Wellbeing in the COVID-19 pandemic

How are primary actors coping?

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Abbreviations

COVID-19	Coronavirus disease
GBV	Gender-based violence
NGO	Non-governmental organisation
PPE	Personal Protective Equipment
SDG	Sustainable Development Goals

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Executive summary

The global impact of the COVID-19 pandemic has caused considerable human suffering and exposed the limitations of health, education, and economic systems around the world. The global crisis has inevitably impacted the primary actors (marginalised communities) that VSO programmes work with around the world in all its focused programme areas of work including in health, education, and livelihoods. Rapid well-being assessments in COVID-19 were conducted in sample countries with VSO programming in Asia and Africa to better understand the vulnerability, inequality and priority needs of most marginalised communities and groups that may better inform VSO interventions, both direct programmes and policy engagement, going forward during this pervasive crisis.

Study purpose

The objective of this study has been to understand four critically interrelated components: social group identity, their socio-economic condition due to the COVID-19 crisis, their differential access to basic services and their priority needs – across VSO's programmes, thematic areas and programme geographies. The following research questions guided the rapid assessment and therefore this report:

- What is the situation among primary actors, including community volunteers, during the COVID-19 pandemic?
- How are primary actors, including community volunteers, coping with their challenges?
- What services are and are not available in the community?
- What are the priority needs of the primary actors, including community volunteers, during this time?

Study methodology

A rapid yet in-depth wellbeing assessment was carried out in Nepal, Pakistan, and Malawi based on the country programme's interest and availability, reaching a total of 2,861 respondents. Additionally, a digital rapid assessment survey on resilient livelihoods (that included areas beyond direct livelihoods) was conducted in several countries including Kenya, Philippines, Nigeria, Cambodia, Tanzania, Bangladesh, Pakistan, Ethiopia and Uganda, covering 3,445 respondents. The combined total number of respondents for these surveys is 6,306. A limitation of this study is the use of different surveys and data metrics, one multi-thematic method and another specific thematic method, creating some challenges in comparing data on specific research questions.

Challenges and vulnerabilities during the COVID-19 pandemic

Food shortages and stress were cited as major challenges in Pakistan, Nepal and Malawi due to the pandemic. Financial challenges, creating difficulties in buying food and essential items, were identified as a major challenge in the livelihoods survey. Respondents also identified increases in GBV during the crisis, disproportionately affecting women, children and people with disabilities. The main coping strategy used was to borrow money from family, friends and neighbours, but this is not considered effective in the long term as many respondents said their strategies could not last more than three months.

Access to basic services

Access to services by primary actors in the countries surveyed has significantly declined due to the COVID-19 pandemic. This is particularly apparent in health, education and livelihood services. The existing assistance from governments and NGOs does not meet the needs of the population, which have risen as a direct effect of COVID-19.

Priority needs

Across all the surveys, the immediate need for food, due to reduced access and affordability during the pandemic, emerged as the greatest priority for primary actors and community volunteers. Additionally, the strengthening of health and education services, increased employment and income opportunities, improved access to services for survivors of GBV, and better awareness-raising on measures for protection against the transmission of COVID-19 have also come out as priority needs.

Gaps in service provision

Food assistance, psychosocial support and support for survivors of GBV are all priorities in the current situation, according to people surveyed, yet these services are not currently being provided to the majority of people. The COVID-19 crisis has magnified existing socio-economic inequities and the burden is higher on marginalised and vulnerable groups, particularly those with disabilities who, based on the findings in this study, are remarkably left out of COVID-19 response interventions.

VSO's global response

VSO country programmes have already started using the findings from these surveys to guide and repurpose their response interventions through initiatives like radio-based distance learning, distributing food, hygiene kits and providing cash grants to the most vulnerable primary actors.

Recommendations

- **Respond to food security challenges** by assisting and advocating for programmes that will help the most vulnerable communities regain and advance their food security. The most marginalised communities are facing immediate food shortages.
- **Support the strengthening of health services**. Healthcare systems are overwhelmed in the crisis and reduced access to and quality of healthcare is a risk to the wellbeing of the most marginalised communities. The level of mental health impact is a big indicator.
- **Support virtual literacy and numeracy learning** through radio programmes and teacher training for distance/technology-based learning for children in the poorest, most marginalised and vulnerable communities. The majority of primary actors said that children have had no access to education during school closures due to the crisis.
- **Expand livelihood opportunities** through skills-for-market training and employment, income, social protection and credit support. Livelihoods have been significantly impacted during the crisis causing people to seek new ways to earn an income.
- **Promote psychosocial support programmes** to help people cope with the stress of the crisis. Mental pressure was identified as a major priority need.
- **Encourage gender mainstreamed programme design** to ensure that the specific needs of all people are being addressed in COVID-19 response interventions.
- **Advocate for improved access to basic services for rural and vulnerable communities**, including those with disabilities and survivors of GBV.
- **Expand awareness-raising through ICT e.g. radio-based programmes** on measures for protection against the transmission of COVID-19 and identifying reliable information to reduce the spread of rumours. Consider training community volunteers to lead community awareness-raising activities that follow social distancing guidelines.

Introduction and context

The global impact of the COVID-19 pandemic has caused considerable damage to human life and livelihoods. It showed the lack of preparedness of the health, education, and economic systems around the world. The pandemic caused differential impact not only between developed and developing countries but also between different socio-economic groups within countries. With global cases nearing 25 million[1] at the time of writing, the poorest, most marginalised and vulnerable people are facing significant changes to their lives and an uphill task of recovery due to the widespread and deep effects of the COVID-19 pandemic. The economic shocks from the crisis threaten the most vulnerable households who are less likely to have any economic and social safety net and may lead to long-term implications on their wellbeing, particularly in low and middle-income countries.[2] The World Bank estimates that the pandemic could drive between 71 to 100 million people into extreme poverty in 2020, the majority of whom are in Sub-Saharan Africa and South Asia.[3] A study by the Brookings Institute suggests that the negative impact of the crisis could undo the progress achieved in reducing poverty since the 2015 Sustainable Development Goals (SDG).[4]

The global crisis has inevitably impacted the poorest, most marginalised and vulnerable communities that VSO programmes have been working with around the world in all its main areas of work in creating healthy communities, inclusive education and resilient livelihoods. Wellbeing and needs assessments in COVID-19 were conducted in a sample of VSO's programmatically operational countries in Asia and Africa to better understand the situation and consider priority needs that may inform VSO's programmatic and policy interventions during this pervasive crisis. This report is organised into four sections as follows: study purpose, study methodology, key findings, and conclusions and recommendations.

Study purpose

The objective of this study has been to understand four critically interrelated components: social group identity, their socio-economic condition due to the COVID-19 crisis, their differential access to basic services and their priority needs – across VSO's programmes, thematic areas and programme geographies. The following research questions guided the rapid assessment and therefore this report:

- What is the situation among primary actors, including community volunteers, during the COVID-19 pandemic?
- How are primary actors, including community volunteers, coping with their challenges?
- What services are and are not available in the community?
- What are the priority needs of the primary actors, including community volunteers, during this time?

