BULLETIN: RECOVERY AFTER CRISIS

Graduation in Egypt during COVID-19 and beyond

March 2021

The Bab Amal program, modeled on the Graduation approach, aims to reduce poverty in rural Egypt by targeting 2,400 extreme poor households in Assiut and Sohag, the poorest governorates in the country. BRAC's Ultra-Poor Graduation Initiative (UPGI) is providing technical assistance for the program in partnership with Sawiris Foundation for Social Development (SFSD), Abdul Latif Jameel Poverty Action Lab (J-PAL), and two implementing NGOs, Egyptian Human Development Association and Giving Without Limits Association.

How did the Bab Amal program respond to the COVID-19 crisis?

In March 2020, at the peak of the COVID-19 crisis in Egypt, the Bab Amal program was adapted to meet the multifaceted challenges faced by participants as a result of economic and health shocks caused by the pandemic. These included:

- 1. Extending the monthly consumption support of 400 EGP (24 USD) from six to eight months
- 2. Transition of in-person coaching sessions to phone-based check-ins and socially distanced household visits
- 3. Reinforcing life skills training on topics such as personal health and hygiene, social distancing, and use of protective equipment (masks and gloves).
- 4. Suspending bi-weekly savings group meetings to avoid gathering of people, with frontline staff collecting savings through socially distanced household visits
- 5. Linking households to government and community initiatives that provide food aid and hygiene kits
- 6. Engaging the Ministry of Social Solidarity and local government authorities to ensure that participants are included in Takaful and Karama cash transfers as the Ministry expands coverage to 60,000 additional households
- 7. Administering a COVID-19 diagnostic survey to assess the impact of the pandemic on rural livelihoods, food security, household income, and women's labor force participation

Results of COVID-19 Diagnostic Survey

In May 2020, J-PAL administered a diagnostic survey to determine the impact of the pandemic on household income and health. The survey tracked changes in food intake, livelihood status, use of savings, and borrowing behavior. It complemented monitoring information on livelihood growth and health status that program staff collected during regular household visits and phone calls. The survey was administered to 840 participating households, in which 85 percent of the participants were female. 80 percent of the households had selected livestock rearing as their primary livelihood. Survey findings indicated that during the pandemic:













- 26 percent of households were able to generate revenue from their assets; households with non-livestock assets more likely to generate revenue.
- Households with livestock were not able to make any sales as the livestock had not matured yet, and many of these households had received their assets as recently as three months before the survey.
- Households with commercial or petty trade assets faced challenges around reduced supply and demand.
- Around half of the households had borrowed from their savings to spend on food and mitigate health shocks.

The survey indicated that the pandemic had a disproportionate impact on women, who were more socially and economically vulnerable than men at the start of the program. This impact included a reduction in time spent on work. With increased unemployment among men, households with female participants reported challenges related to their autonomy in making business decisions. These findings were instrumental in tailoring the COVID-19 response to meet the immediate needs of participating households. Further research will be conducted as the program progresses during the pandemic.





Participants Jamila (left) and Radia (right) continue to build their livelihoods in the midst of COVID-19 restrictions.

What comes next?

The partial lockdown that was instituted mid-March 2020 was gradually eased in July 2020, which led to the resumption of key interventions. Phone-based coaching and livelihood monitoring was replaced with socially distanced household visits and livelihood training and savings group meetings resumed with smaller groups.

As the situation rapidly evolves, the program team will continue to be proactive and adapt to household needs through several steps:

- Continue to collaborate with the Ministry of Social Solidarity, local government, and development partners to reinforce health messaging.
- Advocate for emergency resources for participating households based on the needs identified in the diagnostic assessment.
- Develop tools and training to equip households to rebuild their disrupted livelihoods as they transition to a stable recovery.