Alliance 2015

towards the eradication of poverty

Covid-19 & Community Resilience

Voices of over 16,000 women and men from 25 countries across 4 continents - a joint study by Alliance2015 member NGOs.

Abstract

This report presents the findings of a survey conducted in 25 countries in the final quarter of 2020 to assess the impact of Covid-19 on food security, WASH, health, education, income, indebtedness and the psychosocial conditions of households. The 8 Alliance2015 member organisations are using the results to adapt their programmes, initiate new partnerships and to advocate for better use of Covid-19 recovery packages. We invite you to join us and support our work, to use our data and analysis for your own programme development, communication and advocacy. Do write to us for further information or feedback at **info@alliance2015.org** or consult our website: **www.alliance2015.org**

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Foreword

Community Resilience is the shared vision and core philosophy of Alliance2015. We seek to strengthen interconnected societal foundations by building individual and community resilience. Resilient people and communities are better prepared for, and able to absorb and recover from, shocks – whether they arise from slow or rapid onset disasters, climate change, wars, conflicts or epidemics.

Covid-19 is testing the resilience of an intertwined global system, exposing many of its weaknesses. Crises are an intrinsic characteristic of complex systems, and our development and humanitarian response experience shows that investments in preparedness for all possible scenarios - failures of governance, extreme events, financial or health emergencies - pay off manifold. Traditional approaches to risk assessment and risk reduction have focussed primarily on creating 'system hardness', enhancing their ability to absorb shocks. Such measures are proving to be inadequate as systemic threats are inherently uncertain, unpredictable, and random. These disruptions can only be addressed through building resilience – acknowledging and enhancing the inherent ability of people and communities to be prepared for shocks, to have the ability to absorb the adverse impacts, recover, adapt and transform towards a more secure future.

The importance of the 'community' has been repeatedly highlighted and confirmed by this pandemic. Our survey shows that the community has played a vital role in helping people cope with the most direct, financial impacts of the pandemic. Globally, we observe that the feeling of belonging to a community has influenced individual responses to the pandemic – determining trust in institutions and willingness to follow advice and instructions. However, the ability to respond has also been defined and deeply curtailed by individual circumstances: millions lack access to affordable basic WASH services, food, primary education and health services. Just as a health crisis in one province of China has quickly spread across other systems that at first appeared unconnected, future disruptions too can trigger multi-dimensional global crises. Our response strategies must address impacts and capacity gaps across sectors and scales, combining approaches and breaking down silos. A focus on building individual and community resilience helps move towards more holistic, convergent and integrated approaches.

Resilience thinking acknowledges that massive disruptions, such as a climate disruption that compounds other shocks like pandemics, can and will occur in the future. It is essential that our systems have the capacity to absorb, recover, adapt and transform, ensuring their functionality and taking advantage of new opportunities that may arise from the crises - “bouncing forward” to a better state.

We believe that in an increasingly complex and interdependent global system, policies cannot be based on extrapolations from the past or analysis of behaviour of isolated nations or sectors. The new approach to resilience must be based on data, a recognition and understanding of the interconnectedness of systems and their functionality, constantly learning and adapting. This survey of over 16,000 households in 25 countries is a step in this direction, helping us to shape our interventions in profound ways. We offer it to our colleagues and stakeholders to help us all better shape our interventions, decisions and advocacy in the interests of those whom the pandemic has left further behind than ever.

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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 carry 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 team** comprising Kai Schrader (Helvetas), Paulo Rodrigues (Helvetas) and Schahin Bajka - Intern (Helvetas).
The Alliance 2015 research team of Gaetane Wicquart, Soraya Douider (ACTED), Almudena Barrio (Ayuda en Acción), Camila Azzini (Cesvi), Aine Magee (Concern Worldwide), Manine Arends (Hivos), Simona Varga, Georgiana Cremene (People in Need), David Streiff, Julia Escher (Welthungerhilfe) were responsible for the research design and implementation.

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We are grateful to Prof. Dina Pomeranz, University of Zürich and Board Member of Helvetas for her advice and guidance. The Alliance2015 Hub (Brussels), Core Groups (Advocacy, Communication, Institutional Fundraisers and Program Groups) and the MEAL (Monitoring Evaluation Accountability and Learning network), provided invaluable **coordination and support**.

Executive summary

The Covid-19 pandemic is testing the resilience of communities globally, with very differentiated impacts, exacerbating existing inequities and creating new ones. To help shape an evidence-based response to Covid-19, Alliance2015 members jointly conducted a survey in 25 countries, covering over 16,000 women, men and trans/non-binary people over a two-month period (from mid-October to mid-December 2020). The large sample size and distribution of respondents, living in urban, rural and camp settings, provides a robust base for adapting and designing humanitarian assistance and development programmes and assessing their impacts, by Alliance2015 members, other CSOs, government and donors. The survey provides striking information on the impacts of Covid-19 on food security, WASH, health, education, income, indebtedness and psychosocial conditions of households.

At the time of the survey, most respondents were aware of the measures to reduce the transmission of Covid-19 such as frequent hand washing (87%) and wearing of masks (81%) but faced many challenges in practicing them. One in every four respondents found it difficult to avoid social contact (27%), avoid crowded places (24%), afford masks (26%) or soap (24%). These issues were further exacerbated for people living in camps. While information campaigns have been effective and have reached most of the respondents across all 25 countries, the ability to practice the recommended measures is highly curtailed by a lack of access to basic hygiene services and products (water, soap, disinfectant, masks). Crowded working and living conditions also prevent people living in poverty from adhering to physical distancing norms.

Eight months into the pandemic a shocking 46% of women and 37% of men reported that they and their families were consuming lesser quantity and quality of food. Six of the 9 countries where the largest number of respondents reported a decline in quality and quantity of food consumed (almost 80%) are in Sub-Saharan Africa where the extent of hunger, and hunger induced human development deficits, are already among the highest in the world.

Three quarters of respondents reported a change in their ability to earn an income due to the policies implemented to control the spread of Covid-19, with 92% saying this change had been negative. Over two thirds (72%) of farmers reported a reduction in income with half of them saying this was on account of market disruption and their inability to sell produce. The lockdowns and curfews severely affected casual workers, over 91% of those who depend on this as their primary source of income said they had been adversely affected. Women reported a higher reliance on remittances, external support, petty trade and casual labour than men – with each of these sectors more adversely impacted by policies to control the spread of Covid-19 than others. Even among workers with a formal work contract, 64% reported a reduction in income - 41% said this was due to the lockdowns, 31% said their work time was reduced while 26% reported they lost their jobs.

Almost one in seven respondents reported they received remittances from family members elsewhere. Over 80% of them said either remittances had stopped completely or had reduced.

This suggests the negative economic impacts affect a much wider community, with differential impacts on women, children and the elderly who are more reliant on domestic and international remittance flows. Over two thirds of respondents had to borrow money, buy on credit or ask a family member or neighbour for financial help. A high reliance on informal sources was reported – of those who borrowed, 61% did so from friends and neighbours, 34% from extended family and 11% from 'loan sharks'. Over 38% of respondents reported they had received some form of support from external agencies to cope with the impacts of Covid-19 and most (84%) found the assistance useful and well targeted.

A third of the respondents reported a worsening of their health conditions in the period since the start of Covid-19. Forty eight percent of women living in camps reported a deterioration in their health and well-being. At least a third of respondents said they had delayed or skipped visits to health centres or had not completed the planned schedule of visits. The main reasons for this were fear of contracting Covid-19, the high cost and the waiting time.

Among respondents with children in their households, two thirds reported their children's access to education had worsened post Covid-19. Over 22% of respondents who live in household with children in the age group of 4 to 16 years reported that none of the children were receiving any education, while 24% reported that only some children were receiving education.

Most respondents were worried about their ability to earn an income in the future. Over 80% of respondents across all settlement types said they experienced more frequent feelings of worry than before Covid-19 and were deeply concerned about the future. While community support continues to act as a financial safety net for many, conflicts and arguments are reported to have increased, both within the family and in the community in all settlement types. Across all settlement types, over 40% of men and more than 50% of women reported being in a constant state of worry, feeling sad, experiencing mood swings or finding it difficult to sleep.

Alliance2015 members are using these results to adapt their programmes, initiate new activities and to advocate for better use of the Covid-19 recovery packages.

Food distribution project, gratis bread distribution in the Northern part of Idlib, Syria.

Introduction

Alliance2015 is a strategic network of eight European non-government organisations engaged in joint humanitarian and development action to achieve greater scale and quality of impact. Originally constituted to strengthen its contribution to the MDGs, Alliance2015 joins forces to achieve greater impact on poverty reduction and disaster preparedness and response in the framework of the SDGs. Based on this work on the ground, Alliance2015 also strives to influence development and humanitarian policies in Europe, and globally. Alliance2015 is a unique partnership that relies on its members' inputs and shared interests. While focussing on joint impact, the partnership is designed to enable its members to retain their own identity, brand and philosophy.

Afghanistan, Improved access to Sanitation, Drinking water and Shelter for IDPs and returnees in Nangarhar.

Alliance2015 members adhere to the values of the UN Declaration of Human Rights and are committed to the eradication of absolute poverty and to greater social equality. We promote the principles of aid and development effectiveness including that of greater accountability and transparency. We aspire collectively to becoming a stronger European and global player in selected areas of development cooperation and humanitarian aid.

Alliance2015 members have identified **Community Resilience** as their common shared vision. The pandemic is testing the resilience of communities globally, across all regions and socio-economic groups. It is also having very differentiated impacts on people across regions of the world and within countries, exacerbating existing

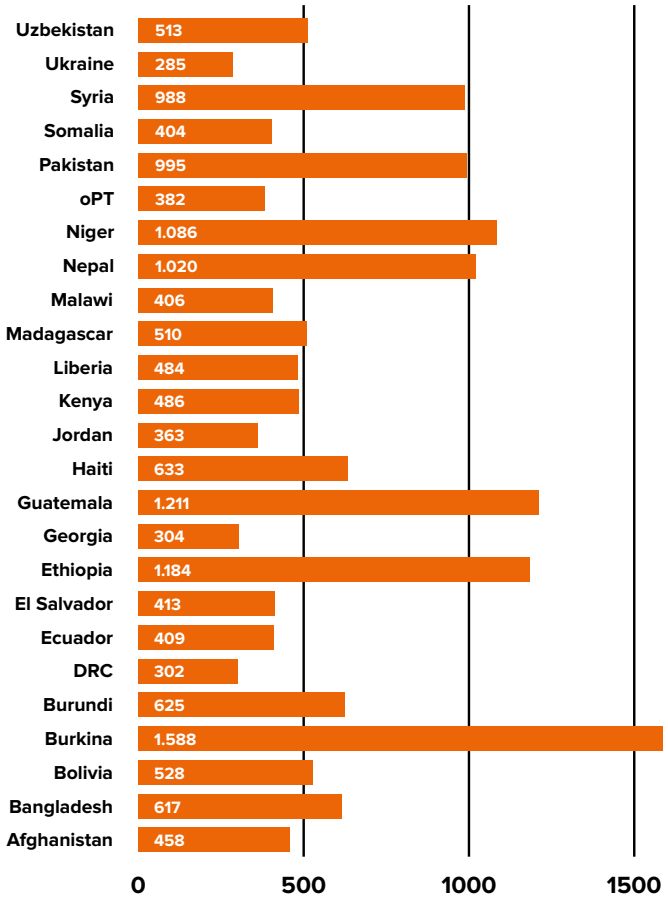
inequities and inequalities and creating new ones. Alliance2015 members have adapted their programmes and have initiated new activities to address the crisis. We have been collecting qualitative and quantitative data to inform and shape our interventions right from the start of the pandemic. This joint study complements such data with a large sample, multi-country, cross sectoral survey to assess the impacts of Covid-19 on aspects that contribute to household and community resilience. The data serves multiple needs of shaping project design, development agendas, dialogue and advocacy with multiple stakeholder groups. This study enables us to deepen our understanding of community resilience and aspects that contribute to coping (absorption), adaptive or transformative response strategies of households across diverse contexts. The findings from this study help us to identify interventions that can augment community resilience. We see this as an important contribution to our own, and global understanding of community resilience, with possibilities for longitudinal assessments.

The sample has been chosen from current or potential future partner communities/ primary stakeholders of Alliance2015 member implemented projects and thereby has a certain pro-poor bias. We do not seek to extrapolate the results to the whole country or the region. The large sample size contributes to the robustness of the findings and specific findings correlate well with results from other larger, sector focussed quantitative and qualitative studies. This gives confidence to use the information to shape current and future actions.
The survey was carried out by our own or partner staff, in a two-month window, using the same questionnaire. The data provides rich insights to both the prevalence of Covid-19, its impacts on community resilience as well as the impacts of government policies and measures to control the spread of Covid-19 on the poorest and most vulnerable households and individuals in these countries. An overview of the data collection is provided at Annex 1.

Methodology

The survey was conducted over a two-month period in the final quarter of 2020 across 25 countries in four continents using the same questionnaire translated into several languages. The questionnaire consisted of 74 multiple choice questions, divided into eight main areas: Knowledge and Practices, Impact on Income, Debt and Sale of Assets, Help from External Agencies, Impacts on Health and Health Seeking Behaviour, Impacts on Education (Future Perspectives), Community Dynamics and Psychological Well-being. The choice of questions allows an assessment of the impacts of Covid-19, the reach and efficacy of the measures taken to inform, protect and support people to deal with the pandemic and the identification of emerging areas of further assistance. Interviews were conducted either in-person or over telephone.

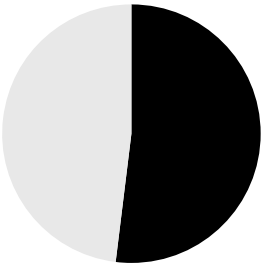
Sample size per country



The sample was selected purposively and all the respondents in the survey belong to households that are either current or potential participants in development and/or humanitarian response projects of one of the Alliance2015 member organisations. This study presents data from a total of 16,194 respondents from 25 countries. A minimum sample of 285 per country was achieved and in some countries several regions were covered. Fifty two percent of the respondents were women, 48% men and 45 respondents identified themselves as trans or non-binary. The age group of respondents ranged from 15 to over 65 years and the analysis is presented in five age cohorts. The survey covered rural, urban, peri-urban settlements as well as camps for refugees or internally displaced people. The data is disaggregated and analysed by gender, age and location (country and settlement type). This report presents the global data and analysis, specific country and thematic reports are forthcoming.

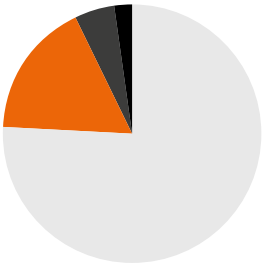
Where the survey was conducted through personal interviews, all precautions against the spread of Covid-19 were taken, including wearing of masks, maintaining distance of 2m between enumerator and respondent, avoiding all physical contact such as through sharing of pens, water bottles etc.

