

Alternative

Poverty Report



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Latet

Our Mission

Latet - Israeli Humanitarian Aid, was established in order to reduce poverty, for a better and just society, by providing assistance to needy populations, mobilizing Israeli civil society towards mutual responsibility, and leading change in the national priorities.

Areas of Activity

Latet initiates and operates programs in different spheres:



'Nutritional Security'

For around 25 years, Latet has been working as a main influential leading umbrella organization and national food bank, benefiting from extensive support from the civil society, and cooperating with a network of 200 aid NGOs that operate in 125 cities and towns throughout Israel and in all sectors of society. Together with these partner NGOs, Latet supports and provides ongoing aid to around 80,000 families in severe nutritional insecurity.



'Latet Youth'

Latet's youth organization aims to educate toward volunteering, developing leadership and social entrepreneurship.



'Aid For Life'

A holistic program to give physical and social aid to Holocaust survivors in need.



'City Without Hunger'

Latet's Social Lab conducts field studies and explores the most effective model of intervention to minimize poverty and nutritional insecurity, and develops innovative and groundbreaking solutions.



'Advocacy and Awareness'

Initiating actions aimed at raising social awareness and leading to a change in national priorities, including: advocacy, promoting legislation, initiating campaigns and public displays and publishing "The Alternative Poverty Report".

Emergency Relief Expertise in providing emergency relief during natural disasters, security emergencies, and in the past year and a half pertaining to the COVID-19 crisis. With the outbreak of the pandemic and subsequent economic crisis, Latet has worked to develop and adapt solutions for the elderly and Holocaust survivors, as well as for impoverished families whose situation has gotten worse, and for middle class families who have asked for aid for the first time in their lives because they have lost a source of income and their financial situation has deteriorated.

The Goals of the Alternative Poverty Report

This is the 19th edition of the Alternative Poverty Report, which reflects the current trends pertaining to poverty and nutritional insecurity in Israel in 2021, as recognized by Latet, which operates throughout Israel in cooperation with 200 local NGOs and aid organizations.

The report is an alternative tool for gaining a better familiarity and understanding of poverty. Unlike official statistical reports, it reflects the human aspect of poverty via a macro-perspective and an in-depth analysis of trends, on the one hand, while giving a voice to the aid recipients and the NGOs supporting them, on the other hand.

The year 2021, amidst the COVID-19 pandemic and the severe economic crisis that the State of Israel experienced, is characterized by a slow and fragile recovery of the economy while concurrently, new populations have been plunged into economic hardship, and numerous vulnerable populations have sunk even deeper into poverty.

For the seventh year running, the report includes the Multi-Dimensional Poverty Index that presents the scope and characteristics of poverty, using an analysis of a person's degree of deprivation relative to the most basic needs required for subsistence.

In order to assess the impact of the COVID-19 crisis on poverty in Israel, we will present an additional index that also expresses more transient changes that may occur within a short period of time. This additional index makes it possible to look at the process Israeli society has undergone during the COVID-19 crisis and to compare the data to 2020.

The report includes chapters that describe the hardships experienced by the aid recipients and the things they have had to forego in various aspects of their life pertaining to nutritional security, education, healthcare, employment, housing, and the cost of living.

The Alternative Poverty Report is published by Latet in order to directly and authentically expose Israeli society to what it actually means to live in poverty. Society is usually familiar with poverty from a distance, mainly through the media, common conceptions or prejudices. The report is meant to share with the public the causes and characteristics of poverty, and the obstacles that make it difficult to escape from it, mainly stemming from policy that curtails poor people's ability to do so. Furthermore, the report strives to exert pressure on decision makers in the government and Knesset so that they can do their jobs and fulfill their responsibility to the welfare of Israeli citizens in a comprehensive and consistent manner to solve the problem of poverty and social inequality.

At Latet we believe that it is the Israeli government's obligation to prioritize the problem of poverty and social inequality, including budgeting for the needed resources and implementing a multi-disciplinary government plan to reach the average poverty rates in developed countries within a decade.





The Third Sector: The Age of Maturity

Gilles Darmon | President and Founder of Latet

For the second consecutive year, the 2021 Alternative Poverty Report covers the social impact that the ongoing COVID-19 crisis has had on our country. While the main conclusion emerging from the report is that COVID-19 continues to significantly and adversely affect the lowest socioeconomic statuses as well as the middle class, it seems that it will still take more time to measure the full extent of the damage caused by the pandemic in social spheres such as education, and its effect on overt and covert student dropout. Meanwhile, despite the economic recovery being observed in numerous spheres, the efforts to help “COVID-19 refugees” are still immense.

One of the prominent things we have been witnessing in 2021 is growing civilian involvement, of the third sector, and in general of numerous Israeli citizens, in acts of solidarity as we witnessed in the 2020 report. Thanks to all of these efforts, Israeli society has managed to limit the scope of the social crisis precipitated by the pandemic. However, contrary to previous waves of solidarity, which came and went in times of crisis, the way in which civilian involvement has continued now for almost two years at the same intensity, signals a real change in the DNA of Israeli society.

06

If we want to preserve this positive social dynamic, we must exploit the opportunity that this change has brought in order to redefine the relationship between the third sector and the public sector. This redefinition will include three main aspects: donation, volunteering, and emphasizing the third sector’s role in Israeli society.

Donation - An essential resource necessary for developing the resilience of modern society. It often fills the gaps that are left when the government’s actions are insufficient, and it is the most concrete expression of solidarity and mutual responsibility required to ensure cohesion in Israeli society. Therefore, this is a very important topic and the state should promote it accordingly.

One of the state’s main tools in this sphere is to make donations tax deductible, both for individuals and for companies. This mechanism is currently underutilized due to its inherent complexity, and consequently, hundreds of millions of shekels are not reimbursed to the donors, and the incentive to donate becomes practically irrelevant. Establishing a digital platform for “three-click” tax returns for a donation may end the policy, which on the one hand seemingly enables a tax incentive when donating, but on the other hand, taking advantage of it is cumbersome. This way, the state can truly expedite donations in society. This process is

technically possible, only the political willingness is necessary. Furthermore, as many European countries have already done, why not adjust the tax-deductible scale of donations in accordance with public priorities? Giving a higher tax return for issues of national priority may enable the state to direct the public generosity efforts to acute issues, and to state its priorities unequivocally. Increasing the tax return for a donation to NGOs that deal with nutritional insecurity and the climate crisis, for example, will be a clear-cut message from the government, and also a step that will promote a win-win situation for both the donors and the government.

Volunteer activity - During the COVID-19 crisis, volunteer activity in Israel underwent an unprecedented evolution, and became rooted as a norm and as a social engine, far beyond a passing trend. In order to maximize the effect of this movement, the state must take several steps to encourage citizens to invest their precious time in volunteering and helping others. For example, volunteering can be encouraged by giving large companies the option of taking their employees out on volunteering days that are jointly funded by the employee and the company. Another scenario that can be promoted in public companies or in government offices is giving state employees the opportunity to allocate some of their work time to volunteering at different organizations, and in practice “to lend” their skills, experience, and network of connections. These incentive mechanisms will enable the state to increase the bank of work hours in community service, and concurrently to develop social-community projects in the third sector that could not have gotten off the ground on their own due to the lack of available resources. Such incentives already exist and work in many countries, and the time has come to implement them in a similar and comprehensive manner in Israel.

Emphasizing the role of the third sector in Israeli society - The successful collaboration between the government and the third sector on various issues during the COVID-19 crisis, such as nutritional insecurity, now makes it possible for both sides to re-establish their partnership and the trust between them. The age of maturity of the third sector may mark the start of an era in which cooperation between the two sectors is redefined, during which the state will function as a supervisory and funding body, and the NGOs will put the programs into action. Similar to the relationship between the public and private sectors, as well as between the public and third sectors, the time has come to invent a social, creative, and stable PPP (Public and Private Partnership).



.... and Social Affairs

Eran Weintrob | CEO of Latet

I like that the Ministry of Welfare and Social Services changed its name to the Ministry of Welfare and Social Affairs. Although the Ministry of Socioeconomic Affairs better reflects its true purpose in my opinion, the change is positive and refreshing nonetheless. Beyond the branding and the desire to grant THE Ministry of Welfare a pivotal status like THE Ministry of Defense or THE Ministry of Finance, there is also a real opportunity here to change direction in the world of content. But it won't come from "the welfare" since the ministry can't really bring about welfare. It can only perhaps alleviate the harsh reality of life. Social Affairs instead of Social Services, however, doesn't just have to be semantic.

To date, the Ministry has focused on services for various sectors of society: the elderly with no family support, victims of sexual assault, people with disabilities, youth at risk, children on the autistic spectrum, families in nutritional insecurity. But it didn't act, it didn't set goals, and didn't strive to impart social security to these disadvantaged populations.

Just as the Ministry of Defense is responsible for the country's security, it's only fitting that the Ministry of Welfare and Social Affairs will be responsible for the social security of those in need of assistance, so that they can live in dignity. When we worry about security, like we do for our children, we take responsibility. It's on us. We don't only give them "services" (even though unfortunately it often appears that way), but ensure that they get all the tools to actualize themselves. And of course, we do everything so that they are protected and safe.

If the Ministry of Welfare, in its new name, also renews its operational model and starts implementing a goal-oriented policy and not just a series of actions, better results will ensue.

The Minister of Social Affairs who set up the Committee to Fight Poverty can, for example, take responsibility for dealing with poverty and leading a committee of ministers that will come up with a perennial government plan that will lead to synergy between all the government ministries, and set clear goals. Also for the 292,000 families and the 402,000 children who suffer from severe nutritional insecurity, this terminological change may cause a real and material change. Because from now, the issue will not only be to help distribute food boxes to those in need, but to care for their nutritional security.

Including funding for nutritional insecurity in the state budget for the first time, is a step in the right direction. Fourteen years after we appealed to the High Court of Justice, and after countless discussions in committees, public campaigns, alternative poverty reports, elections and government promises, it's finally happening. Although the allocated budget was very low relative to the increasing need, it's a decent start. An important milestone on the path to fulfilling Latet's vision is that we will no longer be needed.

It doesn't matter how we analyze the reasons that have led us to become a country with so many unicorns and a thriving high-tech industry with sky-high salaries and technology that drives the entire world, concurrent to so many aid organizations, soup kitchens, and people in need. The bottom line is that 2.5 million people and more than one million children is simply too many. There will always be poor people, but a good national agenda needs to ensure that anyone who works full time can meet their basic needs, and anyone who lives off a pension, can live in dignity. Raising the minimum wage to 6,000 ILS within a few years and linking and supplementing income for the elderly to 70% of the minimum wage, which will bring all the elderly above the official poverty line - are good decisions, but they are not enough. A gradual increase of 100 ILS per year to the minimum wage and the update in income supplementation will not extricate the working poor or the elderly from real poverty.

As part of the treaty between the citizens and the state, we need to define that as long as there are hundreds of thousands of families in need of food aid in order to survive, the government, and not the third sector organizations, will be responsible for caring for them. We can help, serve as a social security net during routine and as the first line of defense in emergencies. We can be there to supplement and assist. But we cannot be responsible, and we certainly do not have the resources to deal with poverty on a systemic level.

We hope that the Covid-19 health crisis ends soon, that the vaccines for children are safe and that we can return to a normal routine for a while, without quarantines and illness and anxiety, and with the social closeness we all need. Economic hardship is still here, and even if it feels less painful than at the height of the crisis, it will stay with us for years to come, alongside the challenges of global climate change, the polarization and violence in Israeli society, and the regional security threats. If we see poverty as an existential threat and agree that the mission is to care for social security alongside national security, we have the chance of overcoming it.

What do I know?

Methodology

The Alternative Poverty Report is a unique document that outlines the current state of poverty and social inequality in Israel in 2021. **The report is based on an integration of findings collected from four studies and questionnaires:**

Aid Recipients Study

An extensive survey of different life spheres conducted among **1,357** people living in poverty who receive food aid from Latet via the network of partner NGOs.

Aid Trends Among the Food NGOs

A study conducted among **112** directors of the NGOs working in collaboration with Latet, intended to examine the poverty trends, the needs and the processes in the field.

The Multi-Dimensional Poverty Index

A tool developed by ERI Institute for Latet that measures the scope of poverty, as well as accompanying nutritional insecurity, among a sample of **516** individuals from the greater public. From 2020, an index measuring financial hardship was added due to the COVID-19 crisis.

Public Perceptions Study

A survey aimed at examining public perceptions regarding poverty in Israeli society and the responsibility for dealing with it. The survey was conducted among **502** respondents, aged **18** and over, who comprise a representative sample of Israeli society.

All the studies were conducted during the months of July-October 2021. Latet's Research Department prepared the questionnaires, collected, examined, and analyzed the data, along with the assistance and consultation of some of the top professional research institutes in Israel:



Rotem AR. is a research and analysis company owned and managed by Dr. Arie Rotem. Dr. Arie Rotem, Miriam Honen, and Gal Sasi led the research for the report.



ERI Institute is a corporate-social initiative that provides research and consultation services combining expertise from academia and from the third sector, an advisory committee of senior experts and a rich bank of researchers from a diverse range of fields and disciplines. The institute is headed by Gilad Tanay, an expert in the study of poverty and social justice, formerly a director and member of the founding team of the Academics Stand Against Poverty (ASAP) NGO, and a lecturer at the Global Justice program at Yale University. The study was led by Dr. Maya Danek, Barak Rozen, and Shai Ohayon.



Aid Recipients Study

Different aspects of living in poverty from the perspective of Latet's aid recipients.

An aid recipients' study was conducted among a sample of 1,357 people receiving aid from Latet's partner food NGOs. Respondents completed the questionnaire and were assisted by representatives from the partner NGOs, as needed. The data was collected during the months of July and August 2021. The maximum sampling error for this sample is $\pm 2.7\%$, according to the standard security levels.

The information collected formed the basis for the study, which aimed to reflect the aid recipients' life routine and personal experiences. For the most part, this routine is unfamiliar to the general public and to decision makers and government leaders.

Demographics of the Aid Recipients Study respondents:

Gender	Male	35.1%
	Female	64.9%
Age	18-24	2.5%
	25-34	16.4%
	35-44	24.1%
	45-55	24.8%
	55-64	14.4%
	65 and over	17.8%
Religion	Jewish	77.2%
	Muslim	16.8%
	Christian	4%
	Druze	1.3%
	Other	0.7%
	Secular	29%
Religious Identification	Traditional	29.5%
	Religious / Observant	23.8%
	Orthodox (Haredi)	17.7%
Geographical Region	Haifa and the North	34.6%
	Hasharon	9.9%
	The Center & Environs	22%
	Jerusalem & Environs	10.4%
	Hashfela & the South	23.1%



Aid Trends Among the Food NGOs

Poverty from the perspective of the aid organization directors.

A study of the aid trends examines the changes that are happening with regard to poverty in Israel by means of a survey conducted among the food NGOs. This survey was conducted among 112 directors of aid organizations and NGOs (food NGOs, social services departments, and soup kitchens) that operate on a regular basis and represent all sectors in Israeli society. The data was collected during the months of July and August 2021. The maximum sampling

error for this sample is $\pm 3.6\%$, according to the standard security levels.

Organizations that provide aid to impoverished populations in general and that deal with nutritional insecurity in particular, are a unique source for up-to-date and authentic testimony reflecting the complex reality with which the poverty-stricken population, as well as the directors of the food NGOs and aid organizations, grapple with. The perspective of civil society is critical in presenting the comprehensive state of affairs of the poverty trends in Israel, which we want to present in this report.



The Multi-Dimensional Poverty Index

A survey conducted among the general population aimed at examining the percentage of families living in poverty, economic hardship, and nutritional insecurity in Israel.

A telephonic and internet survey among a representative sample of 516 respondents aged 18 and over that includes all sectors in Israeli society. The maximum sampling error for this sample is $\pm 4.5\%$, according to the standard security levels. The data was collected during August 2021.

