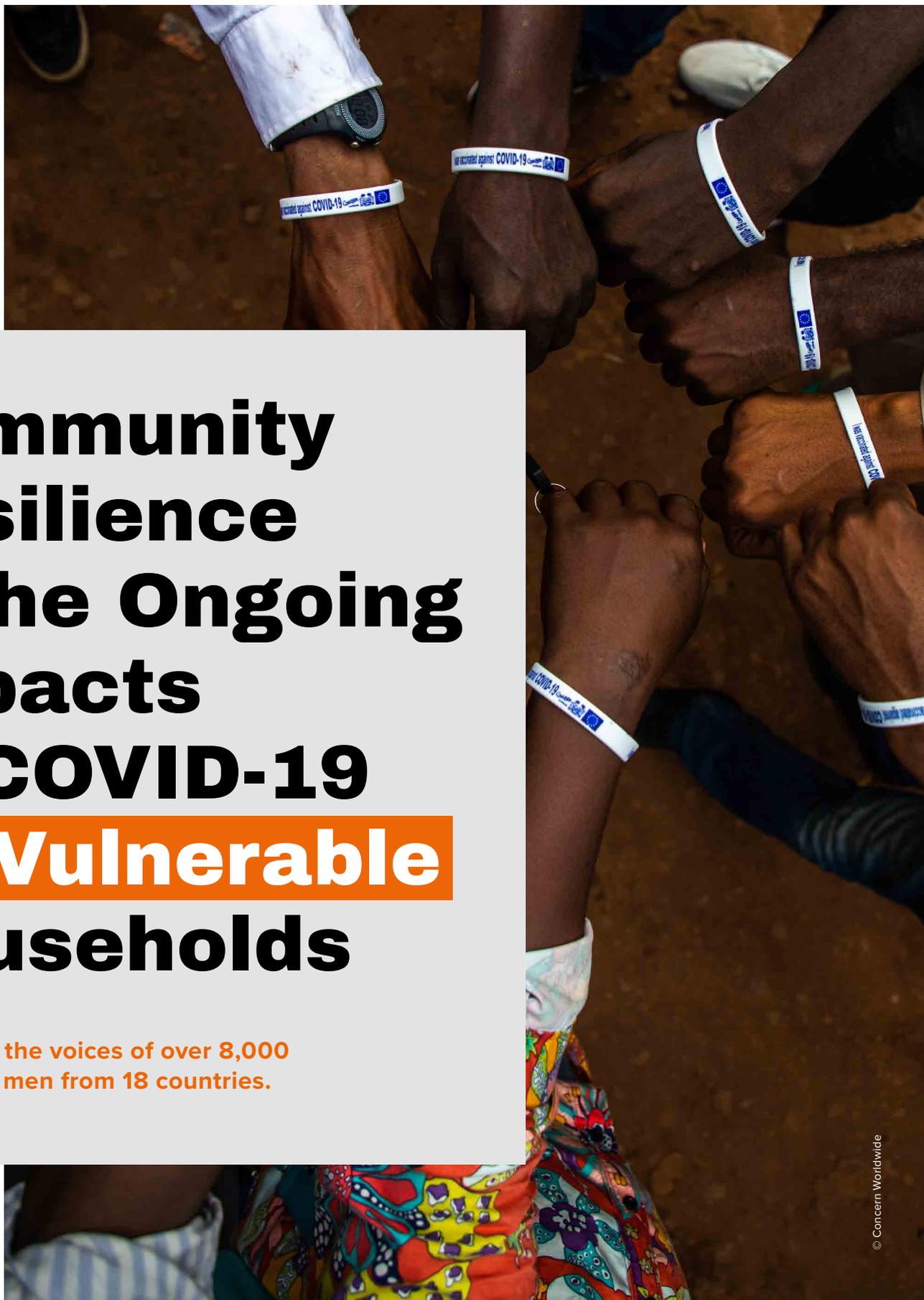


Alliance 2015

towards the eradication of poverty



Community Resilience & the Ongoing Impacts of COVID-19 on **Vulnerable** Households

Listening to the voices of over 8,000 women and men from 18 countries.

Abstract

This report presents the findings of a survey conducted by the Alliance2015 member organisations in 18 countries between March and May 2022, to assess the impact of COVID-19 on food security, income, coping strategies and access to services. The effects of COVID-19 being still very much present in many communities, the findings of this report highlight how the quality and quantity of food decreased compared to pre pandemic period, the financial situation worsened, households reduced their expenditure - the main item cut back being food- , and few children had any access to learning support. The Alliance2015 member organisations are using these results to adapt their programmes, initiate new partnerships and advocate for quality and more efficient use of COVID-19 recovery packages. We invite our readership to join and support our efforts, to use our data and analysis for programme development, communications and advocacy. Please do write to us for further information or feedback at info@alliance2015.org.

Contents

Foreword	4
Acknowledgments	6
Executive summary	7
Introduction	10
Methodology	12
Food Security	14
> Overview	14
> Introduction	15
> Changes in Access and Affordability of Food	17
Food Prices	17
Food Availability	19
Quantity of Food Consumed	20
Food Quality	21

> Our responses	25
Burkina Faso	25
Zambia	26
> Our recommendations	27
Financial impacts - on incomes	28
> Overview	28
> Introduction	29
> How the Financial Situation of the Household Changed	30
> What are Household's Primary Income Sources	36
> Ability to earn an income	38
Agriculture	39
Petty Trade	40
Casual Labour	41
Formal Labour	42
> Remittances	43
> Future outlooks	45
> Our responses	47
Uganda	47
El Salvador	48
> Our recommendations	49
Coping Strategies	50
> Overview	50
> Introduction	51
> Reduced Expenditure	53
> Borrowing	54
> Assistance	55
> Our responses	57
Bolivia	57
Niger	58
Zambia	59
> Our recommendations	60
Access to Services	61
> Overview	61
> Education: Dropout rates, returning to school, and changes.	62
> Healthcare	65
> Our responses	68
Pakistan	68
Peru	69
Sierra Leone	70
> Our recommendations	71
Our Call for Action: Recommendations to the EU	72
Annex One: Overview of Data Collection	73
Annex Two	74

Foreword

Community Resilience has been the shared vision and core philosophy of Alliance2015 for many years. In line with our new Strategic Compass, we will continue to focus on realizing the SDGs, preparing for and responding to emergencies of all kinds, **building community resilience and working with marginalized and vulnerable groups and communities** as actors and activists to reach our impact goals: transformed food systems, climate resilient pathways, and equitable civil society partnerships. As a network **we support communities to strengthen their resilience**. We employ a **'nexus approach'** - addressing their humanitarian needs with a long-term perspective - and we channel their voices to decision - making levels, advocating for sustainable and just solutions.

COVID-19 has had disproportionate impacts on the poor and vulnerable in the past 2 years: from unequal access to vaccines to unequal opportunities in global recovery, from widening income losses to spiking debt loads in emerging markets and developing economies. This is, and will be for the coming

years, a huge challenge for affected countries. To respond to those challenges in ways that ensure universal human rights and equality, actors such as the EU and globally active international civil society organizations like Alliance2015 have had to **intensify efforts in humanitarian and development support, and solidarity**.

We believe that the **disproportionate impacts of COVID-19 - alongside climate change and conflict** - on those living in chronic poverty **must be met by a response which, correspondingly, focuses on addressing the urgent needs of those living in extreme poverty**.

The pandemic has shown us that connected, hopeful and cohesive communities recover better than those where relationships are less developed within households, neighbourhoods and other community networks.

Our study indeed clearly shows that lending chains have worked as coping strategies: 93% of interviewed households have borrowed money.

The majority of lenders have been neighbours or friends (57%), family (28%) or community groups (34% of households).

As mentioned above, this indicates **the importance of care and support networks in the communities** we work with. This tells us that any measure that reinforces them is an additional insurance for strengthening community resilience. It confirms that social connections enable people to help each other and are lifelines for the disadvantaged and the elderly.

We offer our research to our NGO colleagues and other stakeholders to help us all better shape our future interventions, decisions and advocacy in the interests of those whom the pandemic has left further behind than ever.



FRANCE

CEO: Marie-Pierre Caley



SPAIN

CEO: Fernando Mudarra



ITALY

GENERAL MANAGER:
Piersilvio Fagiano



IRELAND

CEO: Dominic MacSorley



SWITZERLAND

CEO: Melchior Lengsfeld



CZECH REPUBLIC

CEO: Šimon Pánek



GERMANY

CEO: Mathias Mogge



BELGIUM

DIRECTOR:
Antonia Potter Prentice

Acknowledgments

This survey, and the multiple products that emerge from it, is the collective endeavour of several people spread across the globe, working together in particularly challenging contexts. We wish to thank the thousands of respondents who generously shared their time, their experiences, and concerns with us. We hope their voices will be heard as carrying the urgency of their needs and trigger actions by each one of us who can help improve their situation.

Rupa Mukerji (Helvetas) and Chris Pain (Concern Worldwide) were responsible for the overall coordination of this study. They were supported by a core research team comprising Paulo Rodrigues (Helvetas), Camilla Azzini (Cesvi), Simona Varga (PIN), Mario Bezanilla García (Ayuda en Acción), responsible for the research design and implementation.

Country level Core Teams were responsible for the data collection. In **Bolivia** Scarleth Flores, Isabel Cajias (Ayuda en Acción), Jorge Espinoza, Richard Haep, Roy Cordova (Helvetas); in **Burkina Faso** Harouna Sonde, Khaled Yao (Welthungerhilfe), in **Burundi** Dr Aline Conayisavye, Dr Flory Amundala, Michaela Zani, Mukarwogera Sandrine, Ange Marie José (Concern Worldwide), Brehova Zuzana, Nijembazi Coudra, Nininahazwe Eric, Asamuduri Léa (Welthungerhilfe); in **Central**

African Republic Maya Jean-Jacques, Armando Ngoupandet, Prince Dapou (Welthungerhilfe); in **Chad** Papy Tshiteta, Baba Lassou, Ahmat Djidda Mahamat (Concern Worldwide); in the **Democratic Republic of Congo** Thomas Hernandez, Bahati Kabenga Germain Prince (Concern Worldwide), Cornelia Mayumbu, Alain Mulubi (Welthungerhilfe); in **El Salvador** Luis Alonso Chacón, Michael Sambrano, Armando Ramirez, Roberto Flores, Andres Aguilera, Claudia Lira, Leticia Chavez, Estefanía Escobar, Tatiana Efigenio, Adelaida Garcia, Baltazar Zelada (Ayuda en Acción); in **Georgia** Tekla Nemanishvili, Ketí Lezhava, Neno Charkviani (PIN); in **Honduras** Dora Edith Orellana, Roberto Bussi, Alejandra Rosales, Jairo Tablada, Wilmer Romero, Nelly Lara (Ayuda en Acción); in **Liberia** Zinne Kpadeh (Welthungerhilfe); in **Mali** Mariam Diatty Diallo, Hugu Verkuijl (Welthungerhilfe); in **Nepal** Om B. Khadka (Helvetas); in **Niger** Kimba Moumouni Harouna, Ibrahim Saidou (Welthungerhilfe); in **Peru** Oscar Mejía, William Campbell (Ayuda en Acción), Luis Alban, Heber Rafael Martinez, Binolia Porcel (Helvetas), Davide Bellini, Fabiana Rodari (Cesvi), Susana Daag, Karla Chaupis (Welthungerhilfe); in **Sierra Leone** Gospel Matondi, Aloice Munyongani, Anotonett Saffa, Usman John Bakundu

(Welthungerhilfe); in **Syria** Ferhad Abbas, Mohamed Alruzko (Concern Worldwide); in **Uganda** Martina Starace, Ronald Rubangakene, Amos Okello (Cesvi); in **Zambia** Stephen Shamazubaula, Štěpán Bubák (PIN).

The following project coordinators have also contributed to the study: Beatriz Lizarazu, Javier Zubieta, Tania Asilla, Susana Mejillones (Helvetas).

We are grateful to the Alliance2015 Hub (Brussels), **Implementation Groups** (Advocacy & Communications, Fundraising and Partnerships, Operations), and the **MEAL Community of Practice**, who provided invaluable **coordination and support**.

Executive summary

One year ago, Alliance2015 published the report “**Covid-19 & Community Resilience**” analysing how the effects of the pandemic were affecting the most vulnerable households in 25 countries on 4 continents. 16,000 households were interviewed focusing on different aspects: food security, Water, Sanitation and Hygiene (WASH), health, education, income, indebtedness and the psychosocial conditions of households. This survey conducted in late 2020, just 6 months after the outbreak of the pandemic, showed data reflecting how COVID-19 was testing the resilience of communities worldwide, with much differentiated impacts, exacerbating existing inequities and creating new ones.

This report is a continuation of last year’s initiative, in the light of the evolving situation, based on data collected between March and May 2022, **about 22 months after the outbreak of the pandemic, and is the result of 8,461 surveys in 18 countries where Alliance2015 member organisations are working.** The focus of the survey was on how the **effects of COVID-19 are affecting several key aspects of households’ resilience**, such as their income capacity, accessing food, coping strategies and access to health and education services.

The effects of COVID-19 are still very much present in many

communities. While in some developed countries we may believe the worst effects of the pandemic have subsided - thanks to the beneficial effects of vaccines, aid and government economic measures - in many poorer countries the situation continues to undermine the resilience of millions of people facing overlapping crises that reduce their ability to react. **This crisis context is becoming structural for the most disadvantaged groups in the countries where we are present;** climate change, economic downturns, diseases, conflicts or wars not only impede the recovery of many households in vulnerable communities, but also aggravate their situation.

A clear picture has emerged from this follow up research, showing the extent to which growing numbers of people are being left behind. **The disproportionate impacts of COVID-19 - alongside climate change and conflict - on those living in chronic poverty must be met by a response which, accordingly, focuses on addressing the urgent needs of those living in extreme poverty.**

As we all learn from these findings to inform our future interventions, decisions and advocacy, Alliance2015 sees the relevance and opportunity to continue talking about Covid-19 today in that it represents a paradigmatic case

for our collective learning. **The pandemic laid bare a number of pre-existing systemic failures – in our food systems, in healthcare, in education, in employment and social protection, in housing, in our main business and economic model - that made coping with the global shock extremely problematic for disadvantaged countries and communities.**

Learning from this experience should be paramount in view of building resilient societies, through correcting these failures by addressing inequalities and mitigating risks. Community and systemic resilience will be key to anticipate future crises, avert their worst effects, preserve access to rights and livelihoods.

ACCESS TO FOOD

One of the aspects of the report that deserves priority attention is the effect of COVID-19 on the **ability to access healthy and sufficient food**. Access to food is still a challenge for many households. **One-third of respondents said that over the past three months some members of their household had gone to bed hungry**. More than half of them (51%) reported that the **quality of the food they consumed had worsened** and

62% reported that the **quantity of food they consumed had decreased** compared to the pre-pandemic period.

Key factors limiting access to quality food are **the rising cost of food and movement and transport restrictions**, with more than half of respondents noting that **the price of basic foodstuffs had at least doubled** since the start of the pandemic, and the effects of the restrictions deployed to curb

contagions are still being felt.

54% of respondents stated that the **quantity** of food available in local markets had decreased since the pandemic outbreak and one third outlined that they had difficulties in reaching local markets because of restrictions that were in place. Now, after the Russian invasion of Ukraine, the consequent increase in food prices has only aggravated the situation of access to food for millions of people.



El Salvador, Implementation of low-cost actions to conserve water and soil resources in the territories of Tacuba Ahuachapán

IMPACT ON INCOMES AND COPING STRATEGIES

Income-generating capacity also continued to be affected by the pandemic. 53% of the surveyed households stated they had their reduced income due to the effects of COVID-19, and more than half of the households (57%) stated that

their current income was not sufficient to buy food.

Coping strategies have been varying with the prolonged effects of the pandemic, but **informal care and support networks have had and continue to have substantial relevance in responding to**

any crisis. Coping strategies most frequently reported are cost-cutting (56%), borrowing (43%) and grants or assistance programmes by governments or NGOs (34%).

Amongst those households who reduced their expenditure, food was the first area where

they cut down their costs: 82% of respondents said they had reduced expenditure on food, followed by cuts in other spending by 63%.

Lending chains also worked as coping strategies, with **93% of households having borrowed money**. The majority of lenders were neighbours or friends (57%), family (28%) or community groups (34% of households). As mentioned above, this indicates the importance of care and support networks in the communities we work with, that is why any measure that reinforces them is an additional insurance for strengthening community resilience.

In this regard, it is worth noting the **insufficient role of aid and assistance from government programmes**, barely 20% (due to complex eligibility processes

and documentation, or lack of timely information among local communities), compared to 79% of aid received through INGOs, or even 11% from local NGOs and 27% of direct aid received, again, by family and friends. These results highlight the need for better communication, more transparent and simpler access mechanisms adapted to the most vulnerable people, who are the ones who need this support the most.

ACCESS TO HEALTH AND EDUCATION

Regarding health, **only 23% of households indicated that health care had worsened**, compared to 46% who stated that it had improved. However, some countries like Peru or Georgia are out of this trend. 51% of households in Peru indicated a worsening of the situation compared to 8% who

said that it had improved. In Georgia, these percentages were 27% (worst situation) and 11% (better).

Looking at the effects on **education**, for the **children and youth who were at risk prior to the pandemic the education gap has widened substantially**. As a result, the families with the fewest resources were unable to maintain continuity in their children's learning when more pressing needs - such as maintaining a source of income - took precedent. Some of the services targeting vulnerable pupils and students, such as school meals, transportation, sanitation and protection – which typically help to ease the financial burden on families and make the environment more conducive to learning - were suppressed during confinements.

Introduction

As new waves of COVID Omicron variants have been sweeping through continents during the summer months in the northern hemisphere, Dr Tedros Adhanom Ghebreyesus, WHO Director-General, said “it’s clear that the COVID-19 pandemic is nowhere near over”. The number of new cases is rising worldwide, putting over stretched health care systems under pressure once again. Indeed, for the vulnerable people of the world, the pandemic has never ended. It continues to endanger their very survival.

There are various estimates of mortality due to the pandemic¹ and large discrepancies between the officially reported data and estimates that are based on excess mortality have been seen across the world over the past two years². The loss of working age populations is felt throughout the global economy as affecting agriculture, manufacturing, trade and transport.

The pandemic and its impacts continue to affect differentially the most vulnerable members of society – children, women, workers in the informal sector and those living in informal settlements – depriving them of the most basic means to

satisfy their needs, of adequate and nutritious food, education for their children and health care. This is further entrenching pre-existing inequities within and among countries, pushing back the achievement of Agenda 2030 by several years, if not decades.

Our first survey on the impacts of COVID-19³ on the individuals and communities we work with was conducted in late 2020

(with data collected in October and November) and covered 23 countries. It revealed the devastating and differentiated impacts that both the pandemic, as well as the measures to control its spread, were having on the most vulnerable people. Since then, there has been an increase in global food price inflation, numerous extreme climate events, including the worsening of multi-year droughts in the Horn of Africa and Southern Madagascar, and multiple wars and protracted crises including the latest one in Ukraine. The current survey was conducted before the outbreak of the Ukraine conflict and the data do not reflect its impacts on food prices. The full impacts of the disruptions to the global food system and its implications for the poor will only truly be felt in the months and years ahead.

1 - <https://coronavirus.jhu.edu/map.html>

2 - <https://www.economist.com/graphic-detail/coronavirus-excess-deaths-tracker>

3 - <https://www.alliance2015.org/multi-country-research-on-covid-19/>

The World Bank⁴ estimates that these combined crises will lead to an **additional 75 to 95 million people living in extreme poverty in 2022, compared to pre-pandemic projections**. While in 2020 there was an actual increase in global poverty, if the more pessimistic scenario plays out, it said, ‘2022 could be the second-worst year in terms of progress made in reducing extreme poverty in this century’. These high-level predictions are generally based on nationally aggregated data and lack some of the individual and household level perspectives a study such as ours can provide.

Our survey focuses on households in a number of the countries where Alliance2015 members work. It has a clear pro-poor viewpoint and a focus on the key sectors of our work, which are integrally linked to the Agenda 2030. **We shall use the data so collected to adjust our programming to address emerging and pressing needs in the communities where we work, to advocate for more socially inclusive and human rights-based programmes by national governments and for enhanced international cooperation.** While national governments were able to mitigate food price inflation through social protection policies in the past, over the last two years government finances have been depleted due to COVID-19 induced economic disruptions, as well as to the cost of health care

and fiscal measures enacted to deal with the COVID-19 crisis. Thus, the world now needs greater civic and philanthropic action and solidarity at this critical juncture. Recognising that access to data and insights from the people most affected by these crises are vital for effective programming, we make our report an open and available source, while ensuring data protection for the respondents. We invite you to explore the data dashboard⁵. Similar research work will be forthcoming from Alliance2015 in the months ahead.



Pakistan, a patient in one of the government health facilities being treated through medical equipment provided under the Cap-COVID project.

4 - Pandemic, prices, and poverty (worldbank.org) accessed 15th July, 2022
5 - Alliance2015 dashboard

Methodology

The survey was conducted **over a two-month period between March and May 2022** across **18 countries** eliciting responses from **8,461 individuals**.

A minimum of **301 responses per country** was reached and, in some countries, several areas were covered (a full breakdown of the timeframe and localization of the data collected is included in Annex One.) The tool used consisted of **89 questions** and was administered using computer-assisted personal interviewing techniques.

Data presented in the tables and graphs in the report are based on the answers given by all respondents unless stated otherwise, in such cases the number of responses is highlighted.

