Rapid food and income security assessment: How are BRAC International volunteers and programme participants coping with COVID-19

April 04, 2020

The ongoing crises posed by COVID-19 pandemic needs no background. As an organization built on the principle of standing with the most vulnerable, particularly in times of crisis, BRAC is committed to supporting local communities and helping them respond to the outbreak initially with humanitarian interventions, but transitioning to socio-economic rehabilitation and development programs as quickly as possible. To address the challenges posed by this pandemic, BRAC International has developed a four-pronged strategy that includes – ensuring safety and security of staffs, contributing in containment through awareness raising as per WHO guidelines, partnering in localized responses to outbreaks and support for economically vulnerable population. To inform the immediate priorities for the vulnerable population, this rapid assessment was undertaken on March 30, 2020 in 8 (out of 10) countries where BRAC International have been implementing development and humanitarian programmes.

Table 1. Profile of phone interview respondents

	AFG	NPL	PHL	MMR	TZA	UGA	SLE	LBR	Total
Relationship with BRAC									
Volunteers (%)	58	26	30	36	41	98	16	46	53
Participants (%)	42	74	70	64	59	2	84	54	47
Female (%)	68	100	58	40	98	88	68	75	75
Respondent age (mean)	32	22	38	45	33	40	35	37	36
Respondent is HH head	18	30	84	38	25	39	45	47	35
Spouse of HH head	22	11	10	11	10	56	42	45	30
Other	60	59	6	51	65	5	13	7	35
HH size (mean)	9.1	5.7	6.4	5.2	5.7	6.0	7.4	6.9	7.0
Female headed HH (%)	9	30	48	11	24	27	16	24	20
Main source of income for their household									
Business (%)	7	15	6	43	61	30	19	33	27
Salaried work (%)	57	4	30	15	22	37	4	27	32
Causal/day labour (%)	25	26	0	13	10	8	7	15	14
Agriculture/livestock (%)	9	48	60	20	5	23	68	25	25
Usual main source of food									
Own production (%)	5	26	14	3	10	30	3	4	11
Purchase (%)	92	67	46	90	72	59	47	84	73
Production & purchase (%)	1	4	14	4	14	10	46	9	12
Number of respondents	260	27	50	92	153	204	123	110	1,019

Since the essence of the assessment is to generate a quick overview of the food and income situation of the population served by BRAC, emphasis was put on gathering information as quickly as possible. Therefore, a short and structured questionnaire was designed to conduct phone interviews that lasted for 5-10 minutes. To draw the respondent sample, BRAC monitoring teams in each country compiled the contact information of different programmes that were readily available. The sample includes individuals who work as community agents or volunteers with BRAC programmes (such as community health promoter, club facilitators/mentors, community agriculture promoters, teachers etc.) as well as programme participants or beneficiaries. Samples were drawn randomly from these lists and the

overall response rate is about 40%. Phone interviews were conducted over two days - April 1 and 2, 2020. The interviews covered 1,019 respondents ranging between 27 in Nepal and 260 in Afghanistan (Table 1). Since the objective is not to generate representative estimates and sample size varies drastically, the figures should be read with due caution and should not be used to extrapolate for the whole population.

Table 1 gives some basic descriptive statistics of the respondents participating in this assessment. Overall, half of the respondents are engaged with BRAC as volunteers and the rest as programme participants. Average household size varies between 5.2 in Myanmar and 9.1 in Afghanistan. Overall, 20% of the survey respondents come from female headed households. In terms of the main source of income, majority of the respondents' households in Tanzania rely on small businesses. Salaried work is the primary source of income for majority of the respondents in Afghanistan. Overall, there seems to be a general under-representation of day labourer who rely on casual work. Agriculture and livestock is the primary income source for majority of the respondents' households in the Philippines and Sierra Leone.

