

The impact of Covid-19 on the poorest

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ENDING
EXTREME POVERTY
WHATEVER
IT TAKES

Research Paper 1 - Volume 1 OVERVIEW OF FINDINGS

Following the rapid escalation of the Coronavirus disease (Covid-19) in early 2020, it was declared a public health emergency of international concern at the end of January, and a Pandemic on 11 March, by the WHO¹. Although global in nature, the pandemic unfolds in different ways in different countries, and it has become quite apparent that adopting a globally standardised set of interventions can have unexpected and disproportionate impacts on the poorest people in the poorest regions. While the immediate health impacts remain the primary focus of attention in many countries, these secondary impacts are becoming increasingly apparent, requiring urgent attention. This piece draws on a series of case studies from four countries where Concern Worldwide works, Bangladesh, Malawi, Somalia and Sierra Leone. The report itself focuses on the secondary impact of Covid-19 and the in-country response on people's livelihoods, their access to food, changes in prices, and their access to health care and children's access to education. It also looks at how people are coping and how they have engaged with formal support programmes that have been provided.

1.0 Country Overview

As Table 1 shows, the official recorded figures for the number of cases and deaths in each of the countries in question is relatively low but runs against the perception that the virus is much more widespread and had been circulating in the communities for quite a long time.

Table 1 Official Cases and Deaths from Covid-19

	# Cases	# Deaths	Population
Bangladesh	304,583	4,127	164,689,383
Malawi	5,496	173	19,201,940
Somalia	3,275	95	15,893,222
Sierra Leone	2,013	70	7,976,983

Note: Covid 19 data taken from <https://coronavirus.jhu.edu/map.html>. Population data take from <https://www.worldometers.info/world-population/population-by-country/>. Both accessed on 28 August 2020.

The initial response in all countries was swift and followed a similar pattern. In Bangladesh, a 10-day shutdown effective from March 26 was declared². This was described as a nationwide holiday; travel on water, rail, and air routes was banned, and road-transportation suspended, while all non-essential organisations, businesses, and educational institutions were to close. Following the declaration, many people from the cities started to leave the urban areas by various means, including overcrowded public transport services.³ People were advised to practice social distancing and the wearing of facemasks was made compulsory. Elements of the response have drawn praise, particularly in terms of the scale-up of social protection with an estimated 15.3% of the population covered⁴ though this predominantly covers rural areas.

Bangladesh is considered to exemplify the triple economic blow that many countries have suffered from Covid-19: domestic slowdown caused by the disease and the efforts to contain its spread, a sharp decline in exports, and a drop in remittances⁵. Some estimates suggest that remittances, the second-largest driver of the Bangladesh economy, could decrease by 20 percent in 2020⁶. Overall, this has the potential to double the country's poverty rate, pushing it to over 40 percent.

The Government of Malawi declared a State of National Disaster on 20 March. Early prevention responses from the government included the suspension of all formal meetings, gatherings and conferences, with the president announcing a 21-day lockdown starting Saturday 18 April, that was subsequently reversed by the high court to allow for more consultation to prevent harm to the poorest and most vulnerable of society. Large-scale political rallies went ahead in this period ahead of a presidential election. In early August, the new government introduced several measures including the mandatory use of masks in public areas, limiting public gatherings to no more than 10 people, and limiting of funerals to a maximum of 50 people, though this was subsequently amended to allow church gatherings of 100 people. In addition, markets, shops and businesses in close proximity to hospitals were to be closed and a 2 to 8 pm operating time for entertainment venues that only allows for takeaway purchases was introduced.⁷ People found not to be wearing facemasks face a fine of up to MK 10,000. While the macro level economic impacts of the crisis are still unfolding, the worst impact is expected in the informal economy, with poverty forecasted to increase by up to 4.9 percentage points in urban areas and 2.2 percentage points in rural areas⁸.

In Somalia, the government formed a task force to respond to Covid-19 and announced that schools and universities would be closed for 15 days effective from 19 March and that large gatherings were prohibited. Despite this, people have continued to gather in crowded areas. This order was subsequently extended and it is estimated that the closure of schools has left more than one million children with no access to education. Somalia's healthcare infrastructure is weak, ranking 194th out of 195 in the Global Health Security Index, meaning any health-based response would be challenging. Combined with extensive flooding (with 412,000 people recently displaced), dry spells, a locust invasion and a risk of further conflict escalation this creates a fragile humanitarian situation with 3.5 million people expected to face acute food insecurity between July and September 2020⁹. The Government is projecting an 11% decline in GDP through 2020, while remittances, received by an estimated 40 percent of Somali households, have dropped by as much as 50 percent.¹⁰