[1] Center for Systems Science and Engineering at Johns Hopkins University. COVID-19 Dashboard. Accessed 29 August 2020. https://www.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6

[2] David Evans and Mead Over (2020) The economic impact of COVID-19 in low- and middle-income countries. Center for Global Development. 12 March 2020. https://www.cgdev.org/blog/economic-impact-covid-19-low-and-middle-income-countries

[3] Mahler et al. (2020). Updated estimates of the impact of COVID-19 on global poverty.The World Bank. 8 June 2020. https://blogs.worldbank.org/opendata/updated-estimates-impact-covid-19-global-poverty

[4] Homi Kharas& Kristofer Hamel (2020). Turning Back the Poverty Clock: How will COVID-19 impact the world's poorest people? Brookings. 6 May 2020. https://www.brookings.edu/blog/future-development/2020/05/06/turning-back-the-poverty-clock-how-will-covid-19-impact-the-worlds-poorest-people/

Study methodology

Sampling

Recognising the rapidly changing context around the world due to COVID-19, VSO developed a wellbeing survey for primary actors, including community volunteers; it was conducted in three randomly sampled countries out of all the VSO programming countries. An in-depth situational assessment was carried out in Nepal, Pakistan and Malawi based on the country programme's interest, availability and willingness to conduct the survey, reaching a total of 2,861 respondents. Additionally, a digital rapid assessment survey on resilient livelihoods during COVID-19 was also conducted by the livelihoods programme in a number of countries including Kenya, Philippines, Nigeria, Cambodia, Tanzania, Bangladesh, Pakistan, Ethiopia and Uganda for 3,445 respondents. The combined total number of respondents for these surveys, therefore, stood at 6,306. Survey participants comprised of primary actors, currently or previously involved in VSO projects, as well as their family members and community volunteers. The number of respondents from each country can be found in the table below.

Table 1: Survey respondents by country

No	Country	Number of survey respondents
1	Nepal	1319
2	Pakistan	353 wellbeing survey/
		302 digital rapid assessment
3	Malawi	1189
4	Kenya	849
5	Philippines	595
6	Nigeria	473
7	Cambodia	382
8	Tanzania	322
9	Bangladesh	304
10	Ethiopia	118
11	Uganda	100
	Total	**6306**

Process

Data from the country level assessment surveys and reports conducted in Pakistan, Nepal and Malawi as well as thematic reports on education and livelihoods produced separately and independently were analysed and synthesised along with relevant literature on the global context of the COVID-19 pandemic. The analysis reviewed trends in challenges, coping strategies and access to services during COVID-19 across VSO programmes to prioritise programmatic and policy advocacy interventions.

Limitations

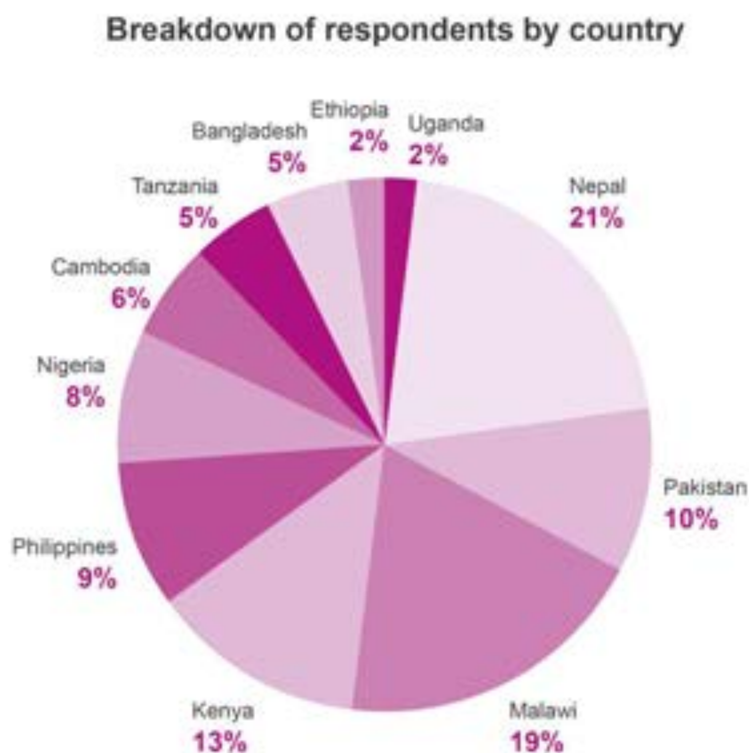
This report is a synthesis of reports from different VSO country programmes. The reports analysed used different surveys and data metrics, one multi-thematic method and another specific thematic method, creating some challenges in comparing data on specific research questions. Despite this limitation, overall trends emerged and are presented at some core comparable areas as possible. Data from specific, individual studies, are presented wherever those were determined to add value to the overall analysis and interpretation.

Key findings

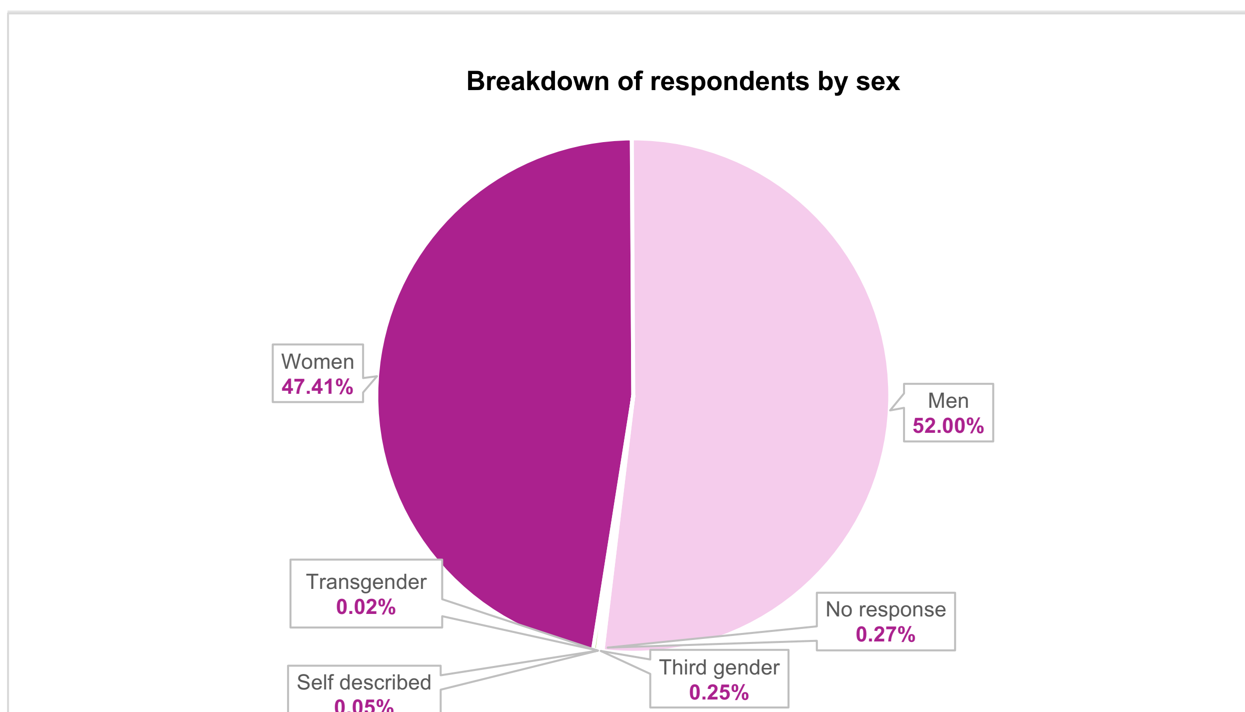
This chapter presents the key findings that have emerged from a series of needs assessments on the wellbeing of the most marginalised and vulnerable communities during COVID-19. It begins with a section on people, detailing the characteristics of the people who participated in the study. Second, it outlines gaps due to the COVID-19 crisis. Third, it reviews access to services during COVID-19. Then, it draws out the priority needs that emerged from the respondents followed by identifying gaps in service provision. Finally, it highlights some activities by country programmes in response to the needs identified in the survey.

