systems post-pandemic should be directed in such a way as to promote accountability" (Lind et al., 2020, p. 11). Governments should be held

accountable for upholding citizens' rights and for using funds in transparent and appropriate ways (Lind et al., 2020, p. 11). The speedy introduction of new social protection measures as part of the immediate response to COVID-19 increases the need for strengthening accountability mechanisms (Lind et al., 2020, p. 11).

Long-term aim: Universal social protection

Social protection is an important part of a "longer-term solution to living with COVID-19 as well as supporting efforts to build back better" (Lind et al., 2020, p. 1). Expanding social safety nets and social insurance to ensure universal social protection coverage and adapting them to be more agile in the face of shocks is an important next step as the situation returns to normal to protect people both from the impacts of a possible resurgence of COVID-19 and future pandemics (World Bank, 2020b, p. 13; ILO, 2020c, pp. 5–7).

Countries need to progressively build on, or transform, the temporary social protection measures they introduced in response to the crisis into comprehensive and shock-responsive social protection systems (ILO, 2020d, p. 2; Lind et al., 2020, p. 1). This "calls for adequate financing, including contingent financing for crisis response, as well as upgrades to delivery systems, including registries and digital payments" and expanding social insurance to those without access through employers (World Bank, 2020b, p. 13; ILO, 2020d). "Coordination with employment policies, including job retention, employment promotion and active labour market policies, will speed up recovery" (ILO, 2020d, p. 13).

However, the aspiration of building universal social protection systems in the longer term faces several pressures and dynamics – as noted above, and the basics (including fiscal space and administrative capacities of systems that are owned by national governments and accountable to citizens, as well as a strong inclusive lens) need to put be in place (Lind et al., 2020, pp. 1, 3, 9).

Resources: Recommendations and guidelines:

- UN Partnership on the Rights of Persons with Disabilities (UNPRPD): Disability inclusive social protection response to COVID-19 crisis
- HelpAge International: How to administer pension payments during the COVID-19 pandemic
- World Vision: COVID-19 & urgent need for child-sensitive social protection
- UNICEF: Gender-responsive social protection during COVID19: Technical note
- SPACE: Useful COVID-19 and social protection materials

7. Empowerment and accountability

Impacts

Closing of civic space

Responses to COVID-19 in some countries have led to concerns about closing civic and democratic space, an increase in authoritarianism, and violations of human rights (Barendsen et al., 2020, p. 3; Edgell et al., 2020, p. 1). This is especially concerning in fragile, conflict, and

violent settings, where government institutions may be weak, or civic space already limited, and repression against citizen voices, media, and action already on the rise.

Recent years have seen a tendency towards democratic backsliding and the public health threat posed by COVID-19 has effectively encouraged a further closure of civic space in all types of states (from consolidated democracies to hybrid states to authoritarian regimes) (Barendsen et al., 2020, p. 3). "While lockdowns and the principles of social distancing were commonly accepted as necessary measures to contain the spread of the disease", in many countries "a whole array of restrictions concerning the freedoms of expression assembly, and movement, and the right to privacy were simultaneously put in place" (Barendsen et al., 2020, p. 3). Numerous governments have taken advantage of the situation to "strengthen their grip over civil society organizations by introducing states of emergency, developing contact-tracing apps and cracking down on peaceful protests" (Barendsen et al., 2020, p. 3; see also Brechenmacher et al., 2020, p. 1). The new laws also create fewer opportunities to scrutinise and hold authorities accountable (Barendsen et al., 2020, p. 4).

In addition, lockdowns and physical distancing measures have affected people's ability to meet, organise, and advocate (Brechenmacher et al., 2020, p. 1). Many civil society organisations have had to put their activities on hold and have been scrambling to shift their work online (Brechenmacher et al., 2020, p. 1). The economic crisis has resulted in civil society organisations losing important sources of funding, and some have had to scale back their activities and may struggle to survive (Brechenmacher et al., 2020, p. 6).