The study is a tool to measure poverty and its magnitude among the general public by analyzing a person's degree of deprivation relative to his basic needs. The study includes questions that examine what things respondents have had to forego with regards to housing, education, nutritional security, living conditions, and healthcare (a complete breakdown regarding the methodology of the index appears in the Multi-Dimensional Poverty Index chapter and in the Extensive Methodology chapter on Latet's website).

As a result of the new complex reality Israeli society is facing due to the COVID-19 crisis, Latet and the ERI Institute have developed an additional index that measures economic hardship, measured for the first time in 2020. This index shows the process that society has undergone since before the crisis, during the height of the crisis, and up until today, when we have started to recover from it.

Moreover, the survey includes 6 questions that examine the nutritional security status among the general Israeli populace. The survey is based on the US Department of Agriculture (USDA) index, standard in developed countries, which the National Insurance Institute in Israel also uses.

Demographics of Respondents from the General Population in The Multi-Dimensional Poverty Index:

Age	18-24	4.8%
	25-34	19.2%
	35-44	22.4%
	45-55	18%
	55-64	15.1%
	65 and over	20.5%
Religion	Jewish	78.5%
	Muslim	15.7%
	Christian	3.5%
	Druze	2.3%
Religious Identification	Secular	50%
	Traditional	29%
	Religious / Observant	12%
	Orthodox (Haredi)	9%
Geographical Region	Haifa & the North	29.3%
	Hasharon	5.9%
	The Center & Environs	30%
	Jerusalem & Environs	11.5%
	Hashfela & the South	23.3%



Public Perceptions of Poverty Study

A survey conducted among the general population aimed at examining public perceptions of poverty and social gaps in Israel

A telephonic and internet survey among a representative sample of 502 respondents aged 18 and over that includes all sectors in Israeli society. The maximum sampling error for this sample is $\pm 4.5\%$, according to the standard security levels. The data was collected during August 2021.

The results of the survey describe the opinions, attitudes, and perceptions of Israeli citizens regarding poverty, including attitudes about coping with poverty, perceptions about the scope of poverty in Israel and a personal situational assessment pertaining to the problem of poverty.

The profile of respondents from among the general public in the Public Perceptions Study:

Sex	Male	50%
	Female	50%
Age	18-24	13.3%
	25-34	21.9%
	35-44	21.7%
	45-55	17.1%
	55-64	15.1%
	65 and over	10.9%
Religion	Jewish	79.7%
	Muslim	15.1%
	Christian	2.6%
	Druze	2.2%
	No religion	0.4%
Religious Identification	Secular	45.8%
	Traditional	32.1%
	Religious / Observant	13.1%
	Orthodox (Haredi)	9%
Geographical Region	Haifa & the North	18.7%
	Hasharon	10.8%
	The Center & Environs	45.4%
	Jerusalem & Environs	10.6%
	Hashfela & the South	14.5%

KEY DATA

23.6%

The percentage of households that are almost in poverty (lower class) rose from 14% before the crisis to a current 23.6%.

Data from the Multi-Dimensional Poverty Index for 2021 reflect a dismal reality

**932,000
(31.6%)**

households in Israel live in economic hardship

**651,900
(22.1%)**

households in Israel Living in poverty



an additional

233,000

families compared to before the crisis

**2,540,000
(27.6%)**

individuals in Israel live in poverty



of which

**1,118,000
(36.9%)**

children live in poverty

48.3%

Since the COVID-19 crisis broke out, the middle class decreased from 58.3% of Israeli society before the crisis, to a current 48.3%.

Nutritional Insecurity

633,000

633,000 (21.8%) families live in nutritional insecurity in Israel, of which 292,000 (10.1%) families live in severe nutritional insecurity

774,000

774,000 children (31%) live in nutritional insecurity, of which 402,000 (16.1%) live in severe nutritional insecurity

77%

77% of the aid recipients stated that the food they bought was insufficient and that they often or occasionally did not have enough money to buy more, compared to 18.1% of the general population

3,186 ILS

3,186 ILS is the minimal amount a family of five needs for basic and nutritious monthly groceries

51.8%

51.8% of the aid recipients who had babies at home stated that because of their financial situation, they were forced to forego infant formula or to give less than the recommended amount

52%

52% of the aid recipients cut back on meal size or skipped meals due to a lack of money to buy food, compared to only 13.5% of the general population.

Employment

74.2%

74.2% of the aid recipient families had at least one wage earner before the crisis

80.8%

80.8% of the aid recipients were left without a livelihood during the COVID-19 crisis, or their livelihood was adversely affected

49.6%

49.6% of the aid recipient families [1] who worked before the COVID-19 crisis, were left without any wage earners in the household during the crisis.

29.7%

29.7% of the working aid recipients believed that there was a high or very high chance they would lose their job

56.5%

56.5% of the aid recipients state that a health condition prevented them from working or improving their employment status, to a high or very high extent.

24.2%

24.2% of aid recipients receive disability benefits for them and/or for their children.

Living Conditions

8,405 ILS

8,405 ILS is the monthly expenditure of an aid recipient family, which is 62.4% higher than its average income (5,177 ILS)

41.9%

41.9% of the aid recipients have had their bank account frozen and/or foreclosed, 4.9 times more than the general population (8.6%)

64.8%

64.8% of the aid recipients have some form of debt, 2.6 times more than the general population (25.3%)

44.4%

44.4% of the aid recipients estimate that there is little to no chance that they and their families will break free of their economic hardship

56.5%

56.5% of the aid recipients state that they grew up in a family with limited means and in economic hardship

46.5%

46.5% of the aid recipients stated that their or their family member's illness and/or disability is the reason for their economic hardship

Housing

10.5%

10.5% of the aid recipients do not have a permanent residence and they live with family or friends, in shelters, or are homeless

40.4%

40.4% of the aid recipients have had their electricity or water cut off in the past year because they couldn't afford to pay their bills, 12.6 times more than the general population (3.2%)

46.7%

46.7% of the aid recipients' income (2,420 ILS) is spent on housing

22.9%

22.9% of the aid recipients state that there was a high or very high chance they would be forced to evacuate their place of residence because they couldn't afford to pay rent

75.4%

75.4% of the aid recipients stated that they avoided fixing major damage in their apartment for financial reasons, compared to 25.1% of the general population

18.6%

18.6% of the aid recipients had been exposed to drug users and/or dealers in the vicinity of their homes

Health

74.1%

74.1% of the aid recipients suffer from at least one chronic disease

15.6%

15.6% of the aid recipients suffer from a mental disability, 4.9 times greater than the general population (3.2%)

68%

68% of the aid recipients had to forego medical treatment because they didn't have a way to get there, compared to 22.7% of the general population

67.5%

67.5% of the aid recipient families had to forego buying medication or essential medical care because they couldn't pay for it, compared to only 21% of the general population

38.9%

38.9% of the aid recipients had been infected with COVID-19, 3.2 times that of the general population (12%)

48.4%

48.4% of the elderly aid recipients report that they do not have enough nourishing meals

87.2%

87.2% of the aid recipients state that their old age allowance does not enable or only partially enables them to meet the basic needs required to live in dignity

16.6%

16.6% of the elderly aid recipients were afraid of dying in their home and that their death would go undetected during the COVID-19 crisis.

Education

69.2%

69.2% of the aid recipients do not have a high school diploma, 48.4% of who did not complete 12 years of study

73.6%

73.6% of the aid recipients stated that they couldn't afford to buy basic school supplies and school books for their children

51.6%

51.6% of the aid recipients did not send a 0-3 year old child to preschool because they couldn't afford the requisite payments, a 22.7% increase since 2020

75%

75% of the aid recipients stated that a shortage of computers made it difficult for their children to learn during the COVID-19 pandemic

73%

73% of the aid recipients stated that the COVID-19 crisis adversely affected their children's academic achievements to a large or very large degree, 1.6 times higher than the general population (44.4%)

45%

45% of the aid recipients stated that their children reduced the amount of food they ate or skipped meals during the COVID-19 crisis

The Responsibility for Fighting Poverty

77.3%

77.3% of the public believes that treating the problem of poverty is not at all a priority of the Israeli government, or that it is a low priority

12.7%

Only 12.7% of the public believes that the government is indeed dealing with the problem of poverty, a sharp drop from 2020 (21.3%)

5.6%

Only 5.6% of the aid NGOs' annual budget comes from government support

26.8%

Single parent families comprise 26.8% of the recipients of aid NGOs

88%

88% of the public thinks that it is the government's responsibility to minimize poverty

77.3%

77.3% of the food NGOs reported that the demand for food increased compared to before the crisis



1 in every 3

One in every five families and one in every three children live in nutritional insecurity

77%

77% of the aid recipients stated that the food they bought was not enough for them and that they didn't have enough money to buy more

633,000

In Israel, 633,000 families (21.8%) live in nutritional insecurity, of which 292,000 (10.1%) live in severe nutritional insecurity

Nutritional Insecurity

68.9%

68.9% of the aid recipients stated that their need for food increased due to the COVID-19 crisis

51.8%

More than half (51.8%) of the aid recipients with babies stated that because of their financial situation they had to forego infant formula or to give less than the recommended amount

16.6%

16.6% of the aid recipients had to beg or fast for an entire day because of the COVID-19 crisis

79.3%

79.3% of the aid recipients stated that they don't have enough money to eat balanced meals, compared to 19.5% of the general population.

Nutritional insecurity is the most severe indicator of poverty, manifesting in a lack of financial ability and accessibility to basic food needed to maintain a normal and balanced life. Nutritional security is defined as a situation where all people have at all times physical and financial access to an adequate quantity of healthy and nutritious food, that suits their nutritional preferences and needs, and enables an active and healthy lifestyle (The Food and Agriculture Organization of the UN).

The problem of nutritional insecurity in Israel demonstrates the severe hardship of families who live in deep poverty. These families struggle with shortage of food daily, which is a basic existential need and right. **In Israel, 633,000 families (21.8%) currently live in nutritional insecurity, of which 292,000 (10.1%) live in severe nutritional insecurity. 774,000 children (31%) live in nutritional insecurity, of which 402,000 (16.1%) live in severe nutritional insecurity** (Latet, 2021).

There is a high correlation between nutritional insecurity and poverty. Unlike rent or tax expenditures, food expenses are flexible, often putting them amongst the first expenses a family will cut back on when they have financial problems. However, food is a basic physiological need, so damage to nutritional security means damage to all spheres of life. A baby will not develop properly without suitable food. A child that doesn't take a sandwich to school can't concentrate and learn properly, and a person suffering from food scarcity won't manage to properly integrate in the job market or society.

Nutritional security is not just a physical need but also a basic condition for good health. Numerous studies indicate a correlation between nutritional insecurity and several different diseases, such as diabetes, heart disease, stroke, obesity, depression, high blood pressure, kidney disease, asthma, arthritis, pneumonia, and more. When the pandemic broke out, it became evident that people living in nutritional insecurity were more susceptible to catching the virus since malnutrition and diabetes, prevalent in populations suffering from nutritional insecurity, are risk factors for COVID-19 infection. Nutritional resilience was found to be a key factor in the population's preparedness to cope with the Coronavirus (Ministry of Health, 2020). Therefore, families suffering from nutritional insecurity are doubly at risk - for hunger and scarcity, as well as being more susceptible to COVID-19 infection.

The COVID-19 crisis exacerbated nutritional insecurity in Israel. Numerous new families who lost their livelihood joined the cycle of hardship, as well as elderly people without close family whose access to food was minimized due to the fear of catching COVID-19, the inability many of them experienced to order or pay for grocery deliveries, and the social isolation rampant in the country. Families living in poverty and hardship had to cope with their children's higher food consumption resulting from the prolonged confinement at home due to the lockdowns, closed schools, and inactive meal program.

As the pandemic spread, the Israeli government realized that it was necessary to give food aid to numerous populations in society who were adversely affected by the crisis and who were suffering from nutritional insecurity, and it allocated 700 million ILS to

distribute food vouchers to those who were eligible. The main eligibility criterion was a 70% discount in Arnona [property tax], although this criterion was not found to be compatible with a population in nutritional insecurity, so it is unclear to what degree the aid reached its target population (Knesset Research and Information Center, 2021). This created a situation where students receiving an Arnona discount were eligible for food vouchers, while populations experiencing nutritional insecurity who were not getting an Arnona discount were not eligible for aid. Both the Ministry of Health and the National Insurance Institute stressed that there was no correlation between the population eligible for the Arnona discount and the people who needed assistance with nutritional security, and therefore segmenting according to this criterion defeats the purpose (Ministry of Health, 2020). Moreover, the vouchers were distributed through the Ministry of Interior and not through the Ministry of Welfare and Social Affairs, which is normally in charge of this issue. Only 28.4% of the aid recipients are eligible for a 70% discount in Arnona or more. 65.1% of the directors of Latet's partner NGOs stated that the program had no real palpable effect in the field.

In a historical step and after much of Latet's work, the Ministry of Welfare and Social Affairs included state funding in the national budget to treat the problem of nutritional insecurity. National budget funding is a significant step in the government taking responsibility for solving the problem, and it sends a message of hope to the disadvantaged families in Israel who are struggling with severe hardship.

According to a study conducted by Latet (based on the list of groceries recommended by the Ministry of Health, at the average cost of the four affordable supermarket chains) - a family of 5 needs to spend 3,186 ILS per month on basic healthy and nourishing groceries. According to the Israel Central Bureau of Statistics, a family in the lower quintile spends on average 2,277 ILS per month on food, with an approximate 900 ILS gap between the minimal need and the actual expenditure, per month per family. This gap illustrates the problem of nutritional insecurity. If a minimal amount of 500 ILS was to be given as aid per family only to the 292,000 families living in severe nutritional insecurity, it would require 1.7 billion ILS per year to address this need.

The phenomenon of nutritional insecurity has been eroding the resilience of Israeli society for many years. It has significantly risen during the COVID-19 pandemic, and its impact is coming to light even more so now. In order to minimize the problem, a policy must be implemented that requires political leadership and taking government responsibility via significant government funding, support of food NGOs, and taking regulatory steps to set appropriate criteria and allow for inclusion, pooling of resources and synergy in addressing the underprivileged populations.



In Israel, 633,000 families (21.8%) live in nutritional insecurity, of which 292,000 (10.1%) live in severe nutritional insecurity

Nutritional Insecurity in Israel 2021

The Coronavirus pandemic caused a health and financial crisis in Israel, and further damage to families living in nutritional insecurity. The continuous confinement at home (as a result of the lockdowns, school breaks, holidays, and school shutdowns) affected the households' increased need for food, some of whose employment was adversely affected by the crisis and they had difficulty covering their expenditures. This situation caused numerous families' financial situation to worsen and to slip into economic hardship, many of whom were forced to forego or cut back on food, some for the first time in their lives and some more frequently than usual.

Measuring nutritional security is based on the United States Department of Agriculture's (USDA) index, standard in developed countries, which is also used in Israel by the National Insurance Institute. The tool is a 6-question validated questionnaire (based on a lengthier 18-question questionnaire) that divides the respondents into 3 categories:

1. Nutritional Security

Households characterized by accessibility to diversified and abundant food on a regular basis.

2. Mild Nutritional Insecurity

Households characterized by a certain shortage of food, a sense of anxiety, and adjusting the food budget and the variety of foods they eat.