I. People: Characteristics of the communities

This study includes participants surveyed in 11 countries. Over half of the participants came from Nepal, Pakistan and Malawi where the multi-thematic wellbeing survey was conducted. The livelihoods rapid needs assessment reached more countries with a smaller number of participants from each country. A breakdown of participants by country can be found in the graph below.



Details on the sex of respondents are in the following chart. It is significant to note that some categories of gender that may often remain hidden in certain contexts have chosen to respond candidly about their identity, which may speak to the safe space created in VSO projects.



Participants ages ranged from 6–60+ years old. Their occupations included: farming/livestock, informal day labour, businesses owners/entrepreneurs, students, government employees, private sector employees, NGO employees, teachers, petty traders, unpaid houseworkers. In Nepal, 2.7% identified as having a disability, in Pakistan it came to 2.8%, and in Malawi, 7.9% identified as having a form of disability. The livelihoods assessment did not include disability figures. The primary actors who were surveyed came from the most marginalised and vulnerable communities in their respective countries. In Nepal, women, children, people with disabilities and Dalits made up these communities. In Malawi, these communities include notably women, youth, early grade learners in rural areas, people with disabilities and prison inmates. In Pakistan, women and people with disabilities primarily made up these communities.

II. Challenges and vulnerabilities during COVID-19 pandemic

This section highlights major challenges and vulnerabilities faced by the most marginalised and vulnerable communities (primary actors) and community volunteers due to the COVID-19 pandemic and the strategies they adopted for coping with their challenges. It looks specifically at mental health, food and economic security stress, and violence based on gender and disability.

Mental health

People participating in the study were asked about their physical and mental health and that of their families. The majority of respondents in Pakistan and Nepal described themselves and their family members as generally healthy. However, in Malawi, the highest percentage of respondents (34%) described their health as poor. The stress of the pandemic has taken its toll on the mental health of the population according to respondents in these three countries. In Nepal, 44% of respondents mentioned that they or their family members have faced trauma due to the pandemic. Similarly, in Pakistan, nearly 38% of respondents identified mental stress as the biggest challenge they have faced due to COVID-19. Likewise, 84% of respondents in Malawi indicated that they are living in stressful or traumatic conditions due to COVID-19. In Nepal, people talked about not being able to go

outside and not being able to meet friends. The care responsibility of women in Nepal was also identified as having increased since lockdown according to the majority of respondents. This refers primarily to an increase in the domestic workload of girls and women and could have longer-term negative implications for girls' education. Over half of respondents in Uganda and Kenya rated health challenges as moderate, high or severe. Domestic disputes were not identified as a major challenge for the majority of these respondents. However, a small portion of respondents in Kenya, Philippines, Nigeria, Uganda, Ethiopia, Pakistan, Tanzania and Bangladesh rated domestic disputes during COVID-19 as high or severe. It should be taken into consideration that people who are living in a violent situation, especially in the context of a lockdown where they may not have any space to be alone, may not have the freedom to respond honestly to this type of question.

Economic and food security stress

In Pakistan, Nepal and Malawi, food shortages and the related stress were cited as major challenges due to the pandemic. Food shortages were mentioned by 20% of people participating in the survey in Pakistan, 63% in Nepal and 63% in Malawi. At the time of the survey, 58% of participants in Malawi indicated that they had no food, linking food shortages to the halt in business operations and loss of employment. Most said that they still had access to basic food commodities in the local market, but that prices had increased. 53% of respondents had to skip meals in the seven days prior to the survey because they could not afford food. A VSO Sister for Sisters' Education report in Nepal noted that the financial stress of the COVID-19 crisis may mean that families are unable to pay for domestic workers and will return to old behaviour patterns. Furthermore, increases in early marriage have been reported for girls who are currently unable to return to school in Nepal [5] In Malawi, school closures hindering children's development and unwanted pregnancies for adolescent girls due to education[6] were also mentioned frequently as some major impacts of the pandemic. A VSO rapid research report on youth networks response to COVID-19 indicated similar concerns in Sierra Leone and Kenya. Furthermore, 67% of respondents in Malawi indicated that they had experienced an immediate blow

[5] Harriet Grant (2020) Why COVID school closures are making girls marry early. The Guardian. 7 September 2020. https://www.theguardian.com/global-development/2020/sep/07/why-covid-school-closures-are-making-girls-marry-early

[6] Gender links for equality and justice. Teen Pregnancies surge in Malawi. 1 August 2020. https://genderlinks.org.za/news/teen-pregnancies-surge-in-malawi/

to their income due to job loss and pay-cuts in the two weeks prior to the survey. Food security, related to access and affordability during the pandemic, was identified as a major challenge by respondents in each of these countries.