Closing civic space has a particular impact on women and their ability to protect their rights, including protection from gender-based violence – see Section 5.

Human rights violations and politically driven agendas

As many as 87 countries have officially declared a state of emergency, giving their governments a legal and functional framework for their actions under the circumstances of the pandemic, often with no time limits (Barendsen et al., 2020, p. 4; Edgell et al., 2020, p. 3). While some restrictions may be legitimately needed for the purpose of public health, the new measures have not necessarily been proportionate and compliant with human rights standards, and some political leaders have tried to exploit COVID-19 for their own ends (Barendsen et al., 2020, p. 4; Youngs & Panchulidze, 2020, p. 4; Edgell et al., 2020, p. 1).

Some governments have adopted emergency laws that abandon fundamental safeguards of government accountability by allowing rule by decree and/or suspending individual liberties, "which may have longer-term negative consequences for public institutions and human rights, particularly of marginalized groups", as they "create a potentially dangerous reality which encourages abuses and unlawful action" (UNDESA, 2020c, pp. 2, 3; UN, 2020a, p. 15; Barendsen et al., 2020, p. 4).

Some of these measures have been used to drive unrelated political agendas. The UN (2020a, p. 3) warns that "[a]gainst a backdrop of rising ethno-nationalism, populism, authoritarianism and pushback against human rights in some countries, the crisis can provide a pretext to adopt repressive measures for purposes unrelated to the pandemic", including around women's rights and sexual and reproductive health (see also Skinner, 2020). Some governments have used emergency laws to restrict democratic activities, silence critical voices, and clamp down on their political opponents (Youngs & Panchulidze, 2020, pp. 4, 11). "Emergency powers should not be

a weapon governments can wield to quash dissent, control the population, and even perpetuate their time in power" (Bachelet, 2020a). "Measures and laws introduced in some countries contain references to vaguely defined offences, coupled at times with harsh sentences, fuelling concerns they may be utilized to muzzle the media and detain critics and opponents" (Bachelet, 2020a). For instance, countries have engaged in the "arrest, detention, prosecution or persecution of political opponents, journalists, doctors and healthcare workers, activists and others for allegedly spreading 'fake news'" (UN, 2020a, p. 14; Youngs & Panchulidze, 2020, p. 11).

Reports from El Salvador, India, South Africa, the Philippines, Kenya, Nigeria, and Uganda also indicate that police brutality is being used to enforce lockdowns and curfews, including instances of torture, ill-treatment and, in some cases, the death of innocent people (Freedom From Torture, 2020; Bachelet, 2020a; Youngs & Panchulidze, 2020, p. 10; Edgell et al., 2020, p. 4).

Stigmatising and deliberate marginalisation

Some countries may resort to "politically-driven, restrictive, stigmatizing and punitive measures" such as "compulsory blanket travel restrictions, quarantining large groups of people, combining people who have and people who do not have the virus, publishing the names and details of people who have the virus, using stigmatizing language such as "super-spreaders" or criminalizing people who may have breached restrictions or transmitted the virus to others" (UNAIDS, 2020, p. 3).

Edgell et al. (2020, p. 3) found that "at least 20 countries have enacted emergency measures that disproportionately affect the democratic rights and freedoms of specific groups based on their race, colour, sex, language, religion, or social origin in ways that cannot be justified by concerns for public health".

These measures can build on existing discrimination and marginalisation, as can be seen in accusations against Muslims in India by the ruling Hindu nationalist Bharatiya Janata party (BJP) of carrying out "corona terrorism", which follow on a growing state-sponsored campaign to turn Muslims into second-class citizens in India and have led to attacks and discriminatory practices during the COVID-19 pandemic (Ellis-Petersen & Rahman, 2020; Nazeer, 2020; Youngs & Panchulidze, 2020, p. 13). Roma communities in Slovakia have been quarantined by the military despite not yet hitting the requisite infection threshold established by the government (Edgell et al., 2020, p. 3). Some countries have subjected sexual minorities to further abuses, with security forces in Uganda, for example, using emergency powers to target the rights of LGBTIQ people (Youngs & Panchulidze, 2020, p. 13; Edgell et al., 2020, p. 3; Skinner, 2020).