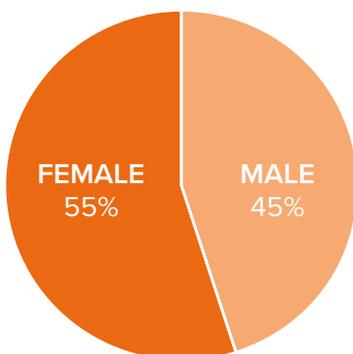
Respondents were selected

randomly by programme teams from beneficiary lists, meaning all belong to households that are either current or potential participants in development and/or humanitarian response projects of one of the Alliance2015 member organisations. All were given the option not to participate, and it was made clear in the consent section of the survey that participation, or not, was not attached to further (or less) support from any of the agencies. This means the data is not representative of the entire population in the different countries but rather (being drawn from the target population the six Alliance2015 agencies work with) it is more representative of the worst-off members of those societies.

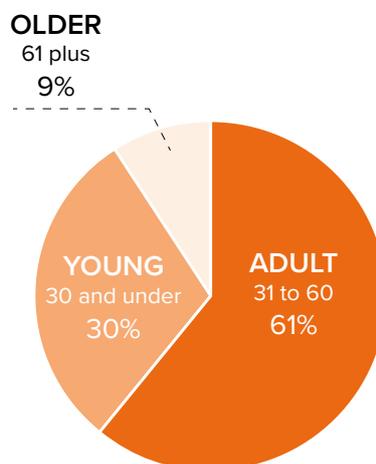
The profile of our respondents

can be broken down as follows: **55% were female and 45% male; 30% were classified as young** (that is under the age of 30), **61% were aged between 31 and 60**, and **9% were aged 61 or above; 69% lived in rural areas, 20% in urban and 11% in peri-urban areas, while 9.8% of respondents were described as living in camp settings** (drawn predominantly from Burkina Faso, DRC, Syria, Uganda and Honduras). In terms of their highest level of education – 18.3% said they had received none, 27.1% said they had attended or completed primary, 31.1% secondary, 8.9% had some form of higher technical or vocational training and 14.6% had a university degree.

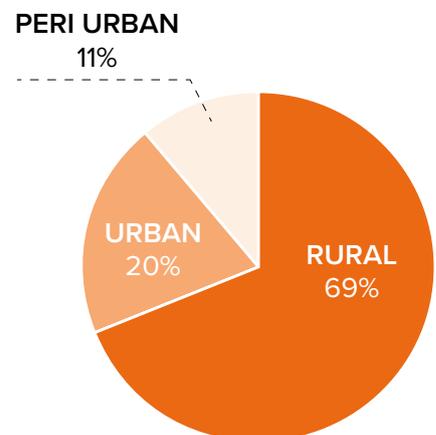
Sample by gender



Sample by age group



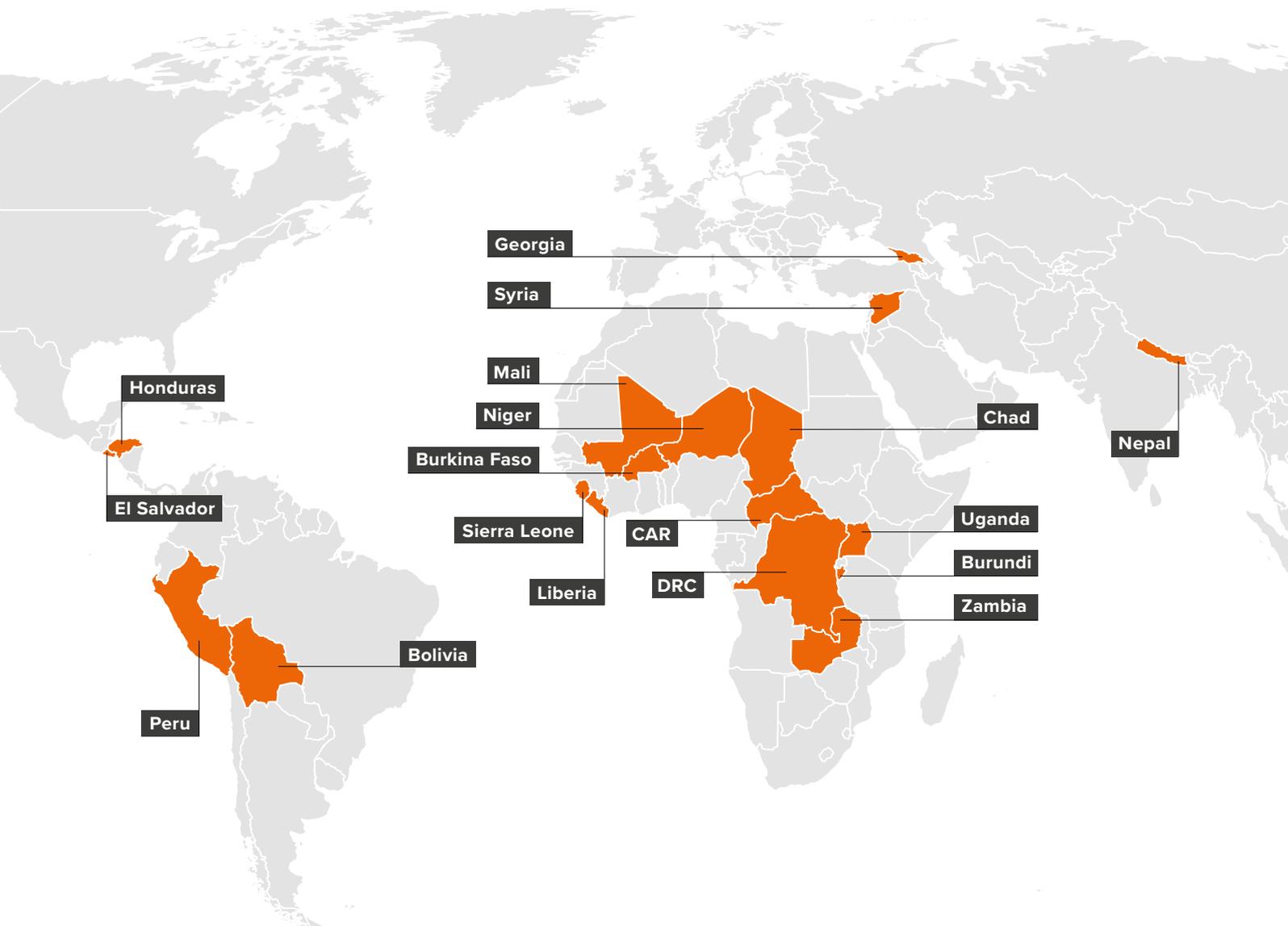
Sample by location



Throughout the report, reference is made to a similar exercise undertaken by the Alliance2015 members in October-November 2020⁶, when over 16,000 people were interviewed in 23 countries, and while the difference in the number of countries surveyed in the two exercises makes the results not completely comparable, readers can get a sense of potential changes in the challenges people have faced.

Finally, it is important to bear in mind **some fundamental differences between the countries included in the survey**. As the table included in Annex Two shows, there are huge variations in GDP per capita (from a low of US\$237 in Burundi to a high of US\$6,692 in Peru), ranking on the Human Development Index (where Georgia is the highest ranked, at 61st out of 189 and Niger the lowest at 189th) and GHI assessment (with Georgia, Peru

and El Salvador assessed as having a low level of hunger). These highly aggregated national scores do not mean that there are not huge pockets of extreme poverty in each country, but it does suggest that the responses to the COVID-19 pandemic may be different, in turn influencing our results.



6 - Alliance2015 research on COVID-19: country reports – Alliance



Food Security

Overview

© Helvetas

Peru, Food distribution to Venezuelan refugees.

Our survey asked a series of questions to gauge respondents' perceptions about the impact of the COVID-19 pandemic on the food security of their household. This revealed that **most people felt that food prices had increased over the course of the pandemic**, with slightly over half of the respondents saying it had more than doubled. However, this was not the only challenge identified by those included in the survey – a similar proportion said there was a **reduced quantity of food available** at the local markets

and one third noted they faced restrictions in travelling to their regular market. Almost two-thirds of respondents felt that the **quantity of food they consumed had changed for the worse**, with the biggest changes being seen in terms of the consumption of meat and fish. Slightly more than half of those interviewed felt that the quality of the food their household consumed **had declined, and just over one-third of respondents said that over the past three months some members of their household had gone**

to bed hungry. Of this group 70.2% said this was happening more frequently since the start of the COVID-19 pandemic. Throughout we see a trend whereby those in formal employment are less likely to say that the quantity or quality of the food they have consumed has declined. Those who depend on casual labour or petty trade, and who live in camp setting or in peri-urban areas, consistently reported a greater negative impact of the COVID-19 pandemic on their food security.

Introduction

Early estimates of the pandemic impact on food security⁷ suggested that some 118 million more people would face hunger in 2020 than in 2019, including 46 million in Africa and 57 million in Asia. As policies were put in place to respond to the pandemic, and the agriculture sector was declared ‘essential’ in a number of countries, these estimates were revised downwards to a figure closer to 100 million⁸. However, hopes that the world would see a rapid recovery from the pandemic in this area have proved unfounded, with recent UN reports⁹ highlighting how, after many years of relative stability, the prevalence of undernourishment jumped from 8.0 to 9.3 percent from 2019 to 2020 and rose, albeit at a slower pace, in 2021 to 9.8 percent.

Most assessments to date attribute the impact on people’s reduced ability to access food to losses of income induced by the crisis. Hundreds of millions of workers worldwide lost their jobs and those without access to social protection lost most of their incomes¹⁰. Furthermore food systems, and the people who depend

on them, have been unevenly affected by COVID-19, with those living where supply chains were poorly integrated, and where poverty and market informality was more prevalent before COVID-19, suffering the most.

As such, there is an argument that **the pandemic has reinforced existing inequalities, with disparities in policy responses** - such as the limited coverage and duration of social protection measures - widening inequalities. Income loss and supply disruptions, particularly for non-food producers such as urban populations, have also affected dietary choices. There is evidence that low-income and lower-middle-income households have switched to cheaper and less nutritious foods and reduced their consumption of perishable foods, such as meat, fish, fruits and vegetables, limiting dietary diversity and increasing the risk of negative health consequences¹¹.

⁷ - See for example *The State of Food Security and Nutrition* (FAO et al. 2021)

⁸ - David Laborde, Will Martin, and Rob Vos: Impacts of COVID-19 on global poverty and food security: What more do we know? in *COVID-19 and Global Food Security*, IFPRI <https://www.ifpri.org/publication/COVID-19-and-global-food-security>

⁹ - FAO, IFAD, UNICEF, WFP and WHO. 2022. *The State of Food Security and Nutrition in the World 2022. Repurposing food and agricultural policies to make healthy diets more affordable*. Rome, FAO. <https://doi.org/10.4060/cc0639en>

¹⁰ - Johan Swinnen Rob Vos 2021 COVID-19 and impacts on global food systems and household welfare: Introduction to a special issue in *Agricultural Economics* 2021; 52:365–374

¹¹ - JJohn McDermott, Deborah Lee, Brian McNamara, and Johan Swinnen (202) “Beyond initial impacts: The evolving COVID-19 context and food system resilience” in *COVID-19 and Global Food Security*, IFPRI <https://www.ifpri.org/publication/COVID-19-and-global-food-security>

Over two years after the start of the pandemic, other challenges to food security loom. On the one hand, there is the impact of **inflation**, with food prices in international markets surging to levels last seen over ten years ago, during the past global food price crises. Elsewhere, **higher costs for agricultural inputs** are affecting producers while profit margins have narrowed substantially in livestock production and food processing. All of which is being compounded by the **threat posed to global food supplies and to food prices by the**

on-going conflict in Ukraine, especially for countries in the Global South who depend on imports of food and agricultural inputs.

Concurrently, countries in the **Horn of Africa** face a number of **climate related shocks** to their food production, with four consecutive rainy seasons in some areas – something not seen for over 40 years¹². The findings contained in this Alliance2015 research support the assessments above: respondents living in peri-urban areas or camp settings were more likely to say the quantity of

food consumed by their household decreased since the start of the pandemic, compared to those living in urban and rural areas, or non-camp setting. This response was more frequently given by those whose primary income source was agriculture (at 67.3%). Although somewhat surprising, this response hints at the effects of market disruptions in rural areas caused by COVID-19 related lockdowns.



¹² - https://www.thenewhumanitarian.org/News/2022/31/05/A-country-by-country-guide-worsening-drought-in-the-Horn-of-Africa?utm_source=The+N%E2%80%A6

Changes in Access and Affordability of Food

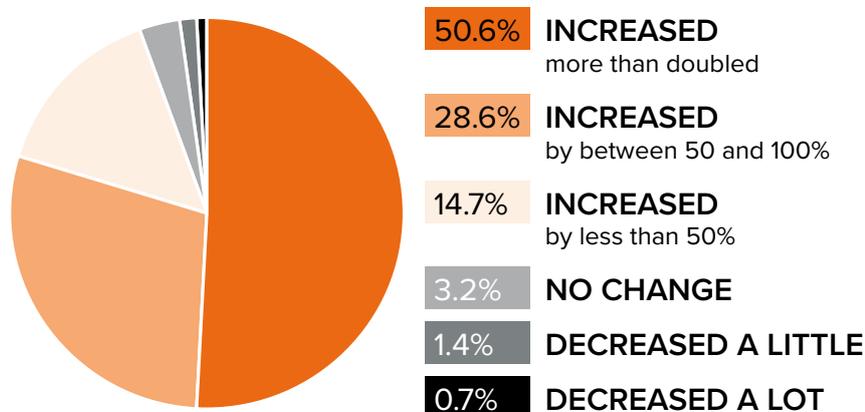
FOOD PRICES

The first question respondents were asked invited them to think about the types of food typically consumed by their household and whether they had “observed any change in food prices since

the COVID-19 crises started, and if so, what was the change?” **Over half (50.6%) of those who responded to this question stated that prices had more than doubled, a further 28.6%**

said that had increased by between 50% and 100% and 14.5% said they had increased by less than 50%.

> Changes in food prices



Only slightly more than 1 in 20 (5.3% of respondents) felt that prices had either decreased or not changed- this was particularly noticeable amongst respondents in Bolivia (where 16.0% said there had been no change), while 81.0% of respondents in Georgia and 70.7% in the Central African Republic felt that prices had more than doubled.

Figure 1: Respondents observations on changes in food prices, since the COVID 19 crisis started

% saying prices have increased	MAGNITUDE OF INCREASE			
	Increased (by less than 50%)	Increased (by between 50 and 100%)	Increased (more than doubled)	
Bolivia	81.2%	39.0%	30.2%	12.0%
Burkina Faso	97.0%	15.0%	56.7%	25.4%
Burundi	97.5%	6.4%	28.4%	62.7%
CAR	93.1%	0.0%	22.4%	70.7%
Chad	86.4%	19.1%	27.8%	39.5%
DRC	92.2%	8.3%	25.0%	58.9%
El Salvador	98.1%	28.1%	34.2%	35.8%
Georgia	98.3%	6.8%	10.5%	81.0%
Honduras	95.0%	5.5%	30.8%	58.7%
Liberia	92.2%	12.0%	15.4%	64.8%
Mali	90.3%	10.5%	26.2%	53.6%
Nepal	90.1%	39.7%	35.7%	14.8%

% saying prices have increased	MAGNITUDE OF INCREASE			
	Increased (by less than 50%)	Increased (by between 50 and 100%)	Increased (more than doubled)	
Niger	96.4%	15.4%	35.3%	45.6%
Peru	97.3%	12.1%	46.0%	39.2%
Sierra Leone	94.5%	15.9%	20.6%	58.0%
Syria	98.1%	31.6%	18.1%	48.4%
Uganda	87.6%	11.6%	20.9%	55.1%
Zambia	97.6%	14.6%	27.0%	56.1%
TOTAL	93.9%	14.7%	28.6%	50.6%

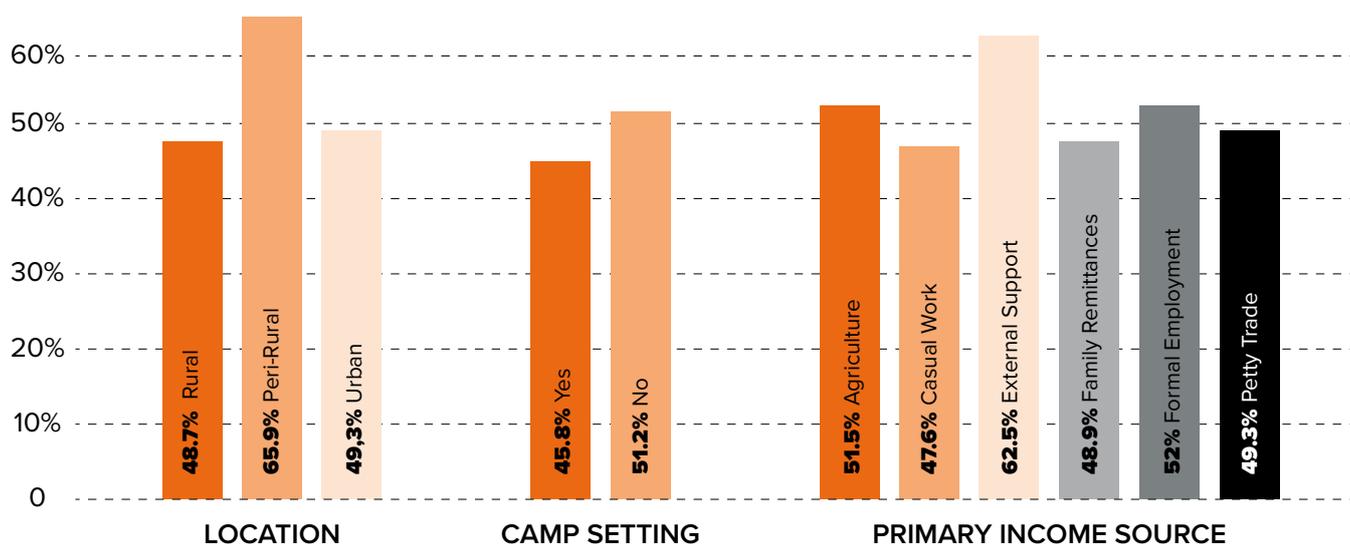
Table 1: Where do respondents think food prices have increased the most

Respondents living in peri-urban areas were much more likely to say that prices had more than doubled than those who lived in rural areas (65.9% against 48.7%). In terms of the primary income source for the household, more of those who depended on agriculture (6.6%

in total) - compared to any other group in the sample - felt there had been no increase in prices. Those who depended mainly on external support, such as that provided by governments or NGOs, were more likely to say that the prices had more than doubled (with 62.5%

this group giving this answer), compared to 47.6% of those who were dependent on casual labour, 52.0% who had formal employment as their primary source of income and 49.3% who were engaged in petty trading.

> % of respondents saying prices have more than doubled



Unsurprisingly, respondents who felt that their income was not adequate to meet their food needs were considerably more

likely to have identified that food prices had more than doubled compared to those who felt their income was adequate to meet

their food needs (56.3% against a still high 42.9%).

FOOD AVAILABILITY

Secondly, respondents were asked to identify if, in addition to changes in food prices, they had “experienced other challenges in getting food for their household since the COVID-19 crises started, and if so, what were those challenges?” Of the 67.8% of respondents who identified that there had been other challenges, **the biggest they singled out was the reduced quantity of food available in the market** (see table).

> % of those saying there were ‘other challenges’ identifying this issue

Reduced quantity of food available in local markets	53.9%
Reduced quality of food available in local markets	32.7%
Difficulties in reaching local markets because of movements restrictions or fear of contagion	32.6%
Reduced markets - time and frequency	18.0%
Disruption of school meal programs	5.6%
Preferred food not available	20.4%

Table 2: What other challenges, in addition to changes in food prices, have households faced in getting food



Peru, Providing food and products of personal care for elder, homeless people, in a Lima's Shelter.

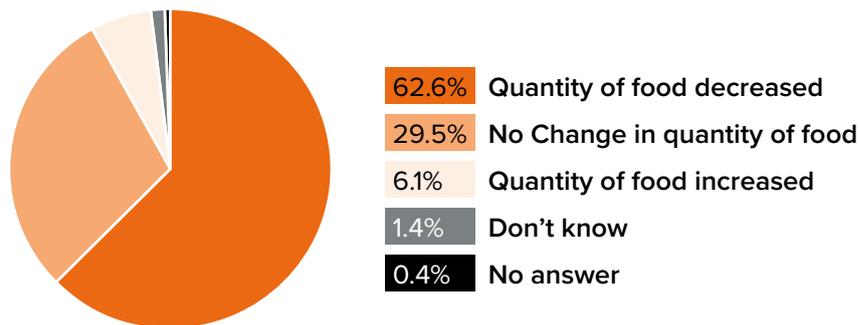
QUANTITY OF FOOD CONSUMED

We also asked respondents whether the **quantity of food** their household consumed changed since the start of the pandemic, and if so how. **Almost two in three of the people we interviewed (62.6%) felt that the quantity of food they consumed had decreased.** This compares to 40% of respondents saying their household was eating less when a similar exercise was undertaken in late 2020. The fact that the number of respondents who have less food available during 2021 increased in relation to the first survey in 2020 indicates a long-term negative trend on food security among affected populations.

This was highest amongst our respondents in CAR (at 93.0%) and Burundi (at 78.2%), while Nepal had the greatest proportion of respondents saying the quantity of food had increased (22.7%), and Georgia (at 57.7%) had the highest proportion who said there had been no change.