3. Severe Nutritional Insecurity

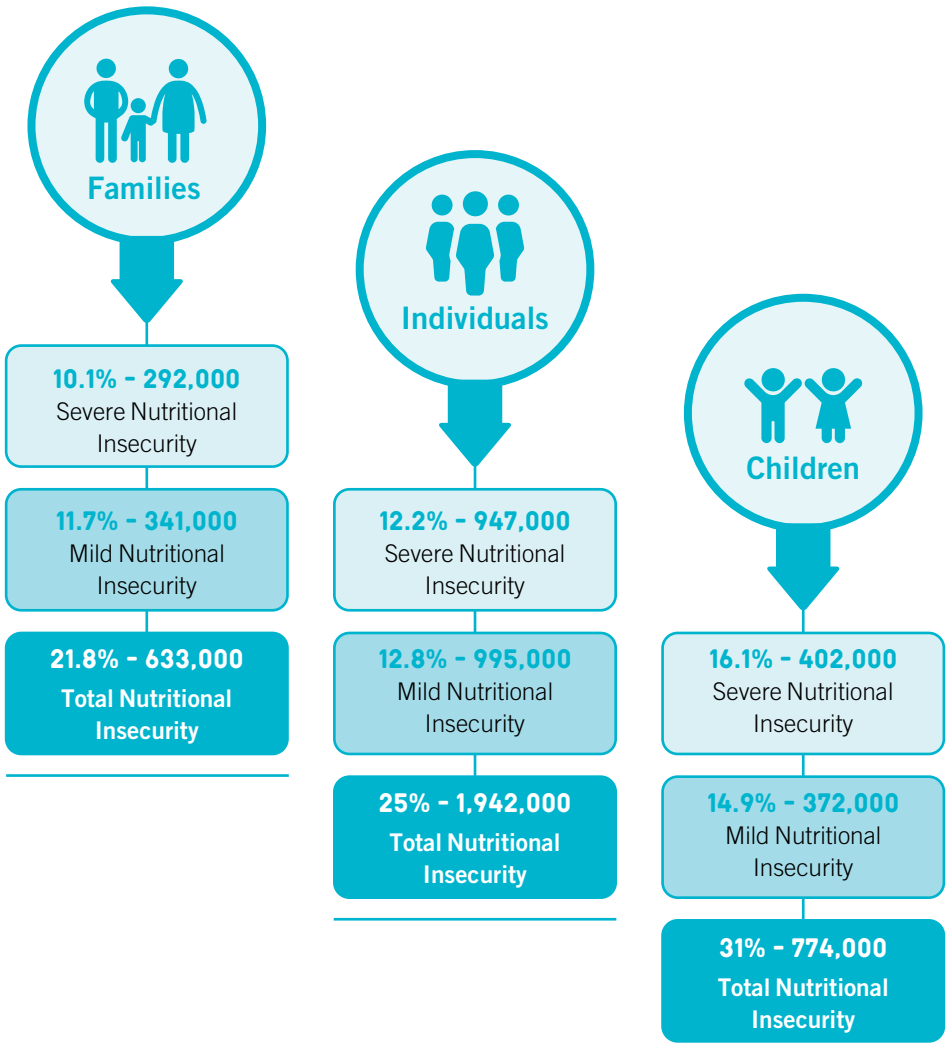
Households characterized by a sense of hunger and regularly reducing the amount of food consumed at home.

According to Latet's assessment based on an examination conducted during July and August 2021, we are facing a concerning reality. **633,000 (21.8%) families live in nutritional insecurity, more than one fifth of the families in Israel. Of these, 292,000 (10.1%) families live in severe nutritional insecurity. Moreover, 774,000 children (31%) live in nutritional insecurity, of which 402,000 (16.1%) live in severe nutritional insecurity.** Compared to a study conducted by Latet at the height of the crisis (September 2020), and despite the expectation to see a reduction in the rates of nutritional insecurity to pre-pandemic levels, no significant change was observed, and the level of nutritional insecurity remained very high. The total number of families in nutritional insecurity decreased from 656,000 to 633,000 in 2021, but the number of families in severe nutritional insecurity rose slightly from 286,000 to 292,000. **Compared to the National Insurance Institute's Nutritional Security Survey (the last one was published in 2018 and refers to data from 2016), during this period there were over 120,000 new families living in nutritional insecurity, of which 40,000 live in severe nutritional insecurity.**

Although it seems that the economy is returning to normal in some respects, the economic crisis is still very palpable for numerous families. This reality may lead to a significant cutback in expenditures and to painful concessions that adversely affect the ability to address the essential needs required to live in dignity. Numerous families will be forced to forego both the quantity and the quality of the food they consume at home, and will need to turn to food aid.

Nutritional Insecurity in Israel 2021

* From The Multi-Dimensional Poverty Index¹ ** The data was collected during August 2021



1. The number of families, individuals, and children was calculated according to the population size published by the National Insurance Institute in the last Nutritional Security Report (2018). Due to difficulties in data collection in the Arab sector, and in order to conservatively assess the degree of exacerbation in this population, the data is based on the exacerbation rates in the Jewish population.

The survey's unit of measurement is families. In order to estimate the number of individuals and children, the ratio was taken between the number of families per adults and children, according to the last National Insurance Institute study from 2018.

Nutritional Insecurity Among Aid Recipients

The aid recipients live in a daily reality of hardship and scarcity of basic food required for a normal life. The families receiving aid live in constant fear that the food will run out, and that they will not be able to buy more food and to provide balanced meals for their children on a regular basis.

Over half (53.6%) of the aid recipients stated that they often or occasionally did not have enough food. Almost a third (32.3%) of the aid recipients stated that they have enough food, however not enough of the type they want to eat.

73% of the aid recipients stated that they sometimes fear their food will run out before they have enough money to buy more.

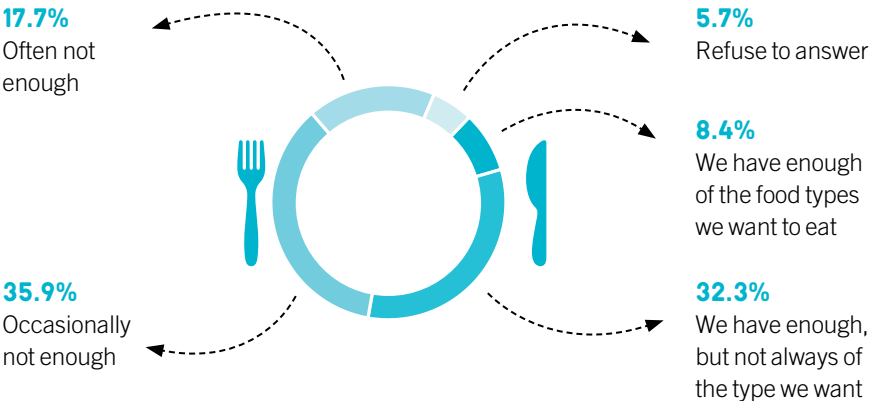
More than three quarters (77%) of the aid recipients stated that often the food they bought was insufficient and that they did not have enough money to buy more, compared to only 18.1% of the general population. Moreover, 79.3% of the aid recipients stated that they do not have enough money to eat balanced meals, compared to only 19.5% of the general population.



More than three quarters (77%) of the aid recipients stated that the food they bought was not enough for them and that they did not have enough money to buy more.

Which of the following sentences best describes the food consumed in your home in the past year?

* From the Aid Recipients Study



To what degree do you relate to the following sentence?

1. "We were afraid we'd finish the food before we have enough money to buy more."

* From the Aid Recipients Study

Aid Recipients 2021

Mostly true	30.5%
Sometimes true	42.5%
Not true at all	16%
Refuse to answer	11%

2. "The food we bought is not enough, and we didn't have money to buy more."

* From the Aid Recipients Study and the Multi-Dimensional Poverty Index ** The percentage of people answering mostly true or sometimes true is presented

26

Aid Recipients



The General Population



3. "We did not have enough money to buy balanced meals."

* From the Aid Recipients Study and the Multi-Dimensional Poverty Index ** The percentage of people answering mostly true or sometimes true is presented

Aid Recipients



The General Population



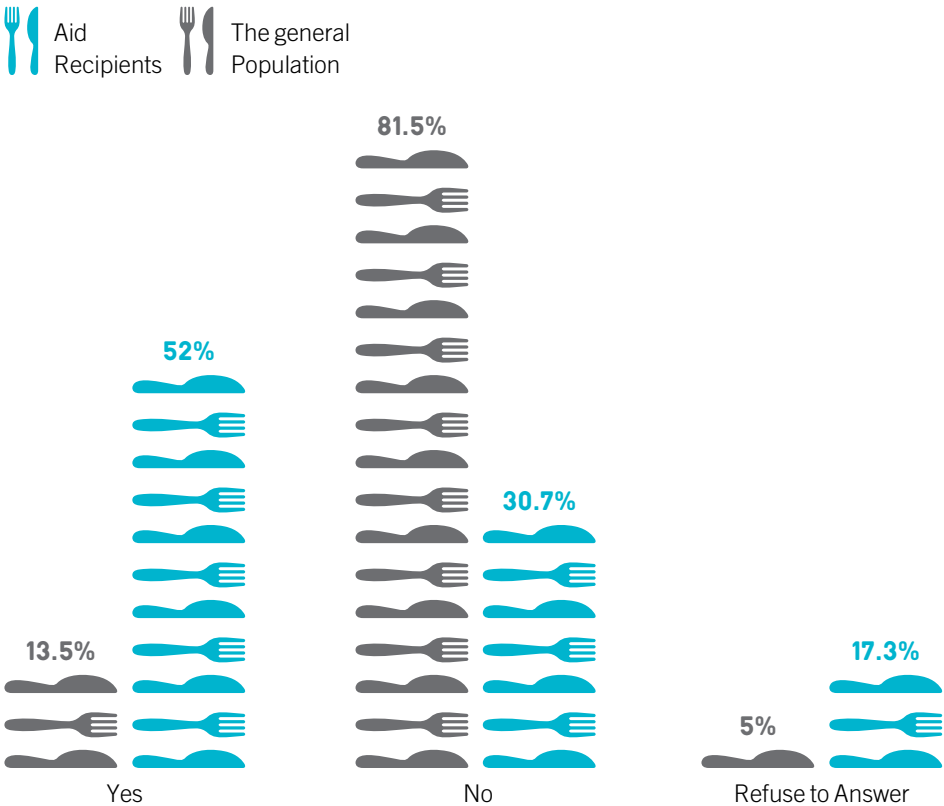
Severe nutritional insecurity manifests as a sense of hunger in the household and regularly foregoing the amount of food consumed at home. More than half (52%) of the aid recipients stated that they cut back on meal size or skipped meals due to a lack of money to buy food, compared to only 13.5% of the general population. Another serious thing families receiving aid have had to forego is infant formula, because of its high cost. Although these are essential for the baby's normal development, more than half of the

aid recipients (51.8%) with babies or toddlers at home stated that they had to forego it for their children or give them less than the recommended amount.

The severe food scarcity sometimes leads to extreme measures. 8.5% of the aid recipients stated that they had to beg because of their food scarcity. One sixth (16.2%) of the aid recipients had to cope with situations such as fasting for an entire day, stealing food, and sifting through garbage bins for discarded food.

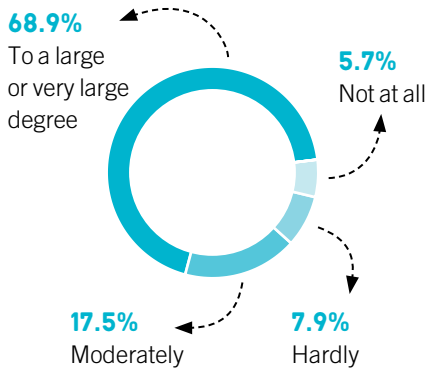
In the past year, have you and/or other adults in your home cut back on meal size or skipped meals due to a lack of money to buy food?

* From the Aid Recipients Study and the Multi-Dimensional Poverty Index



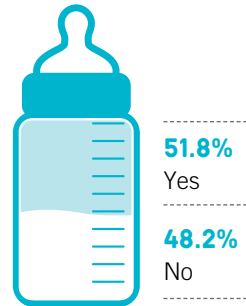
To what degree did you and your family's need for food increase as a result of the prolonged time spent at home during the COVID-19 crisis?

* From the Aid Recipients Study



Have you had to forego infant formula for your children or give less than the recommended amount (dilute in water/skip meals) because of your financial situation?

* From the Aid Recipients Study



Have you had to take any of the following drastic measures due to the COVID-19 crisis?

* From the Aid Recipients Study ** The amount is greater than 100% since it was possible to state more than one answer



8.5%
To beg



8.1%
To fast for an entire day



4.4%
To steal food



3.7%
To search for food in garbage bins



51.9%
I haven't had to take such drastic measures



27.4%
Refuse to answer

The Hunger Line

Household expenditure on food according to the Income and Expenditures Survey of the Israel Central Bureau of Statistics for 2018 shows that the average expenditure in Israel on household food (excluding alcohol) comprises an average of 14% of all the household's expenses. However, this value is significantly higher in both the lower quintiles. In the lower quintile the expenditure is 2,277 ILS and approximates 21% of the household's expenditures, compared to only 10% in the upper quintile. In light of the changes in consumption that occurred during the pandemic, when families spent more time at home because of the school closures, quarantines, unpaid leaves of absence, and more, it can be presumed that the family's expenditure on food increased while their income either stayed the same or decreased.

In light of the Ministry of Health's new nutritional recommendations (June 2020) and the Food Rainbow it launched (June 2021), Latet examined the minimal monthly cost of basic and healthy groceries required for subsistence. The cost of groceries that ensure a family's basic nutritional security represents the Hunger Line. The calculation was based on the recommended number of portions according to the Ministry of Health's food groups table. The cost of the products was calculated according to the average price of each product from among four cheap supermarket chains as of July 2021. The grocery list was comprised of whole grains (brown rice, buckwheat, and whole wheat bread), vegetables, fruit (orange, banana, apple), dairy protein (3% milk in a bag, soft white cheese, and plain yoghurt), animal protein and legumes (orange lentils, tuna, eggs, and chicken breast) as well as canola oil and raw tahini. The grocery list did not include

non-basic products (tea, coffee, nuts, etc.) and alternatives for diseases or different diets.

The study results show that **a family of five with two parents and three children aged 6, 9, and 12, needs to spend 3,186 ILS per month to buy basic healthy groceries.** The expenditure on basic groceries for a family of five, where both parents work full time and earn minimum salaries, comprises approximately 30% of their net income. **The actual expenditure on household food consumption of the lower quintile or of aid recipients is between 2,277 ILS (Income and Expenditure Survey by the Israel Central Bureau of Statistics, 2018) and 2,201 ILS (The Alternative Poverty Report, Latet, 2021), respectively. Therefore, there is almost a 1,000 ILS (909-985 ILS) gap between the estimated amount they need to spend to be nutritionally secure.**

When we examine the hunger line, we must look at the gap between the actual expenditure on food and the required basic expenditure.

The gap between the "Hunger Line" and the actual food expenditure of the families living in poverty demonstrates the problem of nutritional insecurity and the acute need for the government to take responsibility for minimizing the problem. The gap currently stands at approximately 1,000 ILS on average. If aid is given in the amount of 500 ILS to each of the 292,000 families living in severe nutritional insecurity, then the expenditure required in order to eradicate the problem stands at approximately 1.7 billion ILS per year.





Receiving Aid From NGOs

Because the government has not taken responsibility, the aid recipients suffering from nutritional insecurity turn to third sector organizations to receive food aid. The food box the aid recipients get from the NGOs often also helps them with aspects other than nutritional insecurity because it enables them to direct their resources to other needs, such as medication, education, paying off debt, rent, Arnona (property taxes), and electricity. 63.7%

of the aid recipients stated that the food box enables them to purchase the food they need for their family. 42.7% of the aid recipients stated that the food box freed up funds to pay rent, bills, or to repay debt, a 19% increase from last year, when the number was 35.8%. 41.8% of the aid recipients report that the food box freed up funds to pay for medication and medical treatments, a 21.5% increase from last year (34.4%).

How does the food box you get from the NGO help you?