Other stresses mentioned in the digital rapid assessment on livelihoods conducted in nine countries are as below:

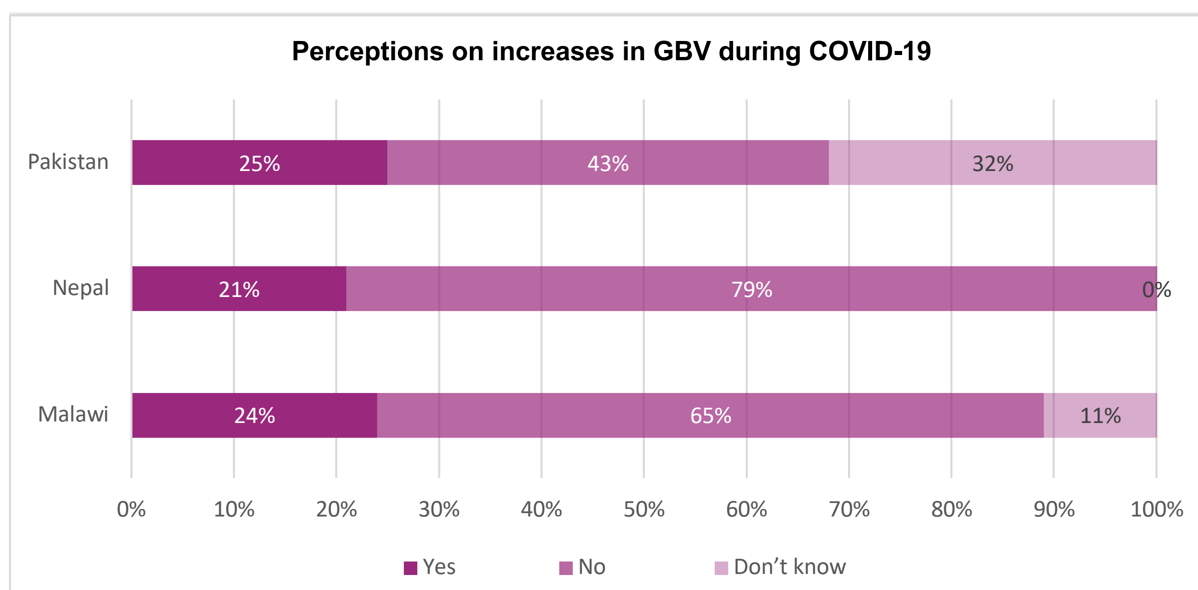
Financial challenges, creating difficulties in buying food and essential items, were identified as a major challenge in most of the countries surveyed with the majority of respondents rating this as moderate, high or severe in the following countries: Uganda, Philippines, Nigeria, Kenya, Ethiopia and Bangladesh. 38% of the respondents to this survey were unable to meet their financial obligations and another 29% had to sell assets such as livestock to survive, and 25% had to reduce their food intake. The highest percentage of respondents unable to meet their financial obligations came from Nigeria (69%), followed by the Philippines (62%) and Uganda (57%). Bangladesh had a particularly high percentage (69%) of people needing to sell their assets compared to the other countries surveyed.

A VSO Myanmar report on the impact of COVID-19 found that 80% of respondents were concerned that they would not be able to afford essential items. The majority of respondents in Nigeria, Uganda, Philippines, Kenya and Bangladesh rated their access to markets and/or essential products such as food, potable water and medicine as a moderate, high or severe challenge. Challenges to accessing preventative gear were primarily cited in Uganda, Kenya, Nigeria, and the Philippines.

For entrepreneurs, most said that their businesses have been affected by the COVID-19 crisis, noting major challenges as cash flow, transport, and supply shortages. Most said they will be able to resume their businesses with some support from the government, such as business training, fair pricing, cheaper loans, and protective gear, and from banks, in the form of easily repayable or subsidised loans. However, 37% of entrepreneurs surveyed in Ethiopia said they have permanently shut down their businesses.

Violence based on gender and disability

A similar percentage of respondents in Pakistan, Nepal and Malawi observed an increase in gender-based violence during COVID-19. In Pakistan, 25% of respondents cited an increase in GBV, 21% in Nepal, and 24% in Malawi. This is illustrated in the graph below. When asked if they had specifically faced violence due to gender or disability during the COVID-19 crisis, 13% of respondents in Pakistan said yes. In Nepal, 6.2% of respondents had faced violence with the highest prevalence of violence cited among respondent ages 36-60. The Nepal study also found that the proportion of respondents with a disability who had faced violence was higher than that of respondents without a disability. In Malawi, 25% of respondents stated that they had faced violence (such as domestic violence, intimidation, verbal abuse, exclusion from important activities and sexual violence) due to gender or disability during the period of this pandemic. The increased levels of stress during this situation in combination with lockdown enforcement creates a frightening scenario for people who may experience domestic violence and be unable to leave their homes or seek help. The added difficulty and stigma around disability may create even more dangerous conditions for people, as is reported in Nepal. Moreover, according to the needs assessment results in Malawi, people with different disabilities have largely been excluded from COVID-19 response measures.



Coping strategies

Respondents identified various strategies to cope with the challenges related to the COVID-19 crisis. Across the board, borrowing money was named as a significant coping strategy for dealing with financial challenges. The major coping strategies for dealing with challenges due to COVID-19 in Pakistan were to borrow money and receive food from NGOs. In Nepal, the coping strategies most mentioned were to borrow money, borrow food and eat unhygienic food. In Malawi, key coping strategies included borrowing money, prayer and observing preventative measures.

According to respondents of the livelihoods rapid needs assessment, their primary methods for coping with financial challenges are to borrow, reduce food intake and use their savings. Coping strategies for health challenges mentioned were to seek government support and use private clinics. To cope with domestic disputes, respondents noted seeking support from family and neighbours, talking with their spouses and community intervention. Strategies for coping with market access challenges included reducing food intake and borrowing from neighbours and friends. To cope with challenges related to having sufficient and appropriate preventative gear, respondents mentioned trying to buy it in markets.

When asked about the duration that respondents could cope using their strategies, the outlook was negative according to respondents in Pakistan and Nepal. In Pakistan, the highest percentage of respondents (28%) said they could cope for three months, followed closely by those that said one month (25%). In Nepal, the highest percentage of respondents (18%) said they could cope for one month and 15% said they could only cope for one week with their current strategies. Respondents from other countries were not asked this question, but it is evident that the coping strategies that these respondents currently report would not be effective in the long term and will aggravate their debt situations. Considering the few coping strategies that respondents identified in comparison to the challenges they are facing and the prolonged socio-economic impact of the COVID-19 pandemic, the primary actors of VSO's programmes need more sustainable coping strategies.

Respondents were asked about whom they approached to ask for support to cope. In both Pakistan and Nepal, the highest percentage of respondents had received support from the government. In Pakistan, this was followed closely by those who had received no support, and then support from relatives. In Nepal, government support was followed by support from relatives, then neighbours and no support. Most respondents in Malawi noted that they received no support to cope with their challenges. This was followed by support from relatives. A significantly smaller percentage of respondents in Malawi than in Pakistan and Nepal mentioned support from the government. Overall, many of the respondents are receiving no support to deal with these major challenges. Government support is varied in its availability and accessibility, leaving people to lean on their family and close community, which increases burdens within those social units.

III. Access to basic services

This section presents findings related to respondents' access to various services. It begins by looking at access to information on COVID-19. Then, it gives a comparison of access to the following services before and during COVID-19: health services, education, livelihood, security services, and services for survivors of GBV, as well as access to services for people with disabilities. Finally, it presents results on access to assistance by governments and non-governmental organisations.