Effects on income

In Figure 1 we show the distribution of the household by the extent of effects they have suffered so far due to COVID-19. The impact on the source of income seems to be strongly related to the government strategies put in place and where the countries are in relation to the outbreak curve. For example, a complete loss of income was reported by over 30% of Ugandan respondents where there has been a complete shutdown on most economic activities. Effective 1st April, businesses in which majority of the informal workers are engaged were closed and movements were restricted by suspending unauthorized movements, based on the Presidential directives. On the other hand, Sierra Leone recently confirmed the first case of COVID-19 on 31st March with main responses being school closures and restrictions on mass gatherings. A good portion (30%) of the respondents in Afghanistan reported no effect on income who are primarily reliant on salaried income. Other than this exception, vast majority of respondents in all other countries have reported already experiencing income drop by "a little" or "a lot".

Figure 1. The effect of COVID-19 on regular sources of income

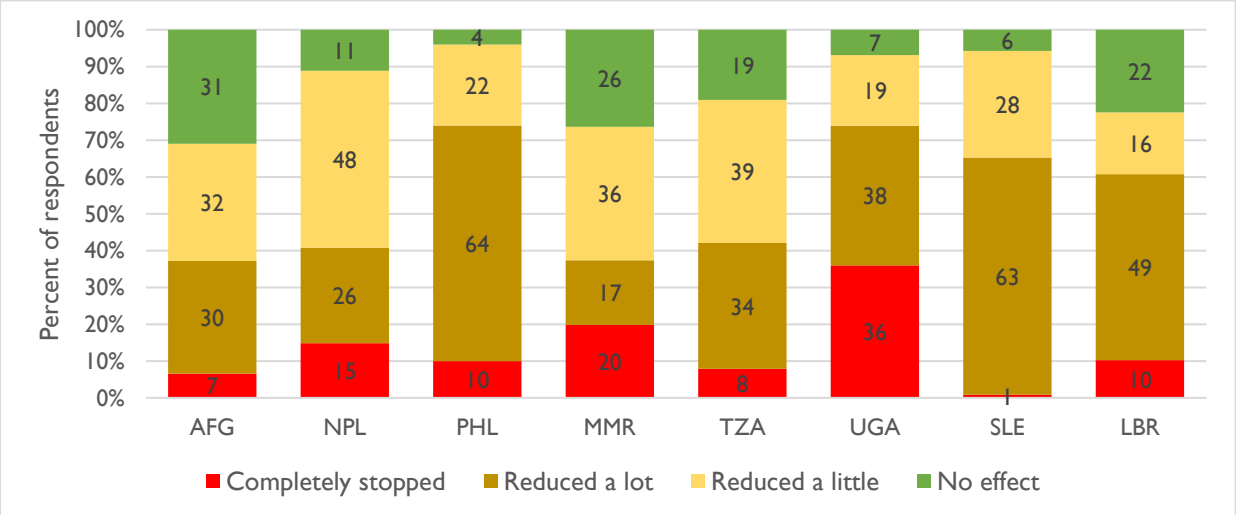


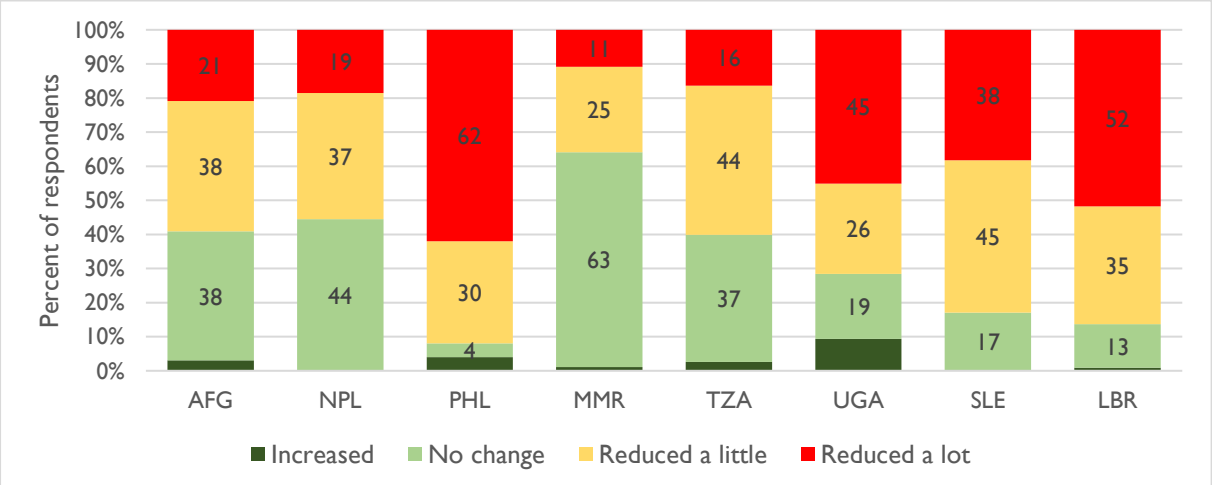
Figure 2 shows how the income drops vary by their main source of income. As expected, respondents who rely mainly on salaried income are more likely to have reported "no change" compared to the households relying on other income sources. However, it is noteworthy that even among the households with salaried income, about two-thirds have experienced some reduction in income. Those who depend on small businesses and casual work have experienced more severe income loss.