Sample by gender



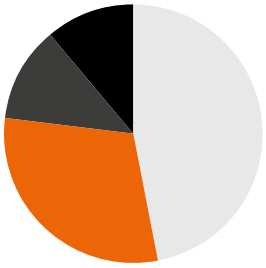
- FEMALE 52%
- MALE 48%
- TRANS/NON BINARY 0%

Sample by age group



- UNDER 15 YO 0%
- 15-19 YO 2%
- 20-49 YO 76%
- 50-64 YO 17%
- OVER 64 YO 5%

Sample by location



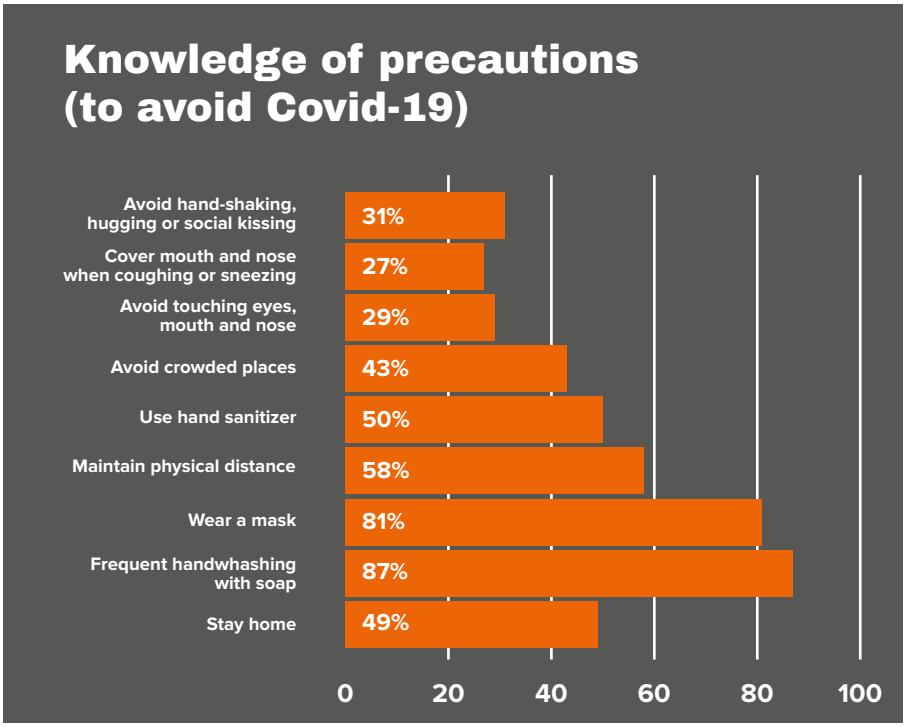
- RURAL 47%
- URBAN 30%
- PERI-URBAN 12%
- CAMP 11%

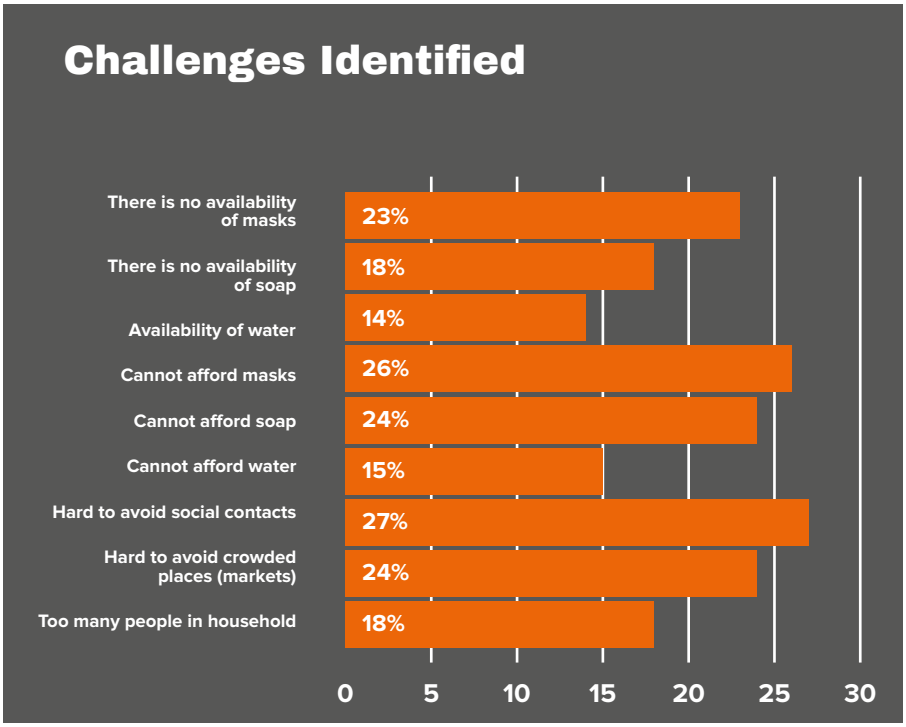
© Welthungerhilfe

Kenia. Comic books distribution, Kitui county. Kasarani primary school.

Knowledge and practice of protection measures

The survey was conducted between October and December 2020 and at that time most respondents were aware of the measures to reduce the transmission of Covid-19. Frequent hand washing (87%) and wearing of masks (81%), which are among the most effective measures, were widely identified as means of preventing transmission. Over half the respondents were aware of the need to maintain a physical distance and the use of hand sanitizers to combat the spread of Covid-19. This reflects the efficacy and reach of the information dissemination measures taken by many actors, including government and A2015 member. No large differences were seen in the knowledge of preventive measures across gender, although a higher proportion of women stated 'staying home' as a measure to contain the pandemic than men. Younger respondents were more aware of the protection measures than older ones.



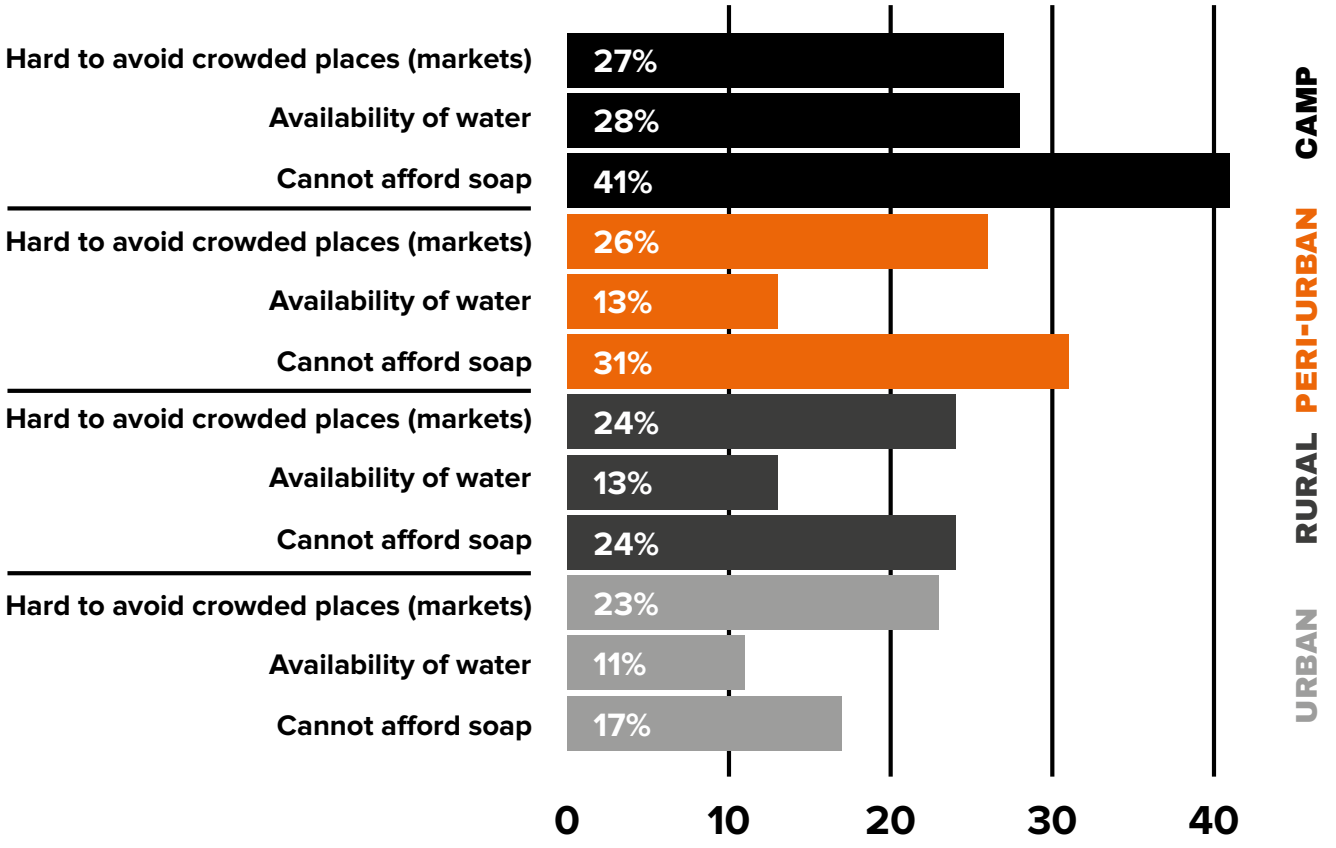


The practice of these measures however posed several challenges. One in every four respondents found it difficult to avoid social contact (27%) could not avoid crowded places (24%), more men reported this as a challenge than women. The affordability of masks (26%) and soap (24%) was reported as a challenge, in both cases women reported this more frequently than men. Living in an overcrowded household was stated as a problem by 18% and access to and affordability of water was a challenge for 15% of the respondents. Overall, affordability was more often referred to as a problem than availability.

These challenges were further exacerbated for people living in camps where 41% reported they could not afford to buy soap and 38% could not afford masks. Over a third (36%) reported that their living areas were over-crowded while access to water was a challenge for 28% of the respondents living in camps. In peri-urban areas, over-crowding and the difficulty of avoiding social contact were highlighted by over a third (35%) of the respondents. In rural areas, over a quarter of the respondents stated they were unable to follow the physical distancing regulations or the recommended hygiene practices.

While the information campaigns have been effective and appear to have reached most of the respondents in the 25 countries, the ability to apply the recommended measures is highly curtailed by lack of access to basic hygiene services and products (water, soap, disinfectant, masks). Crowded working and living spaces also prevent people living in poverty from adhering to the recommended physical distancing norms. Social practices such as hand shaking and personal hygiene practices such as covering face and mouth while coughing and sneezing have been adopted by most respondents.

Main challenges, by location



As the prospect of vaccination reaching people in developing countries in the next months are quite bleak, information and communication efforts need continued attention and gaps in access to WASH services need continued focus and financing.

Gel distribution, Burkina Faso.

In April 2020, the RAST project (rehabilitation of the communal water infrastructure, sanitation facilities in schools and health centres and work on the behavior change to improve WASH & hygiene situation) has been further adapted in response to the Covid-19 pandemic emergency.

Our responses:

Alliance2015 members adapted their programmes and increased their focus on protection and hygiene awareness immediately on the outbreak of the pandemic. We aligned our own working modalities with official hygiene regulations to protect staff and partners.
Every Alliance2015 member has initiated large scale campaigns to raise awareness about the virus, its impact and the protection measures. All Alliance2015 members work with radio, loudspeakers, mobile vans and phones, posters and plays, as appropriate for the context. Alliance2015 members work with partner organisations and share knowledge and resources with municipalities, camp managers, frontline health and education staff as well as millions of households. Local authorities have also been supported to combat the spread of misinformation.
Handwashing facilities have been set up in public health facilities, schools, markets and public buildings. Alliance2015 members have distributed soaps, sanitizers, masks and personal protective equipment (PPE) to bridge the wide gap between the needs and their availability. These actions need continued attention and need to be further scaled up.

Our recommendations:

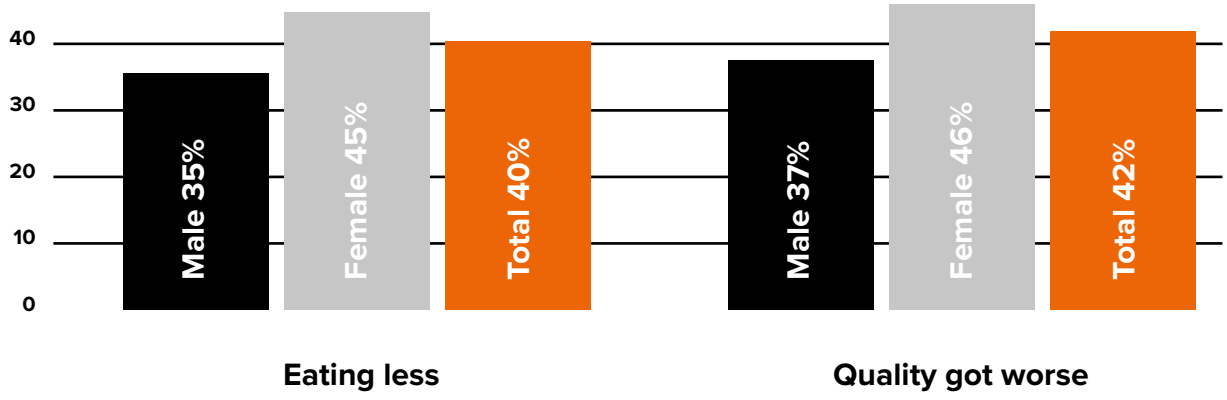
Covid-19 has put a spotlight on the strategic importance of WASH as one of the first lines of defence in preventing infections and slowing the spread of outbreaks –especially in refugee camps and informal settlements, schools and health care facilities. Concrete action is needed to:

- **Stimulate local production** of soap, disinfectants, and masks in areas where they are not available or unaffordable for those in need. This is critical in order both to increase access to hygiene practices and to create local income earning opportunities.
- **Continue campaigns on raising hygiene awareness** and their effects in terms of changed behaviour and practices.
- **Prioritize WASH in camps, schools, and health care facilities** and equip frontline health workers with the protection they need to safely execute their duties while ensuring infection prevention and control for healthcare seeking populations.