* From the Aid Recipients Study ** The amount is greater than 100% since it was possible to state more than one answer

		Aid Recipients 2021	Aid Recipients 2020
	The food basket enables me to buy additional food that my family and I need	63.7%	63.6%
	The food box frees up some of my budget to pay rent, bills, or to repay debt	42.7%	35.8%
	The food box frees up some of my budget to pay for medication and medical treatments	41.8%	34.4%
	The food box enables me to buy clothing, furniture, or household products	3.5%	-

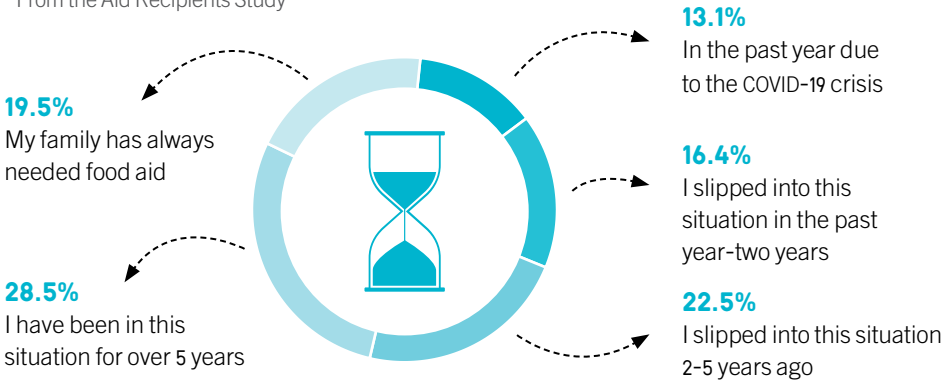
The COVID-19 pandemic and the subsequent development of the economic crisis affected the number of aid recipients suffering from nutritional insecurity. Almost one third (29.5%) of the food aid recipients stated that they have needed food aid only in the past two years. One fifth (22.5%) of the aid recipients stated that they slipped into this situation during the past two to five years. Close to one third (28.5%) of the aid recipients stated that they have been in this situation for over five years,

and an additional 19.5% stated that they have been receiving food aid for most of their lives.

Furthermore, due to the large need among the families receiving aid, in addition to the aid they receive from Latet and the network of partner NGOs, one third of the aid recipients receive additional aid on a regular basis from other NGOs, another third from the Welfare Department and an additional 40% from family, neighbors, and friends.

How long have you been in need of food aid?

* From the Aid Recipients Study



Do you receive food aid from another entity on a regular basis?

* From the Aid Recipients Study ** The amount is greater than 100% since it was possible to state more than one answer

Additional NGOs	33.5%
Welfare Department	31.3%
Family	24.6%
Neighbours & friends	17.2%
I don't receive food aid regularly from another entity	13.1%

EMPLOYMENT



58.4%

58.4% of aid recipients reported that their lack of adequate occupational training prevents them from improving their employment status

61.7%

the amount of aid recipient families that work shrank by 16.7% as a result of the pandemic, from 74.2% before to 61.8% in 2021

29.7%

29.7% of the working aid recipients believed that there was a high or very high chance they would lose their job

Employment

51.4%

For 51.4% of aid recipients, unemployment is a new status. 27% are in this situation for a year, and 24.4% for between one and three years

31.1%

31.1% of aid recipients that work are employed as indirect contractors

48.9%

48.9% of aid recipients that don't work, are in that situation because they cannot afford childcare

80.8%

80.8% of the aid recipients were left without a livelihood during the COVID crisis, or their livelihood was adversely affected

The COVID-19 pandemic caused a serious crisis in the job market, which resulted in a severe economic crisis in addition to the health-related challenges. Commerce shut down almost completely during the lockdowns and it adversely affected numerous industries. Hundreds of thousands of workers found themselves unemployed or they were sent home on a lengthy unpaid leave of absence, and tens of thousands of businesses struggled to survive, thousands of which didn't survive. From an unemployment rate of 3.8% just before the pandemic broke out, the unemployment rate reached a record level of 35% during the first lockdown (The Ministry of Welfare and Social Affairs, 2021).

The job market in Israel was polarized even before the COVID-19 crisis. On the one hand, the high-tech market is booming and salaries keep going up over time, but on the other hand, only one third of employees earn above the average wages in the market (The Israel Central Bureau of Statistics, 2019). The pandemic exacerbated this polarization. During the two lockdowns and in the period in between them, there were extensive dismissals of low socioeconomic status workers (The National Insurance Institute, 2020). An analysis of unemployed during the first and second lockdowns shows that the majority belonged to vulnerable populations that earn low wages (up to 70% of the average market wages). The COVID-19 crisis also exposed the inherent discrimination against women in the labor market, who work at lower wage jobs and without adequate job security. Since women are still responsible for the majority of childrearing tasks in most households, they were the first to be adversely affected when commerce and the schools shut down. During the crisis, women were sent on unpaid leave and terminated at higher rates than men, creating a disparity of 11 percentage points between men and women (The Ministry of Welfare and Social Affairs, 2020).

Another dimension of inequality is associated with the potential of different populations to work from home. Prior to the pandemic, 4.4% of employees in Israel worked from home. During the COVID-19 crisis, many more were required to stay at home and work remotely, however large gaps were also observed here according to profession and income level. Among affluent populations working in high-tech and finance, there was a high percentage of employees working from home. The wages in these industries places these employees in the 8-10 deciles and the work is usually conducted from an office, which enables work from home with relative ease. In comparison, workers in lower-earning industries, such as food service, services, construction, or retail, are often required to be physically present at work, so the work from home percentages in these industries was much lower. Thus, the occupational status of these workers was adversely affected to a much greater extent (The Israel Democracy Institute, 2021). Beyond the limited possibility of working from home due to the physical nature of the work among vulnerable populations, the crowded living conditions and the reliance on public transportation led to higher infection rates in this population. Disparities in the ability to work remotely were also observed from a sectorial aspect, where the

percentage of Arab males who were able to work from home in October 2020 was 7%, compared to 28% of non-Haredi Jewish males (The Ministry of Labor, Social Affairs and Social Services, 2020).

The COVID-19 crisis also had a destructive effect on the self-employed. During the crisis, this group discovered how vulnerable it was to hardships and crises compared to the sector of hired employees. In December 2020, only 24% of self-employed continued to work like they did before the pandemic, compared to 68% of hired employees (Knesset Research and Information Center, 2021). Over 57% of the self-employed reported that their income had been adversely affected, and an additional 18% stated that they had no income at all. The self-employed turned out to be more vulnerable also due to the fact that small and medium independent businesses are not eligible for unemployment benefits, sick leave for quarantine time, or any other social security safety net designed to protect them during a crisis (Knesset Research and Information Center, 2020). And indeed, the poverty rates among this group had the most dramatic increases in 2020 (The Administrative Poverty Report, The National Insurance Institute, 2021).

However, during The State of Israel's worst employment crisis in its history, when there was an acute need to give extra assistance to the unemployed, the National Insurance Institute and the Employment Service did not succeed in providing adequate service to meet the need. At the Employment Service and in the Labor Arm, the scope of activity decreased. The number of participants in state-subsidized professional training decreased by 37% between 2019 and 2020, and the number of participants in Employment Service training courses decreased by 40% (State Comptroller, 2021). One billion ILS were allocated for occupational training, but due to the political instability, these funds were never deployed and utilized. The National Insurance Institute found that the call center could not handle the number of queries, and even eight months into the crisis, people claiming unemployment benefits were required to undergo a complicated and lengthy procedure to claim their benefits. Moreover, some people encountered language barriers with the online services, which were not made accessible in languages other than Hebrew (State Comptroller, 2021). All this, coupled with the reduced control over the payment of unemployment benefits and unpaid leave benefits, resulted in despair and wider gaps, as well as creating a negative incentive to get back to the job market among numerous unemployed who may become chronically unemployed over time, even after the unpaid leave arrangement was over. The negative effect of the unpaid leave is becoming evident over time and manifests in difficulty recruiting workers to numerous industries, losing unemployment benefits for people on unpaid leave for a prolonged period, and increasing the black market capital significantly to several billions during the pandemic (Tax Authority Director, 2021).

The strength of the Israeli labor market is being put to the test in the past two years with the outbreak of the pandemic and the development of the economic crisis. Although the job market began to recover when the population became vaccinated, it

is has not yet recuperated fully. 62% of Israelis reported a disruption at their workplace (unpaid leave, pay cut, dismissal, and more), compared to 44% on average who reported this in Western countries (OECD, 2021). The negative effect of the Israeli labor market on disadvantaged populations is also evident. The employment of 80.8% of aid recipients was adversely affected or they were left without any livelihood (The Alternative Poverty Report, Latet, 2021). Even when the economy began to recover in March 2021, the rate of return to work of unemployed from low socioeconomic status towns was 38% lower than unemployed from high socioeconomic status towns (The Employment Service, 2021), which attests to their vulnerability.

My Story

I'm 40 years old, married and a mother of 4. I'm recognized by Bituach Leumi [the National Insurance Institute] with a 100% disability, and I opened a complementary medicine clinic in February 2020. The entire family helped to get it up and running. It's an incredible feeling, like another birth. Shortly after it opened, the Ministry of Health announced that we were going into lockdown because of the COVID-19 pandemic and the business couldn't operate. It's as if everything was taken away all at once, a part of you is cut off.

And that's how I found myself unemployed overnight. No one dared to think that the entire economy would come to a screeching halt and we didn't know how to get by. Fortunately, my husband works at an essential factory so that leaves us with some income. Together with my disability allowance we're barely scraping by with rent, property taxes, water, and electricity bills. But my underlying illnesses require daily treatment. I take pills that I couldn't breathe without and they cost 700-1,200 shekels a month. We are constantly asking ourselves how we can afford the medications without a guaranteed income. That's when we started considering what we could and couldn't buy. I gave up buying medications for a few months to be able to feed the kids. It's a really harsh reality when you give up your ability to function, or you give up food for the kids or formula for the baby. Our decisions as adults are always geared to our children's wellbeing.

And that's how we got into a state of survival to get medicine and food. The situation also affected my mental health - the hardest thing was to pick up the phone for the first time and call the welfare department to tell them I needed help. I'm active in my city, and I'm

known from the other end, that I donate and ask for help on behalf of others. The worst-case scenario I could imagine was to hear from my kids that they were going to sleep on an empty stomach, to hear "mom, I'm hungry", and I wouldn't have anything to give to them. You feel like a fish out of water. I'm trying to swim but as long as the water doesn't reach me, it's really hard to survive. So, I started to look for help, and I contacted the welfare department. I learned to ask for help."

Just the thought of my child going to sleep hungry makes me shudder, and just to hear "mom, I'm hungry" not from being picky, but because the fridge is empty, then that low point gives you the strength to say "please help me".

I was so surprised the first time I got a food box. I wasn't expecting a full box. I thought it would just be a bag of pasta, or milk. All of a sudden, I realized that I had at least a week where I could breathe a little easier.

When you're on the asking end, you suddenly realize that it's not a person giving, but entire organizations, entire communities and a lot of people all around who help and give what they have and also what they don't have. When I received the food box for the second time, I had rice leftover and I saw on Facebook that someone was looking for food for another family, so I wrote to her that she could take the rice I had. I had extra and I was able to share it. Don't be ashamed if you fall on hard times. All we want is to make it through tough times, and I'm sure that whoever falls will get back up and give double to others. You can and must ask for help. And anyone who still hasn't joined the circle of giving, I think this is the time to do it.

(E, aid recipient)

LIVING CONDITIONS



8,405 ILS

8,405 ILS is the monthly expenditure of an aid recipient family, which is 62.4% higher than its average income (5,177 ILS)

46.5%

46.5% of the aid recipients stated that their or their family member's illness and/or disability is the reason for their economic hardship

50%

50% of aid recipients cannot afford heating or air conditioning according to their needs, and an additional quarter of aid recipients (25.6%) do not have any heating or cooling solutions and cannot afford to buy

Living Conditions

44.4%

44.4% of the aid recipients estimate that there is little to no chance that they and their families will break free of their economic hardship

64.8%

64.8% of the aid recipients have some form of debt, 2.6 times more than the general population (25.3%)

41.9%

41.9% of the aid recipients have had their bank account frozen and/or foreclosed, 4.9 times more than the general population (8.6%)

Israel is one of the most expensive countries in the world. It has the fourth highest cost of living among the OECD countries (2020) and is 22% higher than the OECD average.

Cost of living has become an important topic since the social protests in 2011, which started with the increase in apartment costs but quickly spread to other spheres, including: food, education, and health. While the slogan of the protest - "the people demand social justice" - was deeply engraved in the people's consciousness, it doesn't appear that enough steps were taken to lower the cost of living, and about a decade later, numerous families from among the disadvantaged populations are weighed down by the heavy burden of their expenses.

According to a survey of household expenses by the Central Bureau of Statistics (2020, based on data from 2018), in the five lower deciles the expenses are higher than the income, meaning that 50% of the households in Israel are not managing to make ends meet at the end of each month. The most significant disparity was found in the lower decile where the average expense (10,937 shekels) is 2.3 larger than the average income (4,786 shekels). The scope of the gap gets increasingly smaller as you go up the deciles, and as stated, from the sixth decile the income is greater than the expense. The largest disparities between the deciles also manifest in the size of the incomes.

The net monetary income for a household in the upper decile (40,254 NIS) is 8.4 times higher than the income in the lowest decile (4,786 NIS), and the net income per capita is 11.6 higher. The immense gaps between the deciles attest to distributive injustice and significant social inequality. According to an assessment of the National Insurance Institute for 2020, the Gini Index for Inequality in disposable income per capita is 0.39 (on a scale of 0 to 1).

Higher expenses than income stem from various reasons and expenses should be distinguished from basic essential needs and other expenses. The decision over what is considered a basic need to be able to live in dignity is a complex issue that is discussed in the courts, the government, and in academia. Nevertheless, there is currently no clear and unequivocal government definition of what is considered the minimal income required to live in dignity, and therefore the allowances, including the basic living allowances given by the National Insurance Institute, do not reflect the cost required to live in dignity (The Knesset Research and Information Center, 2021).

The cost of living is a decisive factor in the erosion of the middle class and on the fact that families that were previously managing financially are slipping into poverty, a factor that has become more extreme during the COVID-19 crisis due to the lifestyle changes that have occurred in households. The most extensive and severe effect of the high cost of living is evident among families living in poverty who cannot afford to buy the basic products and services they need. Consequently, in most cases they live in significant overdraft, are forced to take loans - usually at high interest rates or on the gray market, are saddled with debt, are cut off from essential services like water and electricity and cannot afford to heat or cool their homes. These are accompanied by feelings of

anxiety, fear, and instability that make the day-to-day lives of these families even more difficult. These feelings have intensified during the COVID-19 crisis due to the economic uncertainty, the involuntary unpaid leaves of absence, terminations, quarantines, fear of being infected by the virus, and closure of the educational institutions. According to the latest civil resilience survey conducted among individuals aged 21 and over, 42% reported that their financial situation has gotten worse or much worse during the COVID-19 pandemic, and 30% stated that their mental health has deteriorated (The Israel Central Bureau of Statistics, 2020). At the height of the COVID-19 crisis, in October 2020, the number of households that reported severe economic hardship was three times higher compared to before the crisis. Less than a quarter (23%) of the families in Israel reported a good or very good financial situation, compared to 45% before the crisis (Latet, 2020).

The debt of households in the lower decile is significantly and disproportionately higher than the income among this decile and it is likely that they will not be able to keep up with their debt repayments (Taub Center, 2019).

The conditions in which families living in poverty hardly enable social mobility, meaning they lack the ability to change the individual's or the family's socio-economic status. This is how these families' dire financial situation is perpetuated, and with it increases the risk of creating another generation that requires aid.



My Story

I'm 42 years old. I immigrated to Israel when I was 16. I'm raising 3 kids on my own. My kids are 3-6 years old and they were all born premature. They go to a special kindergarten because I can't afford to take them to developmental treatments.

I'm not in contact with the kids' father and he barely knows them. He promised he'd be in the picture but he lied. I've been living alone for almost five years and get 3,300 shekels in child support from Bituach Leumi [the National Insurance Institute]. Their dad needs to make up the difference but he doesn't. I also get 1,100 shekels of aid to pay my monthly rent of 3,450 shekels, and also a bit of a discount on Arnona [property tax], electricity, and kindergartens.

I can't work because of my poor health. Before my health got worse I cared for an old woman but now I can't because I have to have an operation that was postponed because of COVID-19. The doctors say that

I should recover quickly from the operation but I still haven't had it and in the meantime I stopped working because I'm in a lot of pain and I couldn't continue.