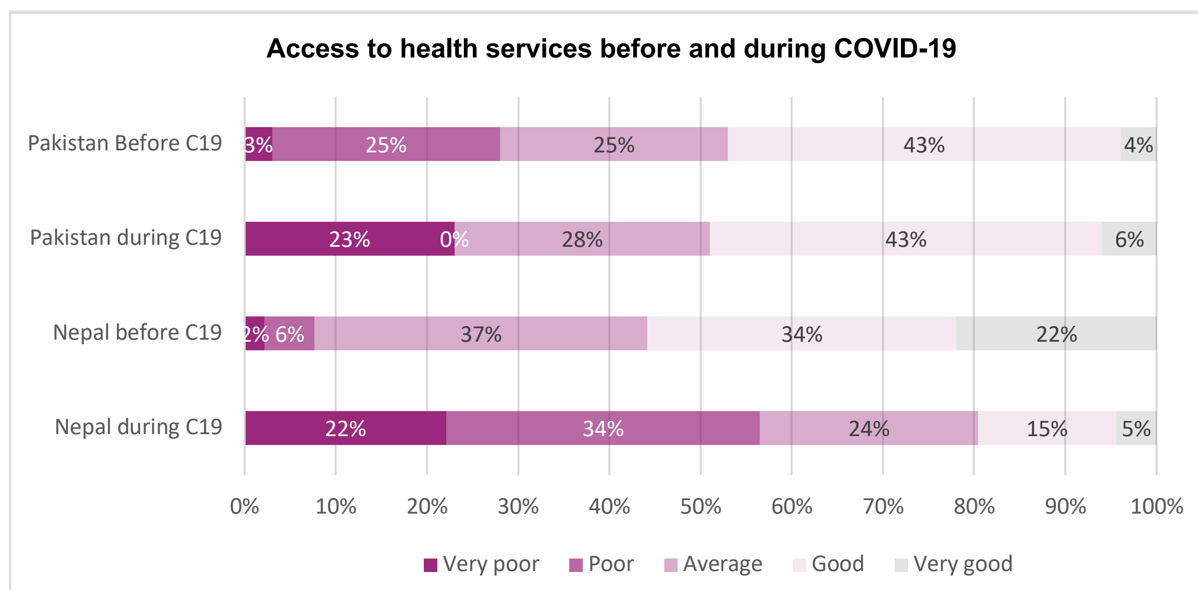
When asked what sources of information on COVID-19 respondents use, their answers were varied according to the context in each country. In Pakistan, the top sources of information were television and social media. In Nepal, respondents got their information from radio, word of mouth (neighbours, family and friends), and television. In Malawi, the channels for communicating most about COVID-19 have come out as radio, word of mouth (family, friends, and community), health workers and volunteers. The assessment in Malawi found that respondents had basic knowledge of COVID-19 symptoms and transmission, but that misconceptions were common. The other assessments did not measure the quality of information available, but this would be useful data to collect and explore further to guide awareness-raising strategies.

Health services

Access to health services has declined during the pandemic for certain parts of the population in both Pakistan and Nepal according to respondents. For those with access to average, good or very good health services in Pakistan before COVID-19 (72%), these have remained accessible and at about the same level of quality during COVID-19 (77%). However, those with poor health services, access only to emergency services, before COVID-19 (25%) have seen a decline to very poor or no health services at all during COVID-19 (23%). In Nepal, there is a clear downward trend in access to average, good or very good services (92% before and 44% during) and upward trend in access to poor or very poor services (8% before and 57% during).

While this study does not include specific information from other countries on changes in access to health services due to COVID-19, according to the World Bank, more than half of the world's

population did not have access to health services even before the pandemic. Moreover, outbreaks of diseases such as cholera, diphtheria, and measles have increased due to overwhelmed healthcare systems.[7] Therefore, it appears that decreased access to health care is a clear trend during COVID-19 as needs have become much greater than the capacity of many health systems. A comparison of access to health services before and during COVID-19 in Pakistan and Nepal is illustrated in the graph below.



Education services

Similarly, access to education services has declined in Pakistan and Nepal since the COVID-19 pandemic. This is particularly stark in Nepal where 95% of respondents said that they had access to average, good or very good education services before COVID-19 and only 12% remained with those services after, 88% rating their access to education services during COVID-19 as poor or very poor.[8]

[7] Joe McCarthy (2020) Access to health care around the world is not equal. COVID-10 proved that. Global Citizen. 23 June 2020. https://www.globalcitizen.org/en/content/unequal-health-care-access-covid19/

[8] A graph illustrating a comparison of access to education services before and during COVID-19 in Pakistan and Nepal can be found in the annexes.

Due to school closures, access to education has become extremely difficult for most children according to respondents. In Pakistan, nearly 75% of respondents noted that they have no education services available since the COVID-19 lockdown began. A small percentage of respondents in Nepal mentioned the availability of some educational programmes through radio and television, however, 75% said that there were no available education services. A VSO Sisters for Sisters' Education report found that a combination of distributing books/materials and radio-based guidance would expand access to education in Nepal during the lockdown. In Malawi, the findings were even more troubling with 95% of respondents saying that they had no educational services available since the start of the COVID-19 crisis.

A VSO report on education during COVID-19 in the Enugu and Kano states of Nigeria found that, while numeracy and literacy radio programmes for primary and secondary school children were broadcasted, participation by children was limited due to poor promotion of the programmes, unreliable power supply and lack of radios in remote communities. It also found that children with siblings were conducting home learning amongst themselves, but with inadequate learning materials. When assessing access to education for students with disabilities, it identified the need for individual tutors trained to respond to the specific needs of each child. Additionally, a VSO report on the impact of COVID-19 in the Mon State of Myanmar identified 78% of respondents reporting that youth have missed out on education during the COVID-19 pandemic.

Livelihood services

Access to livelihood services has also declined during COVID-19. In Pakistan, 73% of respondents rated their access to livelihood services before COVID-19 as average, good or very good, with 27% rating it as poor or very poor. During COVID-19, that dropped to 47% rating them average, good or very good and 53% as poor or very poor. This is in a situation where, according to respondents, nearly 2/3 of businesses are closed due to the government lockdown.

Nepal recorded an even more negative trend, with 93% of respondents rating access to livelihood services before COVID-19 as average, good or very good and 7% as poor or very poor plunging to 16% judging them as average, good or very good and 84% as poor or very poor. This is a major change in livelihood services in Nepal. When asked about livelihood options, the greatest number of respondents in both Pakistan and Nepal said that they had none.[9]

In Malawi, only 13% of respondents were aware of livelihood support in their area from the government or NGOs. The support identified was primarily cash transfer and maize distribution. Few respondents received livelihood support before COVID-19 (7%), so the change in support is not as drastic during the pandemic, but it has decreased slightly to 2%. Furthermore, 91% of respondents in Malawi said that they expect that their livelihood will be severely impacted as a result of disruptions from COVID-19.