Coping strategies – people are eating less, eating lower quality food

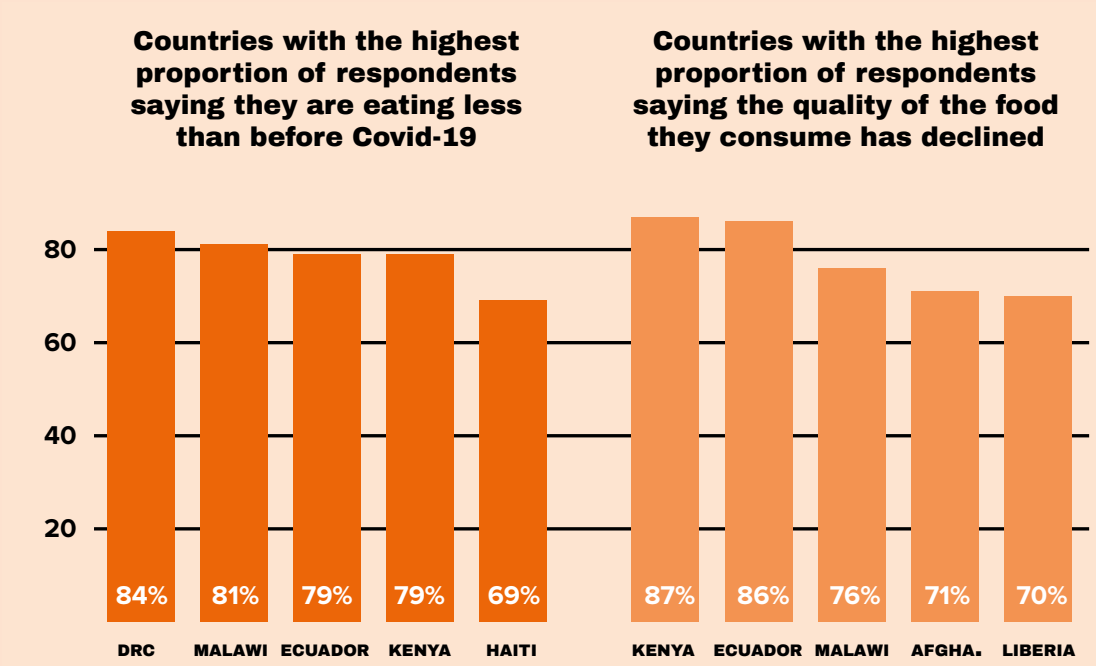
Eight months into the pandemic, 45% of women reported that, compared to the period before Covid-19, they and their families were consuming less food with a similar proportion saying the quality was worse. Over a third of male respondents also reported a decline in both the quality and quantity of food consumed. This has potential long-term impacts, particularly on children, pregnant and nursing women. Several studies[1] have also documented the additional burden of work on women and girls due to increased household water needs and presence of larger number of family members for longer periods of time in the house.

Decrease in the Quantity and Quality of Food consumed in the household



1 - United Nations Policy Brief: The Impact of COVID-19 on Women; 9 APRIL 2020; COVID-19 and gender equality: Countering the regressive effects; Mc Kinsey Global Institute, July 2020

Six of the 9 countries where the largest number of respondents reported a decline in quality and quantity of food consumed were in Sub Saharan Africa: Democratic Republic of Congo, Malawi, Kenya, Burundi, Liberia and Madagascar. The other three are Afghanistan, Ecuador and Haiti. Many of these countries already suffer from high levels of hunger. The data collected suggests that the reduction in food consumption is the combined impacts of loss of incomes, including remittances, increase in local food prices and lack of access to credit.



Helvetas, Niger.

Our responses:

The pandemic has brought together the global community in shared grief, trauma as well as the experience of shortages of basic necessities. Alliance2015 members have had to respond to food insecurity not only in their partner countries but also in their own countries. Cesvi had to initiate home delivery of food packets and medicines for the elderly and children in Italy, at the peak of the pandemic. Alliance2015 members started food and cash distribution on a large scale in areas of their operation. We scaled up existing food and food voucher distribution programmes in camps and in schools. In remote areas, communities are being helped to prepare nutritious meals with locally available ingredients. In others, local food networks are being stimulated where farmers can sell their produce over digital platforms to consumers, tying up with auto rickshaw services for home delivery. Funds have been made available to our local partners to respond to emergency food needs and project budgets and durations have been adapted to enable this. While many innovations have been triggered by our responses, a lot more needs to be done to protect the most vulnerable from the long-term economic impacts of the pandemic.

Our recommendations:

Covid-19 and its consequences are fuelling chronic and acute malnutrition across the globe. New levels of leadership and action must be delivered over the coming months and in particular through the UN Food Systems Summit, COP26 and the Nutrition for Growth Summit. We call for:

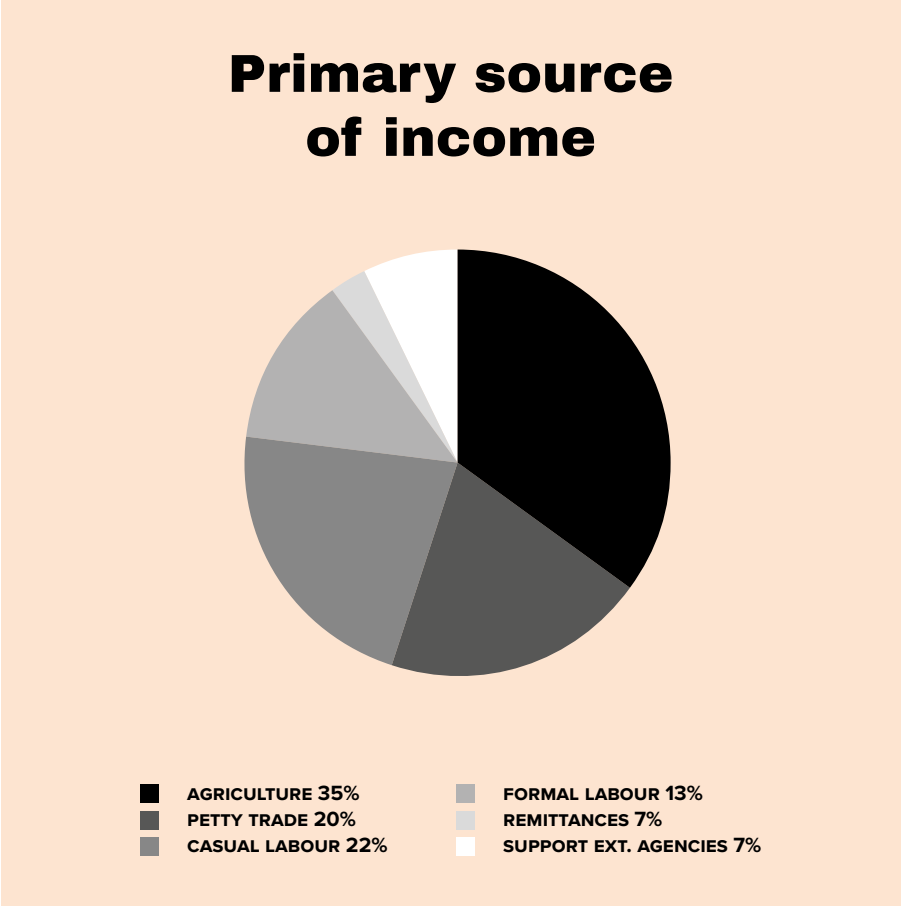
- **A consistent focus on those furthest behind**, the poorest and most vulnerable and women and children in particular.
- **A clear commitment to multi-sectoral approaches** designed to build resilience at community level while improving nutrition outcomes.
- **A scale up of investment in humanitarian response** to deal with the growing threat of famine faced by millions across some of the most fragile countries of the world.
- **National governments and donors** to enhance their support for safety net programmes as part of developing stronger nationally led Social Protection programmes.

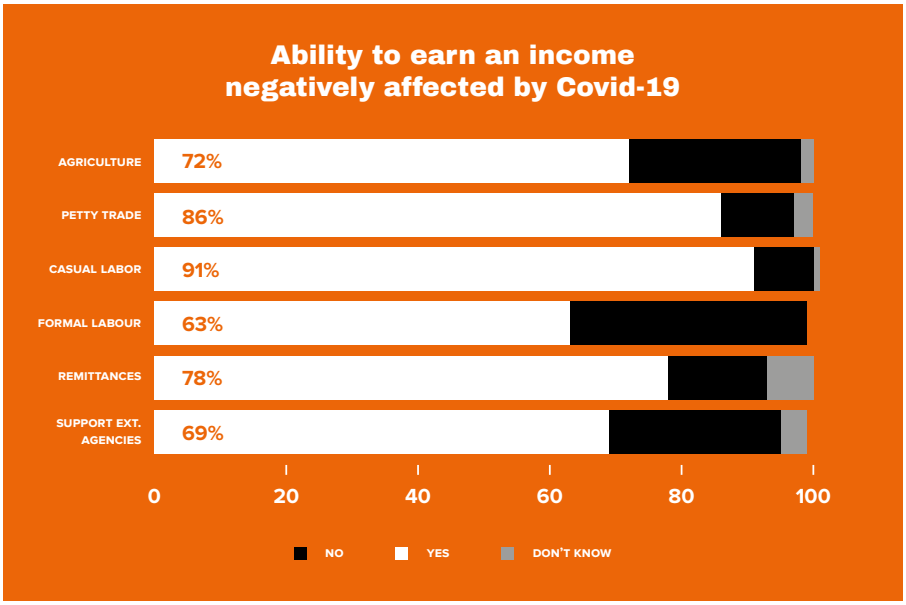
Financial impacts - on incomes

The primary sources of income of the household of those interviewed were agriculture (35%), followed by casual labour (22%), petty trade (20%), formal labour (i.e., with a contract, 13%) while 7% of respondents (mainly from camps) reported their main source of income came in the form of assistance from external agencies, and 3% relied on remittances.

A greater proportion of women reported their households relied on remittances, external support, petty trade and casual labour than men – these sectors have been more adversely impacted by policies to control the spread of Covid-19 than others.

Across all occupations, settlement types, gender and age groups, a substantial majority of respondents stated that their ability to earn an income had been affected. Amongst those who gave this response, those identifying a negative impact were highest in the peri-urban areas where over 87% of respondents reported that their ability to earn an income had worsened – with 40% saying it got a little worse and 46.6% saying it got a lot worse.



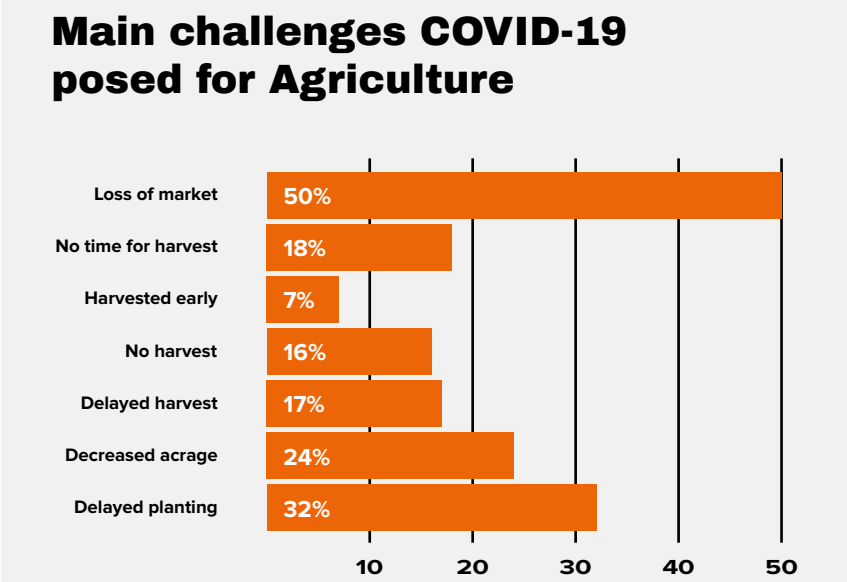


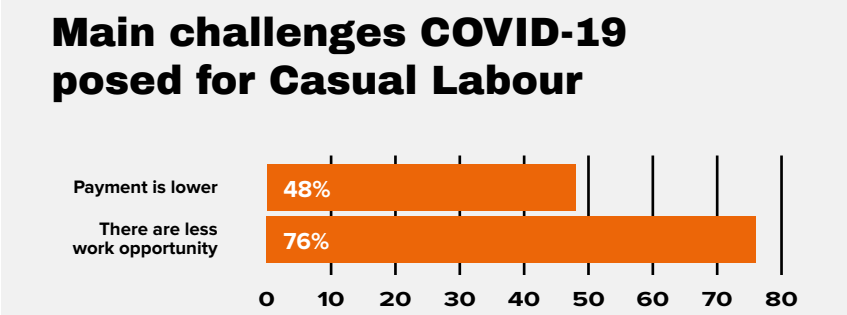
Over two thirds (72%) of **farmers** reported a reduction in income due to Covid-19. Of them, half said this was on account of disruption of markets and their inability to sell produce. Nearly a third (30%) reported delayed planting and 23% reported that they could only cultivate a smaller area of land.

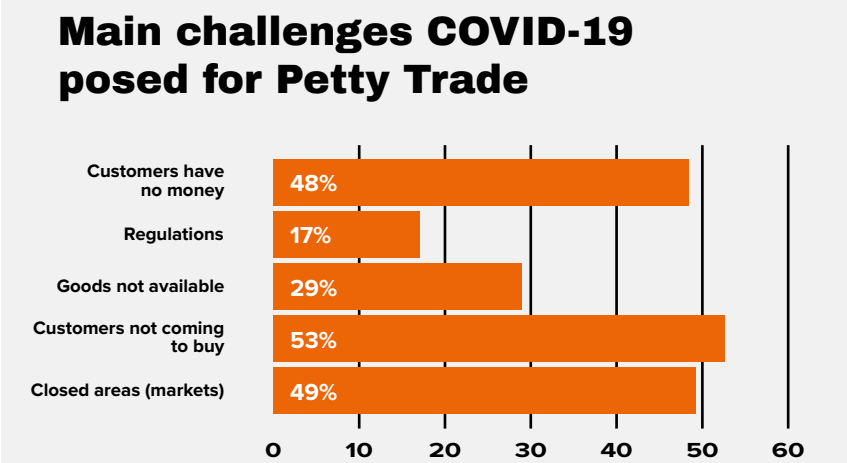
The lockdowns and curfews imposed by governments to control the spread of Covid-19 also severely affected **casual workers**, over 91% of whom said their ability to earn an income was adversely affected. Over three quarters (76%) reported fewer work opportunities while 48% stated they were being offered lower wage rates.

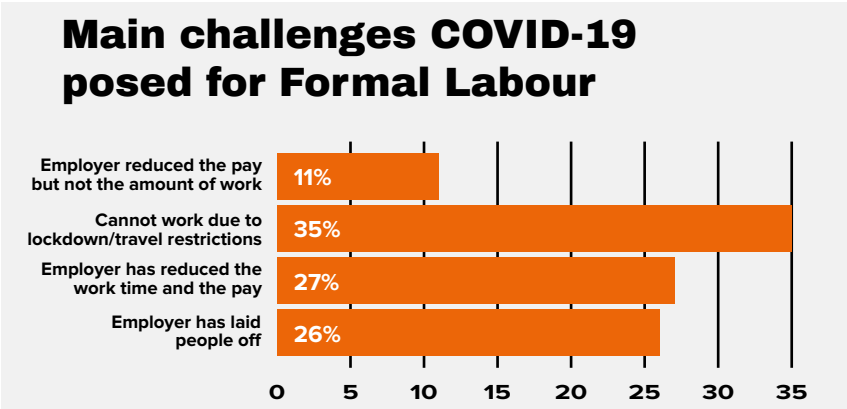
Petty traders have been particularly badly affected by the measures to control Covid-19 with 86% reporting a reduction in income which they attributed equally to lack of customers and the inability of customers to pay. They suffer from the closure of markets – 49% had restricted access to markets and 29% could not procure the goods to sell. Trade disruptions are having adverse impacts on the smaller market actors who are not protected by any government policy, have little access to credit, little capacity to stock goods or negotiate terms of trade. These risks and costs will in turn be passed on to the equally poor households who are their customers.