Respondents who described themselves as living in peri-urban areas or camp settings were more likely to say the quantity of food consumed by their household decreased since the start of the pandemic, compared to those living in urban and rural areas, or non-camp setting. This response was more frequently given by those whose primary income source was agriculture (at 67.3%) and petty trade (67.4%), while those who depended on formal

> How has quantity of food change since the start of the pandemic

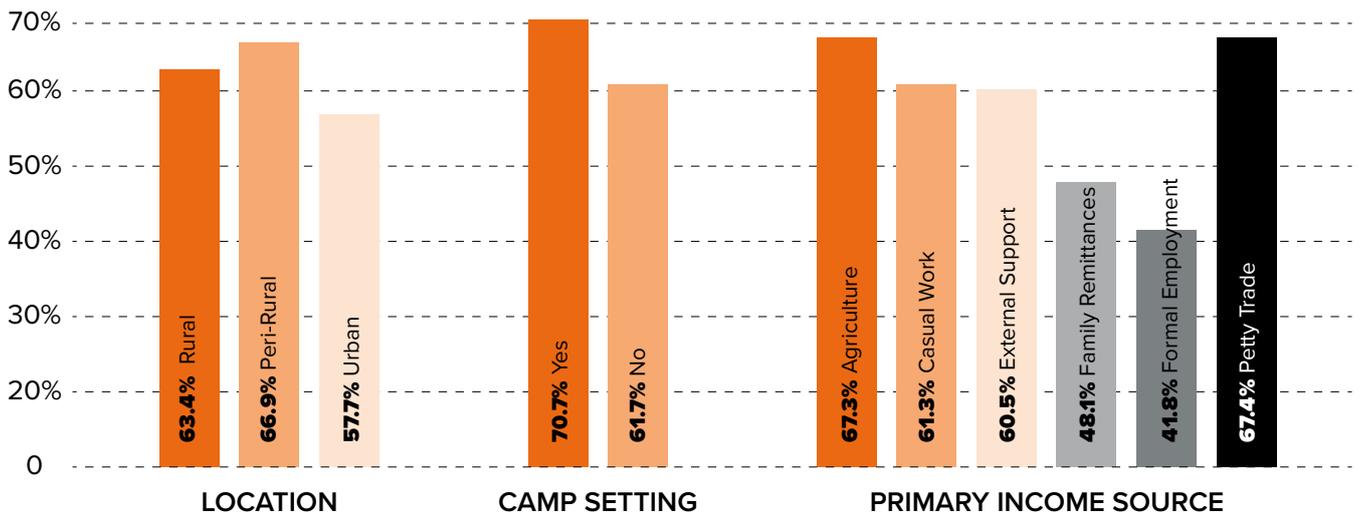


Bolivia	51.3%
Burkina Faso	75.8%
Burundi	78.2%
CAR	93.0%
Chad	47.2%
DRC	77.6%
El Salvador	70.8%
Georgia	34.2%
Honduras	29.6%
Liberia	73.3%
Mali	61.6%
Nepal	23.2%
Niger	65.3%
Peru	63.3%
Sierra Leone	64.6%
Syria	48.7%
Uganda	72.4%
Zambia	75.9%
Total	62.6%

Table 3: % of Respondents saying the quantity of food their households consumed has decreased since the start of the pandemic, by country

employment as their main income source had the lowest proportion saying their quantity of food consumed had declined (at 41.8%). This response from those in agriculture is somewhat surprising but hints at market disruptions in rural areas caused by COVID-19 related lockdowns.

> Quantity of food decreased since the start of the pandemic



It is unsurprising to see that 74.6% of those who identified that their income does not meet their food needs had seen a decrease in the quantity of food they consumed, compared to 46.7% amongst other respondents.

FOOD QUALITY

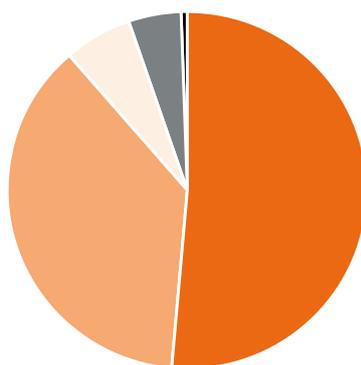
Delving deeper into this, we asked whether there were “any specific types of food the respondent’s household was eating less of since the start of the pandemic, and if yes, which types?” looking at all respondents, the main reduction has been in meat and fish (see table).

The above data clearly show that the kinds of food that tend to be reduced in times of crisis are not just the most expensive ones, but especially those providing the highest nutritional values, which have to be consumed fresh. This obviously reduces the diversification of diets, so needed for a healthy life, with long-term impacts.

Meat	55.8%
Fish	42.3%
Milk yogurt and other dairy	29.2%
Fresh fruits	28.8%
Eggs	27.0%
Cereals	27.0%
Fresh vegetables	24.1%
Beans, peas, groundnuts and cashew nuts	21%
Tubers and roots	14.1%

Table 4: % of all respondents saying their household is eating less of specific foods

We subsequently asked whether the **quality of food** the household consumes changed since the start of the pandemic, and if so how. Again, a small proportion (6.3%) said it had improved, but **51.6% felt that this had gotten worse**, with 37.2% saying there had been no change. In the exercise carried out in late 2020, 42% of respondents had identified that the quality of the food they had consumed had got worse.



> How has quality of food consumed by your household changed since the start of the pandemic

- 51.5% Quality got worse
- 37.2% No change in quality
- 6.3% Quality got better
- 4.6% Don't know
- 0.5% No answer

At a country level, the largest proportion of respondents giving this response were in CAR (94.3%) and Burkina Faso

(83.9%) and lowest in Honduras (11.2%) and Georgia (19.5%). Similar to the question on quantity, a greater proportion

of respondents from Bolivia and Nepal felt the quality of food had improved (16.6% and 28.6% respectively).

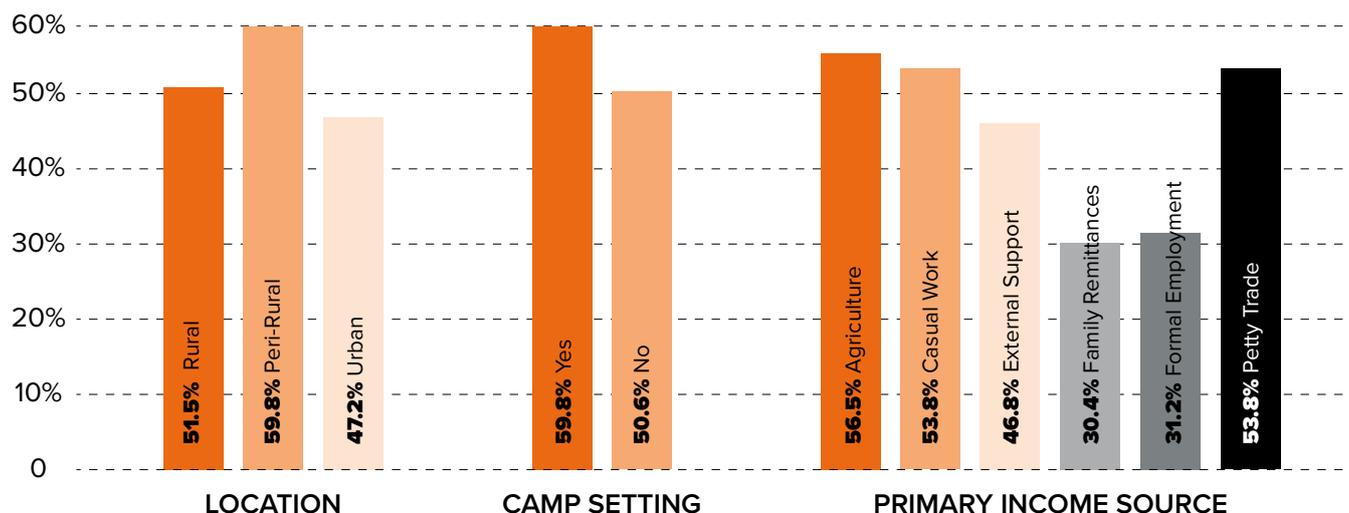
> % of Respondents Saying Food Quality got worse

Bolivia	21.1%
Burkina Faso	83.9%
Burundi	72.3%
CAR	94.3%
Chad	47.2%
DRC	62.9%
El Salvador	48.6%
Georgia	19.5%
Honduras	11.2%
Liberia	51.9%
Mali	55.6%
Nepal	25.6%
Niger	35.1%
Peru	54.9%
Sierra Leone	61.7%
Syria	44.5%
Uganda	57.5%
Zambia	65.9%
Total	51.5%

59.8% of respondents in peri-urban areas said the quality of food their household consumed had declined, compared to 51.5% in rural areas and 47.2% in urban areas. Again, unsurprisingly, amongst those who feel their income does not meet their food needs there is a much greater proportion saying the quality has gotten worse – 60.8% against 39.2% for those who say their income does meet their food needs. **Those in formal employment are less likely to say that the quality of the food their household consumed has gotten worse** (31.2%), when compared to those who depend on petty trade (53.8%), agriculture (56.5%) or casual labour (53.8%).

Table 5: % of Respondents saying the quality of food their households consume has decreased since the start of the pandemic, by country

> % of respondents saying the quality of food their household consumes has declined since the start of C19



We also asked respondents to think back over the past three months and identify whether there were times when they had to reduce food expenses to the extent that anyone in the household went to bed hungry.

While 65.3% of respondents said this was not the case, slightly more than one-third (33.4%) said this had happened. This response was most commonly given in CAR (by 85.0% of those interviewed), followed by Sierra

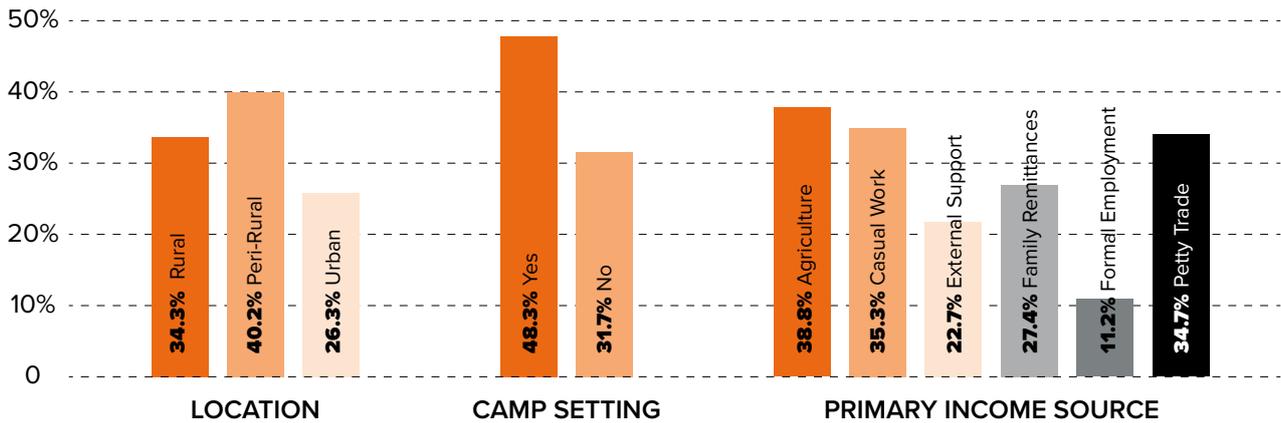
Leone (58.4%), DRC (56.2%) and Niger (50.7%) – on the other end of the scale, only 2.7% gave this response in Georgia and 7.4% in Nepal.

Bolivia	15.1%
Burkina Faso	39.4%
Burundi	28.4%
CAR	85.0%
Chad	31.4%
DRC	56.2%
El Salvador	12.8%
Georgia	2.7%
Honduras	13.1%
Liberia	50.1%
Mali	16.7%
Nepal	7.4%
Niger	50.7%
Peru	33.2%
Sierra Leone	58.4%
Syria	14.5%
Uganda	39.0%
Zambia	37.0%
Total	33.4%

This response was given more frequently by those living in peri-urban areas (40.2%) than by those living in rural (34.3%) or urban (26.8%) areas, similarly those who live in camp settings were much more likely to give this response than those who don't (48.3% against 31.7%). This response was least frequently given by those in formal employment (11.2%), and most frequently given by those involved in agriculture (38.8%), casual labour (35.3%) and petty trading (34.7%).

Table 6: % of Respondents saying there were times in the past three months that they had to reduce food expenses to the extent that someone in the household went to bed hungry

> Were there times in the last 3 months when you had to reduce food expenses



For those respondents who identified that their income does not meet their food needs, 42.3% said that somebody in their household had gone to bed hungry in the previous three months, compared to 21.4% of all other respondents. While this is a substantial difference, it does underline the importance of factors other than income in relation to food consumption (see, for example, the findings about food availability and physical accessibility explained above).

Respondents were asked a further question to ascertain how regularly this was happening. Amongst those who responded yes to the previous question, 29.0% said somebody was going to bed hungry at least once every month, while 43.3% saying this was happening more than once a month. Again, it was in CAR where this appears to be most severe with 83.6% of respondents saying that when this happened, it was more than once a month.

Of those who said somebody in their household went to

% of those who said somebody went to bed hungry who said this happened at least once every month

% of all respondents who said somebody in their household went to bed hungry more than once a month

Bolivia	37.7%	41.5%
Burkina Faso	14.5%	37.0%
Burundi	20.7%	75.5%
CAR	10.9%	83.6%
Chad	26.8%	41.2%
DRC	12.4%	36.8%
El Salvador	17.4%	71.7%
Georgia	18.8%	18.8%
Honduras	41.8%	30.9%
Liberia	51.1%	15.6%
Mali	34.3%	32.8%
Nepal	46.7%	26.7%
Niger	50.6%	24.9%
Peru	30.6%	53.8%
Sierra Leone	25.4%	39.0%
Syria	46.8%	36.2%
Uganda	48.2%	30.5%
Zambia	48.6%	42.9%
Total	29.0%	43.3%

Table 7: % of Respondents saying members of their household were going to bed hungry more than once a month

bed hungry in the previous three months, 70.2% said this was happening more frequently since the start of the COVID-19 pandemic. Amongst all respondents, the greatest

proportion giving this response was in CAR (where 62.5% said this had increased since the start of COVID-19), followed by DRC (where 46.9% of all respondents gave this response).

Our responses:

BURKINA FASO

COVID-19 has had a significant negative impact on the populations in the various regions of Burkina Faso, which are already suffering from a deteriorating security situation. In the eastern region, particularly in the town of Fada N’Gourma, more than 700 IDP households (10,499 people) received unconditional cash transfer support from **Welthungerhilfe**. In addition, these 700 IDP households received training in the management of income-

generating activities.

In the area of nutrition, an awareness-raising campaign on infant and young child feeding in the context of COVID-19 was organized for 1,572 pregnant and lactating women.

In the area of WASH, Welthungerhilfe built 20 boreholes, 343 latrines and 100 hand-washing stations to the benefit of 22,479 people.

In addition to these responses, mass awareness-raising

campaigns to slow down the risks and the spread of COVID-19 within IDP and host households reached out to more than 118,000 people via radio and through educational talk-shows.



Burkina Faso, breastfeeding awareness session for infants and young children.



Zambia, Nutrition security project.

ZAMBIA

People in Need (PIN) Zambia targeted mothers of children under 5 using voice recorded messages to overcome illiteracy barriers, and to improve maternal and child health and nutrition outcomes, influence attitudes and enhance knowledge and skills of women about the importance of key health and nutrition behaviours. The messages were incorporated into dialogues performed by a local drama group that created culturally

appropriate characters to provide an educative, engaging and entertaining service, effective at changing people's behaviours.

In the Western Province, PIN continued to provide **humanitarian assistance to mitigate the impact of food security shocks on the most at-risk communities**, specifically by providing immediate life-saving nutrition and food security assistance in the form

of cash transfers to the most vulnerable rural households. The main target groups were children under 5 suffering from severe acute malnutrition (SAM) or moderate acute malnutrition (MAM), as well as pregnant and lactating women with SAM or MAM. Health workers, including those based in communities, received training in order to recognize and treat malnutrition.

Our recommendations:

In line with other research work that highlighted the differential impacts of the pandemic, people's assessment of their own food security is influenced by a myriad of factors including their employment status, primary source of income, income level and food availability. Those dependent on casual labour and petty trading and those living in peri-urban areas with limited access to services were more likely to say that the quantity and quality of their food has declined. Similarly, those who have identified that their income does not meet their food needs have reduced both the quantity and quality of food that their household consumes.

From these findings, we can draw some more general conclusions: firstly, that COVID-19 came to exacerbate pre-existing poverty and inequalities, thereby aggravating structural problems; secondly, that the food and nutrition insecurity and hunger brought about by the pandemic have much to do with food price fluctuations and market disruptions, which have made food inaccessible and unaffordable to many; thirdly, that wherever regular employment and social protection mechanisms were lacking, people were much more exposed to the risk of food and nutrition insecurity; and finally, that, **whenever** – also through our members' interventions on the field – **local food and nutrition systems have been supported, including by emergency aid, communities**

have been able to develop resilience to the shock and regain healthy and dignified livelihoods.

All this points at the need for policy responses that go beyond the emergency and **correct the systemic flaws in food systems that generate inequality and dependency.** Transformation towards diversified, localised food systems respectful of human rights and equality, able to cope with shocks like conflicts, climate change, economic downturns and new pandemics, is urgently needed.

Against this background, our recommendations are to **promote resilient, sustainable, inclusive and equitable food systems that put poor and vulnerable people at the centre. We call on Governments and their development partners to:**

> **Urgently address the significant gaps in humanitarian funding, while in the long-term investing in more equitable, inclusive, resilient food systems in the countries bearing the brunt of hunger,** including through financial assistance and debt relief.

> Scale up support to **community-led approaches** which promote **locally and regionally anchored food systems** and prioritize the needs of vulnerable producers and consumers.

> Invest in initiatives that **incentivise small-scale food**

producers, farmers, pastoralists and their organizations to become economically and ecologically sustainable producers and empowered societal actors, thus contributing to a reduction of rural poverty.

> Promote **local food networks and markets** to guarantee local production and consumption while making consumers less vulnerable to fluctuation in food prices and value chain disruptions.



© AeA

Financial impacts - on incomes

Overview

Income Salvador, implementing low-cost actions to preserve water and soil resources to generate agricultural production to improve livelihoods.

In terms of changes in the household financial situation since the start of the pandemic, **63,8 % of respondents reported a worsening of their financial situation**, with 36.7% reporting a slight worsening and 21.1 % reporting that it had gotten a lot worse. It seems that the worsening financial situation is not related to the initial impacts of COVID-19, as **62% of respondents said their financial situation had worsened in the past six months**. This varies based on the household's primary source of income, with a greater proportion of those depending on external support (43.1%) and casual work (35.7%) stating that their financial situation had got a lot worse,

while those dependent on petty trade reported that it had got a little worse (44.7%). Those who rely on agriculture (15.4%), family remittances (15.4%) and petty trade (16.0%) were more likely to say their household financial situation had improved. **Over the course of the pandemic there has been a slight shift in terms of the primary source of income, away from agriculture and formal employment to petty trade and casual work**. While 57.1% of those interviewed said that their income was not sufficient to meet their food needs (see section above), 46.5% said it met none of their needs, a problem particularly striking for those living in peri-urban areas. While

remittances were reported as a primary source of income by only a small proportion of those interviewed, they made some contribution to household income for almost one in eight respondents to the survey. However, for 14.9% of respondents remittances had stopped completely and for 46.2% their amount had decreased since the start of the pandemic. Nevertheless, **respondents were generally optimistic about the prospects for their household income over the next six months**, with approximately one quarter of the households (28%) expecting an improvement in their financial situation.

Introduction

Estimates from the World Bank¹³ suggest that the combined impact of the pandemic, the increase in global inflation and the effects of the war in Ukraine will lead to an additional 75 to 95 million people living in extreme poverty in 2022, compared to pre-pandemic projections. Using GDP growth data and other key macroeconomic variables IFPRI¹⁴ estimated that the number of people in poverty in 2020 was 62 million higher than would have been the case without COVID-19, less than the almost 150 million made in initial estimates. Much of this better-than-expected outcome can be attributed to the performance of the agriculture sector in sub-Saharan Africa and South Asia. However, performance in this sector has started to slow down, meaning the number of vulnerable people expected to fall into extreme poverty will continue to rise, leaving 95 million more people in extreme poverty in 2030 compared to the no-pandemic scenario.

Challenges associated with soaring inflation also have the potential to increase the numbers in extreme poverty with an additional 1 percent increase in food prices,

potentially adding an additional 10 million people to the number living in extreme poverty.

The World Bank¹⁵ has highlighted that stagflation (high inflation and slow growth) could persist for several years. Furthermore, this hides considerable variation in impacts on different social groups. The pandemic disproportionately affected groups such as women, low-skilled workers, and informal workers. The impacts of COVID-19 on income loss differed significantly between sectors and between rural and urban areas. There were more severe employment and income effects for non-agricultural sectors and urban households. However, as rural households are typically poorer than urban households, income loss posed a significant risk for the food security of these households as well¹⁶.

¹³ - <https://blogs.worldbank.org/opendata/pandemic-prices-and-poverty>

¹⁴ - From Impacts of COVID-19 on global poverty and food security: What more do we know now? David Laborde, Will Martin, and Rob Vos in COVID-19 and Global Food Security, IFPRI <https://www.ifpri.org/publication/COVID-19-and-global-food-security>

¹⁵ - World Bank. 2022. Global Economic Prospects, June 2022. Washington, DC: World Bank. doi: 10.1596/978-1-4648-1843-1. License: Creative Commons Attribution CC BY 3.0 IGO.