Experience from the HIV epidemic indicates that such measures can lead to significant human rights abuses, with disproportionate effects on already vulnerable communities, while often undermining the pandemic response (UNAIDS, 2020, p. 3). Compulsory restrictive and punitive measures "exacerbate barriers for the people most in need and potentially increase the vulnerabilities of people and communities" (UNAIDS, 2020, p. 4). Overuse of criminal law to regulate behaviour has had negative outcomes for individuals and for the response as a whole, and the people caught up in it are often the more vulnerable members of society (UNAIDS, 2020, p. 9).

See also stigma section in Section 4 for the groups being stigmatised.

Limiting of transparency and accountability

COVID-19 presents risks to national institutions in relation to "limiting transparency and access to information, eroding safeguards to accountability including integrity violations, fraud and corruption, and restricting participation and engagement" (UNDESA, 2020c, p. 1). The pandemic has disrupted the regular functioning of state institutions and changed the way they interact with people (UNDESA, 2020c, p. 1). "Strong legislatures are especially crucial in an emergency like the COVID-19 pandemic to balance power and ensure independent oversight, represent people's needs and demands, and pass legislation to deploy public resources to those in need" (UNDESA, 2020c, p. 3). Temporary changes in rules and processes to protect people at risk and ensure the delivery of critical functions impact on the relationships between people and governments in a variety of ways (UNDESA, 2020c, p. 1). For example, social distancing measures challenge the working methods and processes of institutions such as parliaments or courts, creating obstacles for the regular conduct of business and potentially undermining legislative oversight and law-making, limiting judicial enforcement, or affecting citizens' access to justice, amongst other things (UNDESA, 2020c, p. 1).

Limiting access to information

Access to information has been particularly affected by governments' responses to COVID-19 (Barendsen et al., 2020, p. 4). Some response measures have impacted on access to information by changing the national frameworks that regulate/limit the right of access to information (Article 19, 2020; UNDESA, 2020c, p. 2). For many governments this is because ensuring access to information is not seen as important or a priority in the circumstances, but for others "secrecy is being imposed to try and limit criticism of poor decision-making or as part of a larger effort to restrict human rights or hide corruption" (Article 19, 2020, p. 3).

Digital technology is being "exploited to silence and manipulate civil society or to control the information available for the public", including through "curtailing access to certain information (including censorship), as well as imposing an alternative (unverified) narrative, potentially in the form of propaganda" (Barendsen et al., 2020, p. 4). There have been cases of "arrests and attacks of journalists, slow-downs of responses to access to state-held information requests, deleted information from the internet, entire Internet shutdowns, and propaganda" and disinformation (Barendsen et al., 2020, p. 4; see also Edgell et al., 2020, p. 4).

This limiting of the access to information is happening in the context of what the World Health Organization has described as a "massive infodemic" of myths, fake news, and conspiracy theories (Fleming, 2020). Some suggest that the popularity of false information is a response to the knowledge gaps around COVID-19 (Fleming, 2020). Some of this false information comes from state-backed disinformation campaigns aimed at undermining public trust in other countries, while other disinformation campaigns have "deliberately fostered rivalries between ethnic and religious groups by accusing some sections of the population of being responsible for the virus" (Youngs & Panchulidze, 2020, p. 12; Edgell et al., 2020, p. 4).

Measures that limit the right to access information are "counterproductive to the effort in combating the COVID-19 outbreak – the right to information is crucial for ensuring public awareness and trust, fighting misinformation, ensuring accountability as well as developing and monitoring implementation of public policies aimed at solving the crisis" (Article 19, 2020, p. 3; see also Barendsen et al., 2020, p. 5).