Even among **workers with a formal work contract**, 63% reported a reduction in income, 41% said this was because they were not able to work due to the lockdowns, 31% said their work time was reduced while 26% reported they lost their jobs.

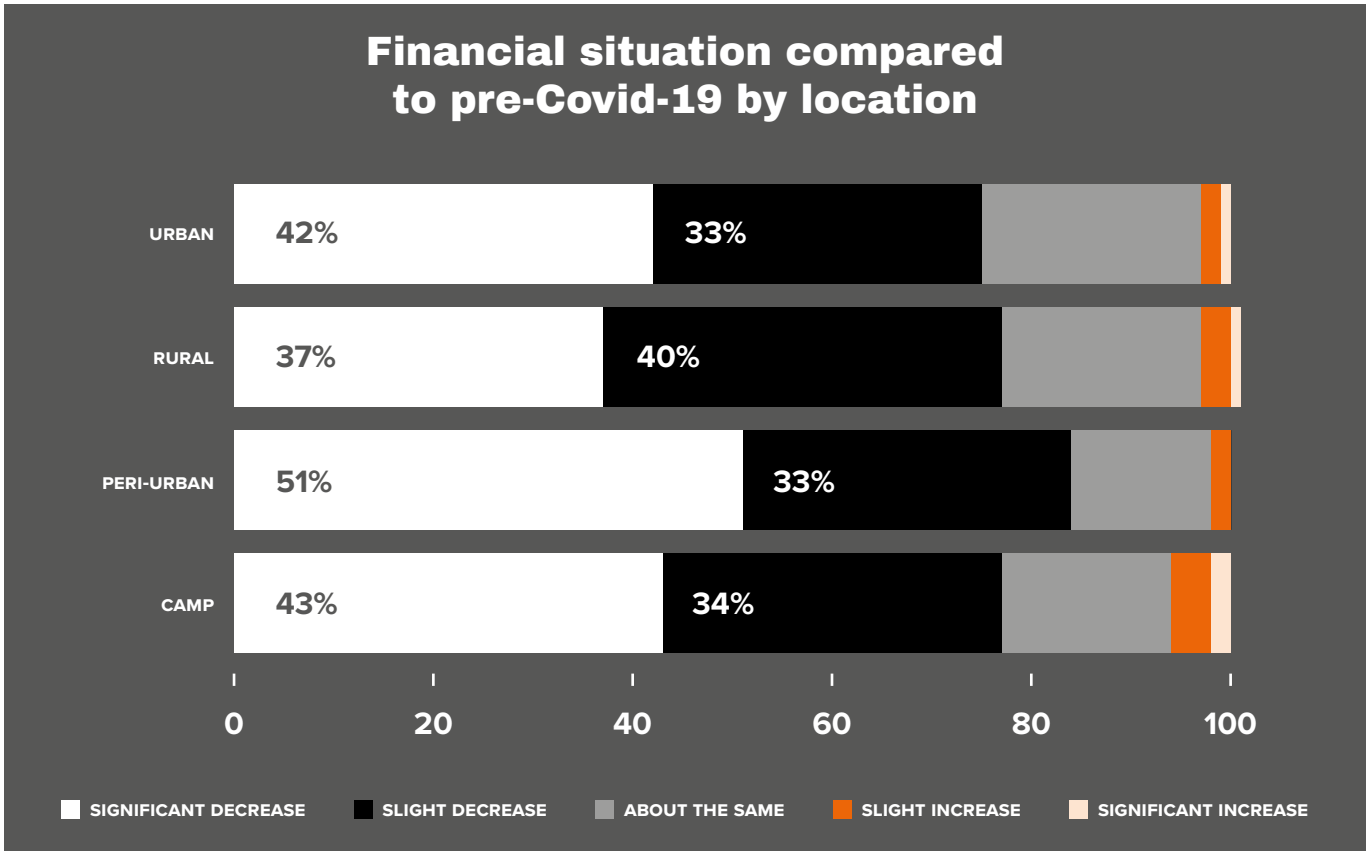




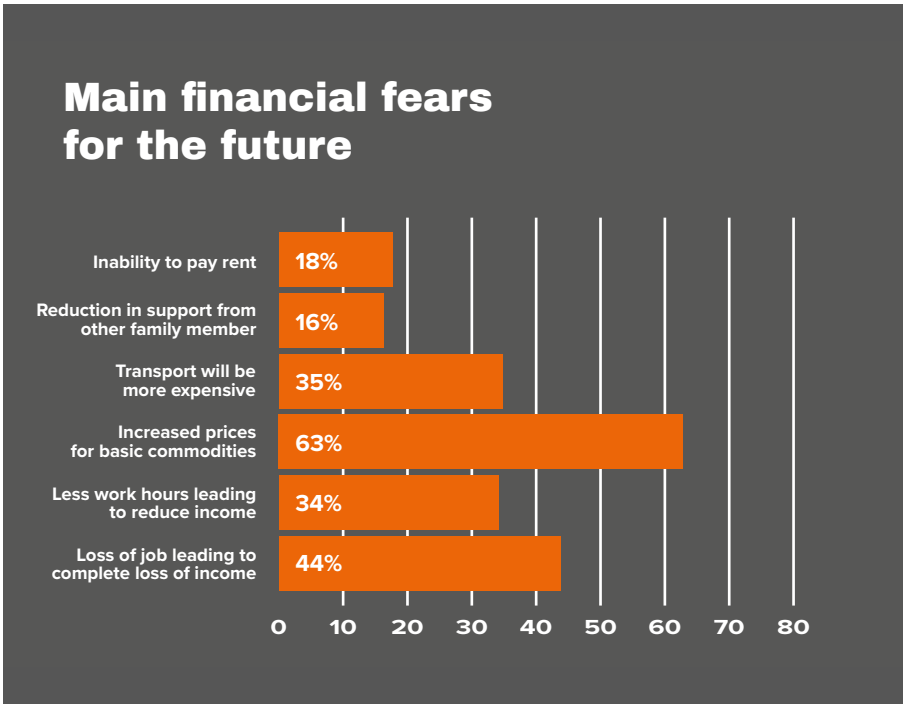




Respondents were asked to describe the overall change in the financial situation of their households since the start of the Covid-19 crisis. Unsurprisingly, only a small proportion (3.4% in total) said there had been an improvement; 18.9% said it had remained the same, 34.6% said it had slightly decreased while 38.8% said they experienced a 'significant negative change'. This was worst in peri-urban areas.



Respondents were also asked whether they were worried if Covid-19 would (further) affect the financial situation of their household over the next six months, with 76.9% responding that this was the case. Many respondents (62.8%) reported they were worried about price increases. Just over 43% worried about not having a job while 34% were concerned about reductions in their income due to less work hours. High transport costs, which have a negative impact on the poor who need to travel to work or markets, were a concern for 34% of the respondents. Inability to pay rent, with the attendant risk of eviction, was a concern for 18% of respondents, the majority of them in urban areas.



Our responses:

Soap manufacture, Burkina Faso.

Alliance2015 members have initiated a range of local income generating activities that cater to the new demands arising from Covid-19 such as mask production, soap manufacture, fabrication of hand washing stations etc. Cash-for-Work schemes have been started in many countries. People, especially the youth, are being trained in the use of digital technologies for new employment opportunities, such as in delivery services. Enhanced assistance to micro, small and medium enterprises, both financial and technical assistance, is a key focus aimed at protecting employment opportunities. Small businesses are being supported to use radio and digital platforms to promote their products. Many local youths have also been hired to support and implement our own Covid-19 related activities such as hygiene promotion trainings, construction work and material distribution. Cash assistance and vouchers are being provided to the most vulnerable persons and households.

Mask production in Mozambique.

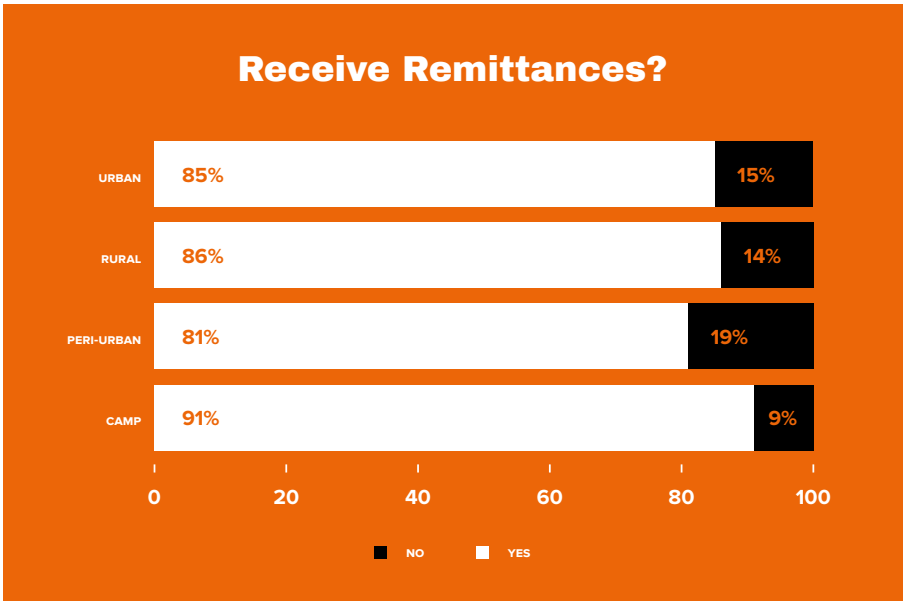
Our recommendations:

The livelihoods and income of extremely poor people have been severely impacted by the pandemic with differences across urban, peri-urban and rural contexts. In response:

- **At the individual household level**, recovery packages must provide appropriate and adequate support to allow individuals access to the goods, services and social support they need.
- **At national level**, governments must invest in and adopt policies to mitigate the rising costs of basic needs.
- **Governments, donors, and NGOs** must work with organizations trusted and monitored by communities to ensure social protection programs function optimally and fairly and promote gender equity and social cohesion.

Remittances have dried up

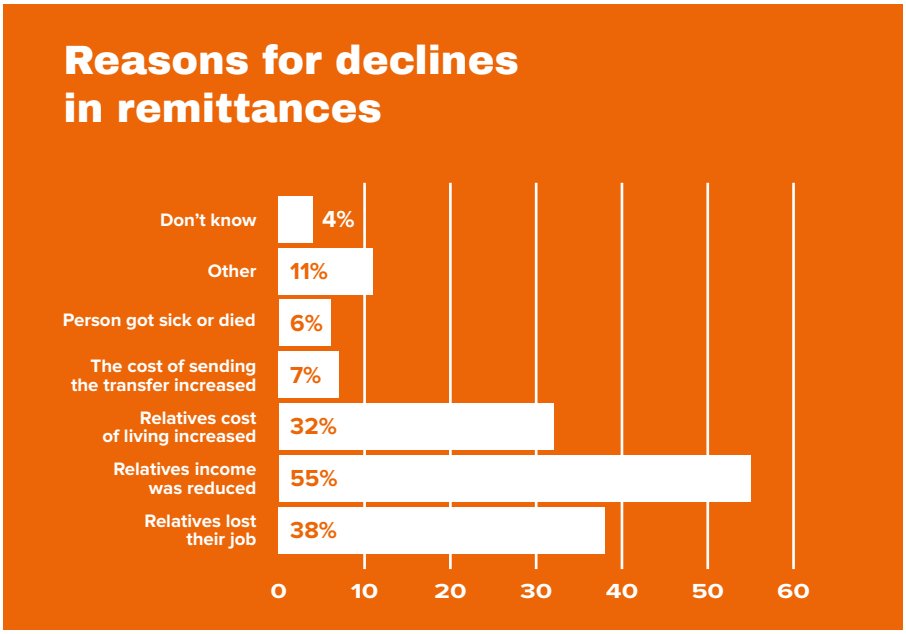
Almost 14% of all respondents reported receiving remittances from family members elsewhere. While remittances are a primary source of income for 3% of the respondents, it was a complementary source of income for many more. Receipt of remittances was highest among respondents from peri-urban areas and slightly less so among urban and rural respondents (14%).
Over three quarters (77%) of all who received remittances reported a reduction or complete stoppage of remittances.



	Stopped completely	Decreased a lot	Somewhat decreased	About the same	Somewhat increased	Increased a lot
What happened to the flows of remittances?	28%	22%	31%	14%	3%	2%
		81%			**19%**	

Forty percent of women from peri-urban settlements who relied on remittances reported that these have stopped completely.

Most of these respondents (85%) knew the reason for stoppage or reduction of remittances – 55% reported this was the result of income loss of the relative who was sending the money, 38% reported the relative sending money had lost her/his job while 32% attributed it to higher costs of living.



The World Bank recently revised, its estimates of the reduction in international remittance flows due to Covid-19 estimating a 14% decline in 2020 compared to 2019[2]. It predicts that '*the economic crisis induced by Covid-19 could be long, deep, and pervasive when viewed through a migration lens*'. Our study captures the impact of Covid-19 on both domestic and international remittances and presents a much starker picture.

Our responses:

Migrant workers are one of the groups most affected by government policies to contain the spread of Covid-19. As a vast majority of migrant workers are employed in the informal sector, they rapidly lost their sources of income, their shelters, and had to face harsh quarantine measures on their return home. Allaince2015 members helped local governments to build quarantine facilities in areas that saw large scale return of migrants. We help ensure that the basic needs of the returnees are met and are also providing them with job and psychosocial counselling.

Cash transfers, food aid and alternate employment opportunities are some of the actions initiated to help the most vulnerable households who relied on remittances. Several countries with fragile economies, such as Somalia, rely significantly on remittances. They need particular attention and continued international support.

Our recommendations:

Labour migrants have been particularly affected by the pandemic, due both to mobility restrictions as well as severe impacts on people working in the informal sector. This has an immediate effect on remittance flows and thus, household incomes in developing countries. In response, it is necessary to:

- **Instigate special measures to support individuals, households and communities** who depend on remittances and/or the informal economy and who have no economic safety net to support themselves in a situation of forced confinement or mobility restriction.
- **Use innovative channels to ensure that the benefits of fiscal stimulus reach vulnerable populations**. The creation of alternative livelihoods for those rendered unemployed by Covid-19, especially opportunities in the green sectors in rural and peri-urban areas, is an urgent need.

