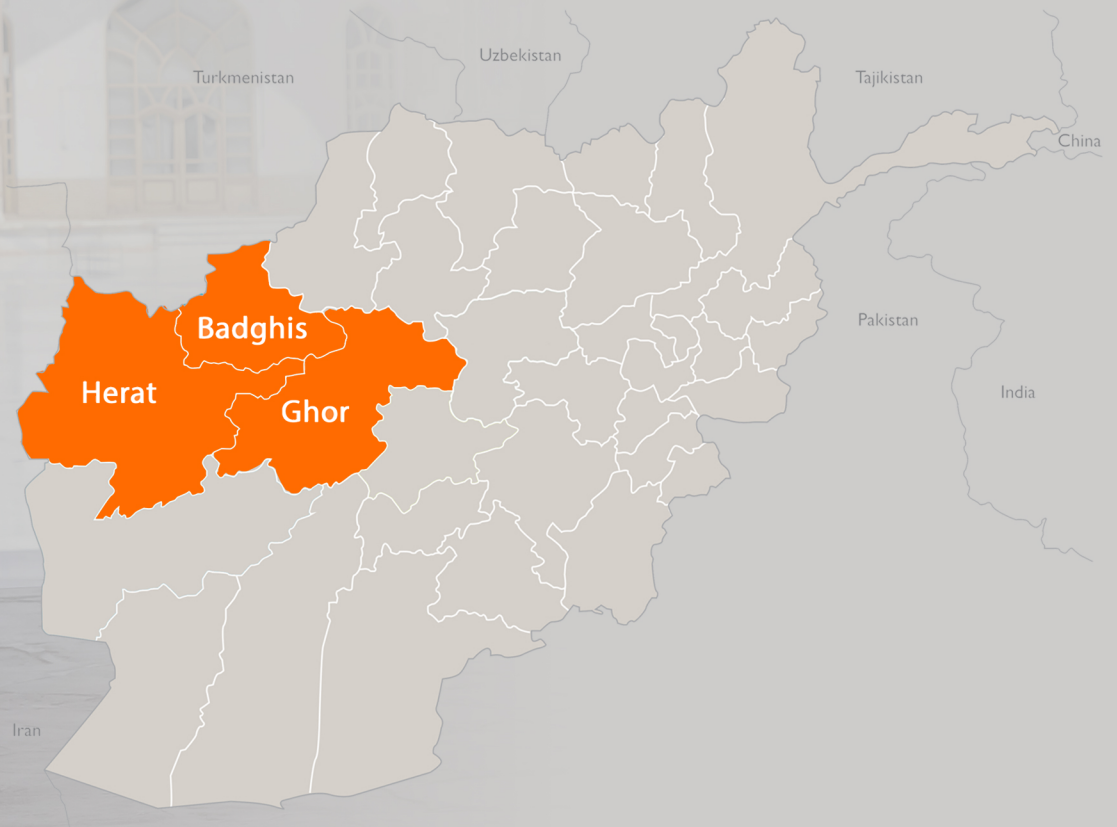


The **Assessment** of **Socio-Economic** Impact of **COVID-19** on the Most Vulnerable Families of **Afghanistan**



Primary Findings

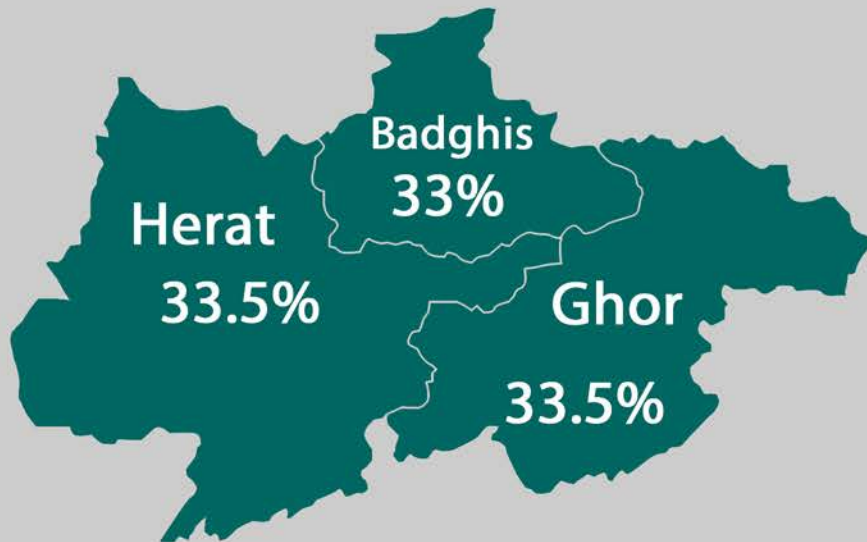
SWI-Afghanistan conducted an assessment on the impact of COVID-19 on the most vulnerable families in three provinces of Afghanistan: Herat, Ghor and Badghis. The aim of this assessment is to highlight immediate needs of the most vulnerable families. A comprehensive analysis about the scope of the impact of the virus on beneficiaries, especially regarding their socio-economic status and child protection will help WV Afghanistan to design programmes that meet beneficiaries' expectations and immediate needs.