In addition, certain groups are particularly disadvantaged in terms of accessing information, including women and girls, due to the digital gender divide, and persons with disabilities, due to the lack of accessible information (UN Women, 2020d; Goyal et al., 2020, p. 8). In Pakistan, for example, 32% of women had received no information on COVID-19 in comparison to 21% of men (UN Women, 2020d). Rural communities, which often lack electricity or internet, also have less information than people in urban areas, as was found to be the case in Ethiopia (Jones, N., et al., 2020, p. 2).

Increased digital surveillance

There are several concerns about the increasing use of digital surveillance for contract-tracing and the impact this may have on civic space (Barendsen et al., 2020, p. 5; Youngs & Panchulidze, 2020, p. 12). The newly implemented measures for digital surveillance quite often remain outside any legal framework or civic oversight, which means that their use can be easily extended in scope and duration beyond the public health need (Barendsen et al., 2020, p. 5). "In the countries with less consolidated democratic systems, these measures could remain in place to constrain and monitor civic space by highly advanced means" (Barendsen et al., 2020, p. 5). Some governments have used the technology for unlawful surveillance (Youngs & Panchulidze, 2020, p. 12).

Opportunities for corruption

Emergency responses and economic stimulus packages can "increase risks to accountability and integrity, including through greater opportunities for fraud and corruption" in public organisations, in the allocation and use of public resources, and in core government functions such as public procurement, due to the bypassing of accountability and oversight procedures (UNDESA, 2020c, pp. 1, 3; Youngs & Panchulidze, 2020, p. 13). Health systems in many countries have systematic weaknesses which make them vulnerable to "COVID-19-related corruption risks associated with emergency funding and procurement; price gouging and resale of pilfered supplies on the grey and black markets; substandard and falsified products entering the market; among others" (UNDESA, 2020c, p. 3). Major corruption cases related to medical supplies have been reported in countries such as Russia, Colombia, Argentina, Bosnia and Herzegovina, and Bangladesh (Youngs & Panchulidze, 2020, p. 13). "This corruption has increasingly extended beyond the health sector to other spheres of public procurement due to a lack of oversight on economic policies and financial bailouts" (Youngs & Panchulidze, 2020, p. 14).

New opportunities for civil society

Civil society "constitutes a crucial opposing force to inadequate, unlawful and disproportionate government's responses to Covid-19" (Barendsen et al., 2020, p. 5). New opportunities for civic space to thrive have emerged (Barendsen et al., 2020, p. 3; Youngs & Panchulidze, 2020, p. 18). In response to the conditions arising from the COVID-19 pandemic, forms of offline activism have rapidly moved to online platforms and social media, and protests over the response to the pandemic have occurred both off- and online using new protest tactics (Barendsen et al., 2020, p. 5; Youngs & Panchulidze, 2020, p. 20; Brechenmacher et al., 2020, p. 4; Chenoweth et al., 2020). For example, "in Lebanon, hundreds of demonstrators protested in their cars in an ongoing series of grievances against the government", while in "Russia civic activists used the digital space to tag themselves in front of government buildings" (Youngs & Panchulidze, 2020, p. 20).

Civil society actors, including new voluntary associations and mutual aid societies, have also responded with help in places where the official response has not adequately met people's needs, including in fragile and conflict-affected states, where the state is often absent or mistrusted (Barendsen et al., 2020, p. 5; IDS, 2020; Brechenmacher et al., 2020, p. 2; Chenoweth et al., 2020). They have provided essential services, spread information about the virus, and protected marginalised groups (Brechenmacher et al., 2020, pp. 1–2). New groups, often based around neighbours coming together to help the most vulnerable community members, have sprung up, while many established civil society groups have shifted their work from longer-term projects to emergency relief (Brechenmacher et al., 2020, p. 2). Many have highlighted the plight of vulnerable groups and are pushing for targeted protections (Brechenmacher et al., 2020, p. 4). Civil society actors are also playing crucial roles in countering dis- and misinformation and informing communities about the virus (Brechenmacher et al., 2020, p. 3). For more information on how women's groups have been responding to COVID-19 see also Section 5.