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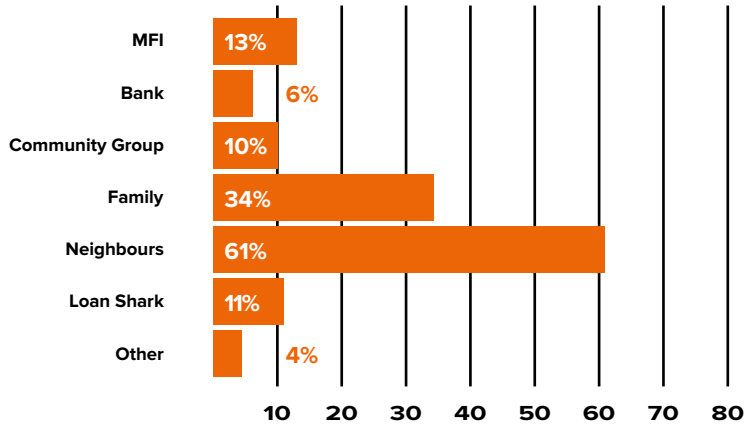
2 - Dilip Ratha, Supriyo De, Eung Ju Kim, Sonia Plaza,Ganesh Seshan, and Nadege Desiree Yameogo. 2020. "Migration and Development Brief 33: Phase II: COVID-19 Crisis through a Migration Lens." KNOMAD-World Bank, Washington, DC. License: Creative Commons Attribution CC BY 3.0 IGO

Debt - an important coping strategy

Respondents were asked whether they had to borrow money to cope with the situation since the start of the Covid-19 pandemic. Over 47% of all respondents said they had to borrow money. In addition, 41% of respondents said they had taken goods on credit from the local shops. As with many of the other indicators, the greatest proportion of such responses were recorded in the peri-urban and camp areas. While responses of men and women were similar, younger age groups were more likely to report increased borrowing or purchases on credit post Covid-19, than other age groups. People were further asked where they were borrowing this money from – the largest proportion of respondents borrowed from neighbors (60.9%) followed by family (34.3%) – the proportion who relied on Micro Finance Institutions (at 12.9%) or Banks (at 6.1%) was considerably lower, while almost 11% have had to resort to borrowing from 'loan sharks'.

Community groups, once an important source of consumption loans, especially for women, had been accessed by only 10% of respondents.
Respondents who reported borrowings were asked whether they thought they would be able to repay this loan in the agreed time frame. Amongst this group, almost 40% said they did not expect to be in a position to repay the loan while 37% said they would be able to do so and 22% said they didn't know. Respondents who borrowed from banks felt more certain that they would be able to repay the loans (at 47.7%), followed by those who had borrowed from Community Groups (at 46%), while the lowest proportion giving this response were recorded amongst those who had borrowed from family (at 33.9%) and neighbours (at 33.8%).

Sources of Loans by those who report borrowing to cope with COVID 19



Our responses:

The CGAP[3] assesses financial inclusion to be important for achievement of 11 of the 17 SDGs. However, as this crisis indicates, in developing countries marked by informality, access to credit for consumption needs from the formal sector is limited and social networks continue to play an important safety net function. Community based institutions needs to be strengthened as they are the lender of first and last resort for the poor. While furlough schemes, grants, interest free and low interest credit have buffered the impact of Covid-19 for millions in developed countries, people in developing countries have had few avenues for financial support from the formal, regulated sectors. Alliance2015 members have focussed their efforts on creation of local income and employment opportunities for women and men thereby strengthening the foundations of the local economy. Inputs for agriculture and livestock rearing have been provided to ensure continuity of these livelihoods in contexts where markets have been disrupted. Emergency cash assistance has been provided to many of the neediest persons. These programmes need to be continued to prevent further indebtedness or dilution of the asset base of households.

Our recommendations:

This research reveals the extent to which individuals have had to take on debt in order to manage their way through the pandemic. Uncertainty about the future and the stresses that brings compounds the burden of debt being carried. In order to help individuals and communities escape that burden, Governments and humanitarian actors must coordinate in order to:

- **Provide financial assistance** as part of a wider package of support which enables the creation of livelihood opportunities in the longer term.
- **Adopt and expand graduation programming** in order to build the resilience of communities and individuals to future shocks and stresses.
- **Work to ensure a clear transition from humanitarian response to addressing long term solutions.**

3 - Leora Klapper, Mayada El-Zoghbi, Jake Hess: Achieving the Sustainable Development Goals: The Role of Financial Inclusion, CGAP, UNSGSA; APRIL 2016

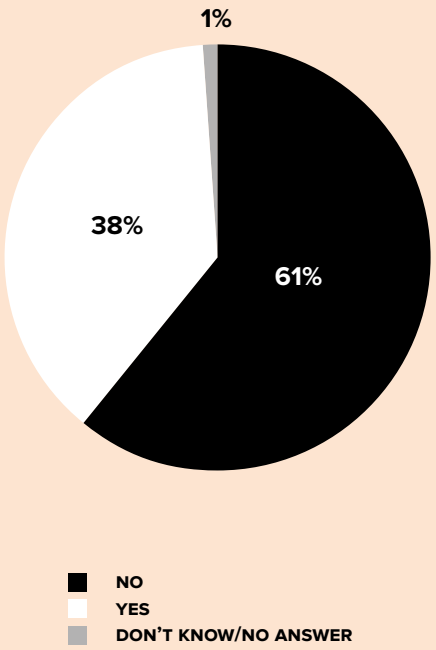
Support from external agencies

Over 38% of respondents report receiving some form of support from external agencies to cope with the impacts of Covid-19 in the three months prior to the survey.

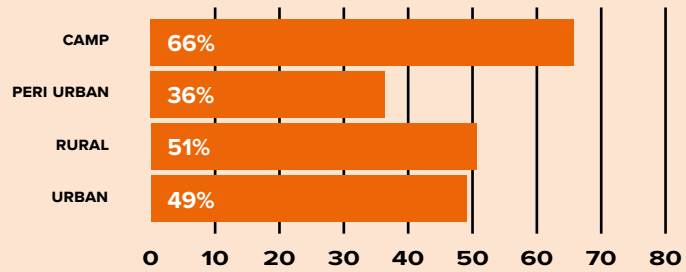
Respondents were also asked whether they were aware of other members of their community receiving assistance – this was highest in camp settings (at 65.8%), with slightly over half (50.6%) the respondents in rural areas said they were aware of someone in their community receiving external support, followed by those living in urban areas (49.1%). As is often the case, respondents living in peri-urban areas have been disproportionately excluded with only 36.4% of respondents reporting anyone in their community received assistance. Most beneficiaries, 84%, found the assistance useful and 79% said the assistance was given to those who were most needy.

Of those who received assistance 60% report receiving food aid, 44% said they received cash and the remaining received soaps, masks and sanitisers. Nine percent reported that they got better access to water.

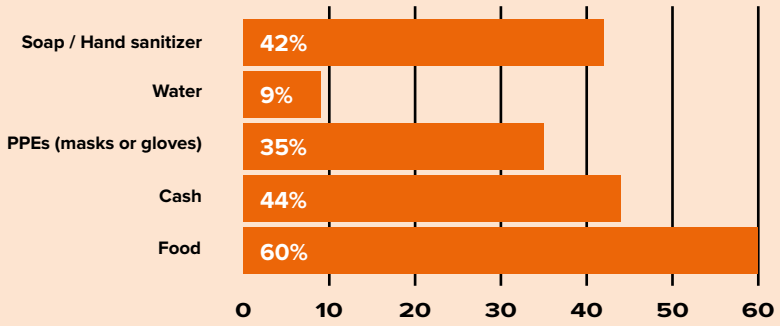
Received external support to cope with the impacts of Covid-19



Someone in their community received assistance in last 3 months due to Covid-19 pandemic



Type of support received



Our responses:

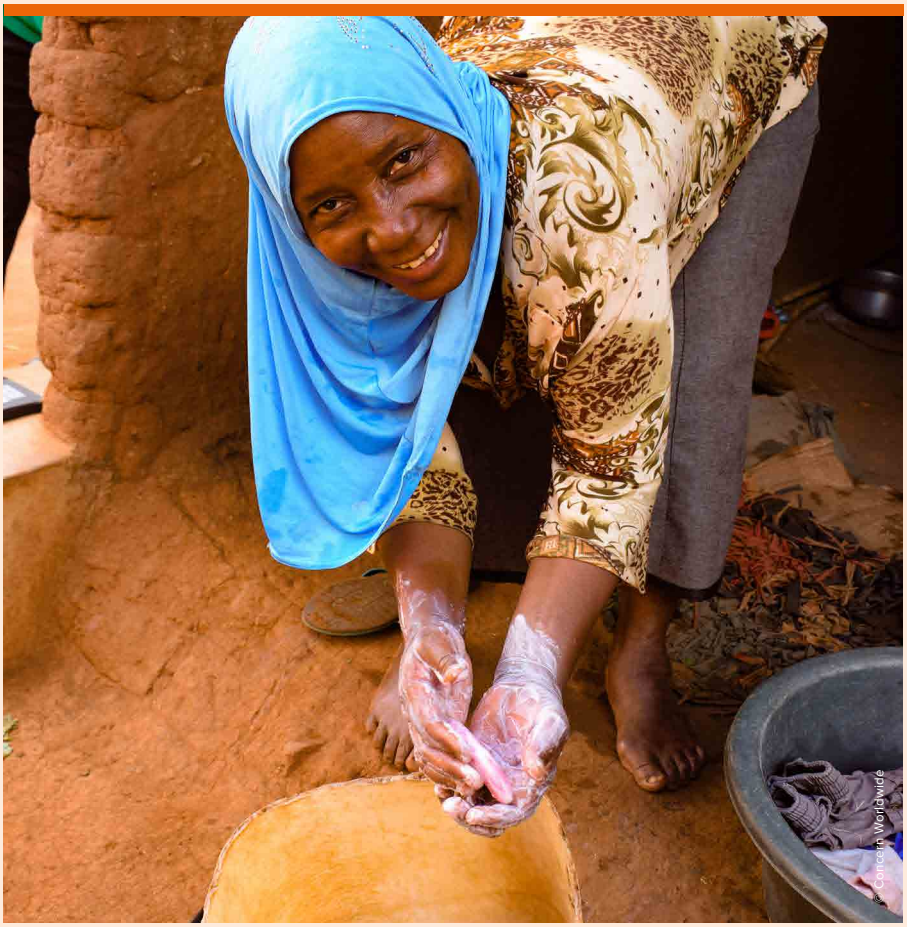
Concern Bangladesh have implemented new measures to prevent the spread of Covid-19 at distributions, such as maintaining social distancing, wearing protective equipment and installing hand-washing stations. Kalpona is pictured washing her hands, prior to receiving her cash transfer at the "Monsoon Flood Recovery project" distribution.

While all Alliance2015 members substantially adapted their programme and scaled up actions to support communities with food and material aid, the needs are overwhelming and persist for almost a year now. While the targeting and the nature of support provided are appropriate, they need to be complemented and scaled up.

Our recommendations:

While aid agencies at all levels try their best to support poor and disadvantaged people during the pandemic, the needs revealed through this survey will increase day by day over the weeks and months to come. Action must therefore be taken to:

- **Scale up the level of external support to the most vulnerable**, with a special focus on women, children, elderly and people with disabilities.
- **Find ways to improve and maintain external support also in humanitarian settings**, including in camps.
- **Understand and respond to the real needs at community level**, and be ready to meet them adequately, timely and in a coordinated manner.



Marriam Jamali washes her hands after receiving soap as part of of hygiene distribution to help prevent the spread of Covid-19 by Concern Worldwide in Lilongwe. On receiving the soap Marriam says 'this could not have come at a better time'.

Yvener Jose, left, a staff of Concern Worldwide checks registration documents for Guillaume Ysmara (75), during a distribution of hygiene kits by Concern Worldwide in Cite Soleil slum, a district of Port-au-Prince, Haiti.

Impacts on health and health seeking behaviour

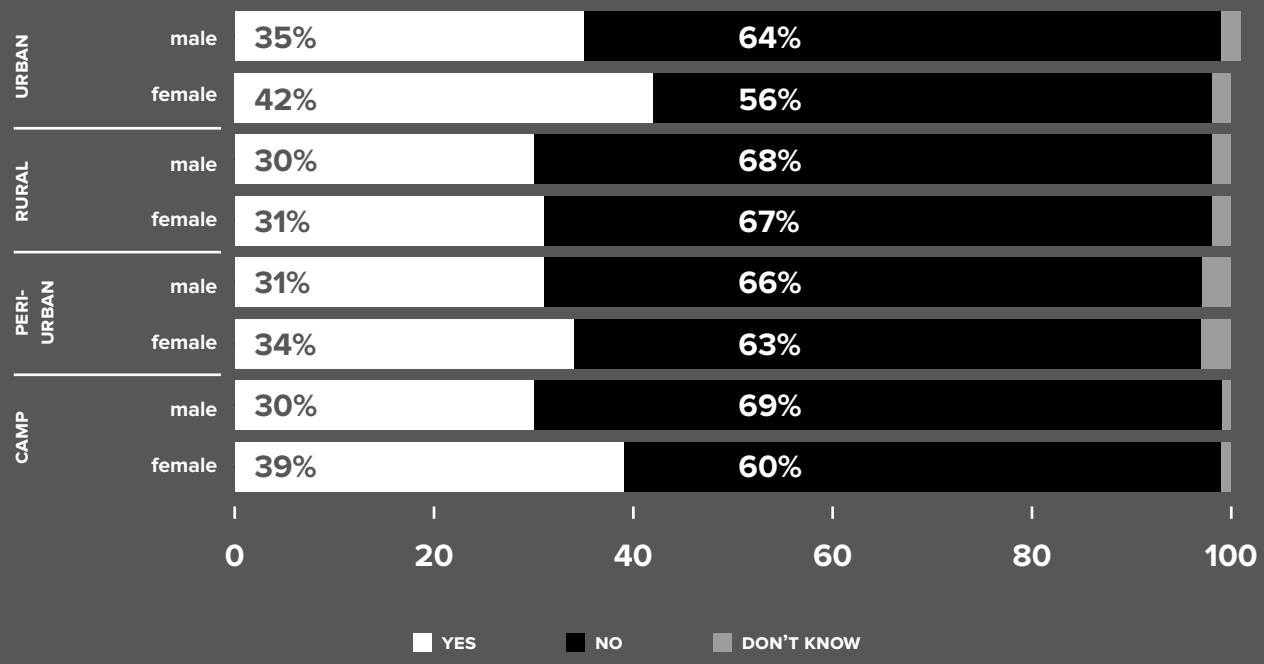
A third of the respondents reported a worsening of their health conditions post Covid-19. Fourteen percent also stated that health had improved since COVID. A substantial 48% of women living in camps observed a deterioration in their health and well-being now.

