



Aina, 34, shows the money she has received as cash assistance to support her family. December 28, 2021.*

Initial Food Security Response to the COVID-19 Outbreak: Survey Findings

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Introduction

In 2018, the United States Agency for International Development’s (USAID) Bureau of Humanitarian Assistance (BHA) funded Save the Children to lead a three-year global initiative to augment capacity for humanitarian response to major disease outbreaks. Through a consortium of partners, this initiative, known as READY, supplements existing efforts to strengthen coordination between global humanitarian outbreak structures and operational organizations responding to outbreaks, addressing and identifying gaps. READY aims to build and retain capacity among operational consortium members, non-governmental organizations (NGOs), and other stakeholders in order to be able to respond to major outbreaks more quickly and effectively. READY promotes an integrated and multi-sectoral approach to outbreak response to holistically meet the needs of affected communities, with community engagement at the center. READY prioritizes diseases with major epidemic or pandemic potential, specifically water-borne, respiratory, and bodily fluid transmission pathways.

Large-scale infectious disease emergencies have disastrous impacts on families, societies, systems, and economies. For example, the impact of the 2014–2015 Ebola epidemic in West Africa stretched well beyond the estimated 11,310 deaths and the 28,616 known infections. Millions of children lost months of schooling, out of which many never returned, and thousands of children lost parents, siblings, guardians, and family members. Disruptions to markets and livelihoods also had dire consequences for the poorest communities, as such disruptions ultimately affect poor households’ capacity to cope not just with the effects of the pandemics, but also with meeting their basic and most urgent needs. The novel coronavirus of 2019 (COVID-19) pandemic revealed similar systemic challenges and patterns across health systems, economies, and communities at a global level. On March 11, 2020, the World Health Organization (WHO) declared COVID-19 a global pandemic (WHO, 2020). As of now (December 2021), over 272 million infections and more than 5.3 million deaths had been reported across 188 countries (JHU, 2021).

One visible economic impact of the pandemic came in the form of global shortages of key commodities, stemming from border closures, understaffing at key producers and export facilities, and breakdowns at every stage of international supply chains (PWC, 2021). Between March and mid-May 2020, many governments enacted lockdowns and restrictions that hindered market functionality (e.g., closing nonessential businesses, preventing vendors and customers from gathering in marketplaces, restricting the entry of foreign goods and transporters, etc.). This affected communities’ access to basic goods and commodities, particularly in humanitarian contexts. The Food and Agriculture Organization’s (FAO’s) global Food Price Index data also show that food prices worldwide decreased between January and May 2020 because of a recorded lack of demand for imported food items from developed countries (FAO, 2020), only to then increase gradually or sharply, depending on the country, by 39 percent between May 2020 and August 2021¹ (FAO, 2021).

As part of the integrated effort to support humanitarian actors responding to major disease outbreaks, READY sought to better understand the experience of these actors during the first months of COVID-19 in selecting and utilizing transfer modalities for food assistance. This report summarizes

¹ Net increase of 23 percent.

key findings from the survey and aims to share information to support future preparedness and readiness efforts of humanitarian actors for future outbreaks.

Methodology

In September 2021, READY deployed an online survey to better understand the experience of humanitarian actors delivering assistance, particularly food, cash, or voucher assistance during the beginning phases of COVID-19. Specifically, the survey aimed to better understand:

1. How humanitarian actors decided on response option based on needs, market functionality, and overall access during the initial stages of the outbreak (first months) of COVID-19;
2. Key observations and experiences that humanitarian actors collected from programs implemented throughout the COVID-19 response thus far in relation to the assistance delivery, challenges encountered, and outcomes achieved.

Data collection occurred between September 8th and September 15th, 2021, in the form of an online survey including a mix of closed- and open-ended questions sent out to members of the humanitarian community through various professional knowledge sharing platforms, including the CALP Network². Respondents were reached through a snowball sampling approach amongst relevant agencies and individuals in the humanitarian community. The survey questions asked respondents to reflect on their implementation experiences between March and May 2020.

A total of 75 responses were collected from 37 countries. In some cases, multiple responses were collected from either the same NGOs or UN agencies—but from different countries/offices—or from different agencies operating in the same country (e.g., seven INGOs responded from Kenya, six from Afghanistan, etc.).