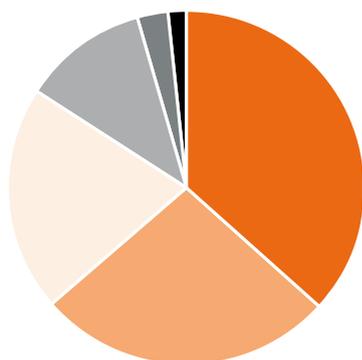
¹⁶ - From: John McDermott, Deborah Lee, Brian McNamara, and Johan Swinnen (2022) "Beyond initial impacts: The evolving COVID-19 context and food system resilience" in COVID-19 and Global Food Security, IFPRI <https://www.ifpri.org/publication/COVID-19-and-global-food-security>

How the Financial Situation of the Household Changed

Respondents were asked to identify how many income earners there were in the household, both before COVID-19 and at the time of the survey. Pre pandemic, the majority of households (77.4%) relied on 1 or 2 income earners (41.2% and 36.2% respectively), with 6.2% of households reporting they had no income-earning members in

the household. **The comparable figures for the current situation were 78.7% with 1 or 2 income earners, but 7.5% with none, suggesting a small increase in the proportion of households where nobody is bringing in an income** (similarly the mean number of income earners per household was 1.8 before, against the current 1.7).

> How has the financial situation of the HH changed since the start of C19



- 36.7% A LITTLE WORSE
- 27.1% A LOT WORSE
- 20.4% NO CHANGE
- 11.5% A LITTLE BETTER
- 2.7% A LOT BETTER
- 1.5% DON'T KNOW

Respondents were also asked to describe the change in the financial situation of their household since the start of the pandemic – 36.7% said that it had gotten a little worse, with 27.1% saying it had got a lot worse, while slightly more than one in eight felt that their situation had improved (14.2%). (In late 2020, 34.6% of respondents said the financial situation of their household had declined slightly, with 38.8% saying they had experienced a significant negative change.)

The country where the greatest proportion of respondents said that their household's financial situation had gotten worse since the start of the pandemic was Bolivia (86.6%), though over three quarters of respondents in CAR (76.1%), Peru (76.6%), Syria (82.3%) and Zambia (77.5%) all gave this response. The lowest proportion of respondents identifying the situation had worsened was in Honduras, and Chad – though this may reflect their precarious pre-COVID financial position.

	A little worse	A lot worse	TOTAL
Bolivia	43.9%	42.7%	86.6%
Burkina Faso	55.1%	14.2%	69.3%
Burundi	44.1%	28.7%	72.8%
CAR	37.2%	38.9%	76.1%
Chad	20.1%	13.9%	34.0%
DRC	32.2%	27.8%	60.1%
El Salvador	50.3%	24.4%	74.7%
Georgia	18.8%	49.0%	67.8%
Honduras	25.8%	4.5%	30.3%
Liberia	31.6%	23.8%	55.3%
Mali	43.1%	25.7%	68.8%
Nepal	35.7%	22.7%	58.4%
Niger	31.7%	11.6%	43.3%
Peru	25.3%	51.3%	76.6%
Sierra Leone	25.2%	17.9%	43.1%
Syria	48.4%	33.9%	82.3%
Uganda	44.2%	26.8%	71.0%
Zambia	59.5%	18.0%	77.5%
Total	36.7%	27.1%	63.8%

Table 8: Where respondents say the financial situation of the household has worsened since the start of the pandemic (by country)

For those respondents who answered that their financial situation had gotten a little or lot worse since the start of the pandemic, they were also asked whether there had been any improvement in the financial situation of their household in the previous six months.

Those who had previously said things had got a little worse, were more likely to say that the financial situation had got better or at least remained the same (13.7% and 26.6% respectively) than those who said it had previously got a lot worse (12.1% and 19.2%). This suggests that

households who were not as badly affected by the initial shock have a better ability to recover; however, this should not distract from the fact that most in both groups felt that the situation had continued to get worse.

> Change in financial situation in past six months of households who previously identified their financial situation was a little or a lot worse now when compared to the start of COVID-19



When we disaggregate this by country, we see that most people reported that their financial situation had gotten worse over the past six months

– this was particularly high amongst respondents in Niger (87.1%) and Sierra Leone (at 79.0%). Exceptions to this are responses from Bolivia and

Nepal where some recovery seems to have happened and their financial situation had gotten better in the past six months (48.0% and 43.5%).

	Yes, financial situation has gotten better	No, financial situation has stayed the same	No, financial situation has gotten worse
Bolivia	48.0%	41.4%	10.5%
Burkina Faso	5.7%	18.5%	73.3%
Burundi	17.6%	17.8%	63.8%
CAR	3.9%	17.0%	78.6%
Chad	8.6%	29.5%	53.3%
DRC	9.9%	13.0%	76.1%
El Salvador	2.6%	21.2%	74.0%
Georgia	1.5%	21.9%	74.9%
Honduras	6.3%	41.7%	51.2%
Liberia	8.0%	24.9%	66.7%
Mali	18.8%	22.8%	58.0%
Nepal	43.5%	24.5%	31.2%
Niger	2.5%	6.9%	87.1%
Peru	12.1%	28.4%	58.4%
Sierra Leone	9.2%	11.3%	79.0%
Syria	13.3%	34.1%	52.2%
Uganda	6.7%	42.8%	48.5%
Zambia	9.9%	21.8%	67.9%
Total	13.0%	23.5%	62.2%

Table 9: If the financial situation has worsened since the start of the pandemic, has there been any change in the past six month (by country)

We also asked whether the total income of the household met (a) the food needs of the household, and (b) the other basic needs of the household,

such as housing, transportation, health and education. Overall, 57.1% of respondents said that their income was not sufficient to meet their food needs; 44.8%

said it was meeting some of their other basic needs, and 46.5% said it was not meeting their basic needs.

> Total income of the household...

	does not meet the food needs of the household	meets some, but not all, (non-food) basic needs	does not meet basic needs
Bolivia	15.1%	46.7%	17.4%
Burkina Faso	76.6%	28.1%	70.7%
Burundi	45.0%	56.4%	33.8%
CAR	84.4%	25.6%	73.8%
Chad	64.1%	39.2%	57.9%
DRC	69.3%	50.4%	39.7%
El Salvador	64.7%	49.4%	44.4%
Georgia	39.0%	42.0%	54.0%
Honduras	32.9%	58.0%	28.4%
Liberia	74.0%	53.1%	45.3%
Mali	69.6%	42.1%	52.4%
Nepal	16.3%	45.1%	17.5%
Niger	84.4%	26.8%	70.7%
Peru	41.4%	42.1%	45.8%
Sierra Leone	23.9%	72.1%	23.5%
Syria	81.0%	53.5%	44.5%
Uganda	90.3%	29.9%	68.2%
Zambia	73.3%	28.8%	65.6%
Total	57.1%	44.8%	46.5%

Table 10: Does household total income meet your needs (by country)

These overall figures hide a huge variation between countries – for instance in Bolivia and Nepal the figures for not meeting food needs (at 15.1% and 16.3% respectively) are considerably lower than the figures recorded in Niger (84.4%), CAR (84.4%), Syria (81.0%) or Uganda (90.3%).

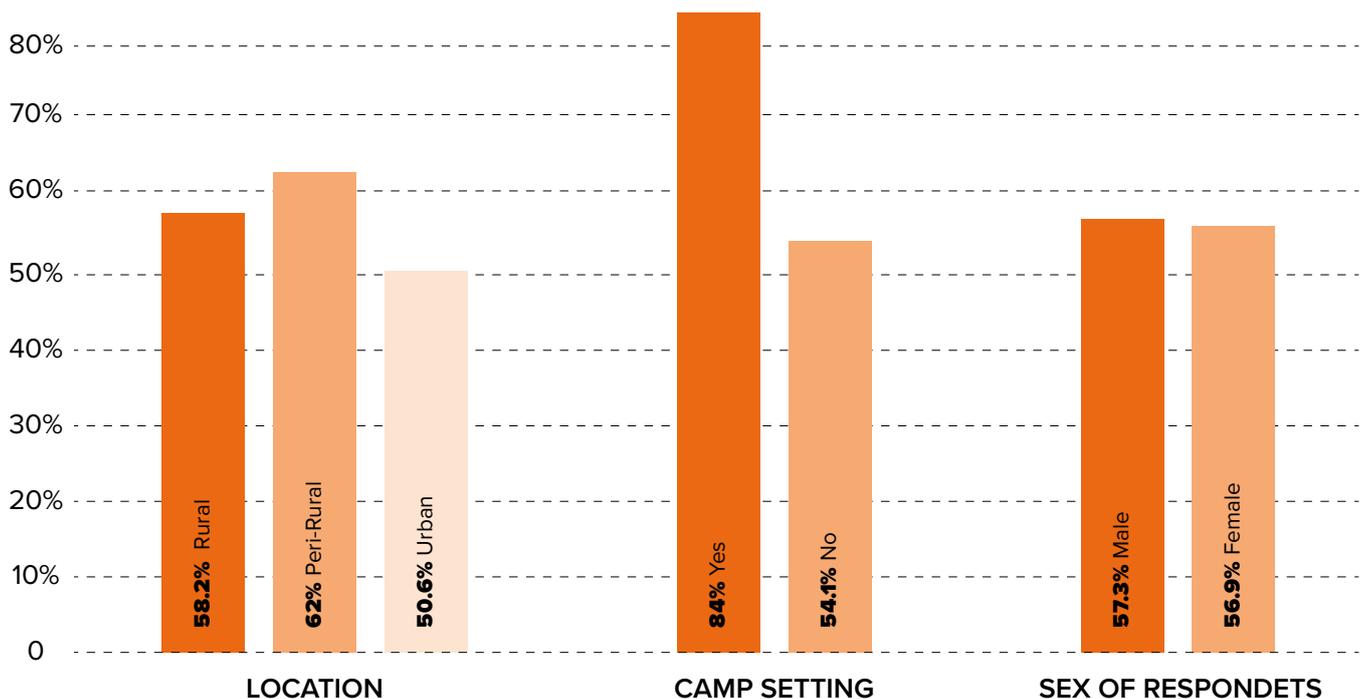
Respondents in peri-urban areas (62.0%) were more likely to give this response than those in urban or rural areas, respondents in camp settings (84.0%) were more likely to give this response than those

outside, while we observe very little difference in the response to this question when we considered the sex of the respondent.

Bolivia and Nepal also have the lowest proportion of respondents saying their total household income does not meet their basic needs (at 17.4% and 17.5% respectively), while over 70% say this is the case in Burkina Faso, CAR and Niger. We see that there is little difference in responses of men and women to this question (46% and 47% respectively gave

this answer). However, when this is disaggregated further by urban and rural areas, we see that **while 37% of male respondents in urban areas said that their household income does not meet basic needs, this is as high as 49% for female respondents in rural areas.**

> Does the total income of your HH meet the food needs of your HH



What are Household's Primary Income Sources

Respondents were also asked to identify the primary source of income before COVID-19, whether this had changed since the start of the pandemic and their current primary source of income. On the first of these questions, **before the COVID-19 pandemic the most common primary source of income for our respondents was agriculture (49.9%),** followed by petty trade (15.3%) and casual work (15.1%), with just over one-eighth of our sample engaged in formal employment. We also asked what the household's **current** primary source of income was. Again, **agriculture was the most frequently given response (48.1%),** followed by casual

work (16.3%) and petty trade (16.0%). While the proportion of people who report casual work and petty trade had increased, the proportion dependent on formal employment declined. **Both before and after, between 3 and 4 percent reported that they relied on external support,**

with between 1 and 2 per cent relying on remittances.

A greater proportion of women reported their households relied on petty trade and remittances, while a greater proportion of men reported their households relied on agriculture and formal labour.

	Primary Income Source, before COVID-19	Primary Income Source, now
Agriculture	49.9	48.1
Petty Trade	15.3	16.0
Casual Work	15.1	16.3
Formal Employment	12.6	11.3
External Support	3.1	3.6
Family Remittances	1.4	1.6
Other	2.4	2.8

Table 11: Primary Income Source of Household, before COVID and Now

This hides quite a bit of change within the groups, with 43.1% of respondents saying that their primary source of income had changed since the start of the COVID-19 pandemic. Those who previously depended on petty trade and casual labour were most likely to say that their primary source of income had changed (54.7% and 47.4% respectively). However, as the following table shows, of those who relied on casual labour as their primary source of income before the pandemic, 83.8% still relied on this now, while a similar figure was recorded for those previously and currently engaged in petty trade (82.9%).



El Salvador, Access and withdrawal of transfers of \$100 for 3 months to 2700 families, 1500 from the municipality of Ahuachapán and 1200 from Tacuba to improve livelihoods and access to food in case of emergencies

> Primary Income Source

This suggests that households may have changed the types of goods they traded or the type of casual labour they were engaged in, rather than take up another means of generating an income. Within the group who were primarily engaged in agriculture before the pandemic, 91.1% still engaged in this as their main source of income; a similarly high number (90.6%) was recorded for those who were primarily dependent on external support previously.

	Agriculture	Casual Work	External Support	Family Remittances	Formal Employment	Petty Trade
Agriculture	91.1%	2.8%	0.5%	0.3%	0.7%	3.7%
Casual Work	4.8%	83.8%	1.4%	0.6%	3.0%	5.0%
External Support	3.1%	3.1%	90.6%	0.4%	1.6%	0.8%
Family Remittances	6.8%	3.4%	0.0%	80.3%	4.3%	4.3%
Formal Employment	4.8%	7.6%	1.4%	0.8%	80.3%	3.8%
Petty Trade	6.6%	5.9%	0.6%	0.7%	1.2%	82.9%

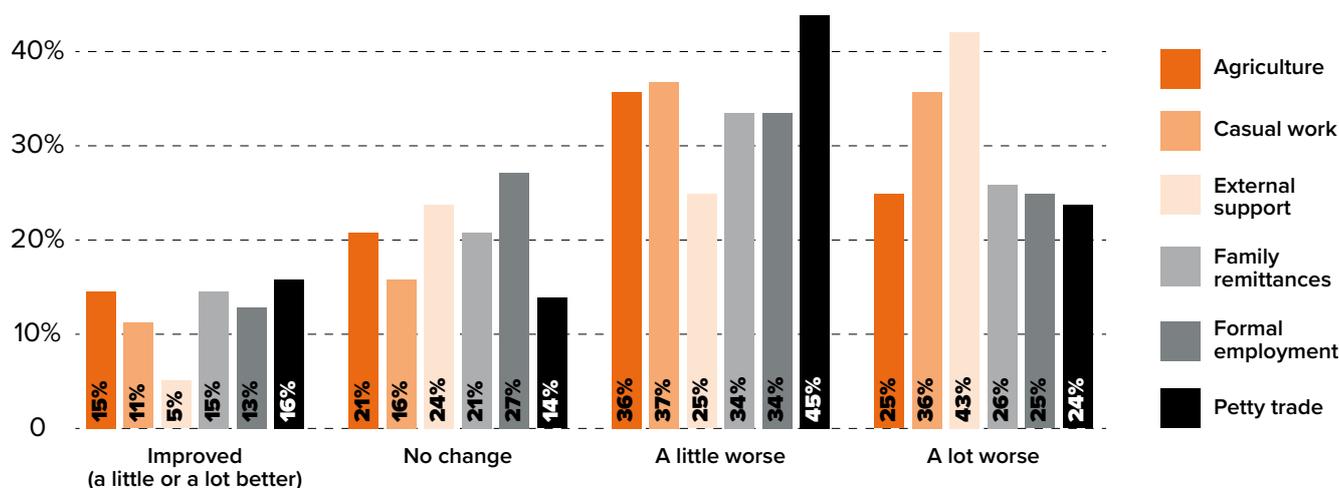
Table 12: How have respondents changed their primary source of income

We also enquired on whether those with different primary income sources at the start of the pandemic described different experiences in terms of their overall household financial situation. A greater proportion

of those dependent on external support (43.1%) and casual work (35.7%) felt that their financial situation had got a lot worse, while those dependent on petty trade predominantly felt it had got a little worse (44.7%).

Those dependent on agriculture (15.4%), Family Remittance (15.4%) and petty trade (16.0%) were also more likely to say their household financial situation had improved.

> How has the financial situation in the HH changed since the start of the pandemic, by primary income source before C19



Ability to earn an income

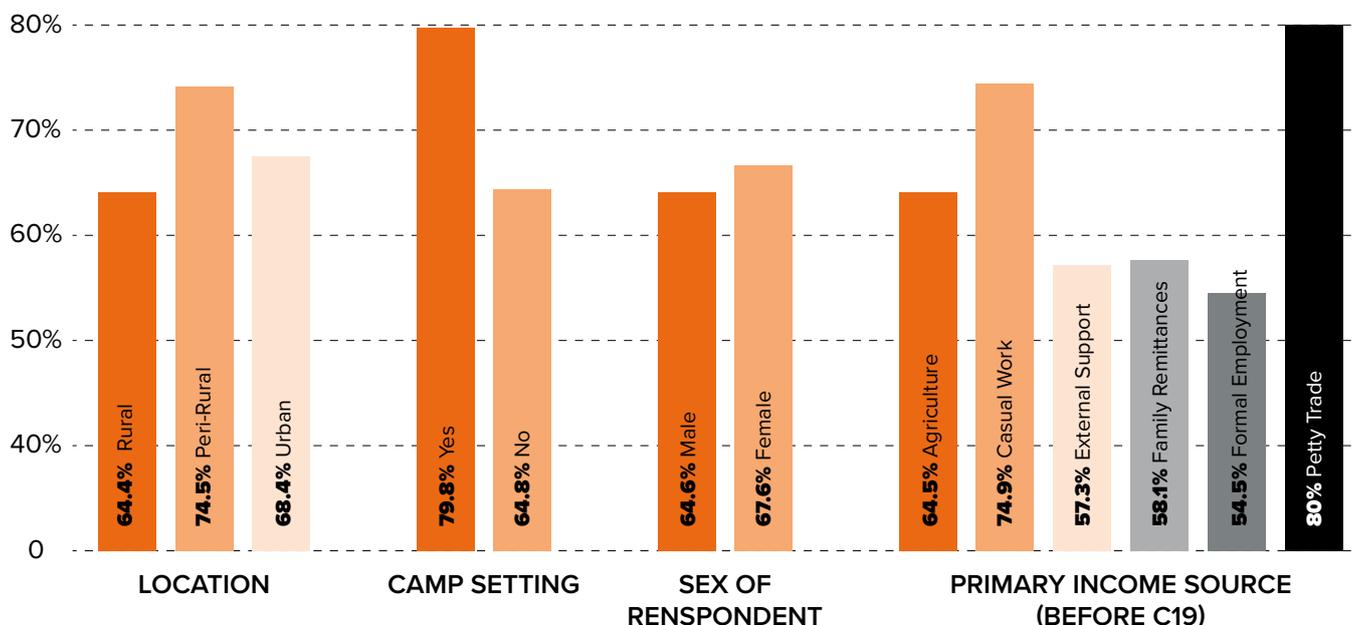
Almost two thirds (66.3%) of all respondents said that the COVID-19 situation (and related restrictions) had created difficulties, or challenges for how their household currently earns

an income. This can be seen across all occupations, settlement types, gender and age groups, though it has particularly affected those living in peri-urban or camp setting, and those dependent

on casual work or petty trade.

Based on their current primary income source, a series of questions were asked about the main challenges that respondents faced.

> % of respondents saying C19 created difficulties for how their HH currently earns an income



AGRICULTURE

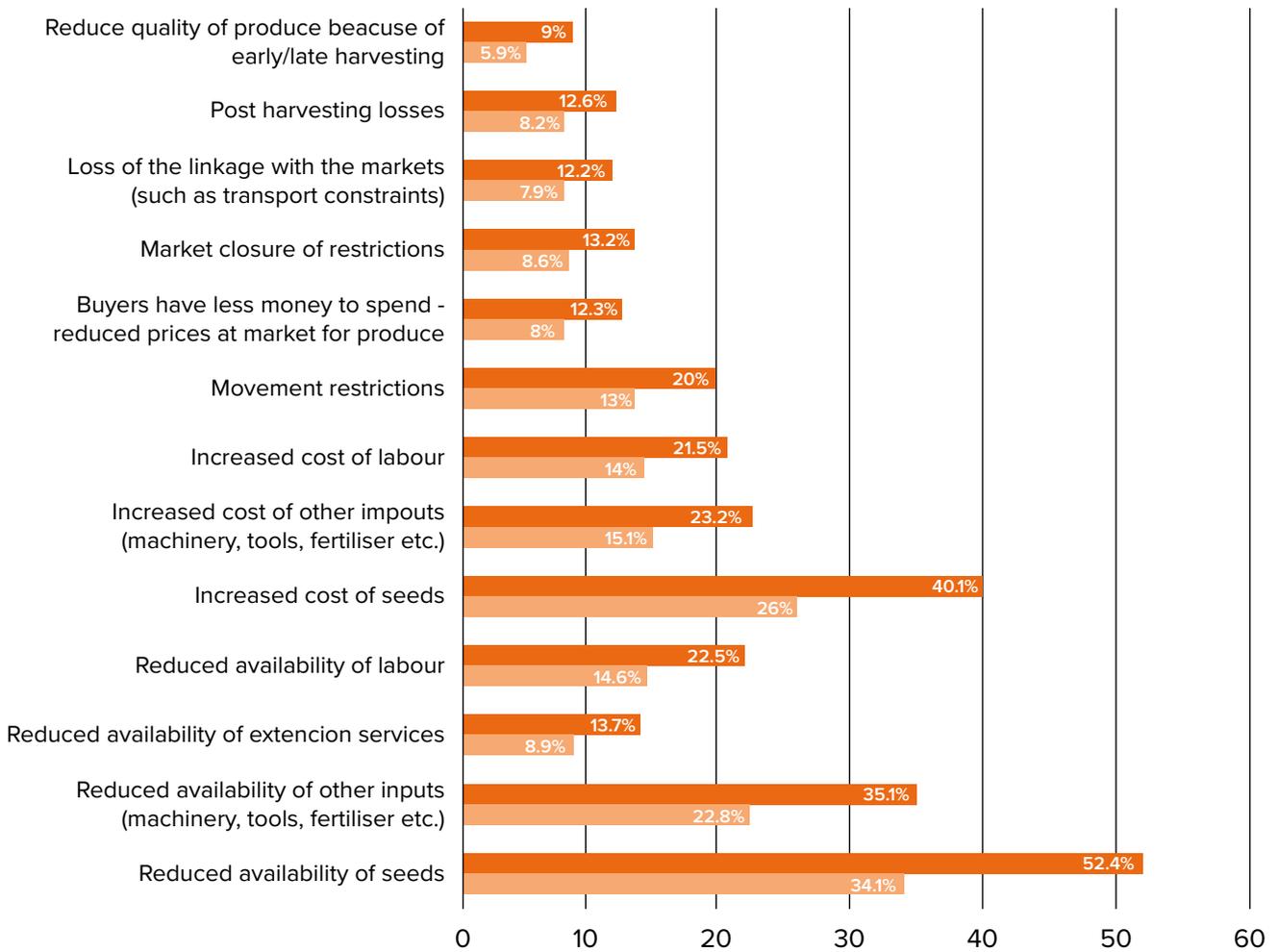
Just under half of those included in our survey (48.1%) identified agriculture as their household's primary source of income. **Almost two-thirds of farmers reported that the financial situation of their household got worse** (36.6% a little worse and 25.2% a lot worse) since the start of the pandemic, with 21.1% saying it had not changed, 12.4% saying it had got a little

better and 2.6% saying a lot better. Within this group 65.0% identified that COVID-19 had created difficulties for how the household was earning an income.