Compared to the period before Covid-19 how would you describe the overall health and well-being of your family members?

	Improved	Decreased a lot	Got worse	Don't know	Refuse to answer
Male	16.1%	52.3%	30.9%	0.5%	0.1%
Female	12.7%	51.2%	35.4%	0.5%	0.3%
Trans / Non-Binary	4.4%	64.4%	31.1%	0.0%	0.0%
Urban	14.0%	53.5%	32.1%	0.1%	0.3%
Rural	14.2%	54.8%	30.0%	0.8%	0.2%
Peri Urban	17.6%	42.0%	40.2%	0.1%	0.1%
Camp	14.2%	43.4%	41.9%	0.1%	0.4%
19 years and under	15.4%	60.7%	22.8%	0.3%	0.8%
20 to 59 years	14.7%	51.5%	33.1%	0.5%	0.2%
50 years and above	12.9%	51.7%	34.7%	0.5%	0.1%
Total	**14.3%**	**51.8%**	**33.2%**	**0.5%**	**0.2%**

At least a third of respondents in all settlement types reported that they had delayed or skipped visits to health centres or had not completed planned schedule of visits. More women reported such disruptions than men with up to 42% women respondents in urban areas reporting such disruption. The main reasons for this were stated to be a fear of contracting Covid-19, the high cost and waiting time.

Delayed, Skipped, or Unable to Complete Healthcare Visits



'During this crisis, 70 countries have halted childhood vaccination programmes, and in many places, health services for cancer screening, family planning, or non-Covid-19 infectious diseases have been interrupted or are being neglected. This could reverse decades of improvement, affecting population health for years to come'.
Editorial, The Lancet[4], citing the UN Sustainable Goals Report, 2020[5]

4 - https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(20)30189-4/fulltext#articleInformation, DOI:https://doi.org/10.1016/S2468-2667(20)30189-4, Published September 2020

5 - https://unstats.un.org/sdgs/report/2020/ accessed 09.01.2021

Our responses:

The huge inequities in health care services have been starkly revealed by the pandemic. Alliance2015 members and partners are providing hygiene items, personal protective equipment, Covid-19 test kits and other medical supplies to local health centres in numerous countries. We are training extension workers to raise awareness on disease prevention measures, crucial for avoiding infections and minimizing negative health impacts. Towards ensuring continued access to basic health services, Alliance2015 members are mobilising and training local health workers in several countries.

Bertha Chiwaya washes her hands before seeing a patient in the ward. Malawi.

Our recommendations:

The pandemic calls for a significant strengthening of primary, community-based health care services and local care workers who play a crucial role in controlling the spread of Covid-19. However, they have been long neglected and underfunded, despite the valuable experiences gained during past epidemics of Ebola and SARS. Such investments are also critical towards the achievement of Universal Health Coverage (UHC) and delivery on SDG 3. Concrete actions that are needed include:

- **Maintain and strengthen essential health services** and systems during the outbreak and beyond.
- **Equip frontline health workers with the protection they need** to safely execute their duties while ensuring infection prevention and control for healthcare seeking populations.

Health workers greet patients and take their temperature in one of Cesvi's health centres in Somalia.

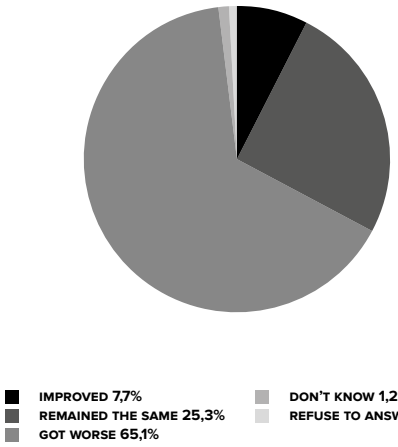
Education – a lost generation?

Respondents were asked how they would describe the access to schools for the children in their households compared to the period before Covid-19. Overall, 90% of respondents said they had school aged children[6] , and of those who gave an opinion 7.7% said access to education had improved (highest in Niger at 51% followed by Burkina Faso at 10.4%), 25% said it had remained the same (highest in Burundi, where schools did not close, at 92.6%, followed by Ukraine at 52.1%), but most respondents (65%) stated it got worse. This was highest in the occupied Palestinian Territory (oPT) (98.9%), followed by Liberia (at 93%) and Ecuador (86.8%). In only two countries, Niger and Burundi, did less than one quarter of respondents say the schooling situation had worsened (24.8% and 6.9% respectively).

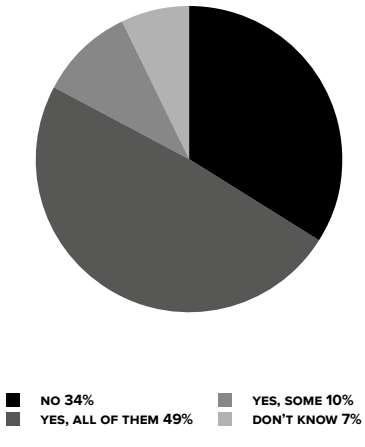
Among families with younger children, in the age group of 4 to 16, over 90% report that schools in their locality had been closed at some stage as part of the measures to control the spread of the virus. If respondents indicated that schools had been closed, they were asked if they had been reopened. Almost half (48.2%) said yes all of them had re-opened, almost one tenth (9.7%) said some had, while 34% of respondents said schools had not reopened. Bolivia, Guatemala and Nepal have the most stringent policies towards school opening with all respondents reporting that the schools were still closed at the time of the survey.

In Bangladesh, most of the respondents were from the refugee camps, where the disruption of education was reported to be nearly universal.

Access to school compared to pre-covid



Are schools reopened now



While Burundi kept the schools open throughout the period, countries like Malawi, Pakistan, Afghanistan and Madagascar have re-opened their schools. Amongst respondents who identified schools had not reopened, 31.2% said none of their children had access to education. Where respondents said some of the schools had reopened, a similar proportion said none of their children had access to education (31.4%) whereas a much lower, 13% percentage, of people gave this answer where all schools were opened.

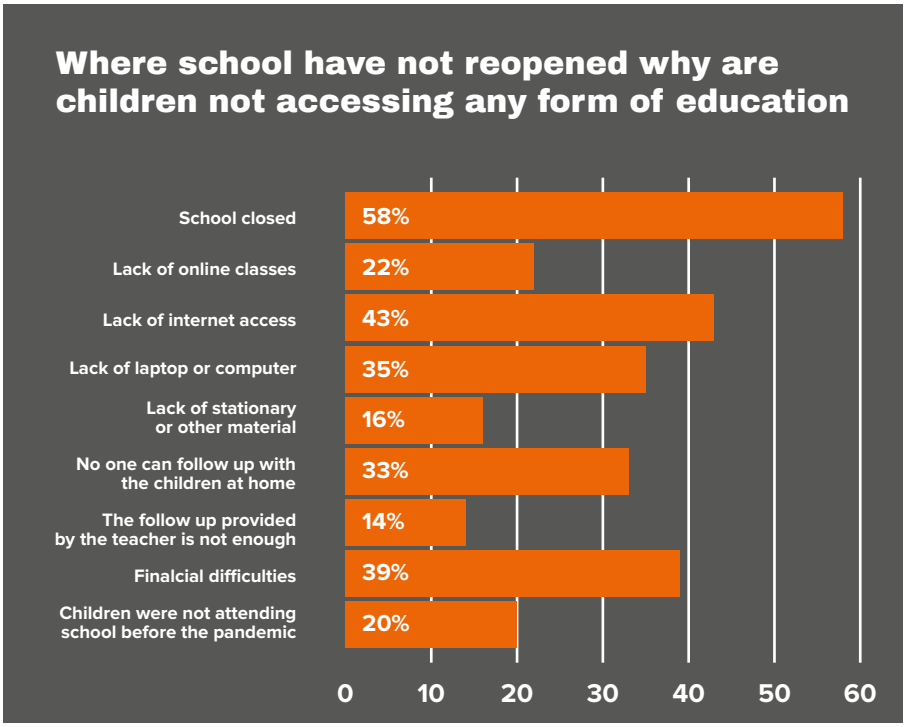
6 - There was an unusually high proportion of respondents in Ukraine (73%), Georgia (57%) and Bolivia (35.6%) who did not have children, this is reflective of the target groups the A2015 agencies are working with in these countries.

Children's access to Education

	DO CHILDREN IN THE HOUSEHOLD HAVE ACCESS TO EDUCATION?					
↓ Have school reopened	No, none of them	Yes, some of them	Yes, most of them	Yes, all of them	Don't Know	Refuse to answer
No	31.2%	27.7%	10.2%	28.3%	1.8%	0.6%
Some of them	31.4%	34.2%	9.6%	23.4%	1.3%	0.1%
All of them	13.0%	20.4%	12.1%	53.9%	0.5%	0.1%

Where schools were still closed, 58% gave this as the reason for the children not receiving any education, a significant 43% lacked access to the internet, 39% reported financial difficulties, 35% reported lack of laptops or computer, 33% said there is no one to follow up or support the children at home, and 22% said there were no online classes. Twenty percent of respondents reported that children in this age group in their households were not going to school before the pandemic either.

While the impact of lack of access to education is assessed to be similar on girls and boys by 71% of respondents, 15% indicated that girls are more affected and 8% said boys are more affected. Women felt and reported the disruption more strongly (67%) than men (63%).



The digital divide, that existed before the pandemic, has become wider and is creating a massive gulf in access to education amongst children during this pandemic. Where children have not yet returned to school, 28% of respondents were not able to say definitively that they would send their children to school even when the schools reopen.

Our responses:

Allaince2015 members have initiated a range of actions to ensure continued access to education. We have distributed educational material on Covid-19 to school children and their families. Schools have been provided with hygiene items like soap and sanitizers to minimize the infection risk. Several thousand hand washing stations have been installed in schools around the world.
In some countries Alliance2015 members have distributed radios and batteries to school children so they can continue their education through a curriculum designed for use on the radio. In others continuation of basic education is ensured through open-air schools, digital teaching methods and accompaniment of teachers. Vocational training course have been adapted to the current situation. Many now train students to produce masks, liquid soap and disinfectants, meeting local needs while building new skills.

CHANGE project – Improving Access to Education in Ethiopia for Most Marginalized Girlst; and it is led by People in Need (PIN) implemented with partners from Alliance2015, Concern Worldwide, Welthungerhilfe, Helvetas, and the Italian Association for Aid to Children (CIAI).
It is part of the The Girls' Education Challenge (GEC) program that was launched by the UK's Foreign, Commonwealth and Development Office in 2012 as a 12-year commitment to reach the most marginalised girls in the world and it is the largest global fund dedicated to girls' education.
In response to the COVID-19 outbreak, the CHANGE project has devised a home-to-home and distant teaching strategy to reach girls who had already enrolled in the program.

Our recommendations:

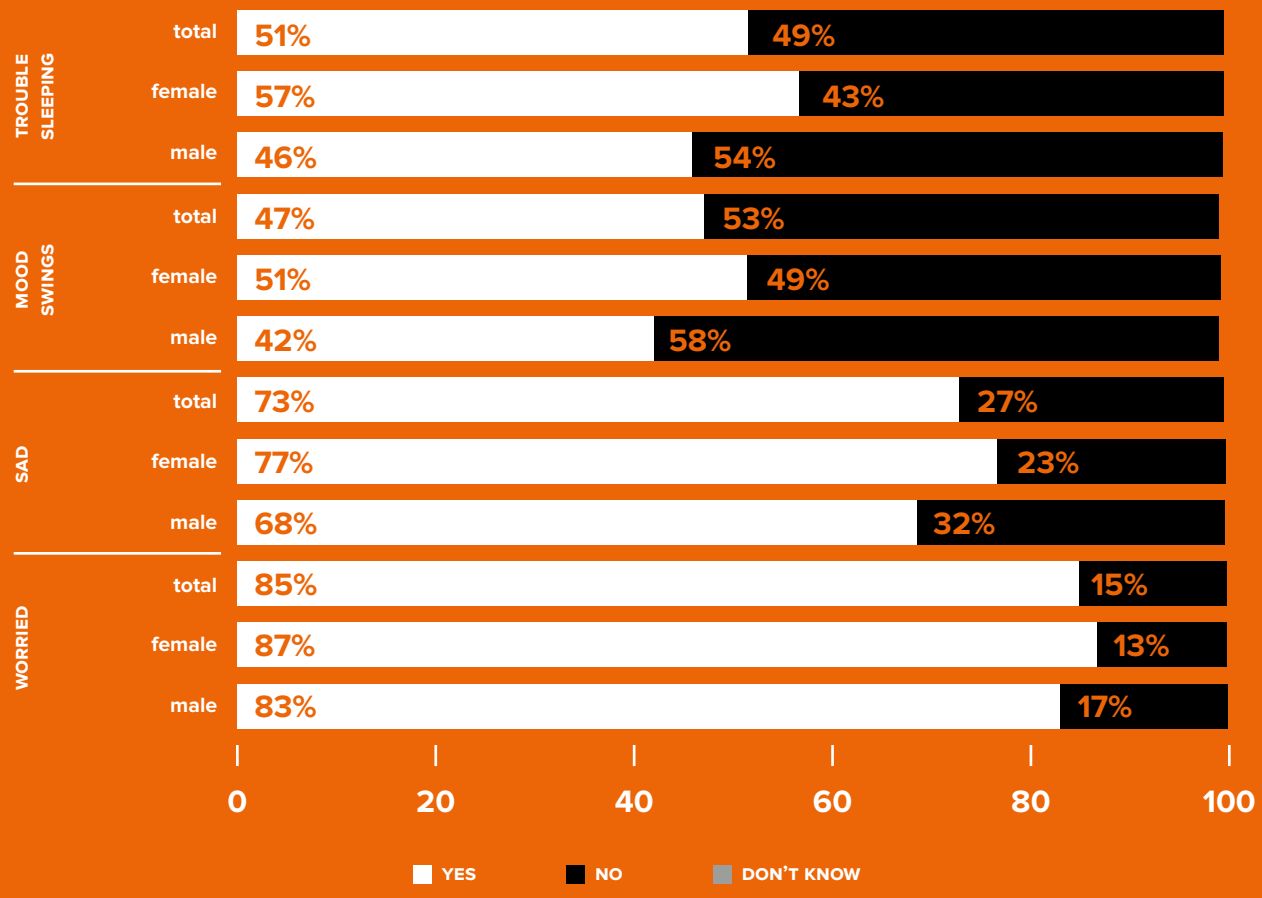
Covid-19 has had far reaching impacts on the education of children across the globe, but the scale and severity is greatest amongst the very poorest. To address the significant reversals seen over the past year:

- **Governments must invest in the education sector**, ensuring policies and practices for continued learning during protracted interruptions to school are accessible to and meet the needs of the most vulnerable.
- **Concerted efforts must be made to mitigate the negative effects on enrolment and learning** that occurred as a result of school closures including mass enrolment and back to school campaigns for free access to education for all and accelerated learning initiatives to compensate for lost opportunities to learn.