The Sierra Leone government has implemented what is perceived as a relatively well-organised national response, albeit with room for improvement in some de-centralised actions. A 12-month State of Emergency came in to force on 25 March, and included a series of short three-day lockdowns and limitations on inter-district travel, alongside a curfew from nine in the evening to six in the morning. Schools were closed on the 31 March 2020 and the wearing of facemasks becoming compulsory from 1 June. On 10 July, as part of a partial lifting of restrictions, the president announced that places of worship could reopen from 13 July and that air travel could resume from the same date. Exam classes returned to school on 1 July for four weeks, with primary schools due to return in early October. However, the pandemic is compounding a challenged economic situation already severely affected by currency depreciation, rampant inflation and curtailed economic activity¹¹.

2.0 Methodology

The research is based on a series of case studies across the four countries. In total, 30 people have been included in the exercise (17 men and 13 women), and all are participants in Concern Worldwide programmes. Respondents are reasonably equally divided between those living in urban (16) and rural (14) areas. To date each respondent has been interviewed three times.

Table 2 Distribution of Participants, by Gender and Location

	Male	Female	Urban	Rural	Country Total
Bangladesh	3	2	5	0	5
Malawi	8	4	4	8	12
Sierra Leone	3	4	1	6	7
Somalia	3	3	6	0	6
Total	17	13	16	14	30

The first round of interviews took place between 24 June and 13 July, the second in mid July and the third in early August, with a fourth round of data collection planned with the same respondents in September (see Table 3 for details of data collection dates in each country). Interviews were administered face to face where possible (in rural areas of Malawi, Sierra Leone and Somalia) otherwise via telephone (in Malawi (urban) and Bangladesh). Data was collected using a qualitative data checklist in the appropriate local language; responses were subsequently translated and transcribed into English. When undertaken face-to-face, interviews followed strict social distancing guidelines.

Table 3 Dates of data collection, by country

	Round One	Round Two	Round Three
Malawi	30.06 – 03.07	14.07 – 17.07	07.08 – 10.08
Sierra Leone	29.06 – 13.07	13.07 – 17.07	03.08 – 18.08
Somalia	23.06 – 28.06	15.07 – 22.07	03.08 – 06.08
Bangladesh	24.06 – 27.06	09.07 – 14.07	27.07 – 15.08

A note on exchange rates

Throughout this paper we have used the local currency, the following provides an overview of what one €1 and US\$1 will purchase in the local currency

	€1	US\$1
Bangladesh Taka (BDT)	100.4	84.9
Malawi Kwacha (MK)	885.6	748.9
Sierra Leone (Le)	11,526.4	9,747.5
Somalia (Shilling)	690.6	584.0

3.0 Findings

Across the four countries, knowledge levels on Covid-19, its symptoms and how to prevent its transmission remain consistently high. This comes from a variety of sources including public address vehicles and various forms of community messaging, mobile phone texts and voice messages, radio and television (though this was more the case in urban areas), with one respondent in Bangladesh observing how “*it’s always on the TV*”. Health workers and NGO caseworkers have provided messaging on washing hands with soap in a number of contexts. Information is also spreading through word of mouth and people’s interactions at markets. In some early instances, particularly in Somalia, men appeared to be better informed than women were. Even though this was an isolated occurrence, it does underline the need to ensure that messages are designed and delivered in a way that are accessible to all.

Large volumes of information about a global pandemic and its potential impact have led to increased feelings of fear, something apparent from the early response received across all countries. In June, in Somalia, one of the women spoken to highlighted how, even though she did not know much about Covid-19, she “*had heard people saying that it is a killer disease that affected people and kills instantly*”. Similar perceptions were heard at this time in Bangladesh, here, one of the men explained, “*I think if we do not tread carefully, or neglect this, then death will be inevitable, no one will live through this*”. In Malawi, one respondent highlighted how “*this disease has claimed lives of more than 20 people in this country as it has no cure.*” This has been reinforced by the restrictions people see, in Sierra Leone, one man in Tonkolili explained how “[previously] *there was this fear in us where they checked our temperature at the checkpoint during the lockdown which stopped us travelling*”. While the rumours and stories people hear also add to this; in Malawi, respondents spoke about how a child had suffocated wearing a mask in a nearby village; in Port Loko (Sierra Leone), one respondent explained how “*because of the hardship during this Covid-19, somebody committed suicide in Port Loko town*”. While these stories were unsubstantiated, the fact that people continue to relate them suggests they influence how they feel about the pandemic.



Covid-19 messages are displayed in words and in images to ensure easy understanding. Lilongwe, Malawi. Photo: Henry Mhango / Concern Worldwide.