Figure 2. Effect on income by primary income source

Effects on food consumption and food availability

Response activities are not only affecting food security by lowering income but also by lowering access to food due to restrictions that are being or have already been put in place to prevent infection (including market closures or restriction on movements). Majority of the respondents in the Philippines, Uganda and Liberia have reported that they have already had to reduce either the frequency or the amount of food they are consuming. For instance, in Uganda, though the food markets and other businesses that deal with food supplies and products are allowed to operate (with precaution), the restrictions on private transport usage (obviously for valid reasons) limits ease of access to food products and other basic needs. While the population in Liberia is prone to food insecurity since the country largely relies on imported food. In other places, 20-40% of the respondents reported reducing food consumption by "a little". Governments in most countries have already started to respond to address the food needs. For example, in the Philippines, the government has been providing cash and food assistance to persons that are affected by the lock down. However, the efforts would require to be supplemented by the efforts from the various partners, given the large number of the vulnerable populations.

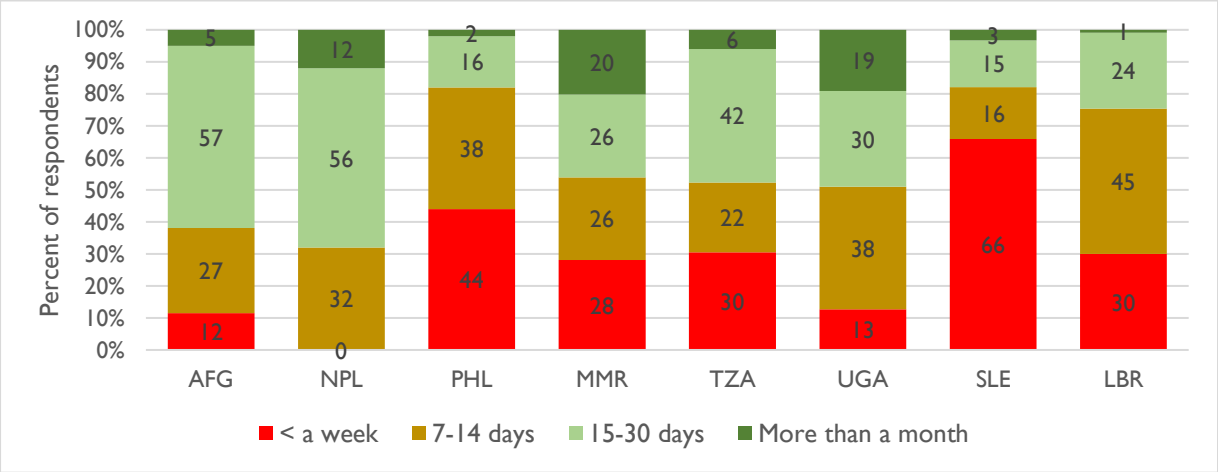
Figure 3. Change in frequency of meal or amount of food consumption