On October 8th 2021, a group of six experts in Cash and Voucher Assistance (CVA), WASH, Protection, and Emergency Response gathered for a Focus Group Discussion. The participants in the discussion were selected upon availability, experience, and countries where they previously operated. The discussion was managed remotely through Zoom. During the discussion the participants reviewed and critically discussed key findings from the survey responses (e.g., modality of assistance used, timeliness of the assistance, perceptions on feasible vs. appropriate modalities, donors' engagement responses, etc.), discussed potential insights on the implications of the findings in relation to response options, and suggested potential ways forward to inform and support implementing organizations in improving their internal preparedness and adaptive responses.

² The CALP Network is a dynamic global network of over 90 organizations engaged in the critical areas of policy, practice and research in humanitarian cash and voucher assistance, and financial assistance more broadly. Collectively, CALP members deliver the vast majority of humanitarian cash and voucher assistance worldwide. <https://www.calpnetwork.org>

Limitations

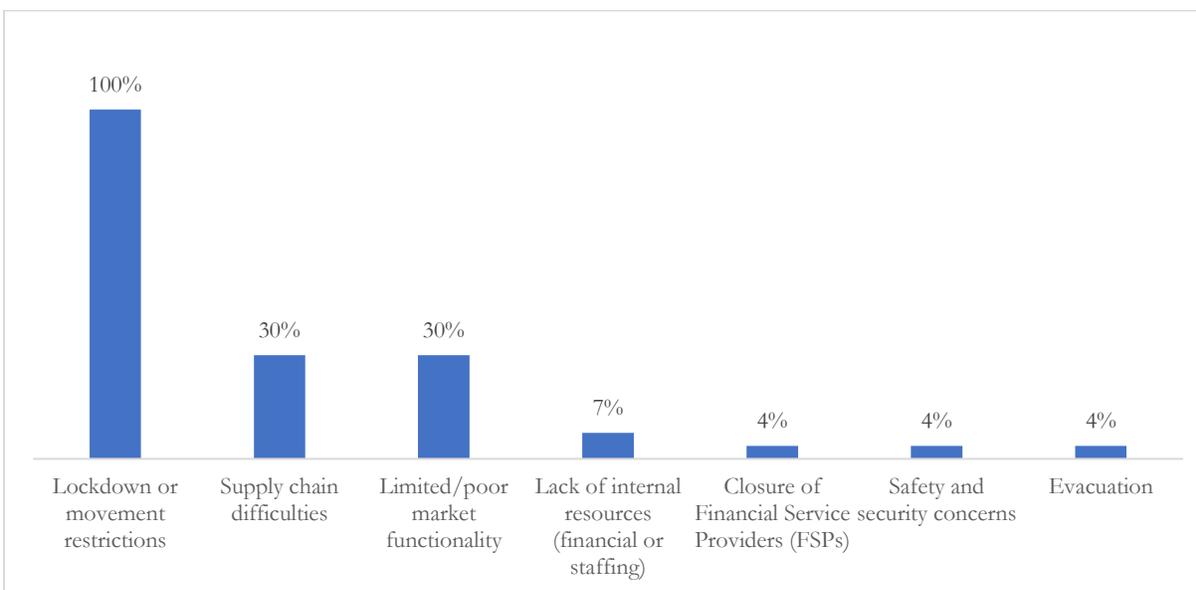
A key limitation of this report is the representativeness of the sample size and sampling approach. Because data collection occurred primarily through survey and snowball sampling, the findings are not statistically representative. Nonetheless the findings are still useful in understanding the experiences of humanitarian actors during the initial phases of the COVID-19 pandemic and provide insights for future outbreaks.