I feel that the money is spent on meals, most of the payments are food-related. Luckily, the kids eat lunch at kindergarten. It's hard for me that I don't have food for the kids. In the mornings I send them without water, without anything. I have no bottles, no vegetables, no fruit, nothing.

When I worked I used to get a salary and also a 2,400 shekel allowance. I'd love nothing more than to go back to earning an honest living, I hate being in need of aid. I'd like to be able to give donations, I'd like to be able to give of myself - with all my heart. I used to do it, but now I can't.

I hope that after the operation I'll manage to improve my financial situation (M - Latet aid recipient).

Buckling Under the Burden of Debt

The deficit created by the imbalance between income and expenses results in circumstances that may exacerbate the financial hardship of the aid recipients: increased debt, freezing or foreclosing of bank accounts, lawsuits, taking loans, and restricting or cutting off essential services due to not paying bills.

41.9% of the aid recipients have had their bank account frozen and/or foreclosed due to debt / repossession / lawsuits, 4.9 times more than the general population (8.6%).



10.5%

10.5% of the aid recipients do not have a permanent residence and they live with family or friends, in shelters, or are homeless

22.9%

22.9% of the aid recipients state that there was a high or very high chance they would be forced to evacuate their place of residence because they couldn't afford to pay rent

18.6%

18.6% of the aid recipients had been exposed to drug users and/or dealers in the vicinity of their homes

Housing

40.4%

40.4% of the aid recipients have had their electricity or water cut off in the past year because they couldn't afford to pay their bills, 12.6 times more than the general population (3.2%)

46.7%

46.7% of the aid recipients' income (2,420 ILS) is spent on housing

2.5%

In the past 48 years, the amount of public housing shrank from 23% in 1970, to only 2.5% in 2018

75.4%

75.4% of the aid recipients stated that they avoided fixing major damage in their apartment for financial reasons, compared to 25.1% of the general population

According to the Universal Declaration of Human Rights, every person is entitled to an adequate standard of living for the health and well-being of himself and his family, including housing. Also in Israel, the Basic Law: Human Dignity and Liberty, enacted in 1992, states that a lack of housing constitutes a violation of a person's dignity. However, the State of Israel is not doing enough in 2021 to provide its citizens with adequate housing in a proper environment.

The Israeli housing market is tough, with a high demand and low supply. Throughout the past decade, housing prices have skyrocketed, despite the intentions of the various Ministers of Housing to find solutions to the ongoing crisis. Since the late 1990's, housing prices are constantly increasing, and a person in Israel earning an average salary needs to work for over a decade to buy a standard apartment. The vulnerable populations, most of whom earn minimum wage, cannot buy an apartment and are forced to stay in the rental market with its constantly increasing prices and no regulation or government control. Subsequently, families experiencing economic hardship are frequently forced to move apartments, which makes it difficult to maintain stability and hold down a job.

One of the Israeli government plans to mitigate the ongoing housing crisis is the Price Per Occupant lottery. Although this plan somewhat reduced the prices of new apartments for those who won the lottery, it wasn't based on economic status to begin with. In practice, the Price Per Occupant plan did not halt the ongoing rise of prices in the housing market (State Comptroller, 2020), and even when focusing on its advantages, the fact cannot be ignored that it is mostly a solution for the middle class with enough capital for a down payment, and not for more disadvantaged populations who are at the mercy of the market.

In order to address households who cannot afford to buy a home, the State operates an array of public housing. In the 1950's, public construction comprised around half of the construction in Israel. In the 1980's, the State's involvement in building public apartments progressively declined, and since 1998 no additional public apartments were built, and their numbers dwindled. In 2000, there were approximately 107,000 public apartments in Israel, and in 2020, public housing comprised only 53,000 apartments. In the past 48 years, the percentage of public housing decreased from 23% in 1970 to a mere 2.5% in 2018. This puts Israel in one of the bottom spots among the OECD, where the average percentage of public housing in these countries is 10% (Knesset Research and Information Center, 2021). In order to solve this dire situation, a national emergency plan to save public housing was drafted in 2018, but until the end of 2019 the inter-ministry team that drafted the plan had not yet submitted its recommendations (Knesset Research and Information Center, 2021).

In addition to the meager supply, hundreds of public housing apartments are empty and awaiting renovation, and over 1,500 of them are rented to public entities. This is while more than 4,300 eligible people have desperately been waiting for an

apartment for years, and more than 2,500 tenants are waiting to move apartments because of their dilapidated condition (Research and Information Center, 2021). In practice, tens of thousands of families who cannot rent an apartment due to their severe economic hardship or inability to get guarantors or even a checkbook, find themselves homeless and are absurdly forced to deal with increasingly strict eligibility criteria coupled with the constant rise in the cost of living, a wait that is currently 31 months on average (State Comptroller, 2020), and a need that continues to intensify.

The government gives vulnerable populations additional aid in the form of rent assistance. This aid is not adjusted to the rising costs in the housing market, and thus becomes less meaningful for families that need it (The Association for Civil Rights in Israel, 2019). These rising costs did not stop during the COVID-19 crisis, and in 2020 there was a 7% increase in apartment prices (Ministry of Construction and Housing, 2021) despite the large wave of unemployment, the dire state of the economy, and weeks of lockdown. Tenants also experienced a rise in rental costs, and while rental aid ranges between 700-1200 ILS, average rental costs are significantly higher.

During the COVID-19 crisis, the Israeli government took steps to care for homeless people at higher risk of getting and transmitting COVID-19. Homeless shelters that normally only provided a place to sleep, opened around the clock. The Ministry of Welfare and Social Affairs added personnel to the staff in charge of homeless people at the various authorities, and a concerted effort was made to locate homeless people, conduct tests in their vicinity, and to allocate places to quarantine those who tested positive for COVID-19 (Knesset Research and Information Center, 2020). These are welcome and appropriate measures, but they were a targeted solution for a specific population. Meanwhile, the housing crisis continues and the populations that are most adversely affected are, once again, the disadvantaged populations whose voices are not heard.



Aid recipients spend an average of 2,420 ILS on housing, approximately 46% of their income

My Story

I'm 35 years old, a single mother, with a 2-year-9-month-old daughter. I rent a place and work with the elderly. When I'm at work, my daughter is with her father or my mother.

I earn 3,200 shekels and rent is 3,400 shekels, so whatever I earn goes to rent. I used to pick up extra shifts at work to earn more, but I can't anymore. I used to earn up to 3,800 or 4,000 shekels. Now I can't earn that much anymore because my daughter is home.

I get 150 shekels for her from Bituach Leumi [the National Insurance Institute]. Her father is Ukrainian and he doesn't have Israeli citizenship so he doesn't have any rights or a work permit. Once he went out to work and got arrested. I paid more than 2,000 shekels to bail him out.

I come to Latet every day to take food. Potatoes, hot food, whatever there is. Sometimes I also get milk here and freeze it. It helps. Now, for example, I have milk from a few weeks ago. For two years I got diapers and wipes from another NGO. I got a baby carriage and crib from other people. Everything I got was donated. Now she needs a bed and I have to see where I'm going to get one from.

If this place didn't exist, people would starve to death. A lot of people are alive thanks to them. I also recycle bottles, whatever there is. I'm not picky. My daughter doesn't go to kindergarten because I can't pay for her to go. She's my only child. I had a miscarriage around a year ago.

A lot of people from the neighborhood come here, and also from outside the neighborhood.

On Fridays I take four boxes - for me and my sisters, and for my friend. Even when my daughter drank baby formula, I'd come here to take food. They helped me with that as well.

When there were rockets, we were at home and my daughter was scared. We don't have a safe room or a shelter, only on a neighboring street. She'd hold my hand in fear because she wasn't used to the situation. But the manager of the NGO gave us vouchers and it helped a lot.

We don't have anywhere we can go. My partner really wants to work but he can't. He does renovation work, and for a 10,000-shekel job he'll get paid 4,000 shekels. A little while ago he got injured as well. Some sparks flew into his eye and we needed to find a clinic that takes foreigners. He only has a residence permit and nothing else. A hospital will charge him 2,000 shekels. We ended up going to some clinic for refugees that charged him 300 shekels. If he gets sick, he'll take pills on his own accord.

More than anything I wish for good health. It's the most important thing in the world. And I'd like to have more income. It would help me a lot. I want this place to stay open because I don't know what I'd do if it closed down. Even homeless people come here. I've known the place for many years. I used to only come here on Fridays, but ever since my daughter was born, I come every day. It's important to me that this place stays open, it helps so much. Even during the pandemic we'd come here and it would be working as usual. The people that come here don't stay hungry. If this place didn't exist there'd be hungry people, but they save people (D - Latet aid recipient).



67.5%

67.5% of the aid recipient families had to forego buying medication or essential medical care because they couldn't pay for it, compared to only 21% of the general population

74.1%

74.1% of the aid recipients suffer from at least one chronic disease

15.6%

15.6% of the aid recipients suffer from a mental disability, 4.9 times greater than the general population (3.2%)

Health

32.6%

32.6% of elderly aid recipients reported that they reduced their food intake during the pandemic

27.1%

27.1% of elderly aid recipients reported deterioration in their health during the pandemic

5 Times

In weak localities, 5 times more people died from Corona than in strong localities (Ministry of Health, 2021)

3.6 Years

The difference in life expectancy in Israel according to population groups and religion is 3.6 years (Ministry of Health, 2021)

38.9%

38.9% of the aid recipients had been infected with COVID, 3.2 times that of the general population (12%).

Even before the COVID-19 crisis, the Israeli healthcare system suffered from inequality with regard to the accessibility of its services to the entire population. Although the HMOs are taking comprehensive measures to reduce the disparities, the number of hospital beds in the periphery is still significantly lower than the number of beds in central Israel, as well as the number of doctors and nurses. There are also significant disparities in life expectancy stemming from differences in education, geographic location, and composition of the population (Ministry of Health, 2021).

The past two years of the COVID-19 pandemic have complicated this inequality, significantly adversely affecting disadvantaged populations in Israel. The various factors affecting morbidity from the virus are factors that are affected by socioeconomic status (Adva Center, 2021), which caused higher infection rates among this population, who got sicker and also had higher mortality rates (Weizmann Institute, 2020).

Firstly, **underlying illnesses, which are more prevalent among populations of low socioeconomic status, affected the severity of a COVID-19 infection.** Studies have shown that the chance of getting sick with COVID-19 and being harmed by it increases among people with diabetes, heart and lung diseases, high blood pressure, and being overweight. Since there is a high correlation between these diseases and economic status, it has created a situation where the population that tends to get sick with these diseases is weaker economically, and gets infected with COVID-19 at higher rates (Ministry of Health, 2021). 38.9% of the aid recipients have been infected with COVID-19, 3.2 times that of the general population (12%).

Secondly, **living conditions have affected virus transmission.** Since COVID-19 is transmitted via aerosols and respiratory droplets, the more crowded and poorer the living conditions, the greater the chance of getting infected and transmitting it among family members (The Advisory Committee for National Social Affairs, 2020). Higher infection rates were observed among poorer families living in crowded homes and in sub-par living conditions who are unable to quarantine if one of the household members turns out to be positive for COVID-19. So, families living in poverty inevitably increase the risk of spreading the virus and getting infected themselves. Concurrent to problematic housing conditions, less affluent populations are forced to rely more on public transportation - another factor that increases their risk of getting COVID-19.

The damaging potential of COVID-19 also increases as a result of partial insurance coverage and limited access to healthcare services among the disadvantaged populations. These populations also tend to avoid using community and preventative healthcare services, but they have higher hospitalization rates (Bank of Israel Report, 2016). In the battle against COVID-19, where the disease quickly deteriorates and hospitals are incubators for rapid transmission, this factor did not work to these populations' benefit. Also, the availability and accessibility of the services affected the chances of slowing down the spread of the disease in disadvantaged towns. For

example, the number of hospital beds in Jerusalem and in the center is 2-2.3 beds per thousand people, while in the northern and southern districts there are only 1.5 beds per thousand people (Taub Center, 2019). And indeed, an analysis of daily morbidity data from January 2021 shows that on certain days, there were 2.5 times more infected people in towns with a socioeconomic rating of 1 compared to towns with a rating of 10 (Adva Center, 2021). As of May 2021, the number of people who died from the virus were not exempt from this inequality, and 5 times more people died in towns with a socioeconomic rating of 1-3 than in towns with a rating of 8-10 (Ministry of Health, 2021).

Finally, **in towns with a low socioeconomic status, the vaccination rates were also low, and they increased respectively as the socioeconomic rating went up** (The Crisis Team of Experts, September 2021). The low vaccination rates in disadvantaged towns can be attributed to their inherent mistrust of the system (Adva Center, 2021). So, ultimately, the towns that were given a “green” rating according to the Traffic Light Model and that quickly resumed routine life are the more affluent towns that were affected by the pandemic to a lesser degree to begin with. In contrast, the more disadvantaged towns remained “red” for longer, their residents were sick with COVID-19 more, their vaccination rates were lower, and they lost more days of work and school, which further exacerbated the adverse effect the pandemic had on them in the long term.

Israel led an impressive vaccination campaign and the overall vaccination rates served as an example for other countries around the world. The public healthcare system, the IDF, and the heads of the various authorities collaborated to ensure the campaign's success. However, along with the factors in Israel's favor, lessons must be learned from the ongoing management of the pandemic. According to the Australian Lowy Institute, Israel is ranked 61 (among 200 countries) in how it is managing the crisis, and this is according to the number of verified COVID-19 cases, the number of deaths from the virus, the number of cases per 100 people, the number of cases per number of tests, and the number of tests per thousand people. This inferior rating requires a thorough examination of how the ongoing crisis is being managed, while thoroughly reducing the acute disparities in the healthcare system, for which Israel is a world leader (UNICEF, 2016).



74.1% of the aid recipients suffer from some chronic disease, compared to only 44.8% of the general population

The Elderly

Israel is considered to be a country with a relatively young population due to the high birth rates. However, alongside the young population, there are old people in Israel who suffer from institutional neglect. Although higher life expectancies are a good thing, they require specific care of the elderly population, mainly of those who cannot care for themselves due to their financial situation.

The elderly are solely dependent on external income such as public pensions, meaning the National Insurance old-age pension, and private pension. However, the old-age pension in Israel is among the lowest in the OECD. Due to the low old-age pensions, many elderly people who do not have sufficient income from a private pension have to work in jobs that are not compatible with their health status. Elderly people who

cannot work due to health reasons, and who do not receive a private pension, must rely on supplementary income from the National Insurance Institute, which leaves them under the poverty line, and they can easily slip into poverty and nutritional insecurity without any government entity taking responsibility for their situation. Over half of the elderly aid recipients (53.4%) do not receive any pension payments and rely solely on supplementary income.

This year, a raise in the supplemental income for the elderly to 70% of the minimum wage was added to the state budget. This raise may improve the situation of the elderly living in poverty, but this amount is still low and the majority are still expected to live in hardship and scarcity.

Do you receive pension payments?

* From the Aid Recipients Study



53.4%

No



46.6%

Yes



87.2% of the aid recipients state that their old age pension does not enable or only partially enables them to meet the basic needs required to live in dignity.

Old age is characterized by a rise in morbidity and functional decline, and an increased need for healthcare services and long-term care. However, the old-age pension is not enough to fulfill basic needs, including housing, healthcare, and nutritious food.

The Hunger Line study Latet conducted showed that the cost of basic groceries for an elderly couple is 1,074 ILS per month, and

therefore in order to afford the expenditure for groceries they have to spend around half of their old-age pension on food. This creates an impossible distribution of income, where the things they have to forego are firstly the flexible expenses - food and medication. Only a little over than one tenth (12.8%) of the elderly aid recipients state that the old-age pension enables them to live in dignity and to fulfill their basic needs.

Does the old-age pension enable you to live in dignity and fulfil your basic needs - food, healthcare, and paying bills?