The data collection was conducted during the month of June. In total, 409 families were randomly selected and interviewed via phone calls in three provinces.

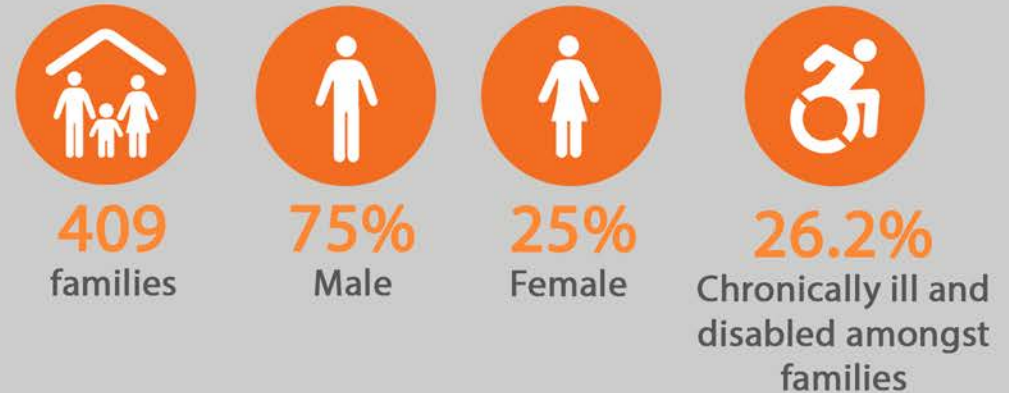
The findings of the assessment suggest that people are severely struggling to meet basic household needs. Due to the negative impact of the outbreak, the vulnerability of the households further increased which leads to dangerous coping strategies such as child labor, child marriage and decrease of food consumption. The situation of the households before and since the global pandemic is extremely vulnerable and requires targeted and immediate assistance in the areas of WASH, health, livelihoods and child protection.

Assessment at a glance

Sample distribution for each province



Total survey participants



Restrictions in movement in the surveyed areas

No restriction:	53%
Partial lockdown:	32%
Lockdown:	12.5%
Curfew:	1.7%

Access to information and updates regarding COVID-19 from different sources= 58.9%

Sources of income before and since COVID-19 outbreak

Salaried work with regular income decreased by	Humanitarian aid decreased by	Loan levels increased by
7%	3.5%	6%

38.9%

reported that their ability to earn income has been fully and negatively affected

85.6%

Families with contracted debt

91.7%

of respondents indicated that their debt has increased since the COVID-19 outbreak

47.7%

of the respondents reported that they have lost their jobs or income revenue due to pandemic