Key Findings

Humanitarian response during that initial phase of COVID-19

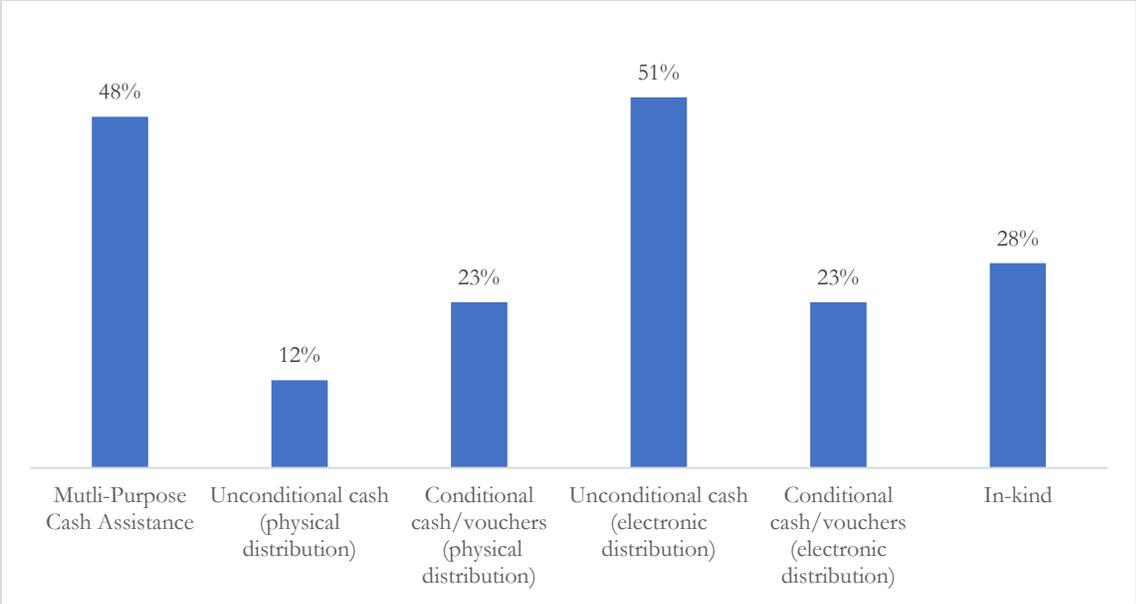
The findings showed a large-scale effect on humanitarian actors' capacity to respond. Only 69 percent of survey respondents reported distributing assistance between March and May 2020, during the initial outbreak. Thirty-one percent of the respondent organizations reported they did not distribute any assistance during the initial outbreak. Fifty-two percent reported having to scale down programs. The most frequently cited reasons for either pausing or delaying the delivery of assistance were the imposed lockdown, supply chain difficulties, and poor market functionality (Figure 1).

FIGURE 1: Reported reasons for pausing or delaying assistance delivery at the outbreak of COVID-19



Respondent NGOs were asked which modality was used for cash or voucher assistance transfers during the initial phase of COVID-19. Overall, cash-based interventions were the most frequently used response modality during this initial phase of the outbreak (Figure 2). According to qualitative information, the main reasons that influenced selected modalities were timeliness, cost effectiveness, staff safety, and ensuring flexibility in choice of expenditures.

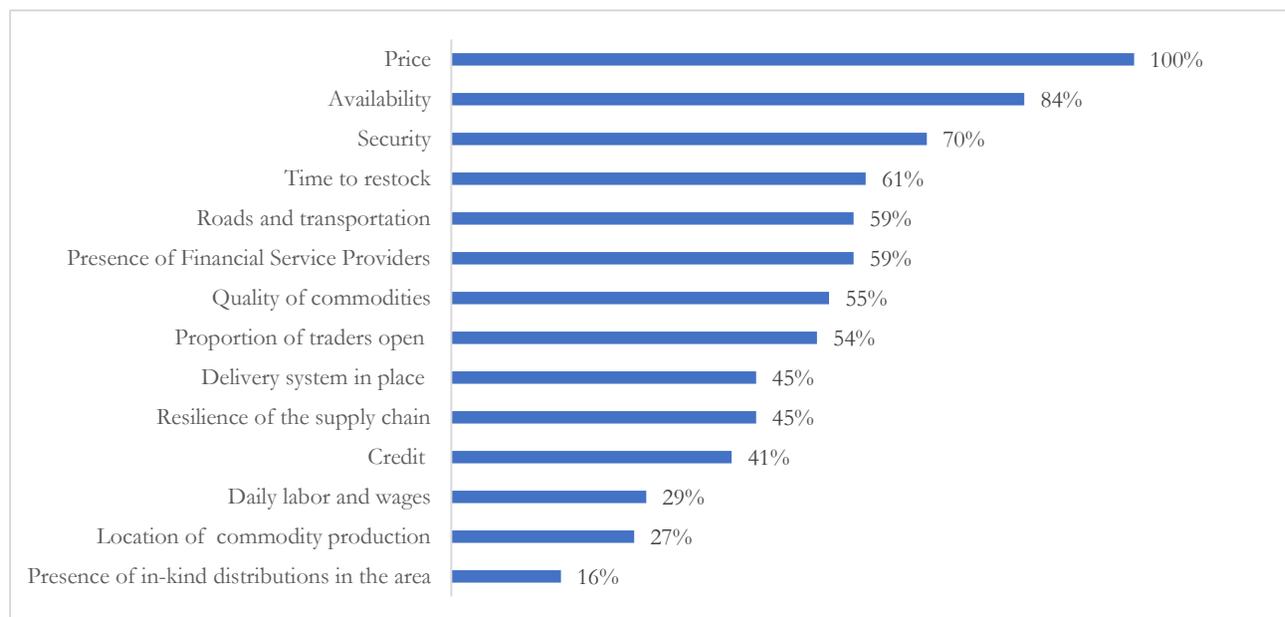
FIGURE 2: Modality of cash assistance distributed at the outbreak of COVID-19