* From the Aid Recipients Study



Many elderly people require assistance with daily activities like showering, cooking, and leaving home. However, the maximal number of long-term care hours in Israel is 30, while in other OECD countries the average number is 40. Moreover, there is no real control over long-term caregivers or their qualifications.

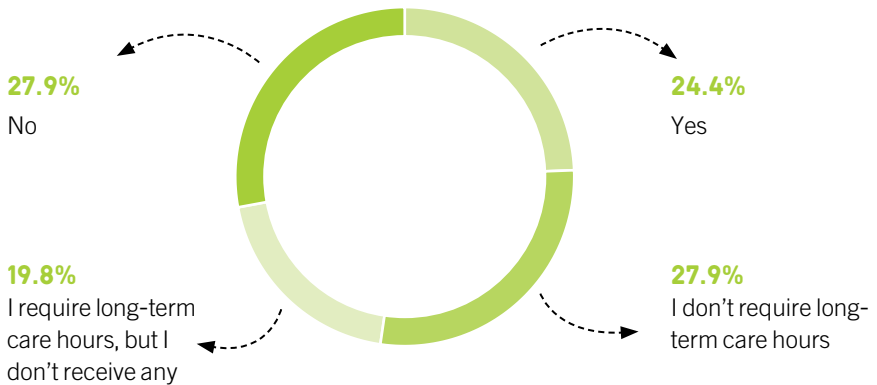
In practice, only 24.4% of the aid recipients report that the long-term care hours they receive from the National Insurance Institute meet their needs, and close to 20% do not get any long-term care hours even though they need them.



27.9% of the elderly aid recipients report that the long-term care hours they receive do not meet their needs. Close to 20% of the aid recipients report that they do not receive any long-term care hours even though they need them.

Do the long-term care hours (caregiver) that you receive from the National Insurance Institute meet your needs?

* From the Aid Recipients Study



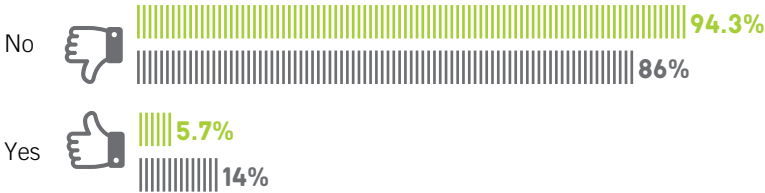
For elderly people who do not receive any care hours or whose needs are not properly met, there is no option other than to pay for private long-term care, however only a minority can afford it. Elderly people who cannot pay for help at home are neglected by the system and sentenced to live out the rest of their lives in poverty and hardship.

94.3% of the aid recipients stated that they cannot afford to pay for long-term care hours or for help at home, a 9.7% increase compared to 2020.

Can you afford payments for the long-term care or help at home that you require?

* From the Aid Recipients Study

||||| Aid Recipients 2021 ||||| Aid Recipients 2020



The economic difficulty affects many other aspects of elderly people’s lives. More than half (54.8%) state that they cannot maintain proper health without someone helping them with their increasing needs. When the pandemic started and home isolation and quarantine became routine, it became more difficult to buy food and other basic necessities, and

their situation deteriorated even further. Almost half (48.4%) do not have the option of eating nutritious meals. 43.2% of the elderly aid recipients require help with daily activities like shopping, cooking, cleaning, and bathing, but cannot afford it. 12.3% of the elderly aid recipients state that their residence cannot be considered dignified housing.

*** 54.8% of the elderly aid recipients state that they cannot maintain proper health because of their economic hardship. 48.4% report that they do not have enough nutritious meals.**

What day-to-day effects has economic hardship had on your life?

* From the Aid Recipients Study ** The amount is greater than 100% since it was possible to state more than one answer





32.6% of the elderly aid recipients reported that they cut back on food because of the COVID-19 crisis. 27.1% reported that their health deteriorated.

Growing old is accompanied by health changes that require the living environment to be adapted to the physical limitations of age. However, many old people must compromise on adapting their homes to their

condition because they cannot afford it. More than half of the aid recipients (53.8%) state that they require a home renovation to adapt it to their medical condition or health.

Do you require a home renovation to adapt it [1]to your medical condition or health (accessibility, repairs, cleaning, etc.)?

* From the Aid Recipients Study



53.8%

Yes



46.2%

No

The State of the Elderly During the COVID-19 Pandemic

Even before the COVID-19 pandemic broke out, the elderly population in Israel suffered from several unique problems pertaining to poverty and loneliness. With the outbreak of the pandemic and its subsequent ongoing crisis, these hardships were exacerbated. Many elderly people were forced to change their lifestyles in a way that adversely affected their physical and mental health. The need

for social distancing led to an avoidance of medical treatments and general neglect of health. Almost one third of the elderly aid recipients (27.1%) reported that their health deteriorated. Over one third of the elderly aid recipients (32.6%) cut back on food during 2021, and 22.1% admitted that their family could not afford to help them with money or necessities. Without this option, these elderly people

were left on their own, at the mercy of the overloaded welfare system, or to the support of third sector aid NGOs that serve as a social security net.

For the elderly population, the COVID-19 pandemic was both a physical and mental danger. The feeling of loneliness and depression that are already prevalent in old age, intensified due to the necessity of social distancing and the need to stay at home. Almost half of the

elderly aid recipients (46.4%) reported that they experienced a significant increase in feelings of loneliness, and almost one third of them (29.3%) reduced their social ties. One sixth of the elderly (16.6%) also reported that they are afraid of dying at home without anyone even knowing. This finding is a moral cry for the State of Israel and for Israeli society to support the ever-so vulnerable elderly population, especially during the health and economic crisis.

Which of the following factors affected you during the COVID-19 crisis?

* From the Aid Recipients Study ** The amount is greater than 100% since it was possible to state more than one answer



46.4%

I experienced a significant rise in feelings of loneliness



32.6%

I cut back on food



29.3%

My social ties decreased significantly



27.1%

My health deteriorated



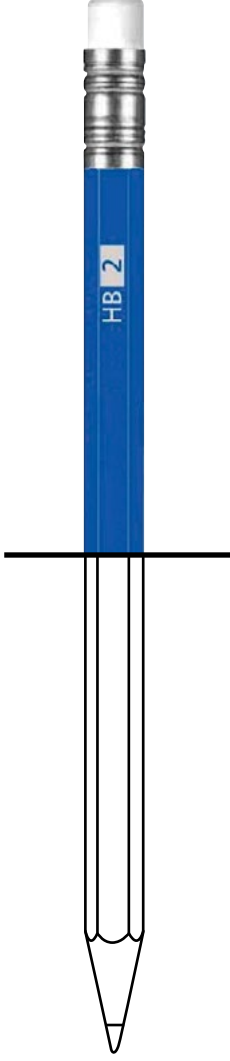
22.1%

My family couldn't afford to give me money or necessities



16.6%

I was afraid of dying at home and that no one would even know



69.2%

69.2% of the aid recipients do not have a high school diploma, 48.4% of who did not complete 12 years of study

0%

The rate of days that the Education system was completely open in the previous school year was 0%, in contrast to an average of 61% in OECD countries (Bank of Israel Report, 2021)

1,118,000

1,118,000 children, comprising 36.9% of the children in Israel, live in poverty

Education

45%

45% of the aid recipients stated that their children reduced the amount of food they ate or skipped meals during the COVID-19 crisis

73%

73% of the aid recipients stated that the COVID-19 crisis adversely affected their children's academic achievements to a large or very large degree, 1.6 times higher than the general population (44.4%)

75%

75% of the aid recipients stated that a shortage of computers made it difficult for their children to learn during the COVID-19 pandemic

73.6%

73.6% of the aid recipients stated that they couldn't afford to buy basic school supplies and schoolbooks for their children

51.6%

51.6% of the aid recipients did not send a 0-3-year-old child to preschool because they couldn't afford the requisite payments, a 12.7% increase since 2020

Education is the main engine for social mobility, socioeconomic development, and for overcoming the intergenerational burden of poverty. However, in the Israel of 2021, the state of the education system does not enable social mobility. **Compared to the other OECD countries, Israel is among the Western world's leading countries with regard to inequalities among children.** According to the Ministry of Education, a pupil from an affluent background has a five times greater chance of getting a high school diploma than a pupil from a low socioeconomic background. Poor children in Israel comprise 36.9% of all children in the country, a value that translates into an astounding number of 1,118,000 children who live in poverty (The Alternative Poverty Report, Latet, 2021). These disparities also manifest in the spheres of healthcare and mental wellbeing (UNICEF report, 2019). Israel thus surpasses numerous countries like Chile, Mexico, Lithuania, and the United States.

To all this, add the COVID-19 pandemic of the past year.

The pandemic exacerbated the socioeconomic inequalities in the Israeli society. **The first children to be heavily affected were those from families in the lower deciles, due to the number of days the education system was shut down.** Since there is a close connection between socioeconomic status and morbidity levels in a specific town, affluent towns achieved a “green” rating (according to the Traffic Light Model) and reopened schools quickly, while numerous towns with low socioeconomic ratings were “orange” or “red” and it took them longer to recover and reopen their schools (The Crisis Team of Experts, February 2021). For example, as of February 2021, in towns with a socioeconomic rating of 9 and 10, less than 1% of the towns were “red”, and pupils there promptly returned to school, compared to towns with a socioeconomic rating of 2 and 3, where over 50% of the towns were “red”, and the return to school took longer. All this without any policy measures taken by the state to prevent the gaps from widening among pupils who are more exposed to violence, neglect, and minimized social ties (Taub Center, 2020). Lost school days also have long-term ramifications for these pupils. Experts estimate that **every Israeli pupil is expected to lose approximately 3% of their wages during their lifetime due to the studies they lost during the COVID-19 pandemic** (Andreas Schleicher, Head of Education Department, OECD, 2020). Thus, the State helps to perpetuate future earning disparities and inequalities.

These data are added to the fact that the Israeli education system was closed for longer compared to the other OECD countries. Between the first and third lockdown in Israel, the education system was closed for approximately 40% of the time, compared to only 14% in other OECD countries. **In 2020-2021, the education system in Israel was completely open for 0% of the time, compared to an average percentage of 61% in the other OECD countries (Bank of Israel Report, 2021).** For children who do not have the means for remote learning, a warm home or

nourishing food, prolonged closure of the education system increases the chance of staying behind and perpetuating their condition.

Moreover, **children living in poverty often do not have access to computers or tablets for remote learning.** An analysis by the Chief Economist Division of the Ministry of Finance revealed that before the COVID-19 crisis **approximately 20% of pupils did not have a computer, and approximately 27% of the children did not have an internet connection**, the majority of these pupils being Arab or Bedouin. As part of the solution to this shortage, the Ministry of Education set a goal to distribute approximately 150,000 computers, modems, and data packages by the start of the 2020-2021 school year. The Ministry of Education indeed met this goal, although surveys among teachers and parents showed that at the end of the third lockdown, there was still a shortage of equipment and infrastructures to the degree that it was an obstacle to learning, and that the Ministry of Education did not have an accurate grasp of the magnitude of this shortage (State Comptroller, 2021).

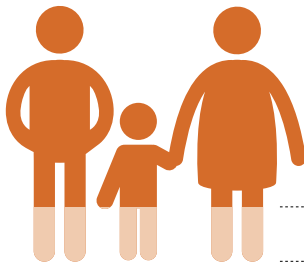
Numerous children who rely on meals the school provides, sometimes as the only hot meal they eat during the day, did not have access to these meals when the schools were closed. At the beginning of the COVID-19 crisis, only 18,000 of 400,000 children who depended on the meal program continued to receive food (Children's Rights Committee, October 2020). Despite discussions in the Knesset aimed at including the issue, these measures were not implemented due to the political instability. Even in August 2021, a year and a half after the outbreak of the COVID-19 crisis, no data on the number of children coping with nutritional insecurity during the pandemic was found in the various government ministries or local authorities (Knesset Research and Information Center, 2021). Shutting down the meal program severely adversely affected 774,000 (31%) children living in nutritional insecurity (The Alternative Poverty Report, 2021). In this context it's important to state that a child living in a state of nutritional insecurity may suffer from damage to his cognitive development, which will consequently affect his academic achievements and increase his chances of staying poor.

In summary, the COVID-19 crisis only exacerbated the education gaps. **The disadvantaged populations living in poverty were adversely affected in numerous aspects, while the affluent populations managed to significantly minimize the adverse effects on their children.** This is in addition to the ongoing neglect of the state institutions and the wide gaps that existed before the crisis.

POVERTY AND ECONOMIC HARDSHIP IN ISRAEL



Multidimensional Poverty Rate in Israel in 2021



Households

651,900 - 22.1%



Individuals

2,540,000 - 27.6%



Children

1,118,000 - 36.9%

We produced the poverty rates for 2021 by calculating the poverty rates in the sample and their adjustment to the latest data of the Israeli demographics.^{1,2}

1. Based on the most recent CBS data: A. The population of Israel in April 2021 from "Quantity - Statistical Abstract of Israel 2021" B. Distribution of the population according to ages - children aged 0-17 and adults aged 18-95 CBS, 2021. C. Number of households in Israel in which we used the average number of households in Israel according to the CBS - 2.71 million households and the figure according to the National Insurance Institute 3.2 million households (see: Population - Statistical Abstract of Israel - No. 72 Table 66.2. CBS, standard of living, poverty and inequality in income 2019-2018 and estimate for 2020, National Insurance Institute, 2021).
2. The poverty rates presented here for households, children, adults and persons are estimates based on the findings of the index, after correcting a missing sample of households with children in the Arab sector, and of families with many people. An extension on the subject can be found in the methodological chapter.

This is the seventh consecutive year that the findings of the Multidimensional Poverty Index, developed by the ERI Institute for Latet, have been published. As opposed to the official poverty line, which defines and subsequently measures poverty solely on the basis of households' income, the Multidimensional Poverty Index relies upon a completely different approach to the meaning of poverty.

According to the index guiding principle, in order to assess whether a household is in a state of poverty, three fundamental questions must be answered:

1. What are the basic needs adults and children require in order to live with dignity in Israel?
2. How does one evaluate the extent of the household members' deficiency in relation to these needs?
3. At what rate of deficiency in the various aspects of life should a household (with all of its family members) be defined as living in poverty?

In other words, the Multidimensional Poverty Index defines poverty as a state of extreme deficiency in relation to the needs and conditions vital for maintaining a dignified life. More specifically, the index defines the degree

of a household's deficiency in relation to 5 components which constitute, in our opinion, a person's welfare: **housing, education, health, nutritional security** and **the ability to cope with the cost of living**.

Using a representative sample of Israeli households, we measured this year's general poverty rates in Israeli society during the month of August 2021. The measurement was made at the beginning of the fourth wave of the COVID-19 pandemic, with the announcement of the cancellation of the unemployment leave for those aged 45 and under and before the cessation of payments. As in previous years, the poverty rates found by the Multidimensional Index are significantly higher than the National Insurance Institute's index.

A household consists of one person or a number of people who form together one financial unit – generally members of one nuclear family. The full explanation regarding the scientific methodology of the Index and the updates that were made to it appear in the Hebrew report in the link: https://www.latet.org.il/worlds/latet_change_awareness/



**22.1% (651,900) of households in Israel live in poverty,
of which 36.9% (1,118,00) are children**

How to Read the Index?

The Multidimensional Poverty Index presents two types of data:

1. Data about the rates of deficiency in each of the five components mentioned earlier: housing, education, health, nutritional security and the ability to cope with the cost of living.
 - The index awards each household a score indicating its deficiency rate in relation to a specific component. The deficiency score ranges on a scale from 1 to 5, based on the following classification:
1 = Very severe deficiency
2 = Severe deficiency
3 = Deficiency
4 = Slight deficiency
5 = Lack of deficiency
 - In the following findings, we will present the rate of households and individuals living in deficiency in relation to each of the components based on the aforementioned scale. This rate constitutes an assessment of the real deficiency rates within Israeli society.

