

Impact of COVID-19 on Food Systems and Rural Livelihoods in Ghana

COVID-19 Country Report 2 - December 2020

Prepared by Louis Hodey and Fred Dzanku

Introduction

This study seeks to assess the continuing impact of COVID-19 on food systems and livelihoods in south-western Ghana and provides insights obtained from household-level and key informant data in the second of three surveys conducted during October/November 2020. This second round (R2) survey involved 107 households of oil palm farmers (86 male-headed and 21 female-headed) and 5 key local informants in the Mpohor and Ahanta West Districts of the Western Region.

Context

As of 31 October 2020, Ghana had the second highest number of Coronavirus cases in the West and Central Africa region, with 48,055 cases and 320 deaths.¹ Initial mitigation measures in Ghana included a partial lockdown in Accra and Kumasi, restrictions on movement and public gatherings, contact tracing and the closure of schools. Most restrictions have been eased but a resurgence in the confirmed cases has been observed.

Health and disease

Results show that all respondents indicated strict adherence to health authority safety guidelines. Meanwhile, less than 2% of respondents confirmed having relatives who showed COVID-19 symptoms, while 12.2% indicated having known someone in their communities with symptoms. In the first round (R1), 55.4% of respondents stated knowledge of confirmed cases in other villages in their district, while only 24.3% reported knowledge of such cases in R2. Access to healthcare remains quite high in study communities.

Farm labour and marketing

In R2, 30.8% and 23.4% of respondents confirmed reductions in their farming and business activities, respectively. Compared to declines in farming (55.5%) and business (59.1%) activities in R1, this suggests a relatively decreasing effect of the COVID-19 crisis on farming and business activities in the study area. Similarly, the proportion of respondents unable to

“The markets are relatively better since the last interview. Unlike the lockdown period, activities are back to normal. People can work now and have some money to help them meet their basic needs.” – Village leader, Ahountemo, Western Region

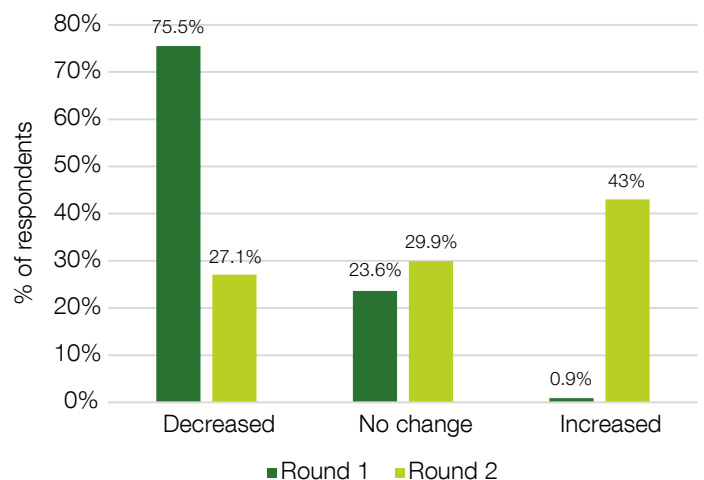
“We are still appealing to the government to come to our aid and help us with some form of financial assistance to lessen our hardship.” – Village leader, Manso, Central Region

Key findings

- COVID-19 awareness and reported levels of adherence to safety protocols remained high in the study area.
- Reduction in movements due to the threat of COVID-19 was waning.
- Compared to R1, farmers' participation in farm and off-farm economic activities generally improved.
- Farmers' access to output markets increased significantly since R1, but access to farm inputs remained constrained by increasing input prices and severe financial difficulties resulting from COVID-19.
- Households reported spikes in the cost of living, suggesting declining living standards in the area, although since R1, the severity had eased.
- Food security remained precarious among many study area households.
- Availability of food supplies generally improved, but price spikes persisted for certain important food items.
- The majority of respondents reported declining COVID-19 alleviation support received from various sources, including government and local sources of assistance.

access off-farm work declined (from 50% to 36.5% within the community and from 64.6% to 51.4% outside the community). However, high costs of hired labour was widely reported (57.9% compared to R1 (19.1%). Farmers' ability to sell produce improved since R1, as did the number of traders buying produce directly in study communities (Figure 1).