Market Analysis

The study collected information on agencies’ use of market parameters during design and program implementation. Seventy-five percent of the respondent NGOs reported that some form of market analysis was completed during the initial phase of COVID-19, using primary or secondary data. All of the organizations which conducted market analysis included monitoring of market prices as part of their assessment. Sixty-eight percent of those who monitored price variations reported significant price fluctuations during the first months after the outbreak (55 percent for all commodities, and 13 percent for just food items). Additionally, 84 percent reported that they assessed availability of commodities in the marketplace, including time required for re-stocking. Sixty percent of the respondents also reported that they factored in the analysis of access-related indicators such as road conditions, mobility, and transportation. Figure 3 reports on the indicators that respondent organizations assessed and/or monitored throughout the outbreak of COVID-19.

FIGURE 3: Market functionality indicators assessed during 1st phase of the outbreak of COVID-19



In general, there was consensus that while markets faced disruptions, they generally continued to function with a sufficient proportion of vendors operational.

Access challenges to transfer points and markets

During the FGD, participants raised concerns about access to markets and distribution sites during COVID-19. Participants identified that beneficiary access to distribution sites and/or marketplaces was affected by shutdowns, movement restrictions, quarantine requirements, and the vendors closing shops to reduce exposure to COVID-19. Sixty-one percent of the participants reported collecting information on access for vulnerable groups, which included protection-related concerns. For example, could women access the marketplace if unaccompanied, or what, if any, barriers existed for people with special needs and ethnic/religious minorities.

Which modality was considered suitable to address needs in a pandemic?

Respondents were asked to identify which modality would be most appropriate in the context of a global pandemic. All respondents agreed that more than one modality would or could be suitable, given the specific context. Specifically, 53 percent indicated that unconditional, unrestricted e-cash was best suited to address needs, as it offered beneficiaries the most flexibility in choice, both in terms of what was to be purchased and when it was purchased. Forty-five percent mentioned that in-kind was appropriate where access to markets was a challenge. Forty-four percent indicated that multi-

purpose cash assistance was suitable where a more targeted response was appropriate. Ten percent indicated that physical cash assistance, either conditional or unconditional, would be appropriate. These preferences reflect the separate contexts of the respondents. Additionally, all respondents said that decision-making on the most suitable modality selection also factored into restrictions on household movement and staff safety.

Conclusion

The COVID-19 pandemic was the first time since the influenza outbreak of 1918 that a pandemic reached all corners of the world, and humanitarian organizations struggled to adapt and respond quickly to the unique and far-reaching challenges it posed. As the findings demonstrate, a global public health disaster involving lockdowns, movement restrictions and supply chain and market disruptions posed many challenges to agencies seeking to address needs in the most timely and safe way without putting staff or target participants at risk. Despite these challenges, roughly 70% of responding agencies reported transferring some form of food and/or CVA assistance during the initial phase of COVID-19 (March – May 2020), with some form of cash-based option as the preferred modality. The survey did not capture the extent to which those who did not complete transfers were hampered by internal capacity or the context simply did not permit operations. That roughly 70% of survey respondents completed transfers does point to the ability of agencies in the food/CVA space to adapt and move ahead with programing in the context of a large-scale public health emergency. Much of this success is attributed to existing operational capacities of the respective agency and functioning markets.

As referenced above, 75 percent of the respondents reported that some form of market analysis was completed during the initial phase of COVID-19, using primary or secondary data. Understandably most respondents reported supply chain disruptions during this period. Even though markets were constrained, most respondents reported that markets continued to function. Though the survey did not address use of Financial Service Providers (FSPs), the FGD discussions did identify operational challenges that had to do with the operational capacity of the FSPs in the initial phase of the pandemic. Challenges included the FSPs restrictions on staff movements, social distancing, and network coverage. It is important to note for future preparedness that though food/CVA transfers are dependent on functioning markets, they are equally dependent on a functioning FSP and on in-house operational capacity to complete transfers.

In conclusion, the findings of the survey reinforce that prior operational capacity is a key aspect of preparedness for future outbreaks. As mentioned above, most agencies that were able to complete transfers during the initial phase of COVID-19 had CVA or in-kind operational systems in place, including technical capacity to analyze market data and monitor access to markets and availability of key commodities. Establishing operational and technical capacity in CVA and/or in-kind transfers is therefore a key aspect in preparedness planning ahead of the next global health disaster.