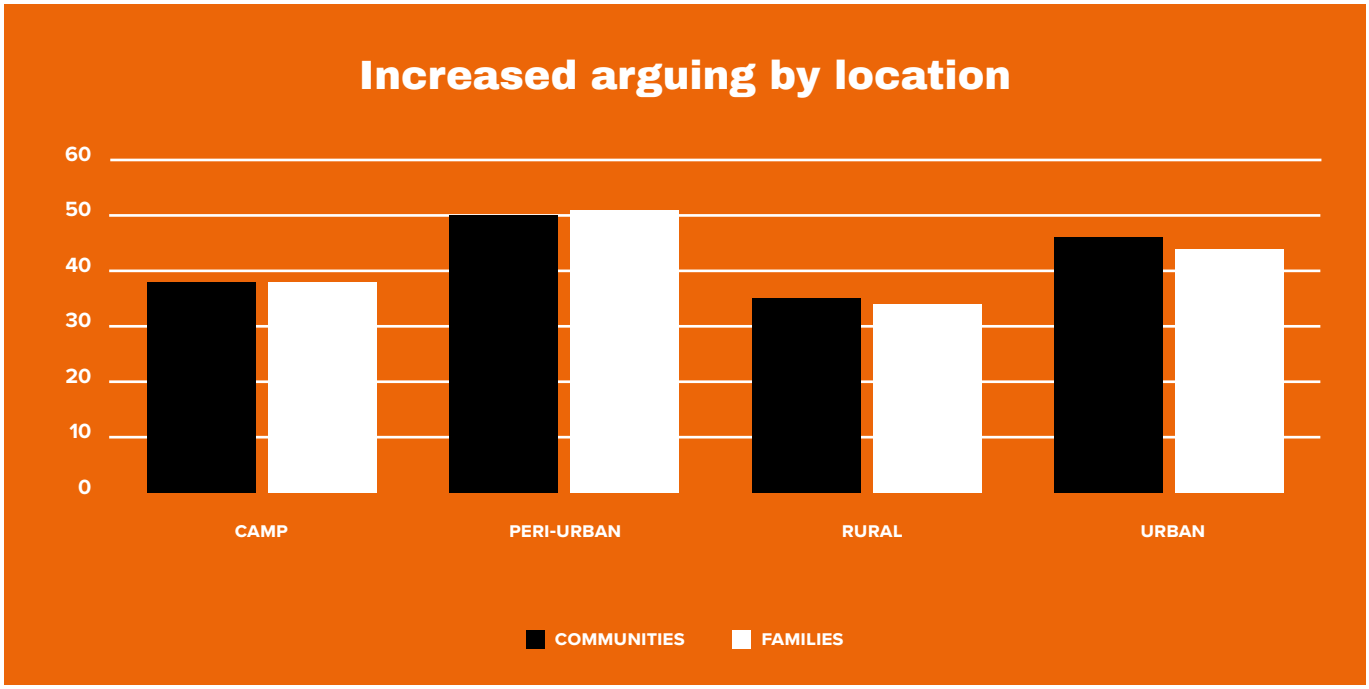
Psychological well being

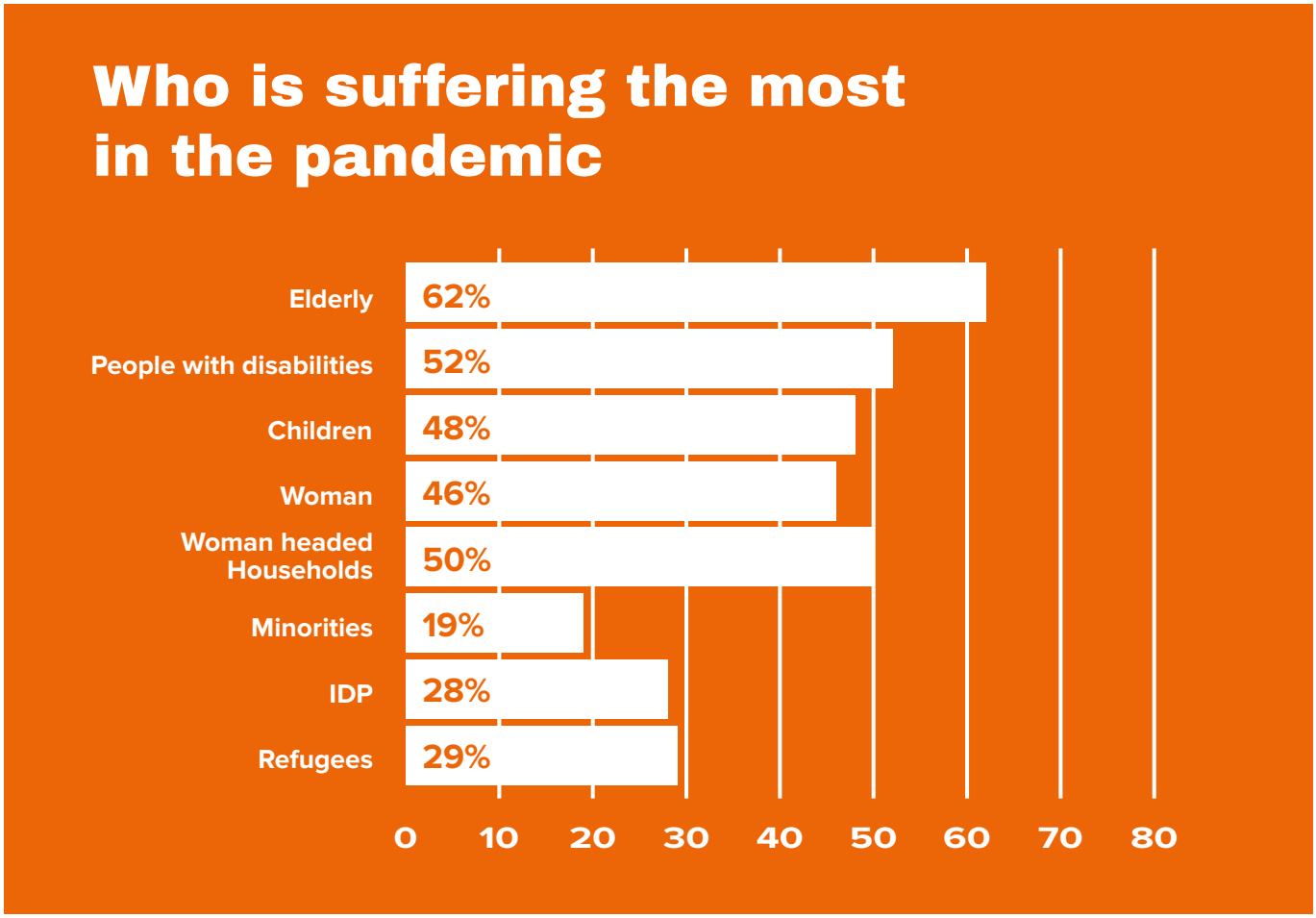
Over 80% of all respondents reported they had felt worried more than usual during the pandemic, while 77% of women who responded reported feeling sad more frequently than before. While women were more likely to identify that they had experienced the feelings identified, a substantial proportion of men also said they had felt worried or sad more than usual, had suffered from mood swings and an inability to sleep. Although community support continues to act as a financial safety net for many, conflicts and arguments were reported to have increased, both within the family and in the community in all settlement types.
A higher proportion reported increase in conflicts in peri-urban settlements (50% within

% respondents saying that during the pandemic period they experienced any of the following feelings more than usual:



family, 51% within community) followed by urban (44 and 46%, respectively).
When asked to identify groups they thought were suffering the most, the most common response (62%) was the elderly, followed by people with disabilities (52%) and children (48%). Women headed households were more negatively impacted in the opinion of 50% of the respondents while 46% felt that women were a group who were suffering the most. Refugees and internally displaced people (IDPs) were identified as groups suffering the most by almost 30% of the respondents





Our responses:

Alliance2015 members are providing psychosocial support to women and men in many of their projects. Several new initiatives have been started to provide helplines and support services to specific vulnerable groups, such as returning migrants. Reports of gender-based violence have increased dramatically during the pandemic. Existing counselling services are being expanded to cover a broader community and new initiatives started for ensure inclusion of the rights of the most vulnerable - women, children and indigenous peoples, in the combat against Covid-19. Recognising that Covid-19 is not only threatening people's health but is also exacerbating the situation of already marginalized groups such as gender and sexual minorities, some Alliance2015 members have made available rapid response funds to their trusted partners for essential support to such groups.

A Cesvi collaborator at work on environmental health projects in Palestine, to combat Covid-19.

Our recommendations:

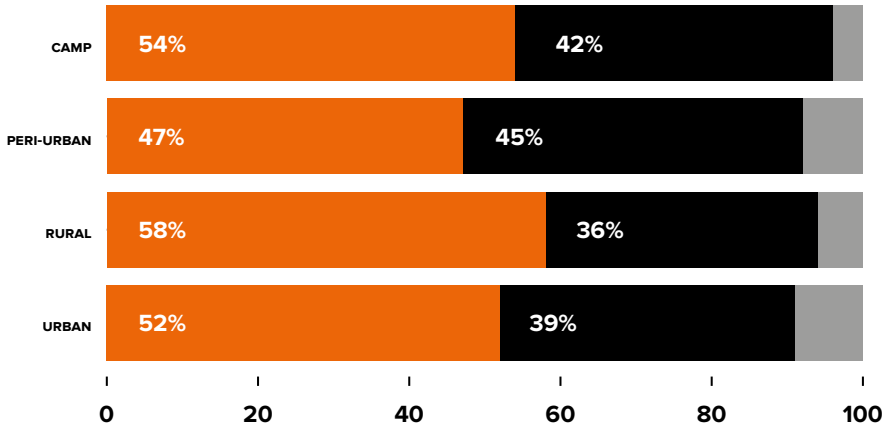
The psychological impacts of the pandemic are immeasurable and – in so many ways – invisible. Yet their impact will extend far beyond the pandemic. Therefore:

- Governments must ensure that **women, given the myriad obstacles faced in accessing their rights, must be able to access** all the measures implemented in the recovery.
- **Focus attention and action in the area of gender- based violence**; special protection measures must be made available during restrictions and lockdowns.
- **Ensure that single-parent families, so often led by women, have flexible conciliation measures** that allow them to secure an income in order to take care of their family.

Social capital and community dynamics

As the data on sources of debt indicate, social capital has been a key buffer and safety net for the poor during this pandemic. Women rely more on family and neighbours for credit than men. People continue to help each other in other ways too, eight months into the crisis.

Are people in your community helping each other more since the COVID-19 pandemic?



Our responses:

All actions of Alliance2015 members seek to strengthen community cohesion and support collective action. In most poor countries collective, community-led, awareness and protection measures have been the main bulwark against the spread of the virus.

Helvetas, Bangladesh.

Our call for action

"It's not just the virus that's killing people. It's under privilege. It's lack of access. It's years and years of living with health conditions that haven't been properly managed – because of the colour of your skin, or because of your ethnicity, or because of your social group…this is still a deeply unfair, deeply inequitable world in which access to the basic human right of health is something that is given by privilege and by how much money you have. We want to change that."
Dr Mike Ryan, Executive Director WHO 28th December 2020.

Alliance2015 underlines the need to focus first on those furthest behind, and on countering inequalities made inexcusably starker by the pandemic and the limited international community responses to them.

While our survey was completed before any Covid-19 vaccine was approved, the rapid and equitable access of poorest communities to the vaccine is a vital feature of community resilience, of the principles of COVAX and of the principles of human rights-based assistance. We call for all measures taken by governments, multilateral and bilateral aid agencies as well as INGOs and NGOs to contain and mitigate the Covid-19 pandemic and its socioeconomic effects to focus on and prioritize the most vulnerable, including the elderly, women, children and people living in temporary settlements and camps.

We call for action on:

WASH: scale up of WASH as one of the first lines of defence in preventing infections and slowing the spread of outbreaks – especially in refugee camps and informal settlements, schools and health care facilities.

Food: new levels of leadership and action in particular through the UN Food Systems Summit, COP26 and the Nutrition for Growth Summit.

Finances: restoration of livelihoods and income of extremely poor people who have been so severely impacted by the pandemic.

Health and Health Care: significant strengthening of primary, community-based health care services and local care workers who play a crucial role in controlling the spread of Covid-19.

Education: invest in policies and practices that enable continued learning amongst the most vulnerable during protracted interruptions in schooling.

Labour and remittances: special measures are needed to support individuals, households and communities who depend on remittances and/or the informal economy and who have no economic safety net.

Debt: financial assistance as part of a wider package of support which enables the creation of livelihood opportunities and graduation out of poverty in the longer term.

External support: aid agencies at all levels must scale up their level of external support to the poor and disadvantaged as needs grow day by day.

Our responses

We have been cooperating in many countries and projects, coordinating our efforts, and delivering effective responses thanks to joint intelligence and operations.

ACTED

The ACTED teams worldwide have been adapting their response and aid delivery schemes to support the most vulnerable in the face of this unprecedented crisis. In 28 countries, ACTED reprogrammed Euro 18 million from pre-pandemic projects into Covid-19 activities, and invested an additional Euro 27 million in new projects dedicated to Covid-19 prevention.

In total, ACTED supported more than 5 million people in 28 countries through the implementation of more than 60 projects, for a total amount of Euro 45 million between April and December 2020.

What did we do?

- **5 million beneficiaries of WASH and health activities in 22 countries** - ACTED installed critical water infrastructure and distributed hygiene materials such as masks, soap and hydro alcoholic solutions in underserved areas. ACTED coupled these interventions with key information and awareness raising campaigns to ensure the understanding, ownership and transmission of key prevention measures.
- **800,000 beneficiaries of Camp Coordination and Camp Management (CCCM) activities in 12 countries** - In camps and camp-like settings, ACTED contributed to the maintenance of key infrastructure and to the planning and improvement of the sites to ensure a safe living environment, while ensuring all residents have access to key information to identify and prevent Covid-19. To ensure better preparedness and response to the pandemic, ACTED also reinforced coordination and information management mechanisms.
- **100,000 beneficiaries of food, livelihoods and economic security in 13 countries** – With its drastic impacts on the economy, the Covid-19 pandemic led to critical shortages of essential goods and pushed the most vulnerable into greater food insecurity. To support them, ACTED distributed food and basic household items, and provided cash-based assistance. ACTED also worked with local Micro, Small and Medium Enterprises to help them meet local market needs through the production of essential goods and supplies, including masks and other protection equipment. This intervention also promoted job creation and income generating activities through the Cash-for-Work scheme. Finally, ACTED also contributed to developing innovative digital technologies like delivery services, to help businesses and workers cope with pandemic-induced challenges.

