



# FACTSHEET: COVID-19 VULNERABILITY INDEX

Community-level research in the marzes of Lori, Shirak, and Tavush

## Overview

- CRRC-Armenia conducted a survey to measure multidimensional poverty and vulnerability to COVID-19 on the community-level in the three northern regions of Lori, Shirak, and Tavush.
- Sampling – about 2,400 people were interviewed in August, 2021 for this survey.
- Survey data were used to create the COVID-19 Vulnerability Index (CVI) closely based on the Alkire-Foster (AF) method of multidimensional poverty research and the CVI created by Statistics South Africa.
- The survey questionnaire was based on the Integrated Living Conditions (ILCS) questionnaire.
- The survey data were segmented into eight specific communities to create a community-level CVI that provides a nuanced look at the unique vulnerability factors impacting specific communities within these three regions.
- The three marzes of Lori, Shirak, and Tavush were segmented into the eight communities: (1) Ijevan, (2) rural Tavush, (3) urban Tavush (excluding Ijevan), (4) rural Shirak, (5) Gyumri, (6) rural Lori, (7) Spitak, and (8) Vanadzor.

## Measuring vulnerability through multiple dimensions

- Measuring vulnerability to COVID-19 across multiple dimensions on the community level through the creation of a CVI enables the identification of unique issues in specific communities that may contribute to increased health and economic vulnerability to the pandemic.
- Using the definition provided by Statistics South Africa, vulnerability refers to the demographic and socioeconomic elements that affect the resilience of individuals and communities, and represent those more likely to be adversely affected by COVID-19.
- The CVI created by Statistics South Africa, which was used as the basis for the piloting of the CVI at the community level in Lori, Shirak, and Tavush, incorporated already existing data to develop their index using the AF index scoring method of multiplying the headcount by the intensity of vulnerability.
- The development of a nationwide community-level CVI can potentially support the prioritization of the most vulnerable communities for tailored COVID-19 related programming and outreach.

Four dimensions were included in the calculation of the CVI. Each dimension had its own set of indicators and associated questions for each indicator based on the context of poverty in Armenia.

### Labor (1/4)

Indicators: (1) Labor market participation; (2) Long-term unemployment; (3) Decent jobs;

### Household access to services (1/4)

Indicators: (1) Access to internet ; (2) Continuous access to a centralized water system; (3) Centralized sanitation and garbage disposal; (4) Healthy heating;

### Household composition (1/4)

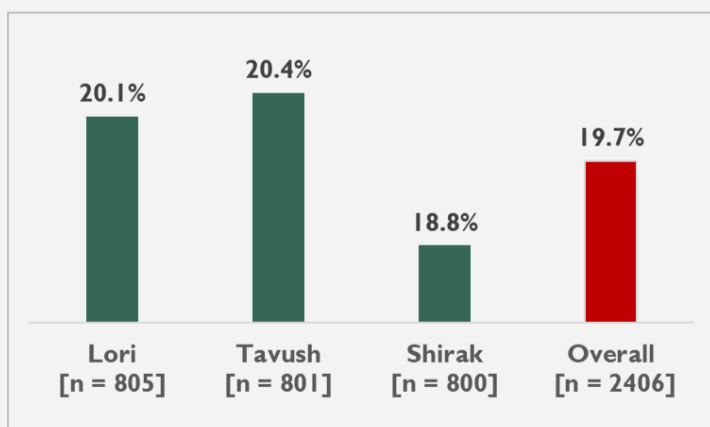
Indicators: (1) Overcrowding; (2) Multigenerational households;

### Health (1/4)

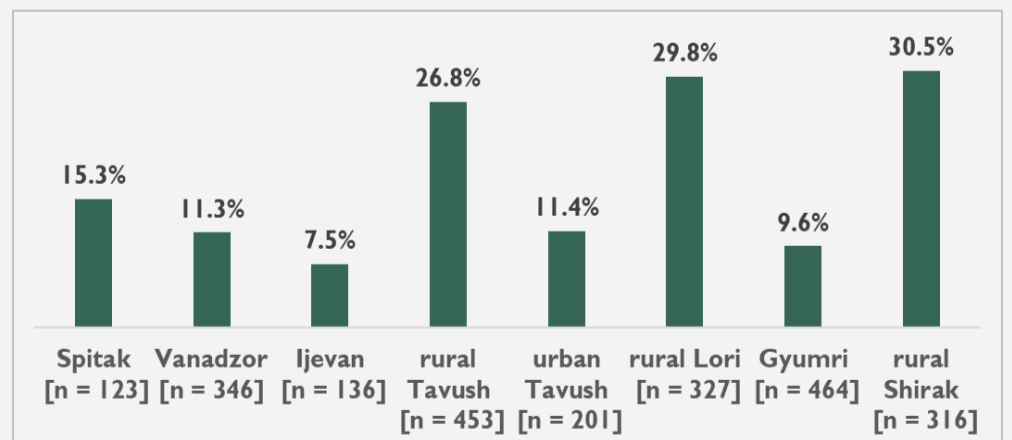
Indicators: (1) Age; (2) Access to health services; (3) Affordability of health services