International and national civil society groups have also been spearheading "efforts to hold governments to account for ineffective or undemocratic crisis responses" and "monitoring and speaking out against cases of overreach and abuse of power" (Brechenmacher et al., 2020, p. 3).

As civil society groups step in to "deliver essential services to affected communities and fill gaps in government responses, they may be able to grow their constituencies and social networks and ultimately strengthen their legitimacy in the public eye", countering the negative narratives spread by some governments about their lack of local accountability and authenticity (Brechenmacher et al., 2020, p. 5). "Most of the emerging civic dynamism in the pandemic context is local as communities come together to cope with the immediate crisis", although it is unclear to what extent they can sustain their momentum as the pandemic progresses (Brechenmacher et al., 2020, p. 5).

For information on women's empowerment and access to justice see Section 5.

Preparedness, response/mitigation, resilience, and recovery measures

Transparency

Accountability and trust in the (government) responses to COVID-19 require transparency, and people need to know the "the facts about the virus; the data on the spread of the epidemic and its impacts; and the public policies in response to the crisis as well as the assumptions and scenarios on which they are based" (UNDESA, 2020c, p. 2). Governments have been providing this via daily briefings, websites (providing real-time, localised information on the evolution of the epidemic), and comprehensive daily bulletins, for example (UNDESA, 2020c, p. 2). Proactive communication strategies are needed to reach vulnerable and at-risk populations with the information they need in accessible formats to ensure effective transparency (UNDESA, 2020c, p. 2). Governments and NGOs have also taken steps to prevent misinformation (UNDESA, 2020c, p. 2).

International networks and organisations have also been active in developing greater transparency at the global level to better coordinate responses, share experiences and lessons

learned, and to support countries to tailor responses to their own circumstances (UNDESA, 2020c, p. 2).

Access to information

Some government institutions, such as an information commissioner, have fought limitations on the right of access to information caused by responses to the pandemic (UNDESA, 2020c, p. 2). Guidance and materials have also been developed to "support public officials and citizens in the implementation and exercise of the right to access information during the emergency" (UNDESA, 2020c, p. 2; see also Article 19, 2020).

Efforts need to be made to address fake and misleading information (UNAIDS, 2020, p. 7). In addition, states should refrain from restricting freedom of speech (this does not extend to restrictions on the spreading of fake news/misinformation) (UNAIDS, 2020, p. 8). Other measures deemed essential in safeguarding the freedom of information include "provision of verified information; transparency; independent journalism and protecting journalists; assessment of emergency measures for their proportionality and necessity; compliance with international human rights law; the ending of Internet shutdowns; more collaboration between the government and civil society; and civil society coalitions" (Barendsen et al., 2020, p. 5).

Accountability and anti-corruption

"Legislative and judicial oversight can help mitigate the opportunities for integrity violations and maladministration" of the COVID-19 response (UNDESA, 2020c, p. 3). This has included requesting and reviewing information on the allocation of public resources to fight the pandemic and requiring legislators to pay back money that was intended to fight COVID-19 in their constituencies (UNDESA, 2020c, p. 3). "Internal and external auditors also play a critical role in identifying potential risks in public financial management and procurement systems, providing assurance on transactions, enhancing transparency and providing critical information and data for holding governments accountable" (UNDESA, 2020c, p. 3). Civil society and transparency organisations have produced guidelines on transparency of public procurement related to COVID-19 and called for great transparency and oversight of resources allocated to the fight against COVID-19 (UNDESA, 2020c, p. 4).