The biggest issue identified were the reduced availability of seeds (identified by 52.4% who said COVID-19 had created a challenge) **and other agricultural inputs**

(35.1%) and that the **prices** of both seeds (40.1%) and other inputs (23.2%) had increased. Interestingly, 22.5% identified the reduced availability of labour as a challenge and 21.5% identified the increased cost of **labour**. This is quite different from the responses given in 2020 when the main challenge faced in agriculture was the **loss of market** for outputs and delays in planting.

> Challenges caused by COVID-19 for those whose primary income is agriculture



■ % of all who have agriculture as a primary source of income and who identified Covid-19 had created challenges for how the HH currently earns an income
■ % of all who have agriculture as a primary source of income

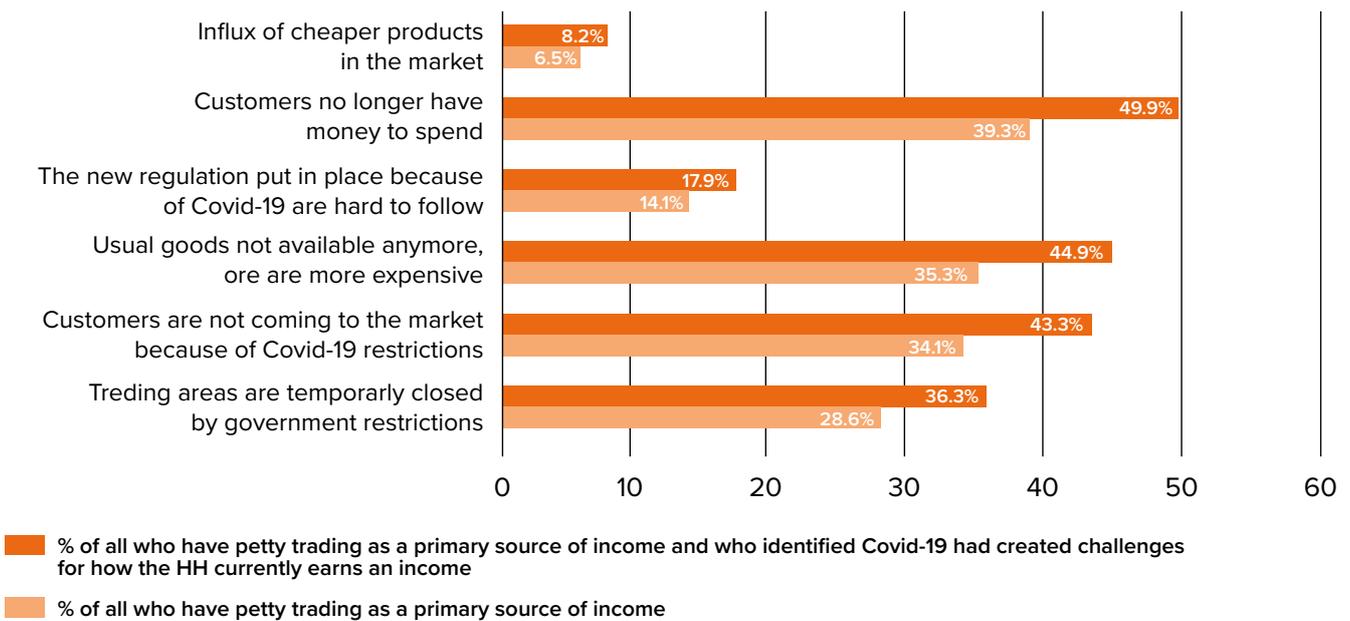
PETTY TRADE

In the survey 16.0% identified that petty trading was their household’s primary source of income. Over two-thirds of petty traders reported that the financial situation of their household got worse (42.7% saying it had got a little worse and 24.7% a lot worse) since the start of the pandemic, with 14.8% saying it had not changed, 13.1% saying it had got a little better and 3.8%

saying a lot better. Of those involved in petty trade **78.7% identified that COVID-19 had created difficulties for how the household currently earns an income**, with almost half saying this related to customers no longer having money to spend (49.9%). Other challenges include that the usual goods were not available anymore or had become expensive (44.9%)

or that the customers are not visiting the markets due to the COVID-19 restrictions (43.3%). These challenges are similar to those identified in 2020 when 53% of respondents said that customers were not coming to the markets and 48% said that customers had no money.

> Challenges caused by COVID-19 for those whose primary income is petty trading



CASUAL LABOUR

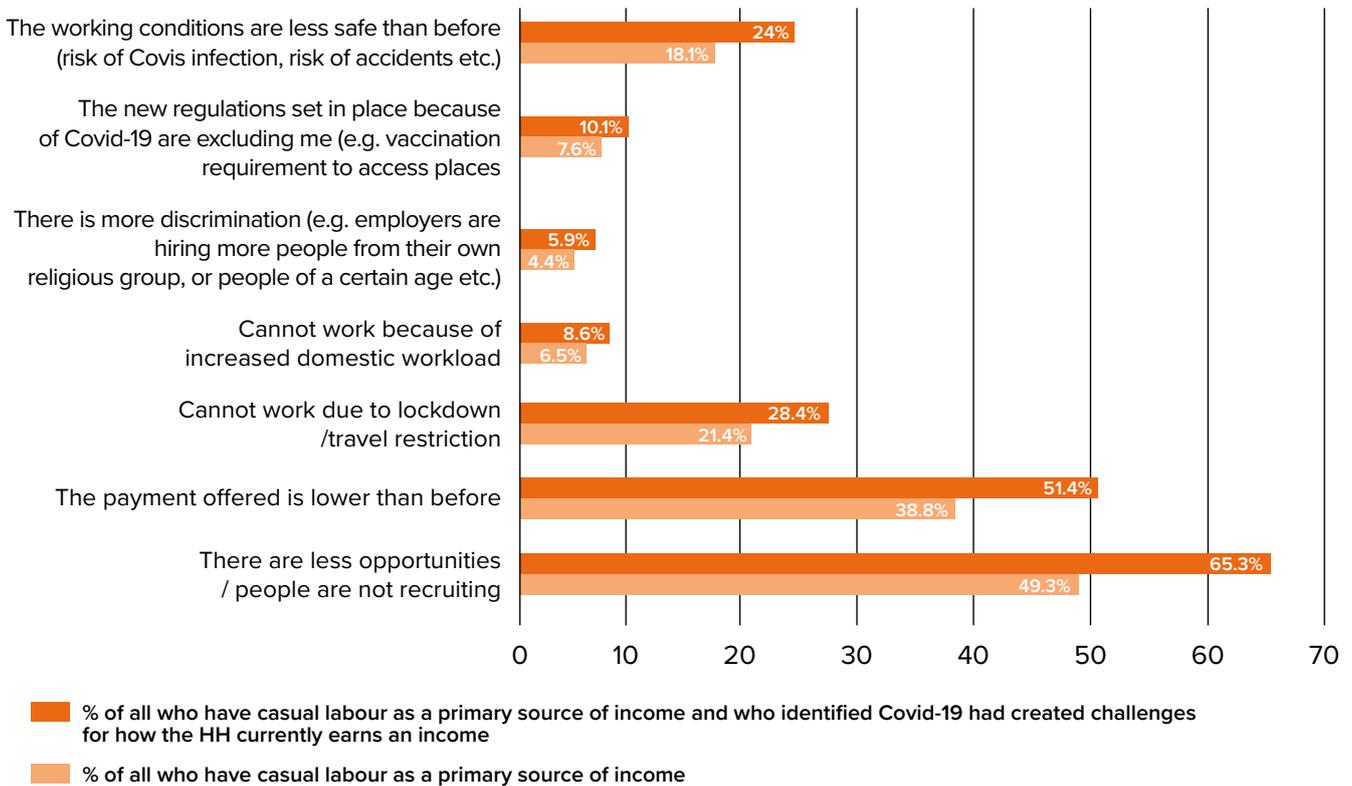
Casual Labour was the primary source of income for 16.3% of households included in our survey. Amongst this group, **a large majority reported that the financial situation of their household worsened** (36.7% a little worse and 35.1% a lot worse) **since the start of the pandemic**, with 15.1% saying it had not changed, 9.8% saying it had got a little

better and 2.0% saying a lot better. Additionally, 75.6% identified that COVID-19 had created difficulties for how the household earned an income.

The biggest challenges for families reliant on casual work was the **halt in recruitment** (65.3%) and a subsequent inability to find employment. Over half of the casual workers

who identified challenges said this related to **lower payments** (52%) and 28.4% could not work due to the **travel restrictions or lockdowns**.

> Challenges with casual labour



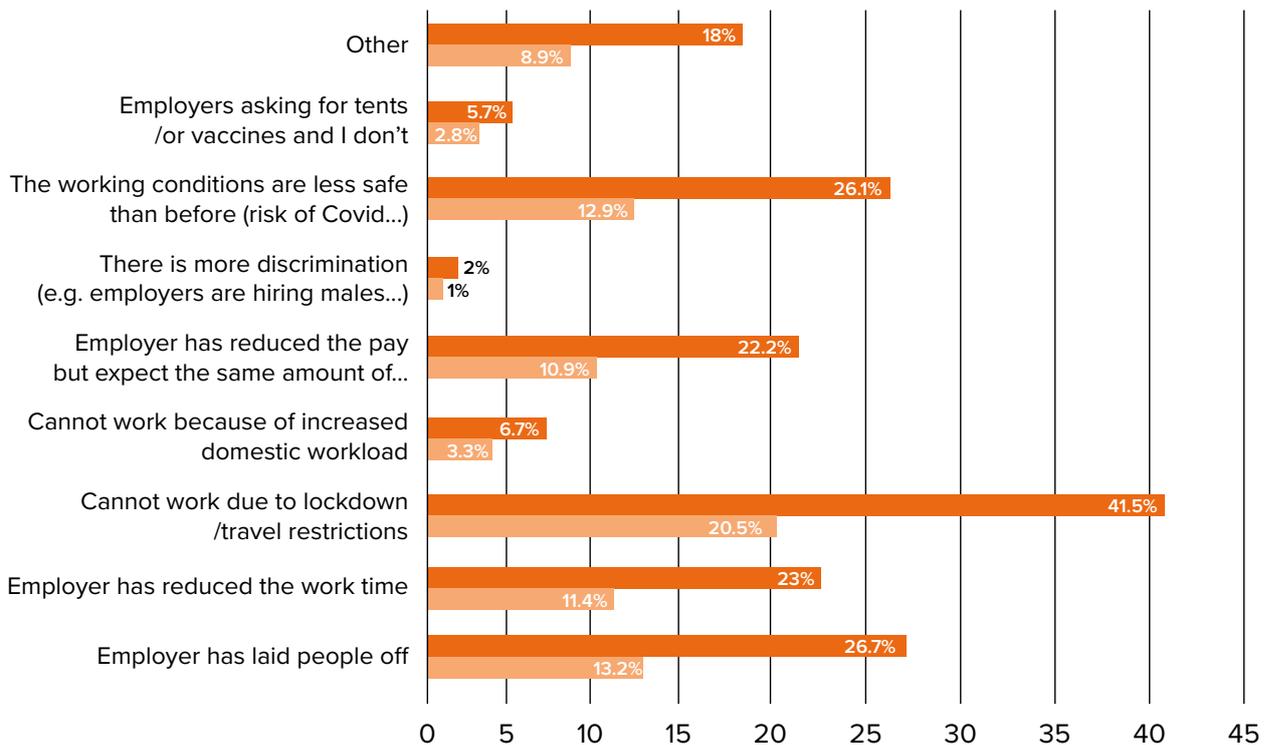
FORMAL LABOUR

Slightly more than one-in-ten included in our survey (11.3%) identified that they were formally employed and that this was their household’s current primary source of income. Over half of these survey participants reported that the financial situation of their household got worse (34.0% a little worse and 22.6% a lot worse) since the start of the pandemic, with 29.9%

saying it had not changed, 9.3% saying it had got a little better and 3.2% saying a lot better. Within this group 49.4% identified that COVID-19 had created difficulties for how the household earned an income, **with the biggest challenge identified was that they were no longer able to work due to lockdown restrictions** (given by 41.5% who identified that challenges had been created

by the pandemic). This was followed by the fact that their employer had **laid people off** (identified by 26.7%) and that the **working conditions were less safe than before** (identified by 26.1%).

> Challenges with formal labour



■ % of all who have formal employment as a primary source of income and who identified Covid-19 had created challenges for how the HH currently earns an income

■ % of all who have formal employment as a primary source of income

Remittances

There is a slight increase in the number of people who reported that they were dependent on family remittances as their primary source of income before the pandemic and now, from 1.4% to 1.5%. However, an additional 10.8% of all respondents said they had been receiving regular

transfers from family living in other parts of the country or abroad, even if it was not their main source of income. Amongst all who reported they received remittances regularly (14.9%) said they had stopped receiving them completely, 46.2% said that the amount has decreased, 23.3% reported no change while 14.5% said their

remittances had increased. Those in camp setting had the largest proportion who said the remittances had increased. This compares positively to the 2020 survey figures where 28% of respondents said that remittances had stopped completely and a further 53% said they had decreased.

	Increased a lot	Increased a little	No change	Decreased a little	Decreased a lot	Stopped altogether
Rural	6.2%	7.8%	21.9%	30.7%	17.0%	15.5%
Peri Urban	3.6%	14.3%	22.3%	26.8%	17.9%	14.3%
Urban	3.8%	10.4%	27.5%	27.9%	15.0%	13.3%
Living in a Camp Setting	14.0%	15.8%	14.0%	29.8%	10.5%	14.0%
Male	4.1%	10.3%	24.6%	27.3%	14.6%	17.1%
Female	6.3%	8.3%	22.3%	31.3%	18.1%	13.2%
Total	5.4%	9.1%	23.3%	29.6%	16.6%	14.9%

At the country level, as many as 29.2% of respondents in El Salvador, 41.1% in Mali, 25.6% in Nepal and 29.8% in Honduras had received remittances at some stage

in the recent past, while on the other hand only 4.0% of respondents in Burundi reported receiving any form of remittances. In terms of how these have changed since

the start of the pandemic, in Bolivia (33.3%), CAR (28.6%) and Niger (36.7%) a significant proportion of respondents said they had stopped altogether.

% of Respondents saying Household received remittances previously		HOW HAVE REMITTANCE PAYMENTS CHANGED SINCE THE START OF THE PANDEMIC					
		Increased a lot	Increased a little	No change	Decreased a little	Decreased a lot	Stopped altogether
Bolivia	11.4%	0.0%	4.8%	38.1%	14.3%	9.5%	33.3%
Burkina Faso	10.6%	1.9%	3.8%	20.8%	43.4%	13.2%	17.0%
Burundi	4.0%	33.3%	3.0%	3.0%	9.1%	21.2%	27.3%
CAR	10.3%	0.0%	7.1%	7.1%	42.9%	14.3%	28.6%
Chad	11.5%	11.1%	25.0%	38.9%	13.9%	0.0%	11.1%
DRC	5.1%	14.3%	16.7%	19.0%	21.4%	14.3%	14.3%
El Salvador	29.2%	1.0%	0.0%	16.2%	33.3%	35.2%	14.3%
Georgia	8.0%	0.0%	0.0%	50.0%	16.7%	16.7%	14.6%
Honduras	29.8%	9.6%	11.2%	32.0%	27.2%	14.4%	4.8%
Liberia	7.1%	21.7%	17.4%	26.1%	21.7%	8.7%	4.3%
Mali	41.1%	0.6%	5.5%	9.1%	50.3%	21.8%	12.7%
Nepal	25.6%	2.9%	14.4%	34.6%	25.0%	7.7%	10.6%
Niger	6.9%	0.0%	20.0%	13.3%	20.0%	10.0%	36.7%
Peru	6.6%	5.0%	5.0%	47.5%	10.0%	7.5%	17.5%
Sierra Leone	13.1%	11.9%	18.6%	15.3%	20.3%	18.6%	15.3%
Syria	5.2%	0.0%	6.3%	56.3%	18.8%	12.5%	6.3%
Uganda	6.2%	0.0%	23.1%	15.4%	26.9%	7.7%	23.1%
Zambia	12.2%	2.0%	4.1%	2.0%	49.0%	24.5%	18.4%
Total	12.3%	5.3%	9.1%	23.3%	29.6%	16.6%	14.9%

Table 12: Households Receiving Remittances (%) and trends in remittances

Taking a shorter time frame, respondents were also asked to assess how, compared to six months ago, the remittance payments have changed; 14.8% said they had stopped receiving them completely, 36.1% said the amount had decreased, 24.9% said that the payment stayed approximately

the same and 17.2% said that the remittances have increased. These findings are corroborated by the World Bank's analysis that globally, while remittances overall have yet to returned to pre-pandemic levels¹⁷, the impact of COVID-19 has varied. For instance, in Latin

America and the Caribbean, remittances saw a sudden decrease in 2020, recovering in the latter half of the year when employment improved slightly in the United States, while Spain's weakened economy also meant reduced remittances to South American countries.

¹⁷ - <https://www.worldbank.org/en/news/press-release/2021/05/12/defying-predictions-remittance-flows-remain-strong-during-COVID-19-crisis#:~:text=Remittances%20flows%20to%20Latin%20America,the%20third%20and%20fourth%20quarters>

Future outlooks

Respondents were also asked whether they think their total household income will change within the next six months. Over a third of respondents (36%) expect no change, almost a fifth (19%) expect that their income

will decrease and approximately one quarter (28%) expect an improvement in their financial situation, while the remainder were unsure. The countries where the respondents were least positive were Mali (38%),

Sierra Leone (35%) and El Salvador (29%). The most hopeful were respondents in Burundi (52%), Bolivia (45%) and interestingly, also Sierra Leone (44%).