In 2020, Ayuda en Acción addressed the Covid-19 pandemic emergency by developing a global response in 17 programmes around Africa, the Americas and Europe with an allocation of Euro 9,042,505. In total, Ayuda en Acción's Covid-19 programmes supported 819,679 people.

What did we do?
The main purpose is reducing the health and economic impact of Covid-19 at the community and municipal level, through strengthening local capacities to reduce transmission and contagion, and supporting the recovery of livelihoods. Work was carried out in five sectors:

- **Food Security and Livelihoods (48% of the budget)**: distributed livelihoods recovery packages to families, trained people in small entrepreneurships recovery and/or diversification of their livelihoods.
- **Water, Sanitation and Hygiene (23% of the budget)**: installed community hand washing facilities, distributed water filters at household r community level and distributed cleaning kits for community water systems.
- **Strengthening local health structures (14% of the budget)**: local health centres supported with basic materials such as COVID tests, PPE, disinfectants, medicines, etc. Mobilisation and training of response personnel.
- **Humanitarian protection (9% of the budget)**: risks of violence for women and children reduced through prevention actions and measures. Women and children who experienced violence are being provided psychosocial assistance, psychological first aid and/ or legal advice. Children are being supported to enhance their access to and the impact of distance education and recreation. This is through the distribution of tablets, generation of applications, support for teachers, etc.
- **Education in emergencies (6% of the budget)**: people sensitized on COVID preventive measures via radio, megaphone, printed materials, SMS, etc.

In the case of our donor assisted programmes, funds were reinvested from major donors such as the European Union, SDC, AECID, and specific ECHO programmes in Nicaragua and Costa Rica. Specifically, in our joint Alliance2015 programmes, the South America Regional ECHO programme (Venezuela, Colombia, Ecuador and Peru) reinvested part of its budget (Euro 138.869) for cash transfer as well as food security and livelihoods. In addition, Ayuda en Acción worked to strengthen access to education and the protection of children and women, a population particularly affected by the confinement imposed during the worst months of the pandemic.

Cesvi engaged in Covid-19 response from the very start of the pandemic in March 2020. Leveraging on its experience in humanitarian crises all over the world, Cesvi promptly responded to the pandemic addressing the most negative effects of Covid-19 on people's health, basic needs and means of livelihood.
Cesvi is running Covid-19 specific projects or activities in all its 22 countries - including Italy, affected by an extremely severe public health emergency which made the national health system collapse – with a total budget of about Euro 24.5 million.

What did we do?
Key activities are:

- **Health and WASH** - distribution of medical and hygiene-related items, including Personal Protection Equipment (PPEs), and equipment to hospitals and health centres; hygiene trainings and awareness raising campaigns; set-up of handwashing stations; support to health workers in hospitals and quarantine centers;
- **Social-assistance – psycho-social support** to the most vulnerable people exposed to Covid-19 such as the elderly and children at risk of dropping out of school. Food and medicines were delivered to the homes of such highly vulnerable people.
- **Economic support** – about Euro 12 million are allocated for specific support to micro, small and medium enterprises (MSMEs) – through public-private funds and third party-financing mechanisms - and for special cash assistance of vulnerable households in the Global South – in particular Kurdistan and Uganda - and in Italy.

Three out of 4 joint programmes led by Cesvi with Alliance2015 members are in Pakistan, where about Euro 6.6 million are allocated to tackle the Covid-19 outbreak in the provinces of Punjab, Sindh, KP, Balochistan, and Islamabad.
EU-supported Alliance2015 joint response provides practical assistance to the Government of Pakistan in containing the Covid-19 pandemic.
Alliance2015 - together with other partners IMC and MDM - supports public services, including health facilities, municipals services and multi-disciplinary responders by providing medical equipment - including PPEs, diagnostic and testing kits; introducing Covid-19 relevant WASH infrastructure at appropriate places (i.e. latrines, water tankers and electric energy generators in quarantine centers); communicating prevention messages about the Covid-19 risks through an extensive awareness campaign addressed to the local populations, thereby reaching out to over 3.5 million people.

CONCERN worldwide

Concern Worldwide is responding to the Covid-19 emergency across our 23 countries of operation. We are taking a three-pronged approach, focusing on: containment and prevention of the spread of Covid-19, mitigation of the potentially devastating impacts of the virus, and recovery to reduce long-term negative development effects.
We reviewed and adjusted activities in our programmes to avoid large gatherings while maintaining important services such as clinics, food distributions and trainings.

What did we do?

- We reached 20 million people with mass awareness campaigns to prevent and limit the spread Covid-19 through a number of means including local radio, texting and posters.
- We also **distributed radios and batteries to school children** so they could continue their education through a curriculum designed for use on the radio in some countries.
- We have **installed over 8,000 hand washing stations** around the world, distributed approximately 57,000 hygiene kits and delivered soap and hand sanitiser to 800,000 people.
- We **worked with local authorities to strengthen the capacity and preparedness of their health centres** and access to protective equipment for health workers.
- Many of the world's poorest communities depend on jobs like manual labour and handwashing clothes to make the income they need to survive but lockdown restrictions have made this impossible, and families are now struggling to feed their children. We **provided cash transfers to 300,000 people** so they could buy essentials and be better placed to survive the crisis.

HELVETAS

Helvetas is implementing 114 Covid-19 specific projects in 25 countries spread across 4 continents. It has allocated a budget of Euro 4,659 million for these specific actions besides including activities to respond to the pandemic in its portfolio of on-going projects. About 2,5 million people have benefited either directly or indirectly from the assistance projects and hygiene campaigns. The countries where Covid-19 response actions have been initiated by Helvetas are Albania, Bangladesh, Benin, Bhutan, Bolivia, Bosnia, Burkina Faso, Ethiopia, Guatemala, Haiti, Honduras, Kosova, Laos, Kyrgyzstan, Madagascar, Moldova, Mozambique, Myanmar, Nepal, Niger, Pakistan, Serbia, Sri Lanka, Tanzania and Vietnam.

What did we do?
Our Covid-19 responses covered five domains:

- **Awareness-raising and prevention work:** information campaigns together with local radio stations, via flyers, posters, online films, Facebook, in special trainings (e.g. specially trained Rohingya community volunteers in the world's largest refugee camp educate people about the dangers of Covid-19, its transmissibility and protection against it). This also includes Fighting Fake News. Within existing projects in Burkina Faso and Mozambique, we have integrated Covid-19 -related awareness-raising and prevention.
- **WASH / Hygiene:** Distribution of hygiene and hand-washing kits (in Benin, Ethiopia, Bangladesh - also among the Rohingya, in Madagascar, Niger, Nepal and Pakistan), improvement and maintenance of water systems and production of mobile hand-washing stations in various partner countries (including Nepal, Pakistan, etc.), liquid soap (in Burkina Faso and Benin, among others), masks and disinfectants (in Mozambique, among others) etc.
- **Distribution of cash, food and other material assistance:** distribution of emergency food parcels, seeds, animal feed (e.g. in Kyrgyzstan, Pakistan, Bhutan, Myanmar and Mozambique), money transfers for particularly vulnerable people via a payment system that works via mobile phones and bank branches (e.g. in Peru, Bangladesh). Cash transfer schemes in Burkina Faso. Psychosocial support for migrants as well as food and medical assistance (e.g. in Myanmar).
- **Economic support:** Support for small farmers and small businesses to sell their products such as in Benin, where Helvetas helps to advertise small businesses' products via radio; local moto-taxi drivers deliver ordered goods to customers' homes. In Moldova, we are supporting the development of an online food ordering portal, thanks to which farming families can supply their customers directly.
- **Basic and vocational education:** Adapting vocational training projects to the current situation and making products that are urgently needed such as mask making by trainee tailors, production of liquid soap, disinfectants, etc. Ensuring continued basic education such as through open-air schools in Benin, digital teaching methods and accompaniment of teachers in Tanzania.
- **Governance:** supporting the authorities in awareness-raising, prevention - but also in "e-democracy", such as in Albania with online council meetings.

Hivos
people unlimited

Since the outbreak of the pandemic, Hivos has been in a dialogue with its partners to seek solutions for the negative effects of the pandemic. Programmes have been adapted to meet newly emerged needs or to address challenges posed by Covid-19. Project durations have been extended where necessary. Hivos is running Covid-19 specific projects or activities with a total budget of about 7,5 million Euros: 6,5 million euro were allocated to new initiatives, focused directly on Covid objectives.

What did we do?

- New programmes, such as the 'Power of Voices' programmes of the Dutch Ministry of Foreign Affairs, are designed with strategies to face **the social and economic consequences of Covid-19** from the start and include research into the specific Covid-19-related needs of target groups.
- With funding from the EU and the Rockefeller, totalling approximately Euro 5 million, Hivos also supports three specific initiatives in Indonesia, Kenya and the Amazon, that are aimed at increasing transparency and accountability and on **inclusion of the rights of the most vulnerable people**, such as women, children and indigenous peoples, in the combat against this pandemic.
- Covid-19 is not only threatening people's health, but also exacerbating the situation of those who were already marginalized, in particular **gender and sexual minorities**. Therefore, Hivos has launched the Covid-19 Rapid Response Fund for its trusted partners enabling them to provide essential support. It is available in each of the five regions where Hivos works.

People in Need adjusted all its programmes to react to Covid-19 pandemic in all the 22 countries of its operation across Africa, Asia and Europe. PIN has a total annual budget of Euro 75 million, of which at least Euro 12 million is being specifically targeted to addressing Covid-19 related needs.
With the Covid-19 pandemic ongoing People in Need's assistance includes not just immediate support to health sector but also long-term assistance for the world's most vulnerable communities. In addition, the fallout from lockdowns, job losses, and the worldwide economic downturn threaten the lives of many more people; the lasting impacts of the pandemic, such as hunger, have the potential to become more deadly than the Covid-19 virus itself. The need is massive, and our outreach and support activities are developing in real-time.

What did we do?
Current initiatives include:

Covid-19 awareness programmes; delivery of food, hygiene supplies, and medical equipment; remote and home schooling; online education support for teachers and students; assistance to businesses; psychosocial and debt counselling helplines; and advocacy, including efforts to mitigate the economic effects of **Covid-19**.

In all these efforts we are cooperating with Alliance2015 partners. Together with ACTED and Welthungerhilfe we adapted activities in EU funded project in Iraq and offered not just large-scale Covid-19 awareness raising but also virtual business trainings. In response to the Covid-19 outbreak in Ethiopia, People in Need together with Concern, Welthungerhilfe and Helvetas devised a home-to-home and distant teaching strategy to reach girls who had already enrolled in joint education programme. Our field facilitators provided in-person support. To support Myanmar's Covid-19 preparedness and response People in Need and Helvetas developed a psychosocial counselling programme. The Covid-19 Phone Line Counselling helpline gave workers who have lost their jobs access to free, specialized counselling services over the phone.

welt hunger hilfe

Welthungerhilfe had started to adapt all running programmes immediately after the outbreak of the Covid-19 pandemic to protect and support the people we work for as best as possible. Furthermore, a global contingency plan was rolled out in March 2020 to instruct and support our own staff. With the adapted programmes and newly initiated projects, Welthungerhilfe was able to run 94 programmes with Covid-19 related activities in 30 countries of the global south by December 2020.

What did we do?
Welthungerhilfe's budget for Covid-19 related activities is about Euro 32.3 million so far to implement and run focal activities like:

- **Hygiene trainings, awareness raising campaigns**, providing access to information, **distribution of food and hygiene items** to people in need, income generating opportunities like mask production at home during lockdown periods, implementation of handwashing posts, construction of quarantine facilities and many more such activities.
- In **8 joint programmes with Alliance2015 members** efforts were combined, strengthened, and the numbers of people reached increased. Programmes in 4 of these countries are led by Welthungerhilfe - in Burundi, Mali, Sierra Leone and Tajikistan.

In Tajikistan, where Welthungerhilfe is joining forces with Helvetas, among others, activities on how to eat healthy and how to protect oneself against diseases are crucial and of great support to rural communities in the remote Rasht valley. The joint programme also places a special focus on nutrition for babies and young children. Health centres and polyclinics are also being strengthened at the local level. In this remote area, such support, information and knowledge rarely reach the people.
A pandemic does not stop at geographical barriers, nor do the combined efforts of Alliance2015 partners.

Annex 1: Overview of data collection

Country	Organisation	Total Responses	Means of Data Collection	Date Data Collection Started	Date Data Collection Ended
Afghanistan	ACTED	458	In person	17 November	19 November
Bangladesh	Concern	289	In person	23 October	26 October
	Helvetas	329	In person	22 October	29 October
Bolivia	Ayuda en Acción	148	In person	23 October	2 November
	Helvetas	143	Telephone	22 October	6 November
	Hivos	237	Telephone	22 October	31 October
Burkina	Helvetas	1,032	In person	22 October	31 October
	WHH	556	In person	4 November	13 November
Burundi	WHH	626	In person	26 October	30 October
DRC	Concern	301	In Person	21 October	2 November
Ecuador	Ayuda en Acción	302	Telephone	23 October	2 November
	Hivos	109	Telephone	1 November	9 November
El Salvador	Ayuda en Acción	413	Telephone	26 October	6 November
Ethiopia	PIN	417	In person	17 November	28 November
	Concern	756	In person	28 November	12 December
Georgia	PIN	304	Telephone	21 October	4 November
Guatemala	Ayuda en Acción	500	Telephone	26 October	6 November
	Helvetas	495	Telephone	27 October	28 October
	Hivos	216	Telephone	28 October	5 November

Country	Organisation	Total Responses	Means of Data Collection	Date Data Collection Started	Date Data Collection Ended
Haiti	Concern	635	In person	26 October	30 October
Jordan	ACTED	363	In person and telephone	20 November	28 November
Kenya	Concern	503	In person	30 October	3 November
Liberia	WHH	484	In person	20 October	27 October
Madagascar	Helvetas	514	In person and via zoom	1 November	10 November
Malawi	Concern	406	In person	26 October	2 November
Nepal	Helvetas	506	Telephone	19 October	5 November
	WHH	518	Telephone	16 October	22 October
Niger	Helvetas	649	In person	6 November	13 November
	WHH	436	In person	25 November	27 November
oPT	ACTED	382	In person and telephone	18 October	12 November
Pakistan	Cesvi	503	Telephone	20 October	26 October
	Helvetas	507	Telephone	21 October	6 November
Somalia	Cesvi	409	Telephone	26 October	5 November
Syria	ACTED	463	In person	28 October	4 November
	PIN	608	In person and telephone	17 November	25 November
Ukraine	PIN	285	Telephone	25 November	30 November
Uzbekistan	ACTED	514	Telephone	4 November	12 November