2. Data about the rate and number of those living in poverty:

- The index gives each of the surveyed households a combined score, which determines whether they are living in **severe poverty, poverty** or **lack of poverty** based on the rate of deficiency they experience in each of the five components.
- In the findings presented below, we will present the rate and number of households, children and individuals (adults and children) who are living in poverty. This rate constitutes an assessment of the real poverty rates within Israeli society.

We will present the shortage rates at the household level, as well as the rate of shortages in each dimension. In most dimensions, higher overall deprivation rates were found at the level of persons than at the household level - indicating higher deprivation rates among large households.



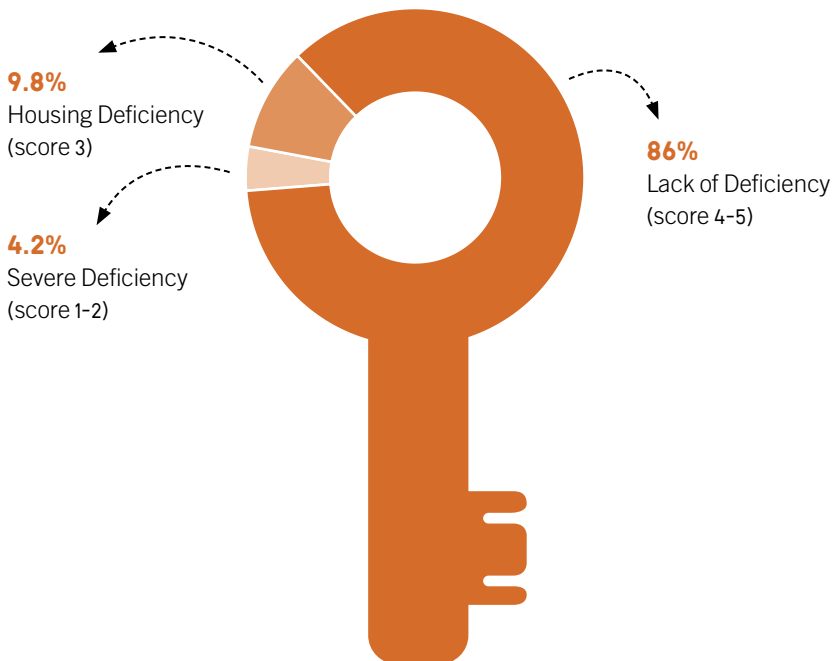
Because the Multidimensional Poverty Index estimates poverty by measuring shortages in different areas of life, it has a low sensitivity to short-term changes and is a conservative assessment of poverty data. Therefore, and in light of the economic crisis created by the COVID-19 pandemic, below we will present a supplementary index that provides a snapshot of the changes that occurred during the COVID-19 crisis.

Housing

The housing score is calculated based on five indicators:

- 1. Basic situation:** do the household members have a roof over their heads?
- 2. Density:** the average number of persons per room and the existence of separate rooms for parents and children (over the age of 3).
- 3. Quality:** the existence of severe malfunctions in the house that are not repaired due to financial reasons.
- 4. Accessibility:** the absence of financial ability to make the house accessible for a household member who requires it (for example: lack of wheelchair access, lack of adapted shower stall, etc.).
- 5. Vulnerability:** the degree to which household members are at risk of losing their home for financial reasons.

Deficiency Rates of Households in Housing



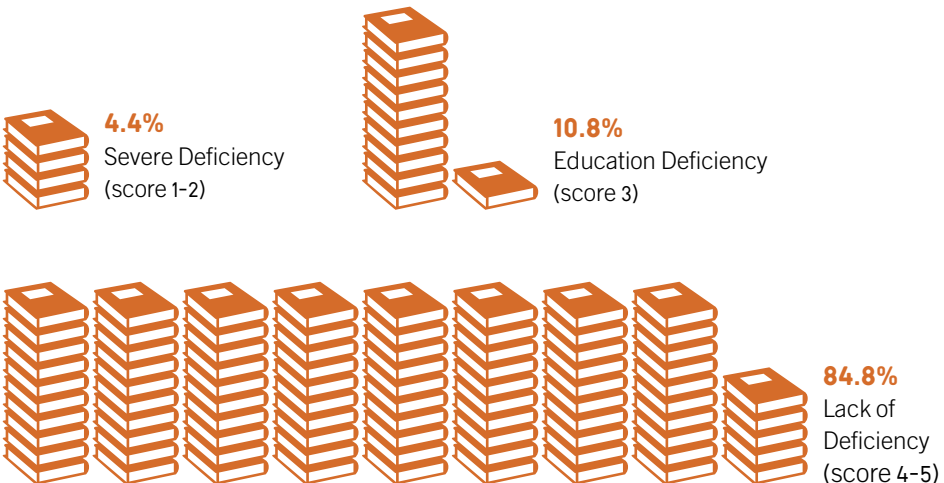
Total of Households in Deficiency – 14%
Total of Individuals in Deficiency – 20.5%

Education

The education component is based on the weighting of two factors:

1. The **adult's education** factor, which includes two indicators (weighted according to the adult with the lowest level of education in the household):
 - The level of formal high school education among adults (over the age of 18) in the household; and the extent to which they are currently giving up on completing their education due to financial reasons.
 - The extent to which young adults in the household (ages 18-44) are giving up on higher education due to financial reasons.
2. The **children's education** factor, which includes two main indicators:
 - Children's absence from school due to the financial situation.
 - Forfeiting essential educational needs based on the children's age, such as extracurricular activities, trips, private tutoring lessons, basic school supplies, due to financial reasons.

Deficiency Rates of Households in Education



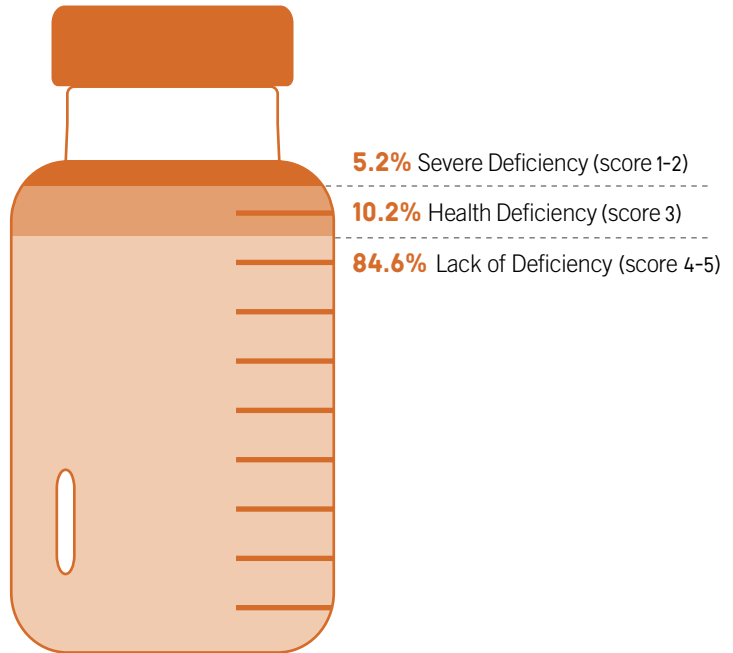
Total of Households in Deficiency – 15.2%
Total of Individuals in Deficiency – 20.7%

Health

The health component is based on four indicators:

1. The financial ability to pay for medical services necessary for the functioning of the household members.
2. How often do household members forgo medical services essential to their functioning, due to a lack of access to the treatment (such as long wait lists and distance).
3. The financial ability to purchase complementary or private insurance for household members who need it).
4. The functioning of the household members was impaired due to an inability to pay for nursing care or essential medical equipment.

Deficiency Rates of Households in Health



Total of Households in Deficiency – 15.4%
Total of Individuals in Deficiency – 18.2%

Nutritional Security

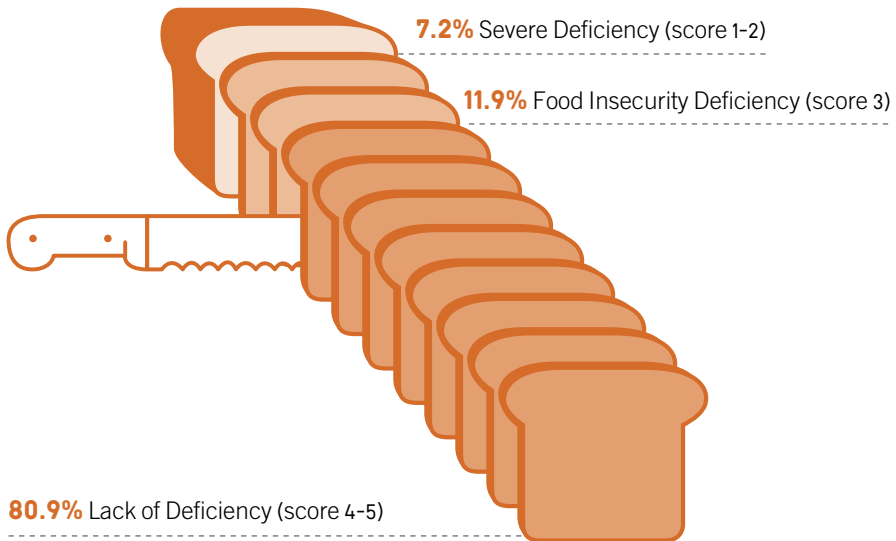
The deficiency rates regarding this component are based on the questionnaire developed by the U.S. Department of Agriculture³. The questionnaire assesses the level of households' nutritional security, using 6 questions (shortened questionnaire based on a 18-questions survey) that examine the accessibility to an adequate quality and quantity of food. The questionnaire assigns each household a score that is divided into 3 categories of nutritional security: nutritional

security (0-1 positive answers), low nutritional security (2-4 positive answers), very low nutritional security (5-6 positive answers).

We translated the different categories into the terms used by the Multidimensional Poverty Index, as follows:

- **Nutritional Security** = lack of deficiency
- **Low Nutritional Security** = deficiency
- **Nutritional Security** = severe deficiency

Deficiency Rates of Households in Food Security



Total of Households in Deficiency – 19.1%
Total of Individuals in Deficiency – 20.6%

3. Guide to Measuring Household Food Security – Revised 2000 – Bickel et al, USDA

Cost of Living

In order to estimate deficiency in relation to this component, we relate to two types of indicators, based on the severity of the inability to cope with the cost of living and meet the basic living conditions:

1. "Hard" Indicators:
 - Late payment of bills.
 - Electricity/water cut off due to failure to pay bills.
 - Late payments of debts.
 - Eviction from home, foreclosures or legal procedures due to arrears.
 - Lack of clothes and shoes in the right size and proper condition.
2. "Soft" Indicators:
 - Lack of financial ability to cool the house with air conditioner .
 - Lack of financial ability to go out for entertainment (movie, sporting event, etc.) at least once every three months.

Deficiency Rates of Households in Living Conditions



Total of Households in Deficiency – 19.1%
Total of Individuals in Deficiency – 21.2%

The Effect of the COVID-19 Crisis on Economic Hardship

The COVID-19 pandemic, which broke out at the beginning of 2020 shook the job market and drastically lowered the standard of living of numerous families, even causing some to slip into poverty. The socioeconomic crisis and concurrent health crisis still prevail in Israel, and even after a year and a half, it is still too early to assess the full extent of the damage to the economy and society. The Multi-Dimensional Poverty Index is not sensitive to short-term changes, and therefore it isn't enough in order to highlight trends in the socioeconomic status of families in Israel that occurred during the pandemic. Subsequently, in 2020, the ERI Institute and Latet developed the Economic Hardship Index, which is fairly sensitive to these fluctuations. It was also decided to measure economic hardship this year, concurrent to measuring poverty according to the multi-dimensional index in order to get a more comprehensive picture of the changes that occurred as a result of the COVID-19 crisis.

What comprises the Economic Hardship Index?

Economic hardship is assessed using at least one of these indicator groups. Each of them is sufficient in order to characterize a family as suffering from economic hardship. The indicator groups are:

1. Income - Households with a disposable income per capita of less than half of the median income are in economic hardship. This indicator is based on the National Insurance Institute's definition of the poverty line⁴.

2. Lack of basic conditions - Since the Income Index reflects only a portion of the material

resources at the household's disposal, it is not enough to attest to an actual scarcity the households suffer from, especially not the economic hardship they are experiencing.

Therefore, an additional indicator group was added that refers to significant things the families have had to forego due to their financial situation. Six indicators were selected that are most indicative of a crisis, meaning that they may change in a relatively short period of time. These things that families have had to forego are difficult, severe and seriously adversely affect the family's living conditions. In light of the effect of the crisis on Israeli society as a whole, and the adjustments the majority of the population have been required to make, only households that are in 3 or more of the 6 situations were defined to be in economic hardship. The situations that were included are: (1) foregoing the purchase of essential food products (2) foregoing necessary medical treatments or the purchase of medication (3) lateness in paying regular household bills (4) not paying back debt (5) foregoing the purchase of children's basic school supplies (6) requiring aid or assistance from an external body (welfare departments, aid NGOs, etc.).

3. Subjective hardship - The second group of indicators refers to the sense of subjective economic hardship, along with an income level that is below 6,000 ILS per capita. The income criterion is meant to remove from the equation households that are relatively financially well-off, who have had to make adjustments to their lifestyle due to the crisis.

4. The formula calculating the poverty line refers to the National Insurance Institute's official definition based on a report of the incomes found in this study.

Economic Hardship is Assessed Using at Least One of the Indicator Groups:



Income

An income that is less than half the median income per capita, in other words, under the official definition of the poverty line.

Or



Lack of Basic Conditions

Financial scarcity leading to foregoing three or more significant things in fulfilling essential needs.

Or



Subjective Hardship

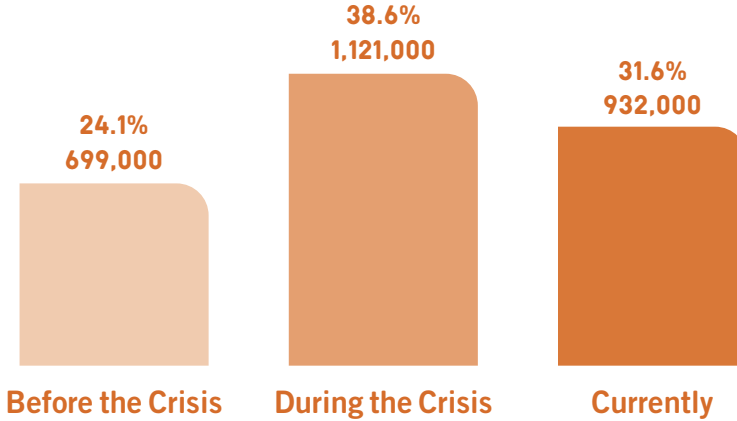
Reporting economic hardship combined with an income under 6,000 ILS per capita.

The Status of Economic Hardship in Israeli Society

A combination of the three indicator groups (income, shortages, and subjective hardship) comprise the state of affairs of economic hardship in Israel. The COVID-19 pandemic and the subsequent economic crisis have led to a significant increase in economic hardship during 2020. The number of households experiencing economic hardship skyrocketed from 24.1% (699,000 households) before the crisis to 38.6% (1,121,000 households) during the crisis in October 2020 (an additional 422,000 households

experiencing economic hardship). In 2021, subsequent to the fragile and cautious recovery we are witnessing, the percentage of households experiencing economic hardship decreased somewhat to 932,000 households (31.6%). However, the strong influence the crisis had on the higher rates of economic hardship is evident in the 233,000 households who were added to the cycle of economic hardship compared to before the COVID-19 crisis.

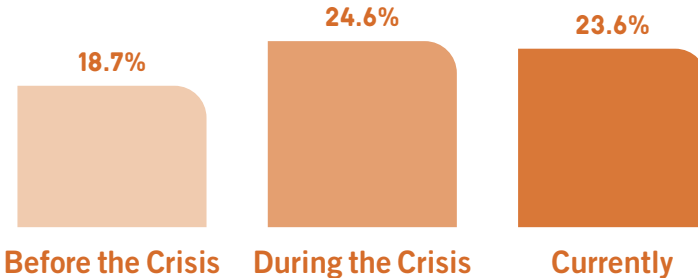
Economic Hardship Rates Among Israeli Households



The Households Earning Less Than Half the Median Per Capita

According to the Income Index measured in this study, 18.7% of the households in Israel lived under the poverty line before the crisis.