In addition, "[i]independent oversight of the response, complete with avenues for reporting human rights abuses and providing redress, are critical in ensuring that the response abides by policies, laws and human rights norms and can respond effectively to emerging needs and concerns" (UNAIDS, 2020, p. 15). In the past, such accountability mechanisms have meant that "people living with or vulnerable to HIV have been able to hold governments to account, to protect against stigma and discrimination and to access vital medicines for the most vulnerable" (UNAIDS, 2020, p. 15).

Accountability to affected populations

Affected populations need to receive relevant and timely information; participate in decisions that affect their lives; and have access to trusted feedback mechanisms (UNICEF, 2020a, p. 1). At risk populations (as outlined in Section 4 and Section 5) need to receive relevant, accessible, and tailored information about available services and steps they can take to mitigate the impact of the COVID-19 pandemic on their lives (UNICEF, 2020a, p. 1; UNHCR, 2020, p. 3). Affected

populations need to be engaged and participate in decisions around prevention, containment, and response to COVID-19, especially at the local level, to give them a sense of ownership that will help to increase the success and quality of interventions and ensure their sustainability (UNICEF, 2020a, p. 2; UNHCR, 2020, p. 2). The complaints and feedback of affected populations must be heard and acted upon so that responses are effective and relevant and do no harm (UNICEF, 2020a, p. 3; UNHCR, 2020, p. 4). These mechanisms are "powerful tools to track perceptions, rumours, misinformation and information gaps, as well as overall satisfaction from the response" (UNICEF, 2020a, p. 3).

The importance of accountability in health, social protection, and other policies, is demonstrated by the demands of health workers and other community members to hold governments accountable, both for their own safety and protection, e.g. through the provision of personal protective equipment, but also for the safety of others, as well as to expose corruption and misuse of funds (Ibrahim, 2020).

Participation, engagement, and representation

Parliaments around the world have found innovative ways to work around restrictions on large gatherings, social distancing, and other containment measures, such as allowing for virtual discussions and providing updates and engaging with constitutions via social media (UNDESA, 2020c, p. 3). A number of different organisations are sharing information on what different countries are doing and providing guidance on good practice (UNDESA, 2020c, p. 3).

"[C]ollaboration with stakeholder groups and citizen engagement have generated innovative responses to COVID-19 and helped enhance public trust" (UNDESA, 2020c, p. 3). Some of the approaches used to do this include "[p]articipatory response strategies, the development and use of new digital platforms and tools to enable engagement, including in the collective development of digital tools and solutions (e.g. through crowdsourcing, hackathons) and the use of social media to connect with people (UNDESA, 2020c, p. 3).

Civil society has mobilised in response to the pandemic and "[c]itizen-led community responses have helped inform the public on the risks of the pandemic and provided essential services such as food and care" (UNDESA, 2020c, p. 3; see also UNAIDS, 2020, p. 6). UNDESA (2020c, p. 3) suggests that "[t]hese responses can be leveraged by public institutions to ensure effective and inclusive responses to the pandemic". As they are able to monitor the response from the ground and to see how it is affecting vulnerable groups, it is important that they have access to government and service providers (UNAIDS, 2020, p. 7). It is important that "[p]latforms for community voices and civil society participation should not be decreased or stopped as part of a paring down of government activity in a crisis unless particular platforms or events themselves are deemed to be a high risk for virus transmission" (UNAIDS, 2020, p. 6).

Support for civil society

A number of measures can be taken to strengthen civil society. Funding needs to be "flexible to help local civic groups cope with rising civic space pressures" (Brechenmacher et al., 2020, p. 6). It is also important to "help civic groups connect effectively to government pandemic responses when needed and possible – or at least not be actively attacked and harassed by government actors" (Brechenmacher et al., 2020, p. 7). This includes in relation to monitoring new assistance packages (Brechenmacher et al., 2020, p. 7). The pandemic also offers the opportunity to push

back against the anti-civil-society narrative that has been gaining ground around the world in the last ten years (Brechenmacher et al., 2020, p. 7).