Coping measures taken by the households for shortage of income

32% Reducing quantity of the meals per day

39% Borrowing from neighbors and relatives

11% Selling household assets

7% Using savings

Negative effects of loss of income on the families

48.7%
Sending children to work

19.3%
Engaging in high risk jobs

8.3%
Sending children to other relatives for food

10.5%
Begging

5.9%
Giving girls to early marriage

48.7%
Engaging in illegal works

Impact on **livelihood activities** due to the outbreak

The main causes of disruption for livelihood activities

54%
Livelihood inputs become very expensive

39.4%
Transport limitations

34%
Fear of leaving home due to covid-19

23.2%
Reduced demand for livelihoods products



Children having 3 regular meals per day

Before Covid-19

64%

Since Covid-19

60%



Adults having 3 regular meals per day

98.8%

79.7%

Coping Strategies for Food Shortages

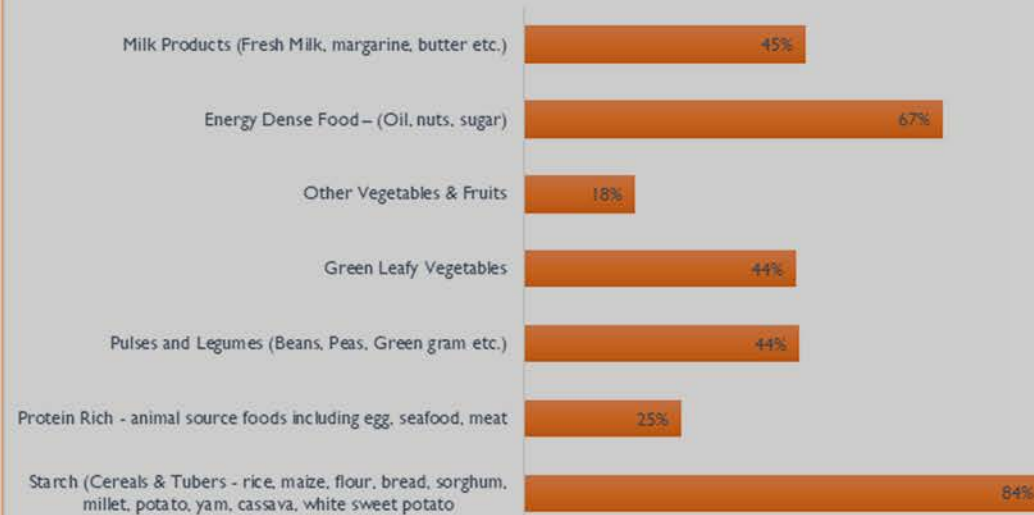
90.2%
Relying on less expensive and preferred food

38.4%
Reducing portion size

51.3%
Borrowing food

35.9%
Reducing number of meals

Chart 1: Availability of Food items for Mothers and Caregivers (%)



