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

- Herat: 33.5%
- Badghis: 33%
- Ghor: 33.5%

Total survey participants

- 409 families
- 75% Male
- 25% Female
- 26.2% Chronically ill and disabled amongst families

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 7%
- Humanitarian aid decreased by 3.5%
- Loan levels increased by 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

Before Covid-19 | Since Covid-19
---|---
Children having 3 regular meals per day | 64% | 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 (%)

- Milk Products (Fresh Milk, margarine, butter etc.): 45%
- Energy Dense Food – (Oil, nuts, sugar): 67%
- Other Vegetables & Fruits: 18%
- Green Leafy Vegetables: 43%
- Pulses and Legumes (Beans, Peas, Green gram etc.): 44%
- Protein Rich - animal source foods including egg, seafood, meat: 25%
- Starch (Cereals & Tubers - rice, maize, flour, bread, sorghum, millet, potato, yam, cassava, white sweet potato: 84%
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
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

Water for hygiene

23%
No access

37.5%
Fully available

50%
Partially available

57.5%
Partially available
### Child and Adult Protection Issues

<table>
<thead>
<tr>
<th>Most significant concerns as perceived by families</th>
<th>The psychological impact on children and adults as a result of COVID-19</th>
<th>Ability of the family to provide basic needs to their children such as food, shelter and medical care</th>
</tr>
</thead>
<tbody>
<tr>
<td>16.4% Early child forced marriage</td>
<td>46% Mild and isolated symptom, lack of sleep and appetite</td>
<td>21% Never</td>
</tr>
<tr>
<td>57.2% Child labor</td>
<td>27% Increase in aggressiveness</td>
<td>48% Sometimes</td>
</tr>
<tr>
<td>68.9% Children dropped out of school</td>
<td>27% Mild symptoms, lack of sleep and appetite</td>
<td>Note: 61% of families in Ghor responded “never”</td>
</tr>
<tr>
<td>13.4% Violence/harassment or abuse against children</td>
<td>28% Feelings of sadness</td>
<td></td>
</tr>
<tr>
<td>24% Reduced spending on healthcare</td>
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</tbody>
</table>
Practice of Homeschooling

53% of households do not practice homeschooling 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

<table>
<thead>
<tr>
<th>Reasons why household cannot support children for homeschooling</th>
<th>Never (%)</th>
<th>Sometimes (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of time</td>
<td>8.7</td>
<td>25.2</td>
</tr>
<tr>
<td>Lack of resources</td>
<td>28.6</td>
<td>29.4</td>
</tr>
<tr>
<td>Limited space</td>
<td>2.4</td>
<td>9.2</td>
</tr>
<tr>
<td>Parents are illiterate</td>
<td>60.3</td>
<td>36.2</td>
</tr>
</tbody>
</table>

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

- Access to healthcare: 61%
- Protection and safety issues: 10%
- Water, Sanitation, and Hygiene: 47.7%
- Livelihoods support: 24%
- Food: 88%
- Education opportunities for children: 42%
<table>
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<th>Livelihoods</th>
<th>Child Protection</th>
<th>Education</th>
<th>Health</th>
</tr>
</thead>
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<tr>
<td>1. Immediate distribution of food packages, cash and vouchers to families to meet basic needs;</td>
<td>1. Strengthening of effective referral mechanisms to provide appropriate services to vulnerable children in need;</td>
<td>1. Provision of inclusive school kits and learning materials to all children, particularly the most marginalized;</td>
<td>1. Provision of COVID-19 prevention related services to all communities;</td>
</tr>
<tr>
<td>2. Provision of inclusive and sustainable livelihoods support to prevent negative coping mechanisms such as child labor and early child marriage;</td>
<td>2. The training and support of positive parenting strategies for caregivers to reduce incidence of violence against children;</td>
<td>2. Interactive learning programs are disseminated by MoE through accessible channels;</td>
<td>2. Provision of Maternal and Child Health (MCH) services, especially in hard to reach areas;</td>
</tr>
<tr>
<td>3. The support of livelihoods diversification and increase employability adapted to the new context.</td>
<td>3. Provision of psycho-social support activities for children to mitigate stress related symptoms due to lockdown.</td>
<td>3. Illiterate parents are mobilized and supported to provide distant learning programs for their children.</td>
<td>3. Increased access to facilities including community health, maternal centres and women’s protection services.</td>
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</tbody>
</table>