## Marz and Community Level CVI

### Share of vulnerable individuals on Marz Level



### Share of vulnerable individuals on Community Level



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Այս հրատարակումը պատրաստվել է Եվրոպական միության ֆինանսական աջակցությամբ: Բովանդակության համար պատասխանատվություն է կրում ՀՀԿԿ-Հայաստան հիմնադրամը, և պարտադիր չէ, որ այն արտահայտի Եվրոպական միության տեսակետները:

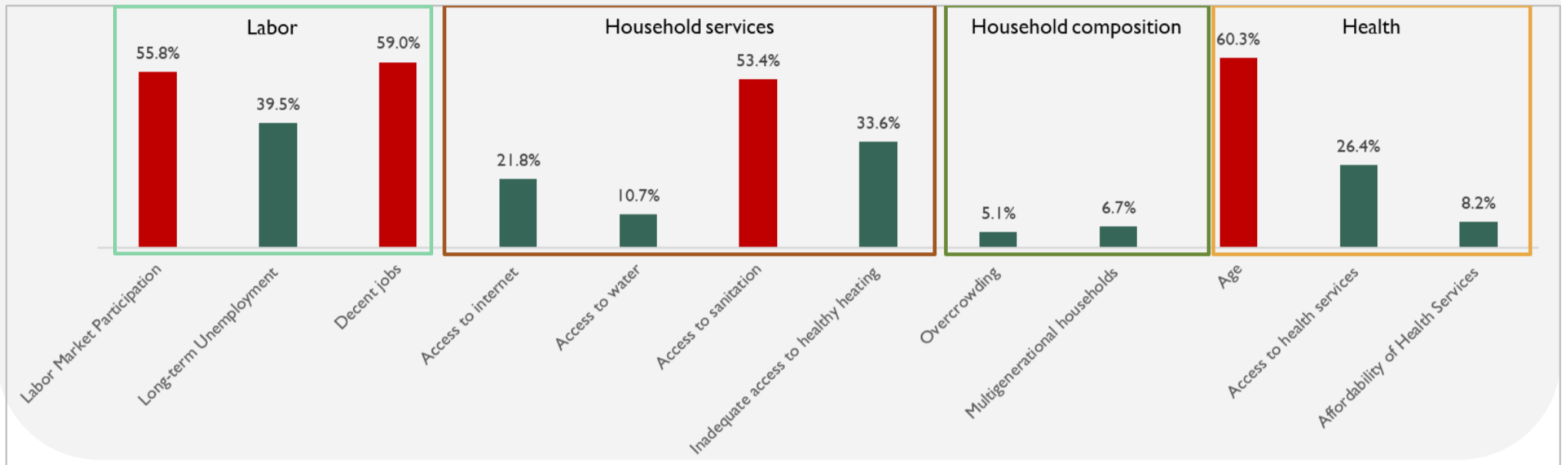


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## CVI Dimensions by Indicators

### Share of vulnerable households on overall three marz level



## Conclusions & Recommendations

### CONCLUSIONS

- Deprivation in respect to access to health services is bolded within rural areas (60.1% for rural Tavush, 63.6% for rural Lori and 54.4% for rural Shirak). Interestingly, rural Lori, Shirak and Tavush were the most vulnerable in terms of the CVI (Covid-19 Vulnerability index).
- Total share of the population in Lori, Shirak and Tavush vulnerable to COVID-19 was 19.7% and the percentage was slightly lower in Shirak (18.8%) than in Lori (20.1%) and Tavush (20.4%).
- Significantly higher share of COVID-19 vulnerability was observed in rural Shirak (30.5%), rural Tavush (26.8%) and rural Lori (29.8%).
- Meanwhile, more than half of working age (15-75) individuals were not in the labor force (55.9%) and 39.6% were long-term unemployed.
- Continuous access to a centralized water system was revealed to be more problematic for Lori (28.6%, with 30.6% for rural Lori) and Tavush (27.7%, with 40.9% for rural Tavush) than for Shirak (10%). For urban areas, Spitak (29.1%) and Vanadzor (26.8%) HHs reported issues with continuous access to a centralized water system. For Shirak, garbage removal was reported as an important issue (35.5% deprivation for rural Shirak). Rural Shirak HHs reported most deprivation (37.6%) with quality of public services (water supply, sanitation, garbage removal, electricity supply etc.). Healthy heating is a problem across the three marzes.
- While the issue with overcrowding was not vital for the households (HHs) in Lori, Shirak and Tavush, above 60% of the HHs across marzes had a family member of sixty years and above.

### RECOMMENDATIONS

- It is highly recommended to the Ministry of Health to pay attention to the issue of access to health service in the rural Lori, rural Shirak and rural Tavush, which not surprisingly were also the most deprived communities in respect to COVID-19 vulnerability.
- Any policy directed to reduction of COVID-19 vulnerability in the context of multidimensional poverty shall account for the following:
  - ⇒ Not only health, but three other dimensions are important in understanding and addressing COVID-19 vulnerability: labor; household access to services; household composition.
  - ⇒ Labor vulnerability refers to (1) labor market participation; (2) long-term unemployment; (3) availability of decent jobs.
  - ⇒ Household access to services refers to (1) access to internet; (2) continuous access to a centralized water system; (3) centralized sanitation and garbage disposal; as well as (4) healthy heating.
  - ⇒ Household composition refers to 1) Overcrowding; (2) Multigenerational households.
  - ⇒ Access to and availability of healthcare services, as well as age are important factors contributing to COVID-19 vulnerability.



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