Household Food Stock

50.9%

of households
do not have
food stock



23.3%

Food stock of the
family to last for
one week

14.7%

Food stock of the family to
last for 2-3 weeks

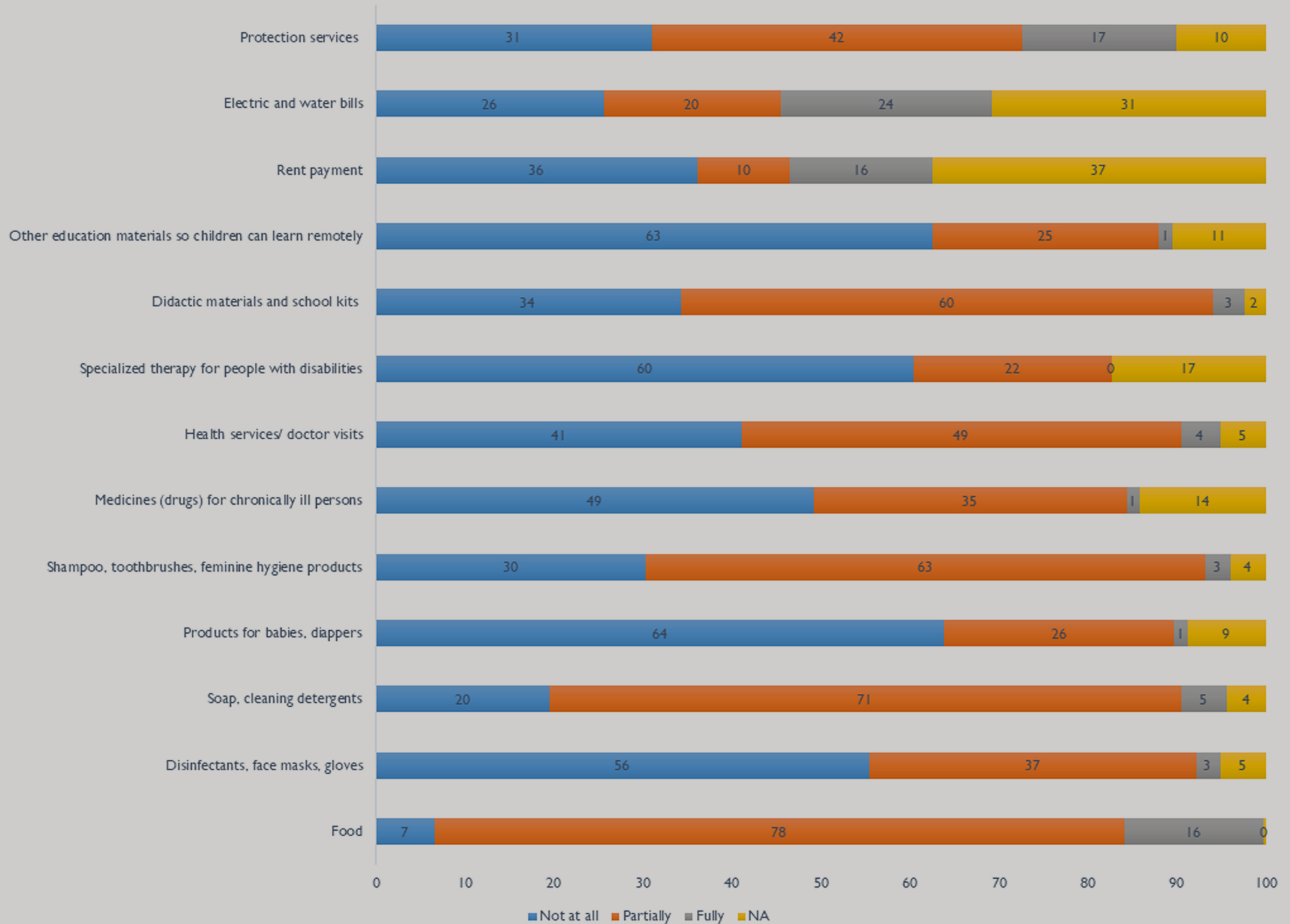
2%

Food stock of the family to
last for more than one

8.3%

Food stock of the family last
for one month

Chart 2: Household ability to Meet Needs (%)





Access to Health Services

41%

of families are partially able to access health services and medicine

49%

of families are not able at all to meet the needs of drug and medicine for chronically ill family members

31%

of families are not able to access protection services

Access to the facilities/ services before and since the outbreak

15% Decrease

Access to health facilities dropped from **48% to 33%**

12% Decrease

Access to community health centers dropped from **45% to 33%**

13% Decrease

Access to maternal centers dropped from **41% to 28%**

27% of families reported symptoms of the Corona virus without any confirmation



Access to Water

47%

Drinking and cooking water available for family

44%

Partial availability of drinking and cooking water

9%

Drinking and cooking water not available at all

Irrigation water

23%

No access

50%

Partially available

Water for hygiene

37.5%

Fully available

57.5%

Partially available





Child and Adult Protection Issues

Most significant concerns as perceived by families

16.4%

Early child forced marriage

57.2%

Child labor

68.9%

Children dropped out of school

13.4%

Violence/ harassment or abuse against children

24%

Reduced spending on healthcare

The psychological impact on children and adults as a result of COVID-19



Adults

46%

Mild and isolated symptom, lack of sleep and appetite

27%

Increase in aggressiveness



Children

27%

Mild symptoms, lack of sleep and appetite

28%

Feelings of sadness

Ability of the family to provide basic needs to their children such as food, shelter and medical care

21%

Never

48%

Sometimes

Note :

61% of families in Ghor responded “never”



Practice of Homeschooling

53%

of households do not practice home schooling for their children

30.8%

of caregivers are not able to provide any type of support in terms of homeschooling and education to their children

Limitations of homeschooling

Reasons why household cannot support children for homeschooling	Never (%)	Sometimes (%)
Lack of time	8.7	25.2
Lack of resources	28.6	29.4
Limited space	2.4	9.2
Parents are illiterate	60.3	36.2

Child homeschooling needs

76%

Provision of educational materials including school kits

26%

Information on positive parenting skills

31%

TV/radio classes

Need of Humanitarian Assistance



61%

Access to
healthcare



10%

Protection and
safety issues



47.7%

Water, Sanitation
and Hygiene



88%

Food



24%

Livelihoods
support



42%

Education
opportunities
for children



The **Government** of Afghanistan, **humanitarian agencies** and the **donor community** must ensure



Livelihoods

1. Immediate distribution of food packages, cash and vouchers to families to meet basic needs;
2. Provision of inclusive and sustainable livelihoods support to prevent negative coping mechanisms such as child labor and early child marriage;
3. The support of livelihoods diversification and increase employability adapted to the new context.



Child Protection

1. Strengthening of effective referral mechanisms to provide appropriate services to vulnerable children in need;
2. The training and support of positive parenting strategies for caregivers to reduce incidence of violence against children;
3. Provision of psycho-social support activities for children to mitigate stress related symptoms due to lockdown.



Education

1. Provision of inclusive school kits and learning materials to all children, particularly the most marginalized;
2. Interactive learning programs are disseminated by MoE through accessible channels;
3. Illiterate parents are mobilized and supported to provide distant learning programs for their children.



Health

1. Provision of COVID-19 prevention related services to all communities;
2. Provision of Maternal and Child Health (MCH) services, especially in hard to reach areas;
3. Increased access to facilities including community health, maternal centres and women's protection services.