TIP SHEET: COVID-19 & FOOD SECURITY

This Tip Sheet serves as guidance to help you think through options for mitigating the spread and impact of COVID-19. Use it to inform adaptation of food security programming in the context of COVID-19, as well as for generating ideas about new and expanded programming.

This is generalized guidance, and we are ready to work with you to tailor advice. If you have questions or need support, please contact us:

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ALL TEAM MEMBERS should follow general COVID-19 guidance —including hand washing, equipment cleaning, and proximity to program participants, stakeholders, and other team members. This Tip Sheet builds off existing guidance and should be used in partnership with it.

You will find centralized information on the Hub's main page: https://thehub.mercycorps.org/

1. Factors to Consider for Food Security Programming

COVID-19 may impact food security at the household, community and even global level. Below are some possible drivers of food insecurity from COVID-19:

	Household	**Community**	**Regional or Global**
Access	• Illness and social distancing may keep people from engaging in income-generating activities, reducing purchasing power • Illness may cause households to divert money to healthcare costs, which would otherwise be spent on food	• Social distancing may result in people avoiding markets for fear of contracting the virus, curbing market activity	• If global trade slows due to economic instability, households engaged in export markets may see lower demand for their goods *(e.g. US fish/crustacean sales to China are down, reducing prices and harming fish livelihoods)*
Availability	• Illness could keep people away from their fields and delay planting, harvesting, etc., reducing food production (this includes migrant workers) *(as seen in West Africa during the Ebola crisis)*	• Local food supply lines may be disrupted; food stores may close • School closures may mean that school feeding programs stop	• Reduced food production, changes in supply chains (including trade policies that restrict exports of food), and reductions in migrant farm labor may constrain food availability (and increase food prices -- *food export restrictions were one factor that further drove up food prices during the 2008 food price crisis)*
Utilization	• Illness can impact metabolism and contribute to malnutrition • Severe illness may prevent or discourage caretakers from engaging in proper infant and young child feeding	• Social services supporting vulnerable households - through schools, health clinics, etc., - may be overwhelmed	• Global health infrastructure will be constrained.

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2. Program Adaptation & Design Recommendations

As with all programming, context matters. **Any response should be based on context-specific analysis as to what issues - including the role of COVID-19 - that may drive food insecurity**. Current programs should monitor for impacts of COVID-19 on food security in their context. In addition to your own monitoring efforts, partner with any existing DRR committees or community health workers to understand the impacts of COVID-19 in your community. As a general guide, think of how COVID-19 may impact food access, food availability and food utilization in your context. Below are some possible relief and recovery options:

Food Access	Food Availability	Food Utilization
Consider food assistance* (modality should be determined by a market and hygiene analysis). Provide grants to traders to jump-start markets that may have stalled in the wake of the crisis. As markets recover, consider cash grants to households to improve access to livelihood inputs lost or consumed in response to the crisis.	Increase access to agricultural inputs (e.g. seeds and tools) to re-start farming in the following season. If markets are functional, consider market-based approaches (e.g. vouchers or cash grants).	Ensure community health workers screening for malnutrition are equipped with protective equipment to reduce exposure. Continue to encourage breastfeeding, regardless of the virus-status of mothers; promote handwashing by mothers and consider the distribution of masks for breastfeeding mothers who may be ill to avoid transmission to her child (more from WFP, CDC, UNFPA).

Food Assistance

A core component of many food security programs is food assistance, considerations for which are below.

Modality Considerations and Protocols

Food assistance can be delivered through both in-kind or market-based (cash/voucher) modalities. As always, **determining what modality to use requires analysis of the local market context**, which necessitates some form of market assessment. Generally, Mercy Corps adopts market-based approaches to delivering food assistance because it supports market recovery. If markets are closed or otherwise not functioning due to the low availability of foodstuffs, hoarding by traders, etc., however, we must consider in-kind food assistance as a short-term option.

In addition to market-considerations, **hygiene considerations should also be considered in modality selection -- the protection of our program participants must be paramount.** The multiple interaction points of a physical cash transfer or voucher modality may increase transmission potential, whereas mobile-money may not, for example. Please review **Mercy Corps' COVID-19 Cash and Voucher Assistance Tips**. In addition, the Global Food Security Cluster recommends adopting WFP's COVID-19 guidance for in-kind and market-based modalities:

- For cash transfers: (GUIDANCE FOR CASH-BASED TRANSFERS IN THE CONTEXT OF THE COVID-19 OUTBREAK)
- For food distributions: (RECOMMENDATIONS FOR ADJUSTING FOOD DISTRIBUTION SOPs IN THE CONTEXT OF THE COVID-19 OUTBREAK)

Targeting Considerations

Consider targeting households that are either highly vulnerable to the virus or who are already experiencing symptoms. This may include, for example, the elderly, healthcare workers, those with underlying health conditions, etc. Partner with health clinics and schools to identify households that may need additional food assistance. Consider the gendered impacts of COVID-19, including especially the burden of caretaking. As always, take precautions to reduce the spread of the virus to or from these populations.

Universally, Remember Hygiene!

Adopt culturally-appropriate, best practices on hygiene and social distancing in your program implementation, including, for example, WHO's COVID-19 guidance on mass gatherings (Key planning recommendations for mass gatherings in the context of the current COVID-19 outbreak). Some practices to consider include:

- Divide target participants into small batches per distribution or training (spread out distributions over many days to avoid large crowds),
- Consider separate distributions and/or training for households with family members exhibiting virus symptoms versus those yet to exhibit them,
- Ensure access to handwashing facilities as people enter and exit the distribution or training area,
- Continue identifying "seconds" for elderly-headed households,
- Reduce the need for thumbprints or signatures to verify or confirm receipt of item/cash, and
- Prohibit any staff member experiencing symptoms from attending any activities.

Complement all existing and any new food security interventions with the promotion of good hygiene practices. This should include doubling efforts to promote good food and cooking hygiene, including washing produce with soap and water prior to consuming, for example.

Where possible, **use ways to target community members with messaging remotely**, such as through radio programming, text and WhatsApp groups, etc.

3. Examples from Past Crises

Mercy Corps' experience with food security programs during an infectious disease outbreak is limited, though what little experience from Ebola response that we have is extremely relevant.

PROGRAM EXAMPLES

PROGRAM NAME	GAIT ID	DATES	SYNOPSIS
Economic Recovery from Ebola for Liberia (EREL)	6157	2015-01-07 - 2016-12-31	The Ebola Crisis undermined already week food security in Liberia due to deaths in families, high food prices from stagnant markets, fear of contracting the virus by engaging in trade or business activities, and asset and income losses. Mercy Corps' $13.6 Food for Peace Emergency Program targeted 30,000 households with unconditional cash transfers and vouchers for farm inputs. The cash transfers covered 50% of the food needs of a family of five. PDMs showed that the vast majority of cash transfer money – 74% – was spent on food, and nearly 80% of program participants consuming a diverse diet of at least four food groups daily at the end of the program. In addition to unconditional cash transfers, vouchers for critical agricultural inputs were distributed to smallholder farmers, enabling them to purchase seeds and tools after harvest losses due to inactivity during the crisis.

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