Longer term

As countries transition from the immediate response to the crisis to longer-term recovery efforts, UNDESA (2020c, p. 4) warns that "it will be critically important to take stock of how the COVID-19 pandemic has affected key dimensions of national institutional systems such as accountability, transparency and participation, in order to prevent reversals of progress on these critical institutional dimensions and to avert longer-term consequences on public institutions and human rights".

8. Previous helpdesk requests

FCDO has commissioned a number of helpdesk requests focused on this area that may be useful further reading. They generally are more focused than this report, either on a region/country or on a specific issue that this report covers, but they may cover some of the same ground and evidence used in this report. The reports commissioned so far include:

- Aghajanian, L., and Page, E. (2020). *COVID-19 and the participation of women and women's rights organisations in decision-making*. K4D Helpdesk Report 850. Institute of Development Studies.

- Fraser, E (2020). *Update – impact of COVID-19 pandemic on violence against women and girls*. VAWG Helpdesk Report 291, VAWG Helpdesk.

- Fraser, E. (2020). *Impact of COVID-19 pandemic on violence against women and girls.* VAWG Helpdesk Research Report 284. Violence against Women and Girls Helpdesk.

- Haegeman, E. & Vlahakis, M. (2020). *Secondary impacts of COVID-19 on VAWG in Sub-Saharan Africa*. VAWG Helpdesk Research Report 308. VAWG Helpdesk.

- Haider, H. (2020). *Mitigating the economic impacts of epidemics and financial crises: Focus on middle-income countries*. K4D Helpdesk Report 812. Institute of Development Studies.

- Hallgarten, J. (2020). *Evidence on efforts to mitigate the negative educational impact of past disease outbreaks*. K4D Helpdesk Report 793. Education Development Trust.

- Idris, I. (2020). *Impact of COVID-19 on child labour in South Asia*. K4D Helpdesk Report 819. Institute of Development Studies.

- Kelly, L. (2020). *Evidence and lessons on efforts to mitigate the secondary impact of past disease outbreaks and associated response and control measures*. K4D Helpdesk Report 757. Institute of Development Studies.

- Lucas, B. (2020). *Impacts of Covid-19 on inclusive economic growth in middle-income countries*. K4D Helpdesk Report 811. Institute of Development Studies.

- Meaney-Davis, J., Lee, H. and N. Corby. (2020). *The impacts of COVID-19 on people with disabilities: A rapid review* (No. 35). Disability Inclusion Helpdesk.

- Rafaeli, T. (2020). *Girl focused life skills interventions at a distance*. K4D Helpdesk Report 806. Institute of Development Studies.

- Rafaeli, T. (2020). *The link between girls' life skills intervention in emergencies and their return to education post-crisis and prevention of unwanted pregnancies and early marriage*. K4D Helpdesk Report 807. Institute of Development Studies.

- Rafaeli, T. & Hutchinson, G. (2020). *The secondary impacts of COVID-19 on women and girls in Sub-Saharan Africa*. K4D Helpdesk Report 830. Institute of Development Studies.

- Rohwerder, B. (2020). *Secondary impacts of major disease outbreaks in low- and middle-income countries*. K4D Helpdesk Report 756. Institute of Development Studies.

- VAWG. (2020). *Planning for COVID-19 recovery to 'build back better' to prevent Violence Against Women and Girls and improve response*. VAWG Helpdesk Research Report 292. VAWG Helpdesk.

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Key websites

- Rapid situation tracking for COVID-19 socioeconomic impacts (beta version): https://data.unicef.org/resources/rapid-situation-tracking-covid-19-socioeconomic-impacts-data-viz/

- COVID-19 Disability Rights Monitor: https://www.covid-drm.org/data

- End Child Poverty. Tackling the Coronavirus and protecting children living in poverty: www.endchildhoodpoverty.org/covid19

- Global Health 5050. Sex, gender and COVID-19: Overview and resources: https://globalhealth5050.org/covid19/

- COVID-19 Civic Freedom Tracker: https://www.icnl.org/covid19tracker/