While there are already a good number of people needing immediate supports to access food, this ratio of people needing support will continue to rise in the coming days. To understand the current stock of their food at home (to account for both financial ability to purchase and access to shops), we

asked the respondents– "how many days can you sustain your food needs based on the amount of food you have at home right now?". Figure 4 shows the distribution by country. This shows some diversities in effect and food shortages that can be anticipated. Although over 60% of the respondents in Sierra Leone have either reduced food consumption by a little or not at all, large majority (about 65%) have food stock that can last for less than a week. Respondents in Tanzania also show a similar pattern. Among the respondents from Afghanistan, 40% have reduced food consumption by a little and have better food stock situation compared to other countries. This is possible that they have been acting with a longer plan. Additionally, this is attributed to the increase in prices of food, resulting from the closure of borders. Nepal also show a pattern like Afghanistan, but the number of respondents is too small (27) to make any strong conclusion. Another fact that may have contributed to the current reduction of food consumption to stock for longer term is the majority of the respondents have salaried income.

Figure 4. How long can meet food needs with available means



Despite the limitations of the sample size, Figure 5 and 6 investigate the differences in food stock by those who usually produce their food own food vs. purchase, and male vs. female headship. Not surprisingly, households who mainly produce their own food are better stocked than those who either purchase or rely on alternatives (e.g. supports, transfers). The difference is more prominent in Uganda, Myanmar and Tanzania. For example, those who produce their own food in Uganda have reported having food stock that can last for 36 days (on average), which is twice the number of days reported by the other respondents who do not produce food.

Figure 5. Food availability at home by own production as food source

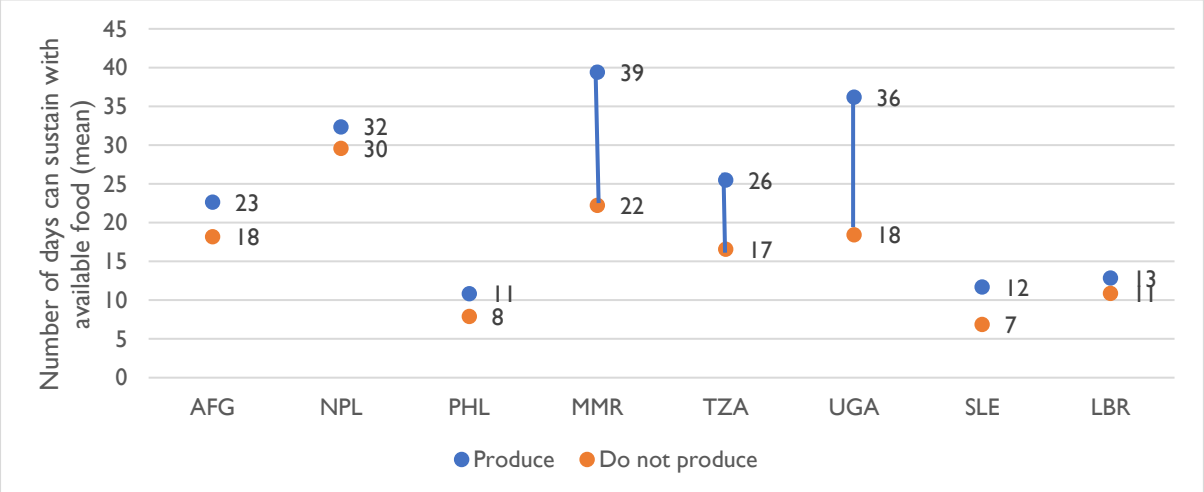
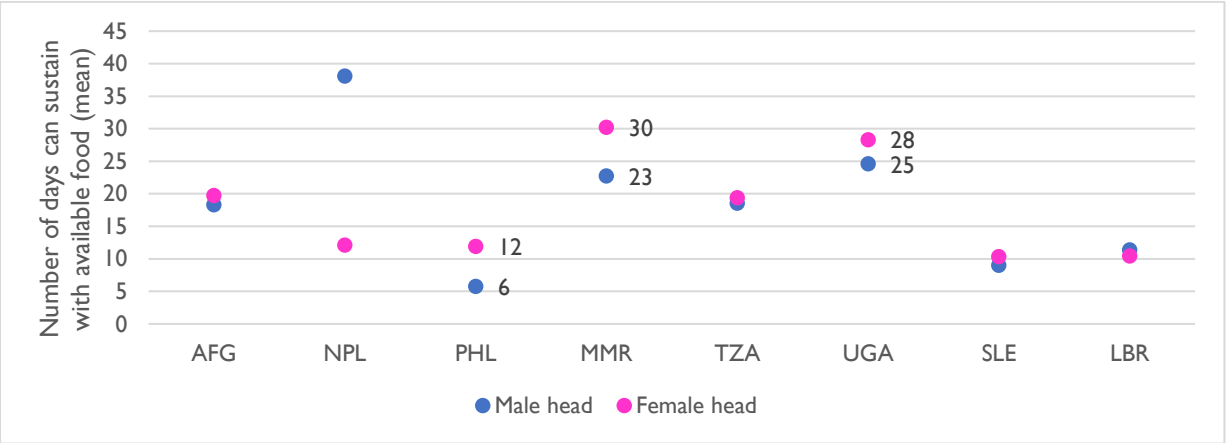