% RESPONDENTS THINKING HOUSEHOLD INCOME WILL...			
	decrease a lot	decrease a little	TOTAL
Bolivia	0.6%	4.3%	4.8%
Burkina Faso	7.3%	15.6%	22.8%
Burundi	6.1%	17.0%	23.1%
CAR	10.5%	5.3%	15.8%
Chad	13.9%	12.3%	26.2%
DRC	3.4%	4.5%	7.9%
El Salvador	6.7%	22.5%	29.2%
Georgia	6.5%	6.8%	13.3%
Honduras	0.7%	2.4%	3.1%
Liberia	9.1%	10.0%	19.1%
Mali	11.2%	26.7%	37.9%
Nepal	2.7%	10.3%	13.1%
Niger	5.1%	15.6%	20.8%
Peru	12.5%	12.5%	25.0%
Sierra Leone	10.4%	24.6%	35.0%
Syria	8.1%	14.2%	22.3%
Uganda	7.4%	6.2%	13.5%
Zambia	1.3%	4.0%	5.3%
Total	6.5%	12.1%	18.6%

Table 13: Respondents Perceptions on Future Trends in Income

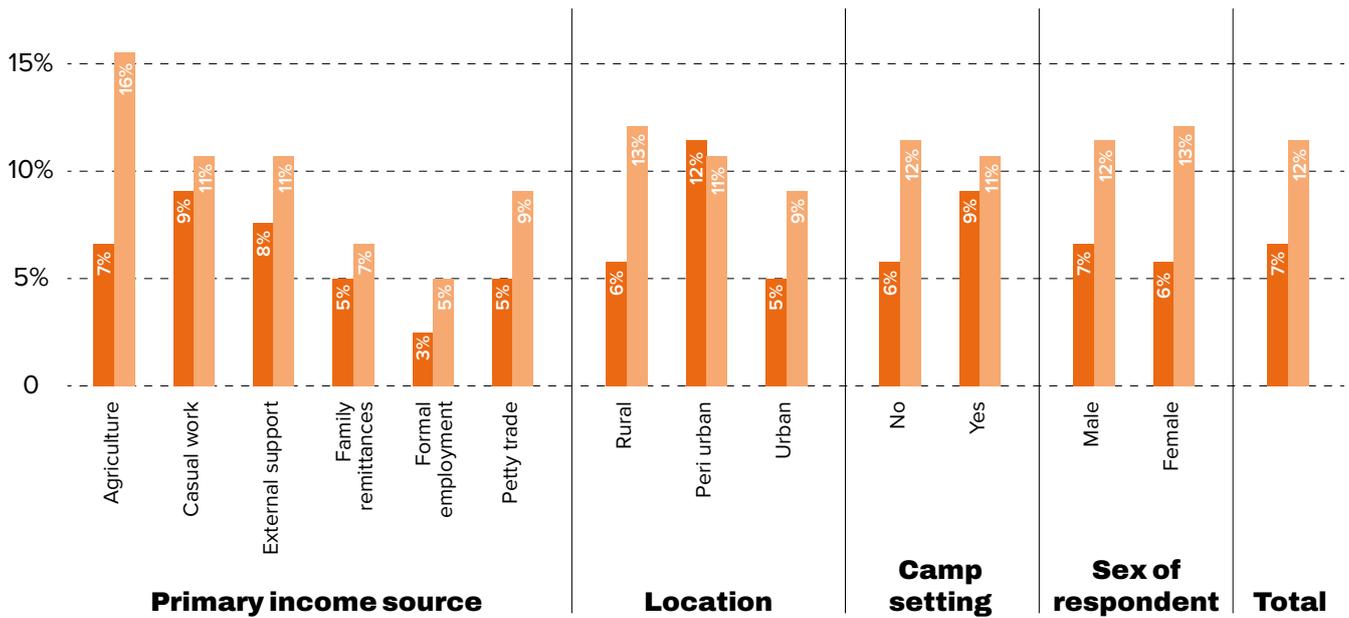
Income source wise the most pessimistic were the households reliant on agriculture (22.9%), casual labour (20.3%) and external support (19.1%). Most optimistic were petty traders

(41%), families reliant on remittances (32%) and again farmers (30%). Those living in peri-urban areas were more pessimistic than those in urban or rural areas, those in camp

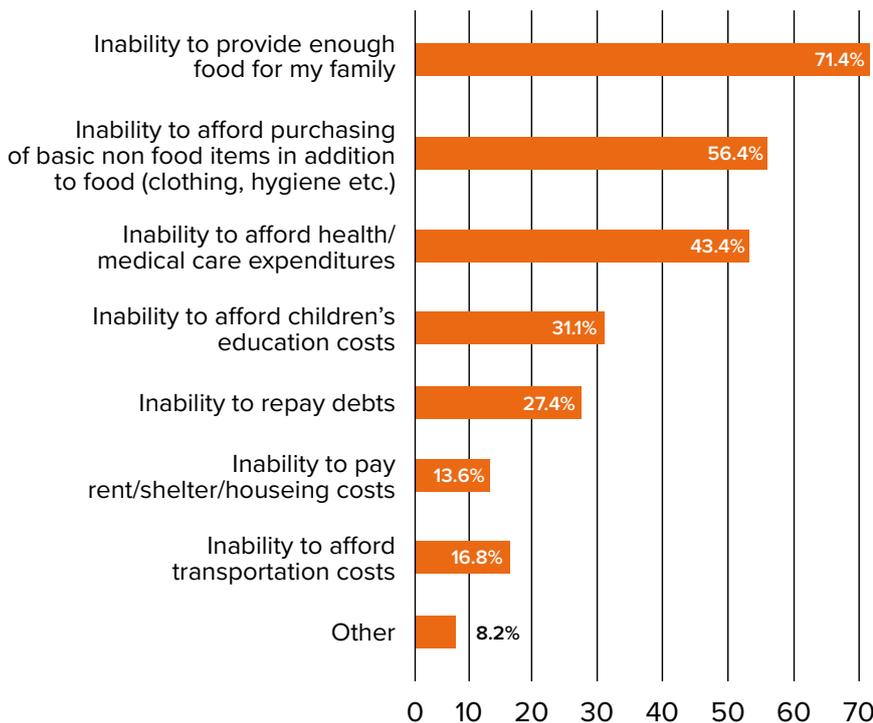
settings were generally more negative in their expectations than those outside, with little difference observed in responses in terms of the sex of the respondents

> Who expects their income to decrease in the next six months

Decrease a lot
Decrease a little



> Expected impact for respondents who feel their income will decrease in the next 6 months



The respondents that expected a decrease of the income were mostly worried about their inability to provide enough food for their family (71.4%), afford basic non-food items such as clothing, sanitation, hygiene (56.4%), health services or medical care expenditures (43.4%). Almost a third of respondent were concerned that they would not be able to afford education costs for their children (31.3%) or be able to repay debts (27.4%).

Our responses:

UGANDA

Cesvi interventions in Uganda address the existing food and income security gaps faced by refugee and hosting communities in and near the Palabek settlement, in the Lamwo district. Food ration cuts, the economic impact of the COVID-19 pandemic, limited access to land by refugees for cultivation, limited knowledge and use of Good Agronomic Practices, all these compounding factors coupled with increasing population have worsened the food and income security situation.

The prolonged lockdown period in Uganda through 2020, following the COVID-19 outbreak and resulting in the closure of markets, also increased the price of food

and other basic items. With the support of institutional donors, Cesvi intervenes to address the food and income security gaps by empowering target communities in sustainable agriculture, to increase production and productivity in their allocated residential small plots, where CESVI upscales its use of the Optimized Land Use Model approach, as well as for extra-household commercial production in larger hired agricultural plots.

Alliance2015 members Cesvi and Ayuda en Acción are partnering in the implementation of the **Youth Economic Empowerment Project (YEPP)**, aiming at supporting the youth residing

in the Palabek settlement to **reduce their dependence on humanitarian aid, become self-reliant and promote social inclusion.** The program focuses on **training activities on livestock management, business and artisanal skills** such as shoe and basket production. The project has also strengthened the capacity of a financial institution funded and managed by the same refugees to provide loans and support the start-up of an agricultural enterprise. The program had therefore a particular focus on **social inclusion**, aiming at improving the integration of people with disabilities in the host country and in the refugee settlement.



Uganda, bakery training to help provide more livelihood opportunities to mitigate the negative economic impact of the COVID-19 pandemic



El Salvador, 2700 families (1500 from the municipality of Ahuachapán and 1200 from Tacuba) have access to a transfer of \$100 for 3 months.

EL SALVADOR

The project aims to strengthen the government's humanitarian response to assist the most vulnerable 1500 families in the municipality of Ahuachapán and 1200 more in the municipality of Tacuba, whose food and nutritional security has deteriorated because of the protracted **COVID-19 pandemic that has spread since 2020 and of extreme weather events**

(tropical storms Amanda and Cristobal, hurricanes Eta and Iota) and the effects of climate change that are becoming more ravaging every year.

The project response targets the most food insecure families in the municipalities of intervention, focusing on emergency humanitarian assistance, an early recovery

phase that focuses on **strengthening livelihoods and building resilience**, and improving the Unified Registry of Participants, which is implemented by the central government, within the framework of the National Social Protection System.

Our recommendations:

The shift we have seen in people's primary source of income, away from agriculture and formal employment to casual labour and petty trade, suggests that a **large number of people are being forced into more precarious livelihoods**, with large proportions of those interviewed unable to earn enough to cover their basic needs. While a (surprisingly) high number of respondents are positive about their short-term financial outlook, many others identified challenges ahead. Therefore, we call for the **restoration of livelihoods, including through adequate income support, for the most vulnerable ones who have been so severely impacted by the pandemic. We call on Governments and their development partners to:**

- > Use the analysis and evidence about COVID-19 impacts on the most vulnerable people to review their policies and practices in a pro-poor perspective, so that they are deliberately oriented in favor of those left behind.
- > Promote access to - and scaling-up of - recovery packages and safety net programs for the most vulnerable to enable access to goods, services and the social support they need.
- > Work closely with civil society actors and community organizations to ensure that social protection programs are optimally implemented by promoting gender equity and social cohesion.



Coping Strategies

Overview

Zambia, Rapid Shock Responsive Safety Net (RSRSN) pilot project.

While facing the challenges presented by the COVID-19 pandemic and the policies put in place to mitigate it, 42% of those interviewed identified that their households had suffered an additional shock. **The most common way of dealing with the shock was to reduce spending, followed by borrowing cash or goods, with slightly more than one third**

of respondents saying they had received assistance from the Government or an NGO. When households reduced their expenditure, the main item they cut back on was food; when they borrowed, they mainly did so from friends or neighbours, community groups or extended family members. Those participating in the survey did not generally

feel there were government programmes they could have been included in, but for those who did face challenges and tried accessing such programmes, the biggest challenge was they learnt about them too late, followed by their inability to present the necessary documentation.

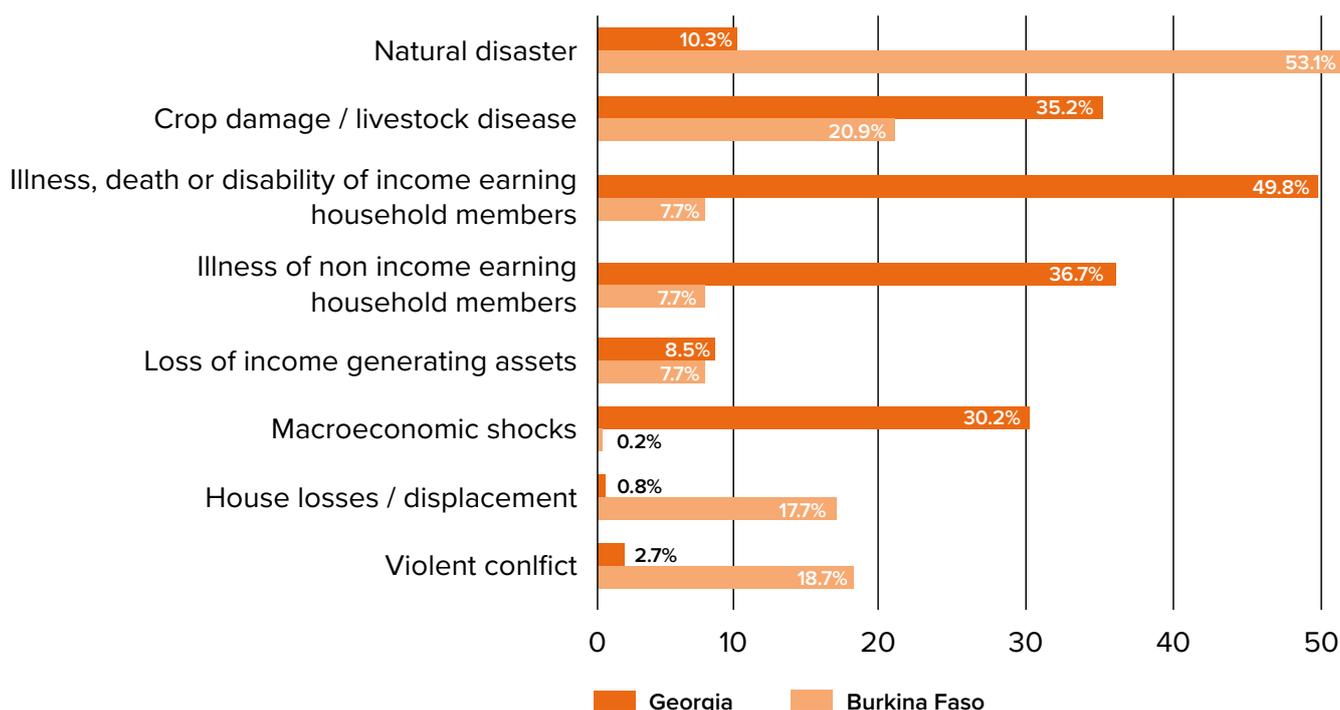
Introduction

The results from the 2020 survey suggested that COVID-19 was having a compounding effect on at-risk families; **in 2022, we sought to establish what these additional shocks were and the impacts they had.** Nearly 42% of all respondents indicated their household had experienced an **external shock in addition to COVID-19** during this period. Responses were grouped under a variety of headings including **natural disasters; damage to crops or livestock; macroeconomic shocks** such as inflation, recession, devaluation of the local currency; illness of the primary income earner; and violent **conflict or internal displacement.**

The most frequently reported shock was natural disasters

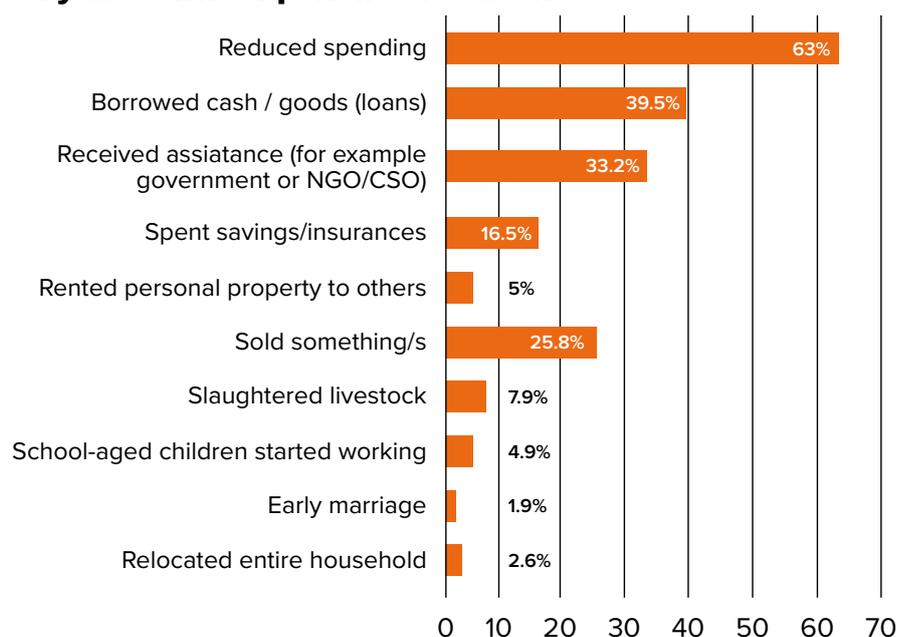
(41%) with loss of crops or livestock being the second one. In certain countries a larger number of respondents were deeply affected by secondary shocks: 90% of people surveyed in Syria, 88% in Zambia, 79% in Chad, and 77% in Uganda had experienced another shock in addition to COVID-19. Furthermore, the type of shock experienced differed considerably based on context. For instance, the following graph shows the differences in the types of shocks experienced by households in Georgia, where 50% of those surveyed indicated that the illness of the primary household earner was the most prevalent extreme event to impact household income, and Burkina Faso where 53% of all respondents were affected by natural disasters.

> % of household suffering selected (non Covid-19) shocks



> Coping strategy as identified by those who experienced a shock

Amongst those who identified that they had experienced shocks, they were further asked how they dealt with them – with the **most frequently given response being that they had reduced spending** (given by 56.2%), followed by reporting of **borrowing cash or goods**.



There are significant differences among countries in terms of how people dealt with the shocks – for example in Bolivia, Georgia, and Peru a substantial number of households reduced their overall expenditure (77%, 69%, and 85% respectively) while they were also able to use

savings or money from their insurance as a coping strategy (66%, 39%, 41% respectively). This in contrast to with other countries where the first or second most likely coping strategy was borrowing money and/or goods or receiving assistance from external sources.

There are also significant differences in terms of the proportion of respondents who say they had received assistance from government, NGOs or friends and family – this was as low as 5.3% in Chad and as high as 80.5% in Zambia.

COPING STRATEGIES

	Reduced Spending	Spent savings/ insurances	Borrowed Cash	Received assistance (from government, NGO/ CSO or friend/family/ neighbour)
Bolivia	76.7%	66.3%	37.6%	41.6%
Burkina Faso	58.3%	8.3%	33.3%	72.2%
Burundi	52.3%	1.5%	48.9%	19.3%
CAR	64.0%	8.1%	45.9%	15.7%
Chad	47.2%	18.3%	49.6%	5.3%
DRC	47.8%	4.8%	55.7%	31.1%
El Salvador	96.1%	6.3%	7.9%	26.0%
Georgia	68.9%	39.0%	28.4%	7.2%
Honduras	41.0%	35.9%	28.2%	12.8%
Liberia	93.3%	0.0%	20.0%	66.7%
Mali	60.6%	17.6%	38.3%	37.8%
Nepal	55.7%	32.9%	54.4%	20.3%

COPING STRATEGIES				
	Reduced Spending	Spent savings/ insurances	Borrowed Cash	Received assistance (from government, NGO/ CSO or friend/family/ neighbour)
Niger	0.0%	0.0%	33.3%	0.0%
Peru	85.0%	40.8%	31.6%	31.6%
Sierra Leone	100.0%	0.0%	100.0%	0.0%
Syria	77.1%	10.0%	11.1%	75.6%
Uganda	54.8%	4.3%	38.4%	22.0%
Zambia	73.2%	14.1%	42.9%	80.5%
Total	63.0%	16.5%	39.5%	33.2%

Table 14: Commonly adopted Coping Strategies, by country

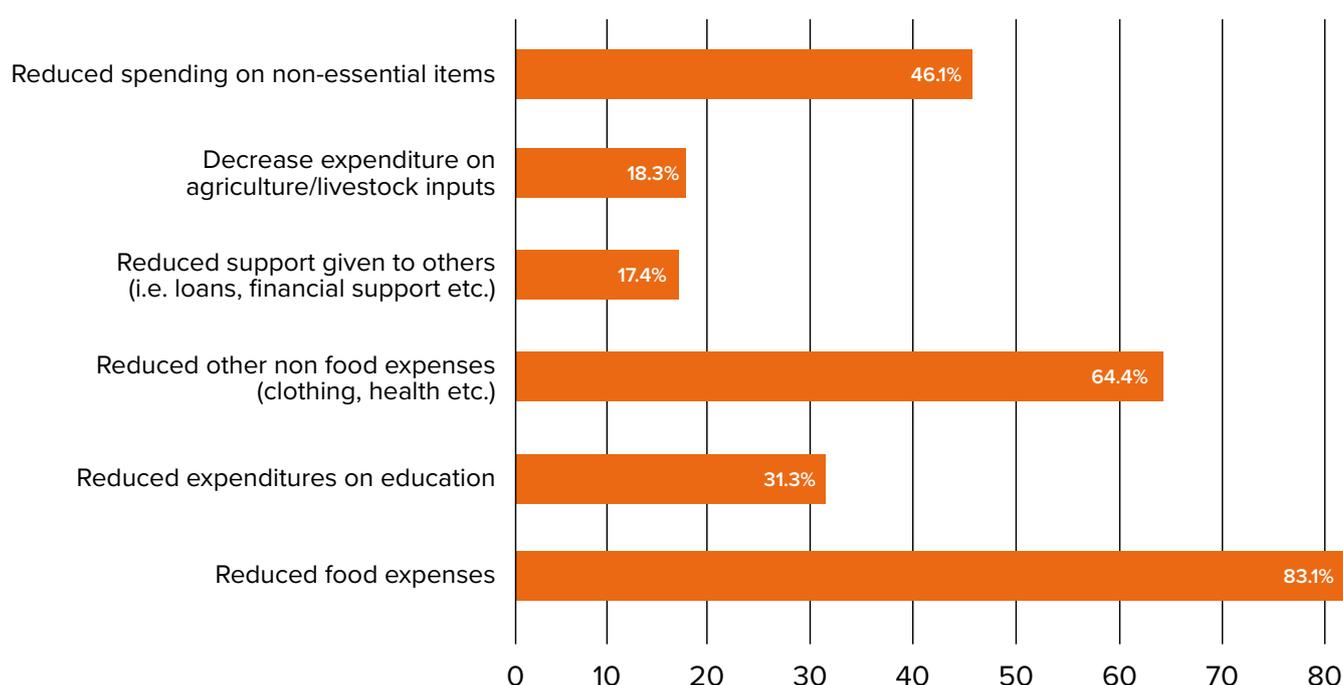
Reduced Expenditure

Amongst those households who reduced their expenditure, food was the first area where they cut their costs, in line with the earlier reports of reduction in quantity and quality of food consumed and the increased frequency of someone in the household going to bed

hungry. This is reflective of the disproportionately high percentage of expenditure those households living in extreme poverty have to allocate to food in normal times. Almost two third of households (64.4%) report reduction in other non-

food expenses, while 46.1% reduced spending on non-essential items. A third of the respondents (31.3%) reported reduction in expenditure on education while investments in agriculture and livestock inputs (18.3%) and support given to others (17.4%) also suffered.