This rose to 24.6% during the crisis in October 2020, and remained relatively unchanged in 2021 (23.6%).





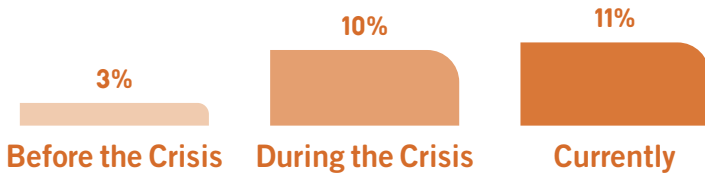
The percentage of households that had to forego medical treatment or medication doubled during COVID-19, and have remained the same ever since

The Percentage of Households Who Had to Forego at Least 3 Out of 6 Things

Income alone is one indicator of a deterioration in financial status, but it is not enough to attest to the real scarcity from which the households suffer. So, another way to assess damage to financial status is to examine the damage to the household's ability to fulfill the basic needs to live in dignity. Moreover, the household's need for aid from an external entity such as welfare

or an NGO, attests to the severe hardship the family is experiencing in fulfilling basic needs.

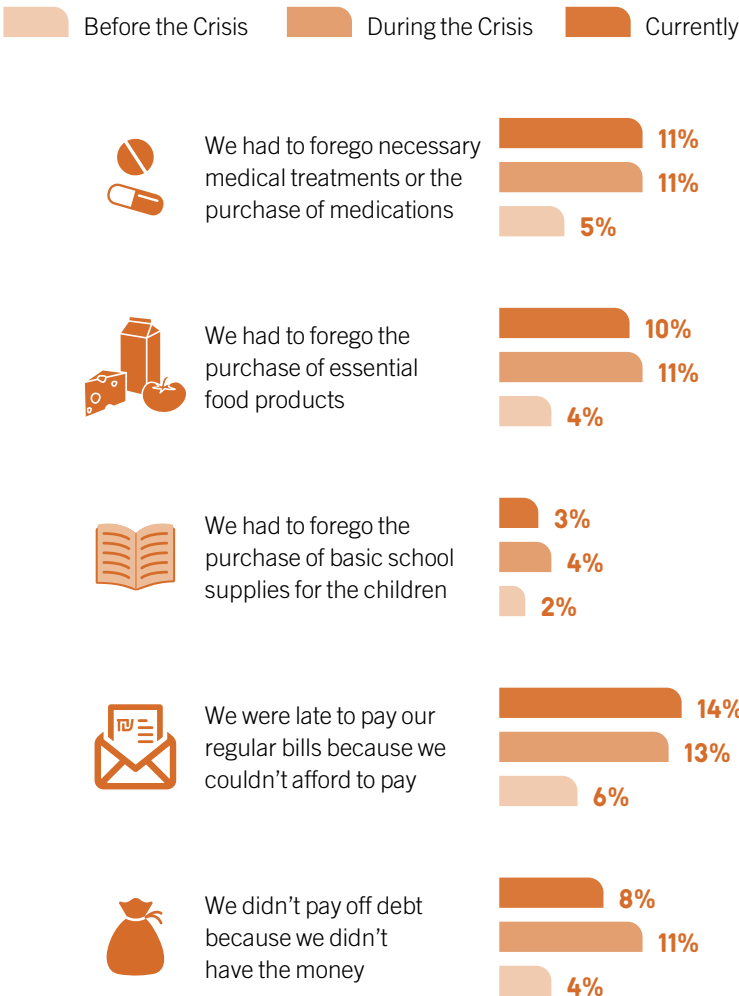
Similar to the Income Index, the percentage of households who had to forego 3 or more out of 6 significant things they were asked about, rose from 3% before the crisis to 10% during the crisis, and remains around the same now - 11%.



Households Foregoing Basic Needs

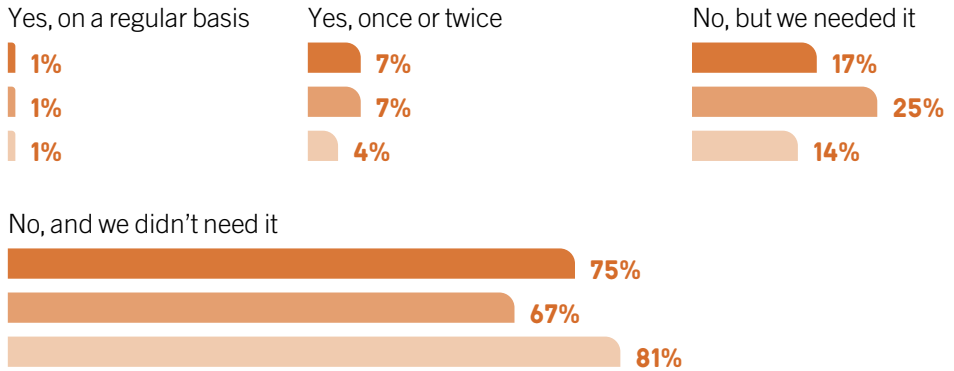
The percentage of households that had to forego medical treatment or medication doubled during the COVID-19 crisis, and have remained the same ever since. The percentage of households who were late to pay their regular household bills increased from 6% before the crisis to 13% during the COVID-19 crisis, and has remained similar

every since (14%). The need for aid from external entities dropped significantly compared to during the crisis in October 2020, from 33% to a current 25%, but it is still significantly higher than the situation before the COVID-19 crisis (19%).



Did you need or receive aid from an external entity?

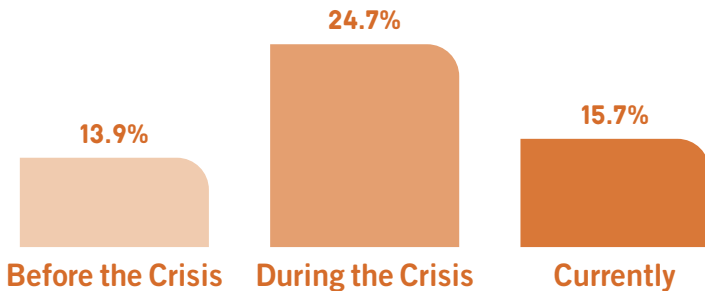
Currently During the Crisis Before the Crisis



***** The percentage of households that are almost in poverty (lower class) rose from 16% during the crisis to a current 23.6%.

The Number of Households That Reported Mild or Severe Economic Hardship

One of the manifestations of adverse effects to economic status refers to the subjective sense of hardship often caused by helplessness when facing the economic difficulties the family experiencing. According to this indicator, the financial situation improved when compared to during the COVID-19 crisis. While 24.7% of the respondents reported mild or severe economic hardship during the crisis, only 15.7% reported such hardship this year, similar to the situation before the COVID-19 crisis.



Changes to Economic Status Due to the COVID-19 Crisis

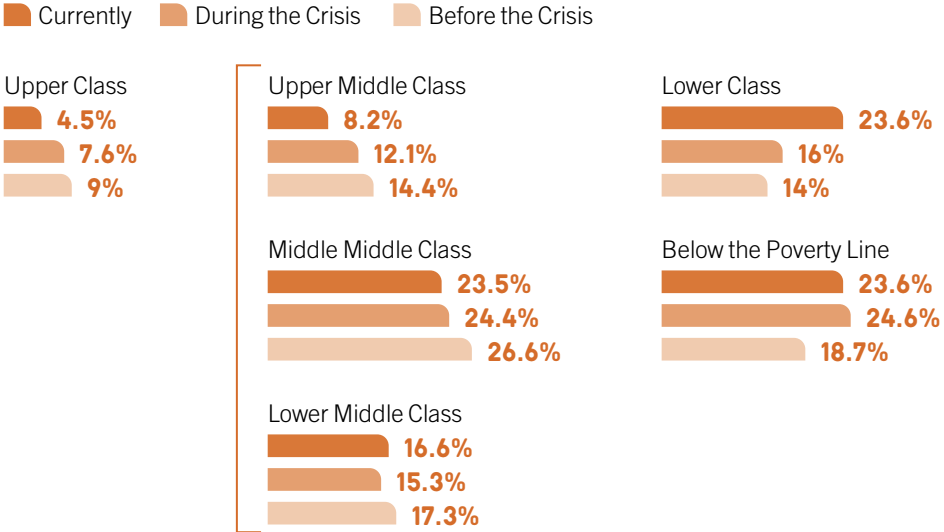
When households in Israel are divided into six categories according to economic status, an interesting picture emerges about the changes that took place in society. The categories are: upper class, three categories of middle class (upper, middle, and lower), lower class, and those living in poverty. The division into classes is based on the report of the household's net income and according to the OECD's criteria (2019)⁵.

While the percentage of households under the poverty line did not change significantly since October 2020, an in-depth look at the data

shows that the percentage of families that are at risk of slipping into poverty has increased. The percentage of households that are almost in poverty (lower class) rose from 16% during the crisis to a current 23.6%. Moreover, during the COVID-19 crisis the middle class (upper, middle, and lower) decreased by 17.1% from 58.3% of Israeli society before the crisis, to a current 48.3%.

*** Since the COVID-19 crisis broke out, the middle class decreased from 58.3% to 48.3%.**

Class Distribution of Households in Israel According to Income

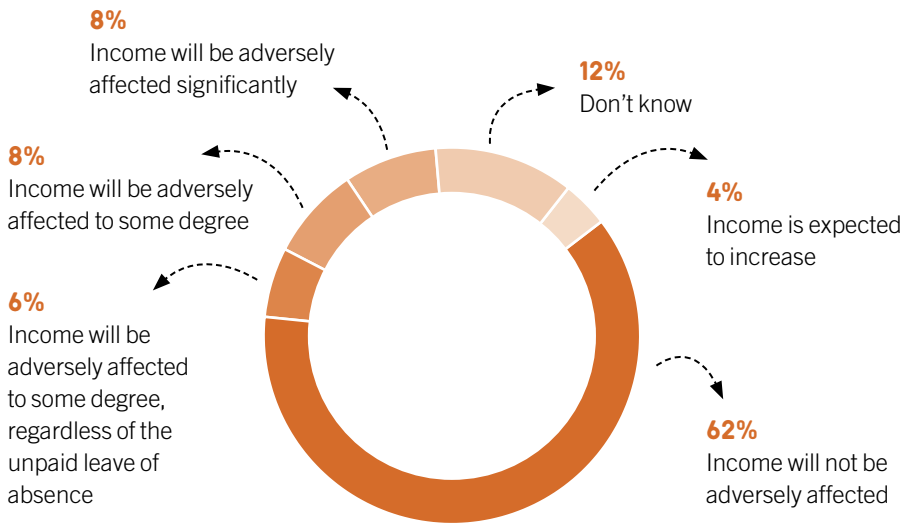


5. A segmentation of the classes according to percentage of per capita income of the country median: Upper class - over 200%, upper middle class - 150%-200%

The study we conducted this year was conducted, as stated, before the unpaid leave payments were discontinued. With regards to the economic characteristics of the respondents, it emerges that the majority of those affected come from households that are already in economic hardship, or households that are close to economic hardship. 38% of the households that reported that they would be adversely affected by the discontinuation

of the unpaid leave payments (approx. 6% of the entire population) are close to the poverty line according to income⁶, in other words, in the lower class. Hence, there is reason to believe that the discontinuation of unpaid leave payments that occurred after the date of the study deepened the degree of economic hardship of households that were already experiencing hardship, and added families to this circle.

Damage to Households From the Discontinuation of Unpaid Leave Payments



6. Between half the median and 75% of the median income per capita

In summary, from this study it emerges that the increase in the rate of economic hardship during the socio-economic crisis caused by the COVID-19 pandemic started a process of economic recovery during 2021, but not completely - numerous families are still experiencing the repercussions of the economic crisis. By observing the three indicators of economic hardship separately, it can be seen that most of the improvement in the economic hardship dimension stems from the subjective feeling of the economic situation (in the other two indicators no significant decrease was noted). We estimate that the improvement in the rates of economic hardship can be attributed mainly to a

decrease in the degree of uncertainty that characterized the previous measurement period. Perhaps also the recovery of sectors in the market, as part of the process of exiting the economic crisis contributed, but there is no evidence in this study. However, despite the decrease in the rates of economic hardship, it's important to note the concerning increase in the percentage of households that are "nearing poverty", in other words, in immediate danger of slipping into poverty. Stopping the unpaid leave payments may significantly adversely affect mainly this group, and perhaps the rates of poverty and economic hardship even increased since they were measured in this study.



16% of households (approx. 470,000 households) estimated that their income would be adversely affected by the discontinued unpaid leave payments. Most of the affected people are experiencing economic hardship or are close to it

Thank You

Latet seeks to express its deep appreciation to all those who have supported and contributed to the success of the research and production of the Alternative Poverty Report for 2021.

We would like to thank **MAZON**: A Jewish Response to Hunger, for supporting our advocacy efforts and the publication of the Alternative Poverty Report.

To Shani Asher, for writing the report and assisting in its production.

To Naama Yardeni, for the production of the report, its editing and close guidance in writing.

To Olga Braverman, for support in the production and writing of the report.

To Anat Leshem, for the ongoing accompaniment and guidance.

To the research institutes, **rotem ar.** and **ERI**, for accompaniment, professional advice, and the collection and analysis of findings.

To the Studio Keren & Golan, for designing the report.

To Ilana Poor and Zohar Baneth, for the design and branding of the report.

To Dvora Katz-Helfer and Snir Shedo, for the work with the partner NGOs and the support required for the report.

To the directors of the NGOs throughout the country, for their support of the preparation of the report, and for their partnership in the fight against poverty, providing assistance to people in distress, with endless devotion.

To the brave people and families, who despite the difficulty, agreed to reveal their way of life and living conditions in order to attest to the face of poverty in Israel 2021, and thus be a partner in the effort to influence and change the social reality in Israel.

The Hunger Line

Nutritional insecurity is the most severe indicator of poverty, manifesting in a lack of financial ability and accessibility to the basic food needed to maintain a normal and balanced life (UN Food and Agriculture Organization).

From the status report on nutritional insecurity presented here in the Alternative Poverty Report 2021 it emerged that in Israel, 633,000 households (21.8%) live in nutritional insecurity, of which 292,000 (10.1%) live in severe nutritional security. Compared with the findings of the food security survey conducted by the National Insurance Institute (2018), around 120,000 families have joined the circle of families living in nutritional insecurity since 2018, of which around 40,000 are in a severe state.

Parallel to this, Latet have examined the minimal monthly cost required to purchase a basic food basket from the cheaper supermarket chains to ensure subsistence, in accordance with recommendations from the Ministry of Health. This research into the monthly budget needed by a family to reach a state of basic nutritional security and their actual expenses in practice showed the economic gap between these and reveals the financial ability of the family to purchase food. According to the study, a family of five needs at least 3,186 NIS per month to purchase the food that will place them in nutritional security. This amount is expressed as the 'hunger line'.

However, the actual household food expenditure of the bottom quintile stands at 2,277 NIS (CBS Expenditure and Income Survey, 2018) and 2,201 NIS amongst aid recipients (Latet's Alternative Poverty Report, 2021). This presents a gap of almost 1,000 NIS between the 'hunger line' – the minimal amount required for nutritional insecurity – and the actual food expenditure of families living in poverty. This gap illustrates how the problem of nutritional insecurity arises: as food is considered a flexible expense, when the family needs to address other basic needs such as rent or taxes, food is purchased with however much money is left over.

In order to provide the 292,000 families living in severe nutritional security with food worth 500 NIS per month (half of the money they are missing), 1.7 billion NIS is needed per year. In order to meet the entire need, the budget required stands at over 3 billion NIS. The scope, nature, and severity of the problem demonstrate that it is the responsibility of the State to address the issue, and that only the government has the necessary resources to provide a systemic response to the need.



LATET תלת