Figure 6. Female headed households might be less effected in the short-term?



In terms of household headship, we see that female headed households are slightly better-prepared, on average, than male headed households. Female headed household reported larger number of days that they can sustain their food needs based on current stock in the Philippines, Myanmar and Uganda. However, the situation can reverse even in a couple of weeks given that majority of the households in these three countries have food stock that can last them for less than 2 weeks (Figure 4).

Figure 7. Spending more than usual on food due to higher price

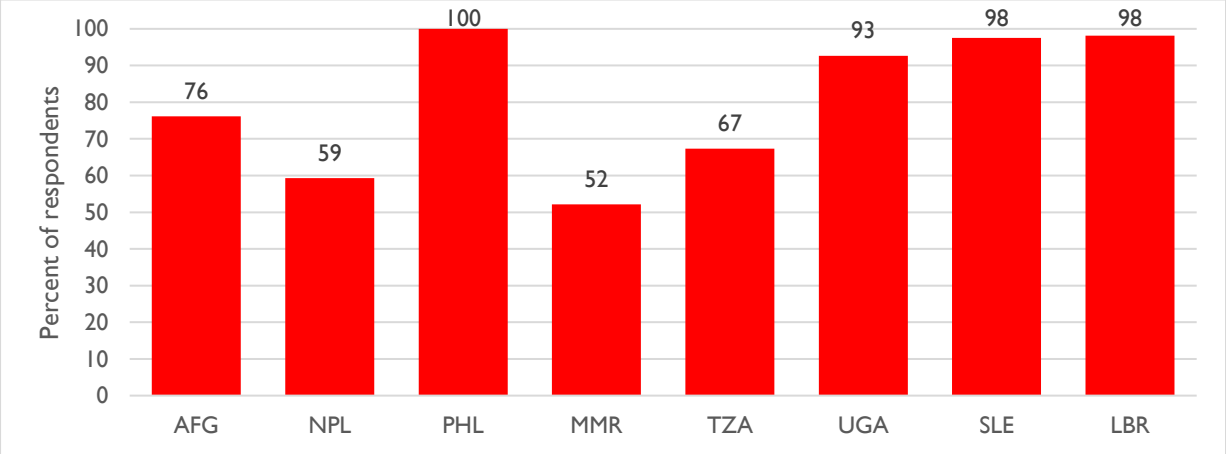
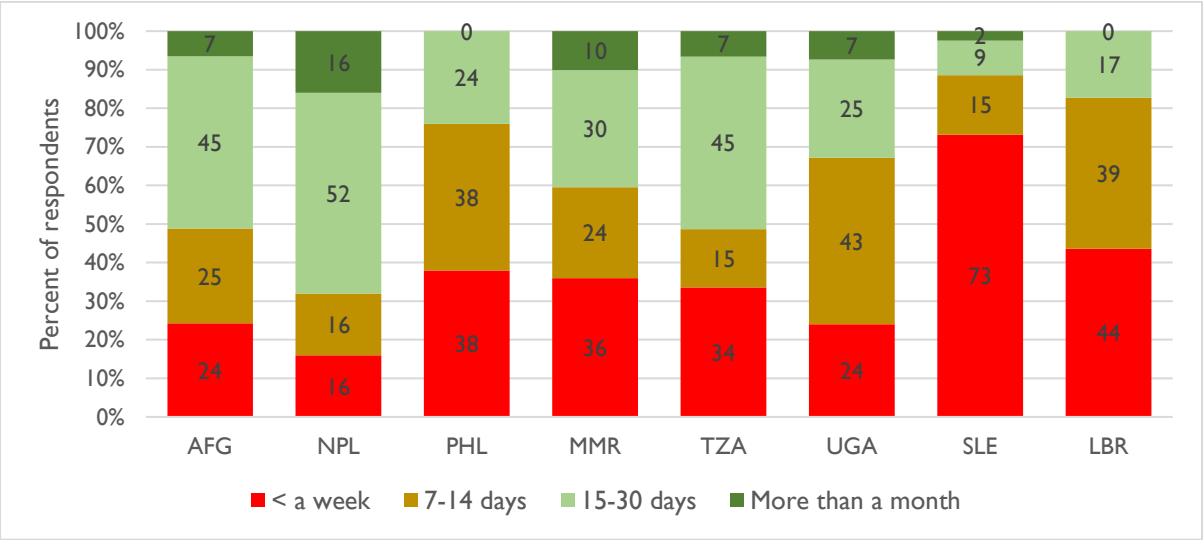