> What expenditure was reduced (by those who identified reduced expenditure)



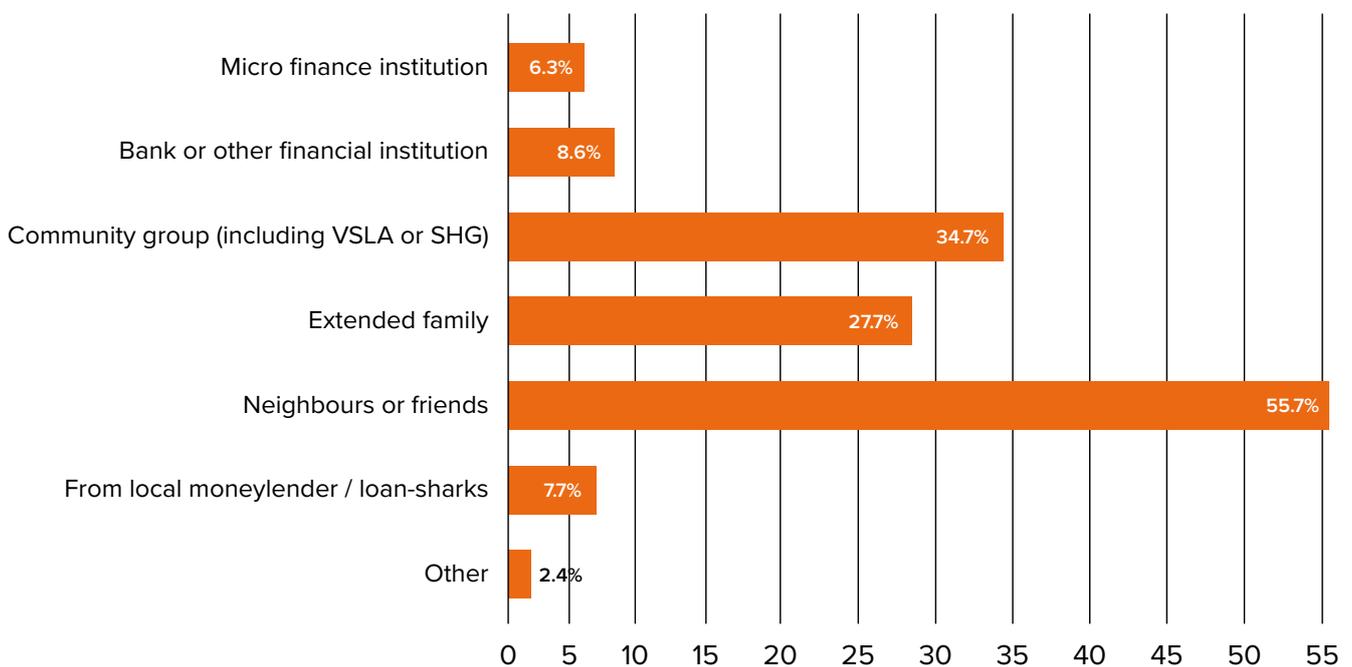
Borrowing

Among those who said they borrowed to help them cope (39.5% of those who had experienced a shock), the borrowings were most frequently in the form of cash,

identified by 93% of those who reported borrowing. This was primarily from friends and neighbours (56%), followed by community groups (34%) and extended family (28%). People

in rural areas were more likely (31%) to receive assistance from extended family than those living in urban (18%) or peri-urban areas (25%).

> Of respondents who said they had borrowed - where did they borrow from?



Respondents who had borrowed were also asked whether they had been able to repay what they had borrowed – 22.7% said they had repaid in full, 48.6%

said they had repaid partially and 27.9% said they had not repaid. We asked those who had repaid their loan partially or fully, if they borrowed again to

help with their repayment – this was the case for 31% of those who had repaid.

Assistance

All respondents were asked whether they had received **support from the government**, with **28.4%** saying they had done so. A slightly higher proportion of those who reported suffering a shock said they had received this assistance than respondents from households where no

shock was reported (30.5% against 23.2%). This **varied quite considerably across countries** – with almost 96% of respondents in El Salvador, and 73% in Bolivia receiving some form of support. On the other hand, no respondent in Syria, and only 3.6% in Chad and 4.1% in Burundi said this

was the case. **This potentially reflects government capacity to respond to the crisis and the role that ongoing instability may play in any response, as well as the importance of more traditional means of coping with a shock.**

> % of respondents saying they have received support from the government

Bolivia	72.9%
Burkina Faso	26.2%
Burundi	4.1%
Chad	3.6%
DRC	6.2%
El Salvador	95.8%
Georgia	24.2%
Honduras	16.5%
Liberia	38.1%
Mali	48.9%
Nepal	49.5%
Niger	24.6%
Peru	50.8%
Sierra Leone	39.4%
Syria	0.0%
Uganda	26.8%
Zambia	26.5%
Total	29.8%

Table 15: Respondents in Receipt of Some Form of Government Assistance (%)

In terms of the type of support received, the most common was **food support** (as identified by 52.3% of those who said they had received assistance from the government), followed by **vaccines** (40.8%) and **unconditional cash** (identified by 25.9%).

> % of those who received support from Government, identifying this is what they received

Unconditional Cash/monetary support	25.9%
Conditional cash/monetary support	13.2%
Food support	52.3%
Postponement of due taxation/payment due	4.3%
Waiving social protection requirements	1.5%
Support to product marketing	3.2%
Support in access to credit and finance (de-risking, guarantee etc)	2.0%
COVID-19 testing kits	14.6%
Distribution of anti-Covid items (PPEs and alcohol-based solutions)	9.2%
Vaccines	40.8%
Education support	16.5%
Other	4.7%

Table 16: What type of support was provided to those who received support

All respondents were asked whether there was any form of assistance from the government that they could not access, with 17.3% saying this was the case. The most cited reasons for missing government

support were late information, a complex application process, and rejected applications. **Improved communication and streamlined application processes are needed for government aid distribution to**

be more inclusive of the poor. Partnerships with community-based and civil society organisations can facilitate improved access and inclusion of the people most in need.

Reason	Percentage of those who could not access existing government assistance
I could not provide the documents to demonstrate eligibility	21.0%
I could not submit the application because of movements restrictions	14.6%
The application process was too complex	20.8%
I could not submit the application because I don't have the technological means	11.1%
I knew of that too late	28.2%
My application was rejected	18.3%

Table 17: Reasons for inability to access existing government assistance

Our responses:

BOLIVIA

Since 2021, Ayuda en Acción has been focusing on boosting the processes of **recovery and stabilization of livelihoods**, promote innovations in educational units to improve access to education, in vulnerable communities in rural areas in coordination with local and national government structures, in addition to actions to improve access to safe water in rural areas.

The **Sustainable Access to Water for Climate Change Adaptation** project was

implemented in the Amazonia and Chaco regions. **640 families gained access to safe water** through the construction of water systems with eco-efficient technologies, whilst water committees were strengthened to contribute to the sustainability of the systems and the governance of equitable access to water.

Water systems have been built/enabled in the municipalities of Villa Montes and Yacuiba in the Chaco Region, in a **participatory manner through**

consultation and planning with the communities of San Antonio, Puesto Uno and Ibopeity, carrying out technical visits for evaluation, provision of equipment and construction of the system. In the OTB of San Antonio (Villa Montes), a photovoltaic (solar) system was installed for electro-submersible pumping with a flow rate at the wellhead of 4 lt/sec, which directly benefited around 600 families (2,970 people, including 1,620 women and 1,350 men).



Bolivia, Photovoltaic system for water distribution in the Tarija Chaco region.

NIGER

Welthungerhilfe applies a multisectoral and integrated approach in response to the COVID-19 crisis. As part of emergency assistance aimed at vulnerable populations affected by the COVID-19 crisis in Sahel, approx. 37.000 households in the region received assistance in 2021. In Niger, 8.000 households in the Tillabéri region benefited from **unconditional cash transfers** and **cash-for work** programs to rehabilitate land for agricultural

production. Additional measures included the **distribution of livestock feed, fodder seeds and rainfed seeds, tools for agricultural production and small livestock starter kits as well as support for income-generating activities**. In the area of **WASH**, infrastructure support for communities and WASH kits for households were given. Households with children and lactating women were provided with fortified flour to support nutrition.

In the earlier phases of the COVID-19 crisis, as part of the strategy to prevent the spread of the virus, **local development committees and community health workers were trained on essential practices to prevent themselves and others from contracting the virus and provided with hand washing stations and sanitization products. Mass educational campaigns about the virus via radio, print and school materials were carried out.**

“

This market garden activity that Welthungerhilfe supported has allowed us to eat and sell cabbage, lettuce, and tomatoes. We are happy.



Niger, Ousseina Manzo plants vegetables to sell and trade at the local market with the help of farming equipment distributed to her as part of emergency assistance to vulnerable populations in the region of Diffa.

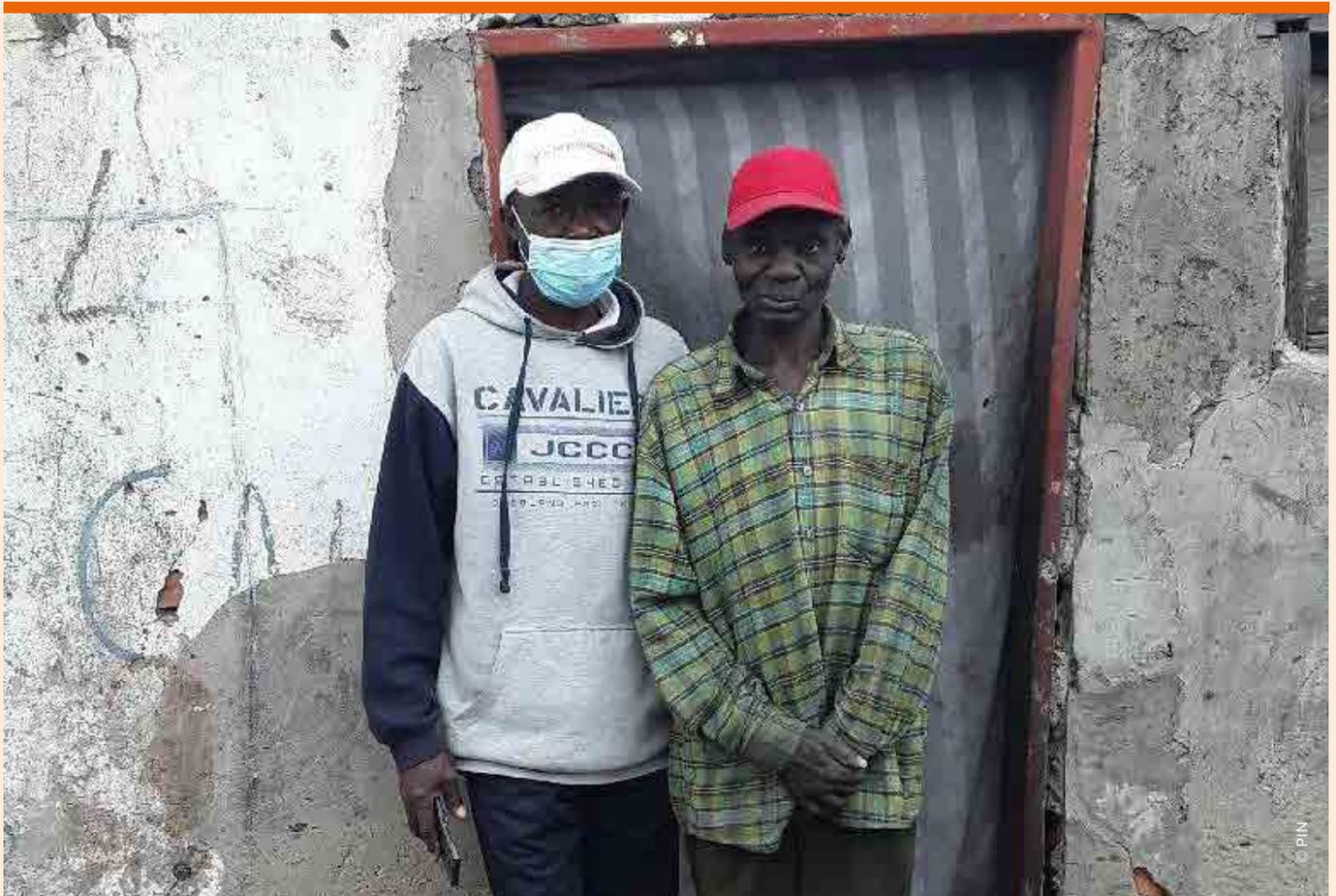
ZAMBIA

As part of COVID-19 response, **People in Need (PIN) Zambia** piloted a **Rapid Shock Responsive Safety Net (RSRSN)** pilot project targeting people who tested positive for COVID-19 in poor urban settlements in Lusaka that were considered hotspots for COVID-19 and other infectious diseases outbreaks.

The objective was to **limit COVID-19 community transmission** by providing

cash support to the positive patients as soon as possible after release of the testing result in order to encourage them to isolate; the project targeted especially daily workers, who could not otherwise afford to stay at home and miss work. The project was implemented in cooperation with the Diseases Surveillance Offices, responsible for contacting tested individuals to inform them about results; thanks to this collaboration, PIN

Zambia was able to send the money within 12-24 hours using mobile payments. In addition, automated voice messages were sent to people who had tested positive, informing them about symptoms, risks, best practices to prevent transmission, as well as mental health and wellbeing advice.



Zambia, Rapid Shock Responsive Safety Net (RSRSN) pilot project.

Our recommendations:

Our research has once again shown that **the most vulnerable people in our societies are exposed to multiple shocks simultaneously**. While there are government programmes that could offer support and alleviate their suffering, these are often not accessible due to issues of mobility, lack of timely access to information, complex technology requirements to submit necessary information online, etc. **A focus on inclusion would lead to the design of alternative approaches** that leverage the presence of **local institutions, civil society actors, channels of communication and authentication**. While digital technology has been a large enabler during the period of restricted mobility due to COVID-19 regulations, it has also resulted in the exclusion of many who are less familiar with its use, do not have access to it while being probably most in need.

Given the increased likelihood of new pandemics in the future, and the documented negative impact of Covid-19 on vulnerable people, **social protection systems should be viewed as an essential element of government policy rather than an extreme**

emergency measure. We call on Governments and their development partners to:

- > Set up, scale up and strengthen universal **social protection floors** drawing on evidence of the pandemic's impacts and learning from effective policy and practice change.
- > Extend the coverage and duration of social protection measures such as health insurance, food subsidies, unconditional cash transfers and support to access credit and finance, in order to protect lives and livelihoods.
- > **Improve the ability of vulnerable groups to access the services to which they are entitled** – be they provided by government, agencies, NGOs or others.
- > Work closely with local organizations and communities to ensure social protection programs function optimally, reach the most vulnerable and promote gender equity.



Access to Services

Overview

Sierra Leone, The health team at Bauya Health Centre is a very rural centre in Sierra Leone.

One of the most striking long-term impacts of the COVID-19 pandemic and the response policies put in place, has been the disruption in the education sector. With schools closed for an average of six months, **less than half of our respondents reported their children had any access to learning support at the time of this survey.** Even among those that reported children's access to learning, the most common type of support was in the form of home schooling by parents or siblings.

While **children were generally more likely to return to school at primary level (88.4% of households with boys of this age and 88.6% of households with girls of this age said that they had all returned to school), the average declines**

considerably in the upper grades, where 79.5% of households with boys of upper secondary age and 77.9% of households with girls of this age said they had all returned to school. **The main reason for children to be out of school relates to the financial challenges faced by the family,** while 7.0% of respondents in a household where there is a girl out of school said this was because they had got pregnant or had a child, with 10.6% saying that they had got married.

A similar hidden emergency can be identified in the health sector, even if almost half of respondents (46.7%) felt that the health services had improved since the start of the pandemic. Amongst our respondents 30.8% said

they, or another person in their household had delayed, skipped or been unable to complete needed health care visits in the previous six months. The main reason for doing so was the cost, while 23.3% reported fear of contracting COVID-19 at the healthcare facility as a reason for missing health care visits. Amongst those (almost one in three) who were unable to complete a healthcare visit, most were likely to skip in-patient care (37%) or outpatient care (28%), and COVID-19 vaccinations, while a number identified that antenatal care appointment (by 12.8%), postnatal visit (by 11.7%), and children's vaccinations (by 8.1%) had been missed.

Education: Dropout rates, returning to school, and changes.

The impact of COVID-19 on schooling has the potential to be multigenerational, raising concerns about ‘a lost generation’ in education. UNICEF¹⁸ suggests that the current generation of students now risks losing \$17 trillion in lifetime earnings at present-day values, the equivalent of 14% of today’s global GDP, as a result of school closures. In low- and middle-income countries, due to the long school closures and the varying quality and effectiveness of remote learning, the percentage of children living in Learning Poverty will potentially rise to 70 percent. **The pandemic has significantly set back past progress in education. Young people who have missed out on schooling have also, in some cases, lost the opportunity to learn about their reproductive health rights, family planning methods, WASH and hygiene.** These deprivations would also have long-term impacts on issues such as child marriage, pregnancy, and infant mortality rates.

Respondents identified that schools were closed for an average of six months due to COVID-19. They were subsequently asked whether children had access to any kind of learning support while

they stayed home from school, and 45% of those who lived in a household with children of school going age reported that this was the case. The most common support was provided in the form of home schooling by parents or siblings (identified by 48% of those who received support), with 41% citing digital or online learning as means to continue their education while 35% of all respondents used books provided by the school during the closures.

Respondents indicated a sizable variance in the amount of time spent out of school by country. For example, children in Uganda were reported to be out of

school for 22 months due to COVID-19, they received books and listened to radio programs to supplement their learning and the dropout rates ranged from 5% – 18% depending on the age group. However, in Syria respondents identified that schools were closed for around two months, here the children’s learning was supplemented by other unspecified means while the dropout rates were much higher, ranging from 21% for children under 11 to as high as 81% for girls aged 16 years and above.



Peru, delivering textbooks for children so they can continue their education at home.

18 - Learning losses from COVID-19 could cost this generation of students close to \$17 trillion in lifetime earnings ([unicef.org](https://www.unicef.org))

<3 months	3-6 months	>6 months
Burkina Faso	CAR	Bolivia
Burundi	DRC	El Salvador
Chad	Georgia	Honduras
Mali	Niger	Liberia
Syria	Sierra Leone	Nepal
	Zambia	Peru
		Uganda

Table 18: Duration of Reported School Closures

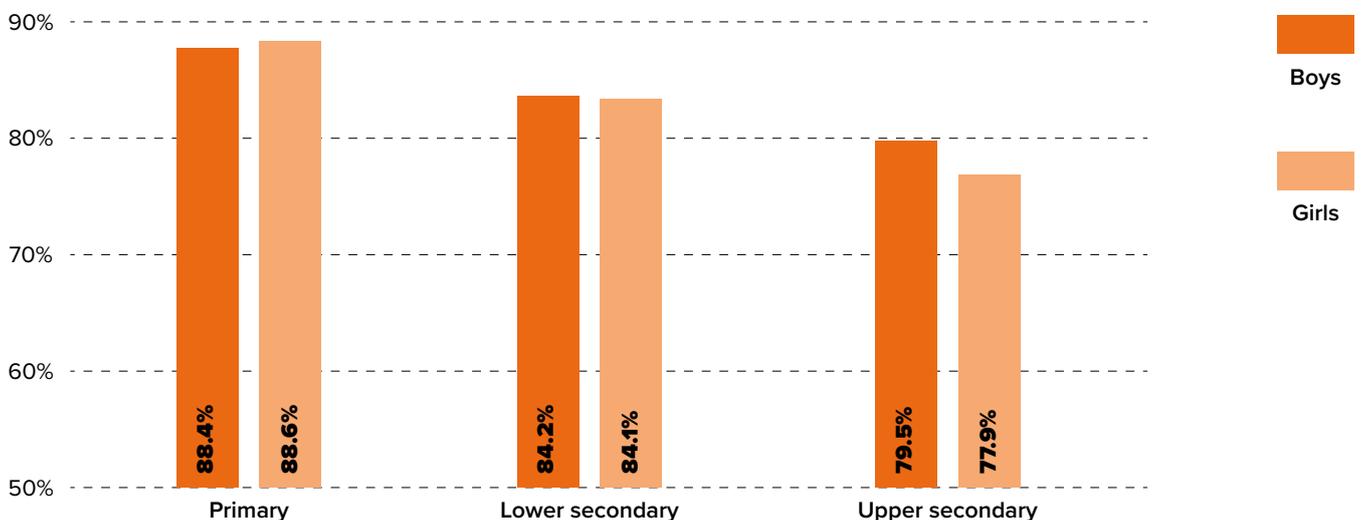
For children and youth at risk prior to the pandemic, **the closure of schools may have exacerbated further inequalities that existed both within society and between schools that pre-dated the pandemic.** Families with the fewest resources were unable to maintain continuity in their children’s learning when more pressing needs such as

maintaining a source of income were prioritized.

We asked respondents whether there were boys or girls in the household of primary, lower secondary and upper secondary age, and then whether any of these children had permanently dropped out of school since the start of the pandemic. Looking across school levels,

an important trend can be observed, with more children likely to return in the lower grades, and that at this level there was little difference between the proportion of girls and boys who have returned to school. However, older children were more unlikely to return to school, and this was more pronounced for girls in upper secondary level than for boys.

> % of households with children in this age category who say all have returned to school



At country level too there are striking differences. In Chad, 43.5% of households with boys of school going age and 47.0% of households with girls of this age report that at least one of them is out of school permanently, whereas in Georgia no household identified that a child of school going age dropped out of school permanently. While only a relatively small proportion of households with boys or girls of school going age reported at least one child out of school in Bolivia, there is a significant difference between boys and girls who are out of school (2.0% and 5.9%, respectively). Zambia and Honduras also show such gender differences. In other countries, for instance Niger, 4.2% of households with boys of school going age reported at least one of them was not in school, compared to 2.5% who had girls in the household.

