

# Covid-19 & Community Resilience



Kenya, Comic books distribution in Kitui county, Kasarani primary school.

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% of the total 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 two thirds (81%) 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

Ethiopia, home-to-home teaching.



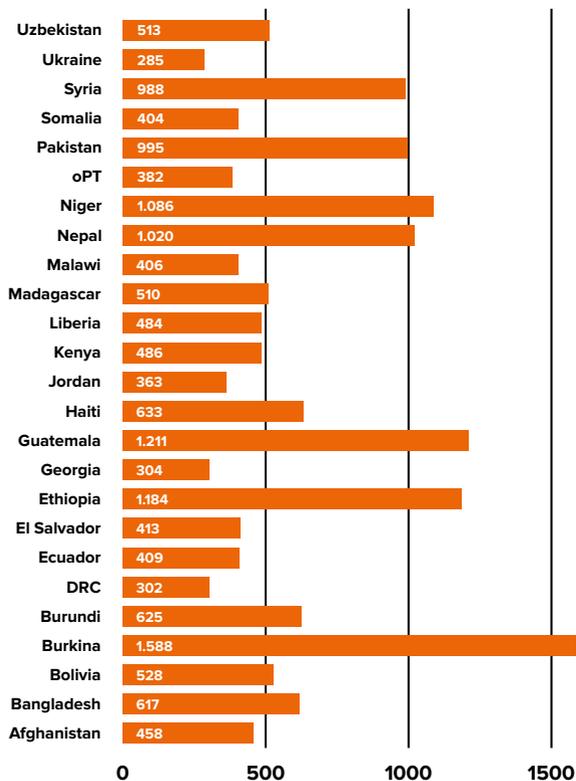
not completed the planned schedule of visits. The main reasons for this were fear of contracting COVID-19, the high cost and the waiting time.

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.

## Sample size per country



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



# 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.

# About Alliance 2015

Alliance2015 is a strategic partnership of eight European non-governmental organisations founded in 2000 with a shared commitment to achieve the Sustainable Development Goals. The Alliance2015 members are: ACTED (France), Ayuda en Acción (Spain), Cesvi (Italy), Concern Worldwide (Ireland), HELVETAS Swiss Intercooperation (Switzerland), Hivos (The Netherlands), People in Need (Czech Republic), and Welthungerhilfe (Germany). Alliance2015 aims to fight poverty more effectively by cooperation on various levels, working together in the least developed countries and influencing and campaigning together at EU-level. Alliance2015 members and their partners are operational in more than 80 countries globally.



Alliance 2015

towards the eradication of poverty

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