Figure 7 shows the percentage of respondents' households who have reported spending more than usual due to price changes in the markets or shops in their community. It was reported almost universally by the respondents in Liberia, Sierra Leone, Uganda and the Philippines. The price hike seems to be less prominent in Myanmar, Nepal and Tanzania although over half of the respondents even in these countries have also reported spending more due to price hike.

Ability to fulfill non-food essential needs

In order to gauge the possible effects on non-food essentials, we asked the respondents, "how long can you sustain your non-food essential needs based on what you have with you including cash, mobile money or any other cash savings or income that is accessible?". It seems that there are possibly more immediate support requirements for meeting their non-food essentials than food (Figure 7). A higher share of respondents in each country have reported that they can sustain non-food needs for less than a week compared to them reporting the same for food. For example, in Liberia 30% reported that their food will last them less than a week, but 44% reported the same for non-food essentials.

Figure 8. Ability to sustain non-food necessities



Anticipated coping mechanism and support needs

Table 2 show the distribution of the households by their anticipated coping strategy for meeting food and non-food needs if the situation continues to be the same (as per current situation in their respective countries). Overall, borrowing was reported by 38% of the respondents, and predominantly by the respondents from the Philippines (92%), Liberia (63%) and Nepal (52%). Current income is reported frequently in Afghanistan (55%), the Philippines (46%) and Myanmar (43%). The respondents from Philippines seems to have more options than respondents in the other countries. The respondents in Sierra Leone seems to have the least means to cope with 61% reporting that they will not be able to cope.