	% of HH with boys of school going age where there is (at least one) boy identified as being out of school permanently	% of HH with girls of school going age where there is (at least one) girl identified as being out of school permanently	Ratio
Bolivia	2.0%	5.9%	2.95
Burkina Faso	13.0%	11.6%	0.89
Burundi	6.3%	4.5%	0.71
CAR	7.1%	7.1%	1.00
Chad	43.5%	47.0%	1.08
DRC	30.7%	31.0%	1.01
El Salvador	6.1%	3.1%	0.51
Georgia	0.0%	0.0%	--
Honduras	11.2%	18.5%	1.65
Liberia	32.1%	32.3%	1.01
Mali	9.2%	9.6%	1.04
Nepal	3.8%	4.0%	1.05
Niger	4.2%	2.5%	0.60
Peru	9.9%	6.2%	0.63
Sierra Leone	11.5%	10.6%	0.92
Syria	27.7%	30.6%	1.10
Uganda	10.3%	9.4%	0.91
Zambia	8.6%	12.1%	1.41
Total	13.5%	13.7%	1.01

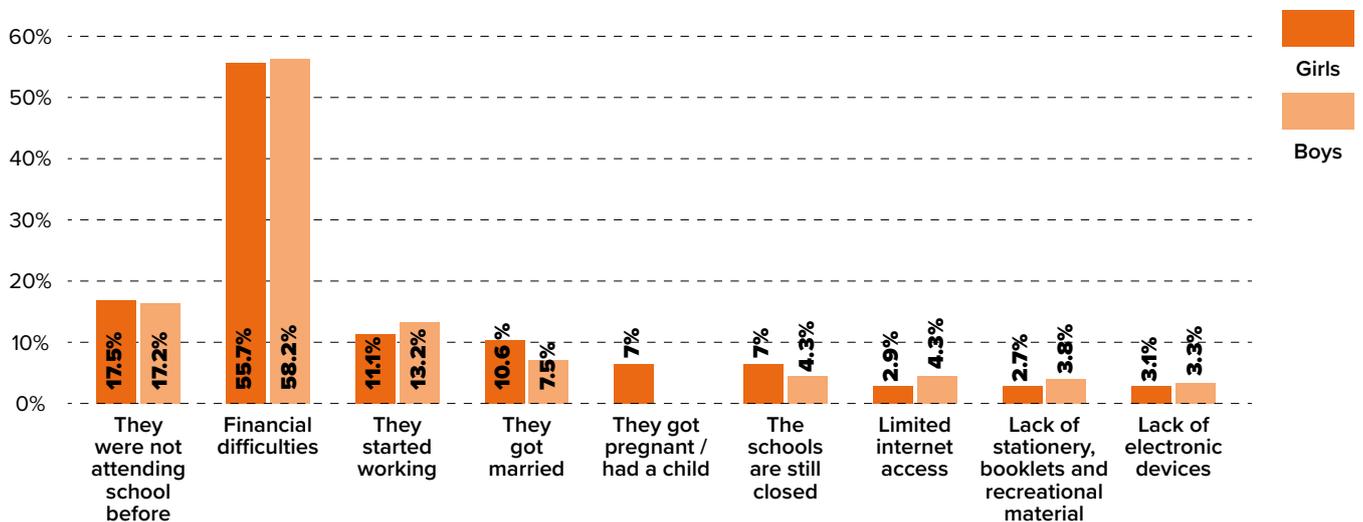
Table 19: Households reporting at least one boy or girl being out of school permanently, per country

We asked the respondents to identify why these children were out of school. The **most frequent reason**, for both girls and boys, was reported to be

the **financial difficulties** that their households faced. Where it was identified that there was a girl out of school in the household, 7.0% of respondents

said this was because they had got pregnant or had a child, with 10.6% saying that they had got married.

> Reason given for children being out of school



Healthcare

Respondents were asked whether they, or any other person in their household, had delayed, skipped or been unable to complete needed health care visits in the previous six months. Over thirty percent (30.8%) said this had been the case – the lowest in Zambia (6.7%) and highest in CAR (80.7%).

When asked why certain health services were not availed of, those surveyed said that health services were **too costly** (53%); the facilities were too far or

costly to get to (26%); they were afraid of contracting COVID-19 at the facility (23%); there were long waiting times (22%); the facilities were understaffed (11%); and there were restrictions on timing or limited capacity of the facilities. While COVID-19 has undoubtedly affected people’s access to health services, **many of these responses are indicative of a pre-existing issue prior to the onset of the pandemic.** When we take a closer look at individual countries, we can see that certain countries noted longer

waiting times as their primary reason for not receiving care; whereas other countries noted that the cost of healthcare was too high. For example, in Bolivia, Liberia, Peru, and Zambia long waiting times was the most frequently cited response.

% replying yes to the question “have you or any other person in your household delayed, skipped or been unable to complete needed health care visits in the last 6 months”	OF THOSE REPLYING YES, PROPORTION GIVING THE FOLLOWING COVID-19 RELATED REASONS			
	Fear of contracting C19 at the facility	Facility had restricted opening hours because of C19	Facility had restricted the type of services provided since C19 response started	Facility had restricted the number of people at the facility since the start of C19
Bolivia 31.6%	38.8%	6.9%	4.3%	10.3%
Burkina Faso 26.6%	43.7%	14.1%	4.4%	3.0%
Burundi 19.2%	24.4%	0.6%	0.0%	18.8%
CAR 80.7%	1.6%	0.0%	1.2%	0.4%
Chad 25.6%	8.8%	0.0%	3.8%	0.0%
DRC 40.2%	9.7%	3.8%	3.5%	3.2%
El Salvador 34.2%	72.4%	8.1%	19.5%	13.8%
Georgia 35.0%	19.0%	1.4%	0.5%	0.5%
Honduras 15.2%	39.1%	15.6%	3.1%	7.8%
Liberia 27.8%	35.2%	7.2%	4.8%	3.2%
Mali 19.2%	16.9%	7.8%	10.4%	11.7%
Nepal 30.0%	53.3%	19.7%	14.8%	11.5%
Niger 41.3%	0.5%	0.0%	0.0%	0.0%
Peru 40.2%	46.5%	10.7%	18.1%	12.3%

% replying yes to the question “have you or any other person in your household delayed, skipped or been unable to complete needed health care visits in the last 6 months”	OF THOSE REPLYING YES, PROPORTION GIVING THE FOLLOWING COVID-19 RELATED REASONS				
	Fear of contracting C19 at the facility	Facility had restricted opening hours because of C19	Facility had restricted the type of services provided since C19 response started	Facility had restricted the number of people at the facility since the start of C19	
Sierra Leone	37.4%	4.1%	2.4%	1.2%	1.8%
Syria	17.7%	10.9%	1.8%	0.0%	0.0%
Uganda	29.9%	12.7%	3.2%	3.2%	3.2%
Zambia	6.7%	7.4%	3.7%	7.4%	14.8%
Total	30.8%	23.3%	5.3%	5.4%	5.7%

Table 20: Households reporting delayed, skipped or inability to complete needed health care visits in the last 6 months

The 30.8% who responded that they had delayed, skipped or been unable to complete needed health care visits in the last 6 months were also asked “Which kind of assistance would you have needed?” Generally, those who were unable to

complete a healthcare visit were most likely to skip in-patient care (37%), this was followed by outpatient care (28%), and COVID-19 vaccinations. Many respondents cited pre- or post-natal treatment as the next most likely healthcare service to be

missed. These periods before and after childbirth are some of the most critical stages of life for both mother and child and are a significant factor for maternal and neo-natal mortality.

	Antenatal care	Postnatal care	Vaccination for children
Bolivia	2.6%	4.3%	0.9%
Burkina Faso	42.2%	40.0%	14.1%
Burundi	4.4%	3.8%	0.6%
CAR	5.3%	3.3%	4.9%
Chad	56.3%	37.5%	27.5%
DRC	22.9%	24.7%	5.6%
El Salvador	3.3%	4.1%	4.9%
Georgia	0.5%	2.9%	0.0%
Honduras	10.9%	1.6%	17.2%
Liberia	13.6%	11.2%	43.2%
Mali	22.1%	9.1%	14.3%
Nepal	3.3%	4.1%	7.4%
Niger	6.2%	5.7%	5.7%
Peru	2.5%	2.1%	5.3%
Sierra Leone	22.5%	21.3%	4.1%
Syria	10.9%	27.3%	9.1%

	Antenatal care	Postnatal care	Vaccination for children
Uganda	14.3%	9.5%	8.7%
Zambia	3.7%	7.4%	0.0%
Total	12.8%	11.7%	8.1%

Table 21: Respondents saying they or another person in their household delayed, skipped or was unable to complete needed health care visits in the last 6 months

Survey participants were asked “In your opinion, compared to the time before COVID-19, how has the situation of health services changed?” Almost half (46.7%) of all respondents noted an improvement in healthcare services, potentially due to the

improved levels of resources made available for the delivery of health services during the pandemic. About a quarter (23%) reported a worsening of the healthcare system. A differentiated picture is seen at the national level, for example

in Peru 51% of the respondents perceived the healthcare system to be on the decline while only 8% believed the system was improving; on the other extreme 68.6% of respondents in Sierra Leone felt the health care system had become better.

	It got better	It is more or less the same	It got worse
Bolivia	33.3%	30.8%	33.3%
Burkina Faso	83.5%	11.6%	4.3%
Burundi	63.4%	31.5%	4.6%
CAR	45.5%	32.9%	21.3%
Chad	46.3%	31.4%	20.7%
DRC	44.5%	26.8%	28.3%
El Salvador	30.0%	41.7%	24.4%
Georgia	11.3%	45.7%	27.2%
Honduras	57.3%	17.9%	24.1%
Liberia	44.9%	5.1%	49.8%
Mali	78.6%	16.7%	4.5%
Nepal	62.8%	22.9%	11.3%
Niger	60.2%	35.3%	3.9%
Peru	8.0%	37.4%	51.2%
Sierra Leone	68.6%	10.0%	21.5%
Syria	26.8%	40.3%	32.6%
Uganda	39.2%	29.0%	29.2%
Zambia	30.2%	32.3%	37.0%
Total	46.7%	27.7%	23.3%

Table 22: Percentage of people reporting the health care system has become better, remained the same or worsened

Our responses:

PAKISTAN

With support from ECHO, Helvetas improved national capacities to respond to COVID-19 pandemic in Pakistan. It provided front-line workers and healthcare facilities with thousands of PPEs, testing equipment, and medical care equipment for the continuation of essential health services while handling COVID-19 caseload in field areas.

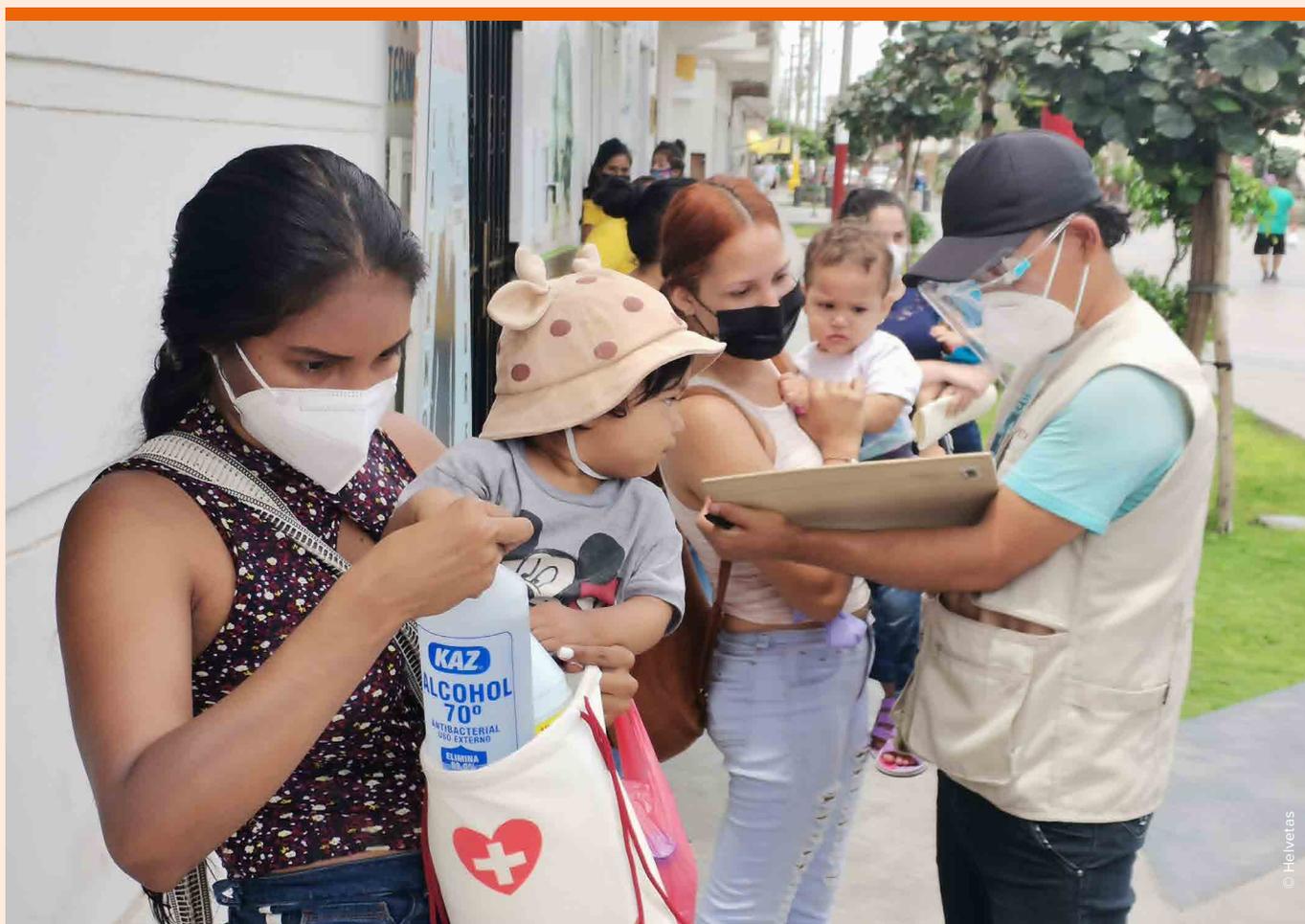
In addition, a pool of 30 master trainers from all over Punjab was created and trained in conducting trainings on

remote psychological first aid and homebased care. These trainers successfully conducted replications in Helvetas target areas and are continuing to replicate trainings on their own. Furthermore, Helvetas upgraded training institutes of the Primary and Secondary Healthcare Department (P&SHD) that run regular training programs for various stakeholders. This was done through the provision of computers, laptops, printers, data storage devices and workstations to enhance operations.

Capacity building of health care workers was complemented by risk communication and community engagement (RCCE) activities by displaying material across health facilities, pharmacies, and other dense public spaces in field areas. In addition, Helvetas in collaboration with Cesvi worked with TransPeshawar to install 60 digital screens across 20 stations along the Bus Rapid Transit Route (BRT) in Peshawar to display awareness raising messages regarding COVID-19.



Pakistan, Handing over medical equipment to Mardan Medical Complex.



Peru, distribution of medical kits to Venezuelan refugees

PERU

Peru is now home to more than one million Venezuelans who had to flee or who have sought work in the neighbouring country. No other country hosts more people from Venezuela. Approximately 85% of Venezuelan migrants and refugees have settled in Lima, the preferred destination due to employment opportunities and government services.

The goal of Helvetas project is to **respond to the need for medical services for Venezuelan migrants and refugees in Peru who are**

vulnerable to COVID-19 and other diseases through the Connecting Vulnerable Venezuelan Refugees and Migrants to Essential Health Services Project. Medical attention is provided by tele-consultations. For more complex cases, the tele-consultations are complemented by in-person visits for specialized medical services that can be attained through cash coupons/vouchers that are accepted at private health centers. Medications can also be accessed by cash coupons/vouchers at pharmacies located in the

project's intervention areas.

The project conducts awareness-raising campaigns for the prevention and containment of COVID-19 and the process of accessing health systems and integrated health insurance. Personal protection equipment and prevention kits are distributed, with particular attention for populations that are highly exposed to COVID-19, such as street vendors, market workers, and public transportation employees.

SIERRA LEONE

Concern Worldwide is implementing an ECHO-funded project to **support the Government deliver its COVID-19 vaccination strategy**. The focus is on reaching people living in geographically hard to reach areas and vulnerable people (e.g. those living with

disabilities). Concern has provided strong support to coordination mechanisms, including the development of a 'Readiness Checklist' to identify gaps in capacity at district level, which can be used in other future vaccination campaigns.



Sierra Leone, Komrabria Turay is an Ocada rider from Kambia Town.

Our recommendations:

The services targeting school children living in poverty, such as school feeding, safe transportation, sanitation, and protection typically help ease the financial burden on families, making the environment more conducive to learning. **As a result of the pandemic, the continuity of these services has been disrupted.** We can see indications of this in the data collected for this report; among respondents who noted that the state of education has gotten a lot worse, the top reason specified was that **schooling became unaffordable** due to the financial circumstances of the family. **We see a similar challenge in the health sector, where our results point to healthcare becoming unaffordable during the pandemic, potentially compounding pre-existing issues.** It must become a priority of governments - and be promoted as a prudent financial investment - to increase preparedness to deal with the reality of pandemics. **We call on Governments and their development partners to:**

- > Ensure a safe return to school for all students and implement programs designed to recover 'lost learning' by focusing on the most vulnerable groups and strengthening systems to address learning poverty. For many children there was no remote learning at all during the restrictions (due to lack of internet access, computers, mobile devices, no radio

or TV programs). Special attention should be paid to girls' return to school and catch-up learning (e.g. specific programs for girls who may have dropped out of school due to pregnancy or early marriage during this period).

- > Strengthen primary, community-based healthcare services in order to function effectively in anticipation of and during pandemics – with an intentional focus on physical and mental health, immunization, nutrition and learning needs of children.
- > **Pay special attention to the impact on nutrition of decreased and disrupted health and WASH services,** recognizing the far-reaching multi-generational impacts of poor nutrition on people individually and on societies at large.
- > Promote specialized cooperation among Government agencies, donors, UNICEF, UNESCO and other non-State actors for more resilient health and educational systems. This collaboration should draw on approaches which have proved successful. For example, as a result of its experience with Ebola, Sierra Leone developed the capacity for remote learning which was put into action with great effect at the onset of COVID-19.

Our Call for Action: Recommendations to the EU

A clear picture has emerged from this follow-up research undertaken by Alliance2015. It shows the extent to which growing numbers of people are being left behind. **The consequences of COVID-19 have widened pre-existing inequalities and eroded the resilience and coping mechanisms of those who were already living in poverty.**

A central promise of Agenda 2030 was to 'leave no-one behind' with a further promise to 'reach the furthest behind first'. This research shows we – as an international community - are falling short on these promises: that our political, policy and programmatic responses are not addressing chronic inter-generational poverty in an effective way. The long-term human and financial costs of these failures is significant and growing by the day. The thread that runs through all our recommendations is clear...

The disproportionate impacts of COVID-19 - alongside climate change and conflict - on those living in chronic poverty must be met by a response which, correspondingly, focuses on addressing the urgent needs of those living in extreme poverty.

We urge the EU to:

- 1. Strengthen its support to partner countries so that they can better deal with the impacts of the COVID-19 pandemic.**
- 2. Focus on 'prevention' by investing in mitigation and anticipatory action, using early warning systems and flexible contingency funds to anticipate shocks and quickly respond to them. Initiatives such as the Global Network Against Food Crises must be supported in order to ensure earlier responses using evidence-based interventions.**
- 3. Within the NDICI-Global Europe instrument, increase funding for civil society organizations supporting communities to meet the needs emerging from the current multiple crisis. Enhance information and transparency about the mechanisms the EU can**
- 4. Develop a new EU Action Plan on Nutrition and revise the 2010 and 2013 Policy Frameworks for Food Security and Nutrition.**
- 5. Strengthen the external dimension of the Farm to Fork Strategy.**
- 6. Track and ensure transparency of EU commitments towards food security and nutrition made since the onset of the Ukraine crisis, with clarity on links to programming and civil society engagement.**
- 7. Promote specific strategies for economic recovery to face the crisis caused by COVID-19, including the promotion of community-based and solidarity economies.**

Annex One: overview of data collection

COUNTRY	ORGANISATION	RESPONSES	DATE DATA COLLECTION STARTED	DATE DATA COLLECTION ENDED
Bolivia	Ayuda en Acción and Helvetas	367	18 March	22 April
Burkina Faso	Welthungerhilfe	508	15 March	20 March
Burundi	Concern Worldwide	382	15 March	18 March
	Welthungerhilfe	452	13 March	21 March
Central African Republic	Welthungerhilfe	301	6 March	9 April
Chad	Concern Worldwide	312	21 March	26 March
Democratic Republic of Congo	Concern Worldwide	390	12 March	24 March
	Welthungerhilfe	455	13 March	30 April
El Salvador	Ayuda en Acción	360	14 March	22 March
Georgia	People In Need	600	14 March	24 March
Honduras	Ayuda en Acción	420	4 May	8 May
Liberia	Welthungerhilfe	450	7 March	23 March
Mali	Welthungerhilfe	401	1 April	7 April
Nepal	Helvetas	406	2 April	18 April
Niger	Welthungerhilfe	467	1 April	7 April
Peru	Ayuda en Acción and Helvetas	605	7 March	12 March
Sierra Leone	Welthungerhilfe	452	19 March	24 March
Syria	Concern Worldwide	310	7 March	23 March
Uganda	Cesvi	421	14 March	18 March
Zambia	People In Need	402	8 March	21 March
Total		8461		

Annex Two

COUNTRY	GDP PER CAPITA (CURRENT US\$) ¹⁹	HUMAN DEVELOPMENT INDEX RANK ²⁰	GHI ASSESSMENT ²¹
Bolivia	3,415	107	Moderate
Burkina Faso	918	182	Serious
Burundi	237	185	Alarming
Central African Republic	512	188	Alarming
Chad	696	187	Alarming
Democratic Republic of Congo	584	175	Alarming
El Salvador	4,409	124	Low
Georgia	5,042	61	Low
Honduras	2,831	132	Moderate
Liberia	673	175	Serious
Mali	918	184	Serious
Nepal	1,223	142	Moderate
Niger	595	189	Serious
Peru	6,692	79	Low
Sierra Leone	516	182	Serious
Syria	1,266	151	Alarming
Uganda	858	159	Serious
Zambia	1,121	146	Serious

Alliance 2015

towards the eradication of poverty

Community Resilience & the Ongoing Impacts on COVID-19 on **Vulnerable** Households



www.alliance2015.org