Security services

Changes in access to security services before and during COVID-19 were not as drastic as in the sectors described above. In Pakistan, 69% of respondents rated security services before COVID-19 as average, good or very good and 39% as poor or very poor. During COVID-19, these ratings moved to 58% as average, good or very good and 42% poor or very poor. Those ranking in lower during COVID-19 explained this as a difficulty in access due to limited movement during lockdown, allowing for the availability of security services only in cases of emergencies. In Nepal, security services were considered as average, good or very good by 84% of respondents and as poor or very poor by the remaining 16% before COVID-19. During COVID-19, these dropped to 61% as average, good or very

[9] A graph comparing access to livelihood services in Pakistan and Nepal can be found in the annexes.

good and 39% poor or very poor.[10] Another security dynamic raised in Nepal was concern about the spread of COVID-19 due to an increase in new immigrants into villages without prior testing. Movement of populations, refugee, displaced or economic migrant, is an important factor to consider in COVID-19 response interventions. Some populations are moving for security reasons and COVID-19 adds another layer of fear both for those who are forced to leave their homes and the receiving communities. In some contexts, people may also migrate to seek economic opportunities because they have lost employment as a direct effect of COVID-19.

Services related to violence based on gender and disability

Respondents in Pakistan named the police and toll-free helpline most frequently as services available for survivors of GBV. In Nepal, respondents observed that while services have remained available to a certain degree during the crisis, access to those services has decreased significantly due to reduced access to security agencies and governmental and non-governmental priorities leaning toward the COVID-19 response. The primary services available to survivors of GBV cited by respondents in Malawi were the police, youth forums, and parents of survivors.

Access to government and NGO assistance

To understand how assistance needs are identified, it is helpful to clarify degrees of communication at the family level and between the government and the population. In both Pakistan and Nepal, the decision-making process at the household level followed a similar trend where most respondents indicated that all family members are involved in decision-making. This is a positive finding as it demonstrates some equity in the decision-making process at the household level. Overall, in Pakistan and Nepal, the population was not consulted by the government on its COVID-19 response apart from simply communicating the enforcement of protective measures against the spread of the disease. This lack of exchange between the government and the population does not allow for needs to be voiced or addressed during the crisis.

The majority of respondents in Pakistan stated that there is no government or non-governmental humanitarian assistance scheme to help the population fulfil day-to-day needs during COVID-19. Only 10% of respondents in Pakistan stated that they received government services during the COVID-19 pandemic. The government services that had been received were primarily information on COVID-19 and for a small number of respondents, food support, hygiene kits, cash transfers and psychological counselling. Again, 10% of respondents said that they received services from NGOs. The same services were provided as from the government but at a slightly higher rate of access.

In Nepal, the government assistance identified by respondents included food distribution, information on COVID-19, psychosocial support, hygiene kits, cash support and COVID-19 testing. Support from NGOs included the same services, but with slightly more access to information on COVID-19 and psychosocial support and less support in food distribution, hygiene kits and cash support. Overall, a smaller number of respondents had access to NGO support than to government support.

In Malawi, 84% of respondents were unaware of any government assistance available. The small number who had heard of government assistance in response to the pandemic primarily identified cash support, food distribution and hygiene kits.

According to the livelihoods rapid needs assessment, most of the respondents did not receive government support. This is particularly stark in Uganda – where 93% of respondents said they received no government support – and in Pakistan (90%), Kenya (90%), Bangladesh (79%), and Nigeria (75%). In the Philippines, 92% of respondents received support from the government, followed by 57% in Cambodia. The type of government support received was primarily identified as

[10] A graph comparing access to security services in Pakistan and Nepal can be found in the annexes.

food, COVID-19 information, and cash/pension (particularly in Pakistan, Philippines, and Bangladesh). The majority of respondents found accessing government support easy to moderate. However, in Nigeria, 84% of respondents found access to government support difficult. Respondents also mentioned receiving support from women's, youth and farmer groups, primarily as technical services and food, but also psychosocial services, relief packages and loans.

It is clear that respondents are experiencing a widespread deterioration of access to services during COVID-19, particularly regarding health, education and livelihood services. Additionally, increases in GBV have been observed. Assistance from governments and NGOs is insufficient for the needs of the population, as are opportunities to express needs to governments to guide policies and programmes during COVID-19.

IV. Priority needs

Respondents identified their priority needs during the COVID-19 crisis, which can be grouped into the following categories:

Pakistan

Food and relief materials, affordable/free quality physical and mental health care, awareness raising on measures of protection against the transmission of COVID-19, improved access to services for rural and vulnerable communities, and more widespread testing.

Nepal

Food and relief materials, employment opportunities, access to education, stronger health services, skill-based training, and increased access to services for survivors of GBV.

Malawi

Food, stronger health services, livelihood opportunities, awareness raising on measures of protection against the transmission of COVID-19, increased access to services for survivors of GBV, and improved access to services for rural and vulnerable communities especially health care services for people with disabilities.

Sixty-eight percent of respondents from the livelihoods needs assessment say that they must reprioritise their needs due to the COVID-19 crisis. The priority needs of these respondents are food, income-generating activities, new skills training, cash, hygiene kits, personal protective equipment, and business training.

Expanded access to education for rural and vulnerable communities was also a priority need mentioned by respondents in Nigeria. Additionally, while psychosocial services were not mentioned by respondents as a priority need, mental stress was cited significantly as a challenge in several countries. In situations where people are in dire need of food and healthcare, as well as dealing with severe stress and anxiety due to loss of income or sickness within the family, it may be more difficult to recognise the importance of responding to mental health needs. This may explain why stress emerged as a major challenge without being identified by respondents as a priority need. Access to psychosocial services to respond to the challenge of stress should also be considered a priority need to guide COVID-19 response efforts.

V. Gaps in service provision

It is apparent that challenges have increased for many people participating in this study due to the COVID-19 pandemic. Among them, the most marginalised and vulnerable groups are likely to experience even bigger impacts and have even more difficulty recovering. Price spikes make buying

food and other essential items an obstacle for vulnerable households where, according to people surveyed, most people are receiving no government or non-governmental food assistance. The combined stress of food insecurity, income loss and reduced access to health and education services make psychosocial support a priority, yet these services are not currently being provided to the majority of people. People with disabilities may face more healthcare needs than others, meaning they are disproportionately impacted by the reduced access to healthcare services due to the pandemic. Women and girls are experiencing a disproportionate increase in care responsibilities during COVID-19, which may force them to abandon previous priorities like education. Women, children and people with disabilities are also at a higher risk of experiencing GBV as instances of GBV have risen during the pandemic according to people participating in this study. The COVID-19 crisis has magnified existing socio-economic inequities and the burden is higher on marginalised and vulnerable groups, particularly those with disabilities who, based on the findings in this study, are remarkably left out of COVID-19 response interventions. Identifying these gaps in service provision during the COVID-19 pandemic is an important lesson learned to build stronger, more resilient social protection systems that support people's wellbeing through crises.