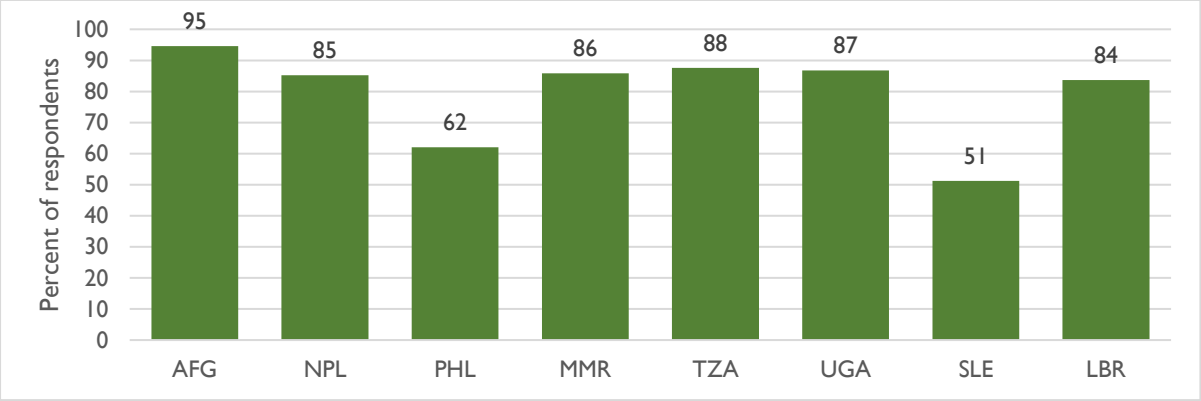
Table 2. Anticipated coping mechanism if current situation continues for >2 weeks

	AFG	NPL	PHL	MMR	TZA	UGA	SLE	LBR	Total
Current income (%)	55	37	46	43	30	16	41	9	35
Savings (%)	14	56	52	29	39	29	7	12	24
Borrow (%)	43	52	92	17	31	26	21	63	38
Sell assets (%)	17	7	24	16	7	19	2	13	14
Will not be able to cope (%)	12	11	16	9	27	27	61	26	25

Information dissemination is obviously an important strategy to contain or delay the spread of the virus. The Ministries of Health are taking leads in all these countries with supports from WHO. Media, private sector and NGOs are also trying make contribution in this information dissemination. In order to understand if the respondents feel they have received information on what they can do to keep them safe from getting infected, we asked, "do you think that you have access to enough information regarding how to be safe from corona virus?". Figure 9 shows that over 80% of the respondents of most of these countries feel having access to adequate information. The rate is the lowest in Sierra Leone where 52% reported having enough information. BRAC International have been using various means - social media, radio messaging, micking or messaging through megaphones, and distribution of information materials - in contributing to information dissemination in each country. Since half of the respondents are BRAC Volunteers, who have been engaged by BRAC in information dissemination, we looked at this indicator between them and the programme participants. Overall, 88% of volunteers and 77% of the participants reported having access to enough information. It suggests that the current efforts by the governments and media are probably adequate. We find many examples of national level efforts through BRAC's country offices reports to BRAC International's daily SITREP. Mobile phone

operators across the globe are making significant contributions in this regard. Oher agencies can focus on either finding pockets of areas where there is misinformation or on other aspects of addressing the pandemic.

Figure 9. Access to information on safety from COVID 19 infection



At the end of the survey, we also asked the respondents what supports they feel are mostly needed (Table 3). Not surprisingly, information was reported by only 20% of the respondents. Access to food items was reported by over 80% respondents in all the countries, expect Tanzania (56%). This need can be met through cash or mobile money transfers in most areas where food markets are functional within restrictions. However, door-to-door food distribution is also being done by the government in several countries. The second most frequently reported support need is healthcare.

Table 3. Supports needed if the current situation persists in the country

	AFG	NPL	PHL	MMR	TZA	UGA	SLE	LBR	Total
Food items	93	89	100	80	56	88	97	94	86
Non-food essentials	22	4	24	7	10	25	16	45	21
Health care	59	41	58	49	27	60	53	49	51
Hygiene products	30	44	46	28	30	17	27	38	29
Psychosocial support	4	4	2	3	10	3	1	2	4
Loan services	10	19	66	7	23	24	39	47	25
Information	40	4	0	3	16	14	28	7	20

Conclusion

The objective of this rapid assessment is to generate some data that can inform the ongoing discussions, review of strategy and actions by BRAC International to be more effective in contributing to the global efforts in dealing with the current pandemic. The data shows a few useful patterns that can be considered in those discussions and reviews. This survey, with all its limitations, are meant to be one of the many sources of information that BRAC International and their partners are considering in joint efforts. Therefore, this assessment stops short of making concrete policy or action suggestions.