Figure 1: Changes in the number of traders visiting the community



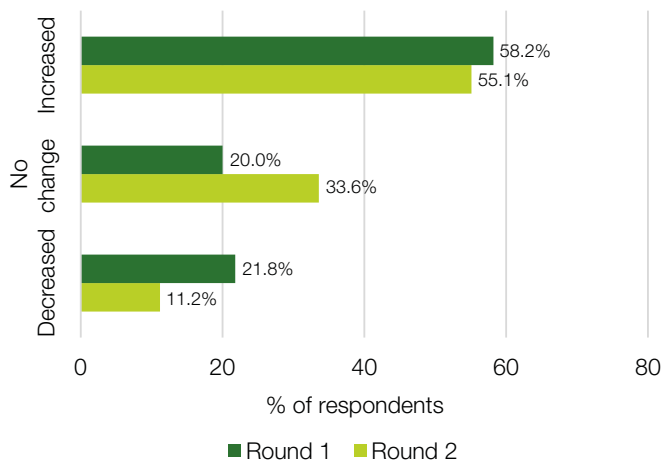
Availability of services for agricultural production

Most respondents reported that availability and cost of certain food production services generally improved over the period. Respondents widely revealed that farm production services, such as farm inputs, agriculture land for rent and agricultural extension services were available, but prices for some key inputs had increased. The combined effect of increased input prices and financial difficulties resulting from the COVID-19 crisis was affecting their ability to access these inputs and services at appropriate times.

Food and nutrition security

Most respondents observed that the availability of various food items improved compared to the situation in R1. This observation cut across almost all food items included in the study. However, acceleration in food price increases was widely reported in the study area, particularly for white roots and tubers and plantains (77.6%), grains (72.0%), meat and poultry (72.0%) and fish and seafood (65.5%). Consequently, though the reported increase in the cost of living declined slightly from 58.1% in R1 to 55.1% of respondents (Figure 2), the current situation still pointed to a general decline in respondents' standard of living. Additionally, the food security situation remained precarious among a large share of respondents, with more than half (52.3%) of respondents stating that they were worried about not having enough food to eat due to lack of money.

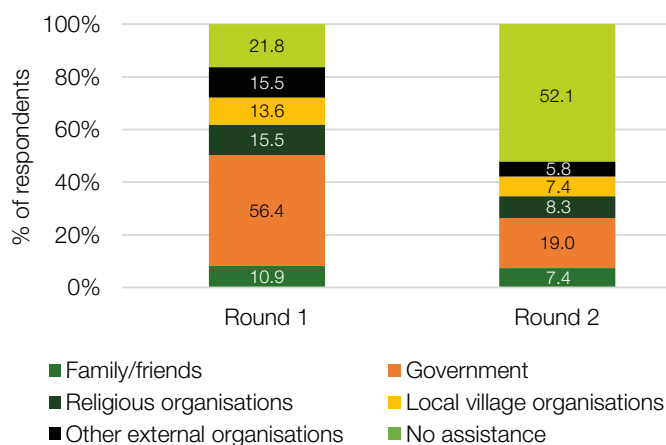
Figure 2: Changes to cost of living



Responses to the threat of COVID-19

Reduced movement within the community in response to the threat of COVID-19 had declined substantially (from 71.8% of respondents in R1 to 40.2% in R2). Additionally, only about 16% of respondents reported that they prevented visits from relatives because of the pandemic, compared with R1 (44.6%). Further, with schools closed, children were engaged in household work, schoolwork at home, farm work, and paid work away from home. Girls were more involved in these activities, except for paid work away from home. Compared to R1 (67.3%), household care activities had significantly reduced (34.9%). Assistance received by households was declining, and the government remained the main source of information and other COVID-19 alleviation assistance received by respondents (Figure 3).

Figure 3: Sources of COVID-19 assistance received



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