VI. VSO's global response

Following the rapid needs assessment surveys conducted in Pakistan, Nepal and Malawi, the findings are already being used to guide programming and policy advocacy.

In Pakistan, identifying food shortages and mental stress as major challenges has directed food distribution and teacher training on psychosocial support as top priorities in VSO's current response. Additional actions following the survey in Pakistan include:

- Radio awareness campaigns on preventative measures, the
- Distribution of hygiene kits, the
- Distribution of PPE to first responders
- Training youth on business model canvas and providing cash grants for restoring their lost livelihood during the pandemic

The findings from the survey in Pakistan will be shared with donors as needed while developing proposals and COVID-19 guidelines were developed for parliamentarians for understanding, monitoring, and the execution of response interventions in their localities.

Some of the responses in Nepal based on the survey findings include:

- Awareness-raising campaigns on COVID-19 through radio programmes, public service announcements, Sign language videos and social media
- Learning support radio programmes targeting students grades 9-10
- Sign languages videos on English and Nepali alphabets and their use
- Training for Big Sisters and community mobilisers to help girls make their own reusable sanitary pad at home (Sisters for Sisters' Education Project)
- Food distributions to 1,025 families
- Distribution of 3,064 hygiene kits
- Support for six quarantine facilities
- Psychosocial counselling sessions and capacity-building on child protection, safeguarding and GBV for project teams
- A module developed in VSO School App to address information needs on GBV

VSO Nepal is also advocating for improved plans for education in difficult circumstances, access to psychosocial and livelihood support, and more inclusive government policies on disasters and relief.

Findings from the survey have been shared with multiple donors and included in a new grant proposal.

In Malawi, VSO has responded to the lack of access to education during COVID-19 by distributing 519 tablets to households for children to use for at-home learning. Additional responses following the wellbeing survey include:

- More inclusive project planning to involve people with disabilities and youth
- Distribution of hygiene kits
- Collaboration with COVID-19 response clusters on education and youth

The survey results have also been disseminated to VSO Malawi's partners and stakeholders.

Additional programmes to help respond to the need for continued access to education despite school closures, identified by the wellbeing and needs assessment surveys, include producing school lessons by radio in Nepal and Kenya, delivering solar-powered radios in Nigeria to improve access to radio-based learning, and distributing educational materials in the Philippines. VSO has also provided food, cash, vouchers and essential items in Nepal and the Philippines. In Uganda, VSO provided 1,200 vulnerable people in refugee settings with hygiene materials and other essential items. As demonstrated by these examples, VSO is making significant efforts to respond to the needs of the most marginalised and vulnerable people during the COVID-19 pandemic. Reviewing the challenges and needs of VSO's primary actors and community volunteers globally during COVID-19 has provided a better understanding of the situation to further improve the impact of these efforts.

Conclusions and recommendations

The COVID-19 crisis has substantially impacted people all over the world. This study brought together responses from surveys conducted in countries with VSO programming to understand the dynamics of four critically interrelated components: individual/group identity, access to services, gaps due to the COVID-19 crisis, and priority needs. Increased poverty and inequality as a result of the pandemic is a major finding in this study that reflects global trends.[11] Food shortages and stress were cited as major challenges in Pakistan, Nepal and Malawi due to the pandemic. Financial challenges, creating difficulties in buying food and essential items, were identified as a major challenge in the livelihoods survey. The main coping strategy used was to borrow money, but this is not considered effective in the long term as many respondents said their strategies could not last more than three months.

Access to services in the countries surveyed has significantly declined due to COVID-19. This is particularly apparent in health, education and livelihood services. Respondents also identified increases in GBV during the crisis. The existing assistance from governments and NGOs does not meet the needs of the population, which have risen as a direct effect of COVID-19.

Across all the surveys, the immediate need for food emerged as the greatest priority for primary actors and community volunteers. Additionally, the strengthening of health services, inclusive education services, increased livelihood opportunities, improved access to services for survivors of GBV, and better awareness raising on measures of protection against the transmission of COVID-19 are key priority needs. Interventions responding to the COVID-19 pandemic should therefore prioritise system strengthening for health, education and livelihood services and broader inclusion to access services, as well as building both financial and psychological resilience for the most vulnerable and marginalised communities.

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[11] Mahler et al. (2020). Updated estimates of the impact of COVID-19 on global poverty. The World Bank. 8 June 2020. https://blogs.worldbank.org/opendata/updated-estimates-impact-covid-19-global-poverty

Based on the key findings, the following are recommended:

- **Respond to food security challenges** by assisting and advocating for programmes that will help the most vulnerable communities regain and advance their food security. The most marginalised communities are facing immediate food shortages.
- **Support the strengthening of health services**. Healthcare systems are overwhelmed in the crisis and reduced access to and quality of health care is a risk to the wellbeing of the most marginalised communities. The level of mental health impact is a big indicator.
- **Support virtual literacy and numeracy learning** through radio programmes and teacher training for distance/technology-based learning for children of the poorest, most marginalised and vulnerable communities. The majority of primary actors said that children have had no access to education during school closures due to the crisis.
- **Expand livelihood opportunities** through skills-for-market training and employment, income, social protection and credit support. Livelihoods have been significantly impacted during the crisis causing people to seek new ways to earn an income.
- **Promote psychosocial support programmes** to help people cope with the stress of the crisis. Mental pressure was identified as a major priority need.
- **Encourage gender-mainstreamed programme design** to ensure that the specific needs of all people are being addressed in COVID-19 response interventions.
- **Advocate for improved access to basic services for rural and vulnerable communities**, including those with disabilities and survivors of GBV.
- **Expand awareness raising through ICT e.g. radio-based programmes** on measures of protection against the transmission of COVID-19 and identifying reliable information to reduce the spread of rumours. Consider training community volunteers to lead community awareness-raising activities that follow social distancing guidelines. Many respondents received information about COVID-19 through radio programmes and word of mouth, but those who measured knowledge on COVID-19 found that people knew little about COVID-19 and believed false information.

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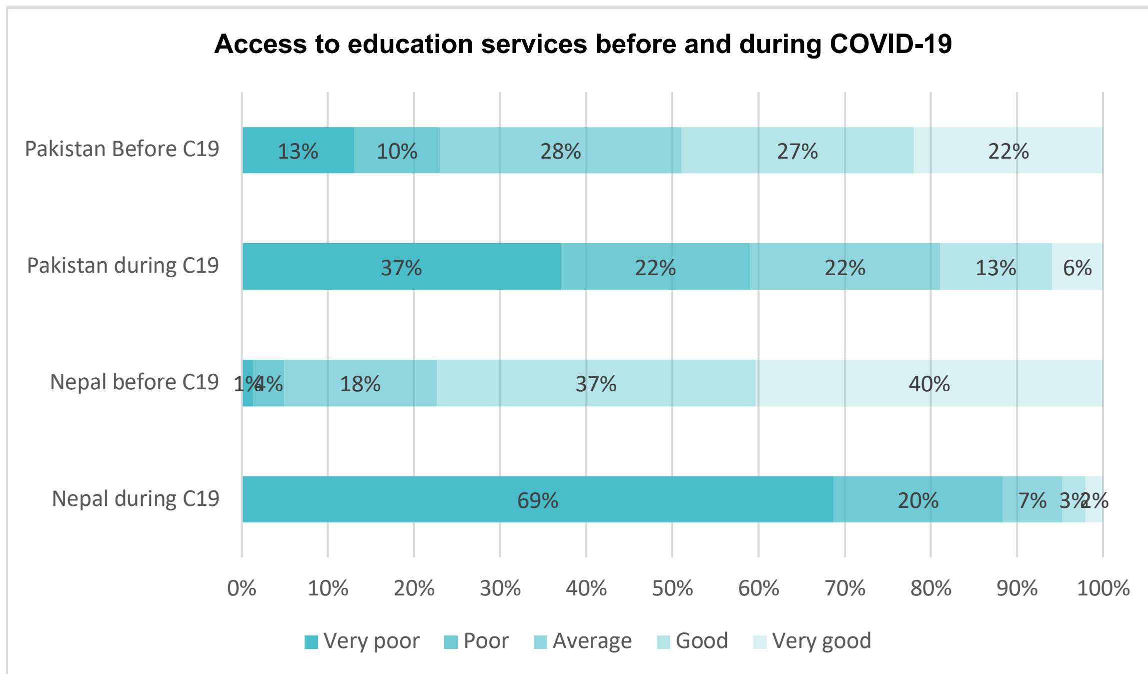
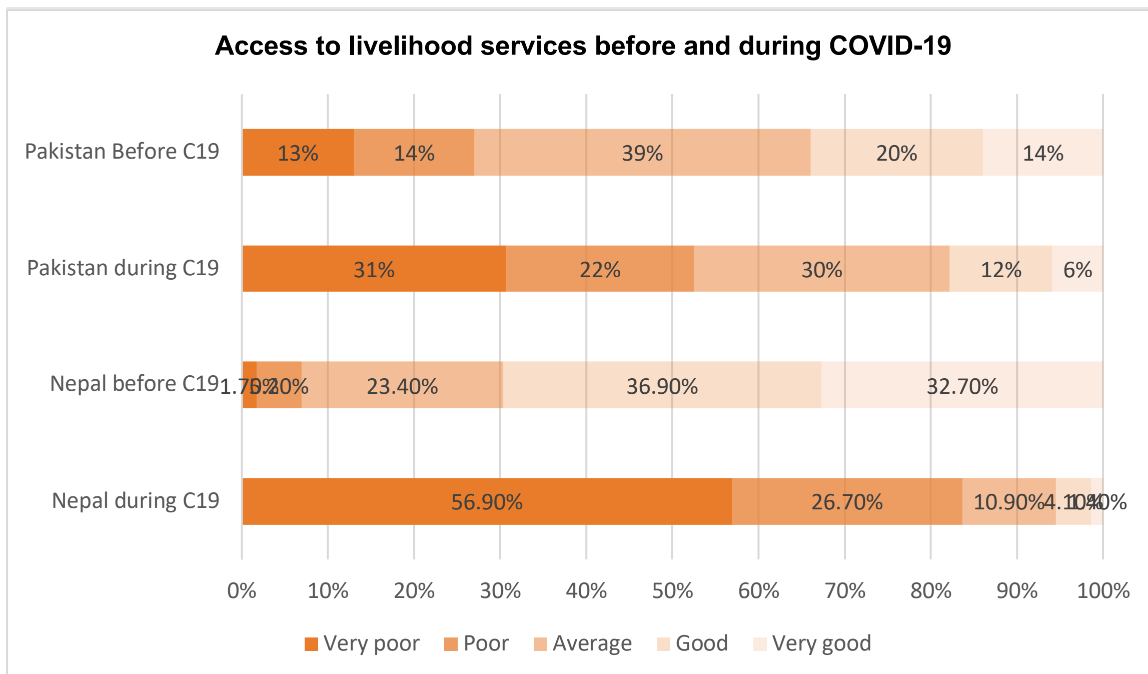
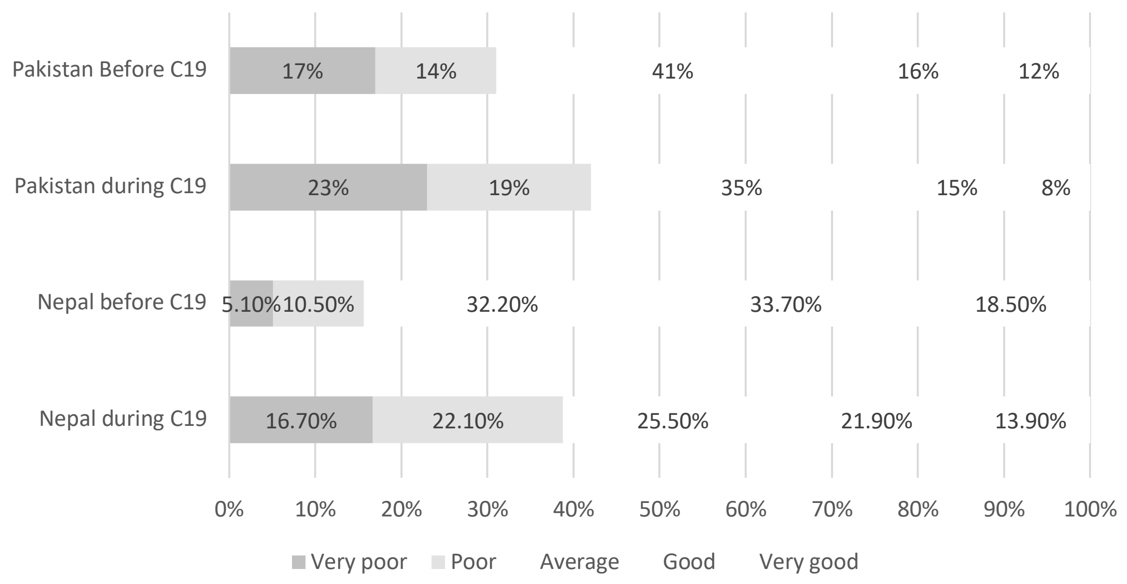
Annexes






Access to security services before and during COVID-19
Pakistan Before C19
17%
14%
41%
16%
12%
Pakistan during C19
23%
19%
35%
15%
8%
Nepal before C19
5.10%
10.50%
32.20%
33.70%
18.50%
Nepal during C19
16.70%
22.10%
25.50%
21.90%
13.90%
0%
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20%
30%
40%
50%
60%
70%
80%
90%
100%
Very poor
Poor
Average
Good
Very good