While there are high levels of “correct” knowledge amongst those spoken to, some interesting misinformation also appears to be circulating. This includes how “*corona virus do not survive in hot weather, it dies*” (in Malawi), “*you should not take cold water or anything cold*” (in Bangladesh) or “*if you eat sour things, that virus can no longer attack*” (also in Bangladesh). A particularly interesting perspective on the changing nature of the disease came from Bangladesh, where one woman in Dhaka identified “*The virus doesn’t seem to affect poor people like us, it is mostly spreading among the rich. Whenever I turn the television on, I see only rich people dying after being infected by the virus. These people are the ones advising us to follow health guidelines although they don’t follow guidelines themselves.*” Another common misunderstanding, particularly prevalent amongst men, was you should “*visit the hospital when you are sick*” [male respondent, Tonkolili, Sierra Leone] rather than quarantine.

However, perhaps of most concern is the impression emerging from all countries that *Covid is over*. The easing of lockdowns, discussions on the potential development of vaccines and the relatively low levels of infection and death (at least according to official figures) contribute to a situation where people feel that the worst of the pandemic has passed. As early as July, respondents in Somalia were identifying that “*the disease was ending*” and in Bangladesh that they were “*hearing from people talking in the shops that corona is slowly becoming weak*”. Also in Bangladesh, others explained how they were no longer worried as they “*Heard a needle [vaccine] has been invented to save people from corona. People are talking about it while drinking tea in the tea-shops and saying corona is over*”. This does lead to a certain sense of apathy, with one woman in Port Loko (Sierra Leone) describing how the restrictions and behaviour changes were “*becoming boring*”.

Even though levels of knowledge are high, this does not automatically translate into changes in behaviour. While people have tried to follow the guidelines, adopting new behaviours can be difficult; in addition, in the contexts in question, the Extreme Poor face a variety of challenges, including covering the costs related to this, lacking the space to follow physical distancing guidelines and increasingly, no longer seeing this as relevant or important.

“Even when watching movies we ensure social distancing, the social distancing is part of us now and sometimes we joke over it”

(Female Respondent, Freetown, July 2020)

Adopting new behaviours has been challenging for those included in the exercise. In Malawi respondents described how they “*were not used to*” the frequent washing of hands, with others observing, “*we sometimes forget to wash hands frequently*”. This can be a particular issue with children, as one respondent in Lilongwe noted, “*the greatest challenge has been getting children especially the youngest ones to get used to washing hands regularly*”. Interviewees also spoke about how wearing face masks was presenting problems, with one man in Malawi relating how “*this mask wearing thing is very discomforting, it’s hard to wear a mask all times you are walking and elderly people are really finding difficulty in breathing*”. Another man highlighted how “*some shun wearing masks ... those [doing this] are men; you know us men we take time to accept a certain change*”.

The reality for many is that they cannot afford to follow the guidelines. Not just in terms of buying the materials, but also in terms of the opportunity costs of foregoing earned income by staying at home or restricting their movement. One respondent in Lilongwe (Malawi) highlighted “*We cannot afford to allocate a tablet of soap for only handwashing and the*

other options like, hand sanitizers are expensive". An older woman in Port Loko (Sierra Leone) described how, when faced with a choice, she would *"prioritize her daily sustenance rather than buying a face mask"*.

"Those who can afford it stay at home; those who cannot afford it go out"

(Male respondent, Chattogram, June 2020).

A similar response was received in Bangladesh, where one respondent explained *"Sometimes not everything can be complied with ... I have to work and provide food. If you don't work, the family will starve. When it comes to work, you have to mix with a lot of people"*.

A second element, most obvious in higher density urban settings or IDP camps, but also important for those attending markets in rural towns, is the lack of space to follow the social distancing guidelines. In Bangladesh, respondents spoke of how petty traders and rickshaw drivers come into close contact with their customers, one man who sells fruit outside the train station in Dhaka explained how he has to interact with many people if he wants to do business *"a lot of customers come, I have to talk to the customer. Even if they don't buy it, they ask how much this fruit costs, I have to talk to them. It is not always possible to maintain distance"*. In the same city, a factory worker pointed out how *"during work where's the time to follow these guidelines? Those of us who work together bring one bottle of water and share it, drink tea from the same cup"*. In the camp context in Somalia, a number of respondents described how *"it's not easy to practice social distancing since we have no space to do this."* In June in Lilongwe, Malawi we were told how *"the markets are still full of people and this has made social distancing difficult"* even though one respondent did explain how *"strict rules have been put in place in our market by the market management team."*

"It's not easy to practice social distancing, we have no space for this."

(Male respondent, IDP Settlement, July 2020)

Another element that is influencing people's behaviour is the belief the pandemic is over, as one man in Somalia noted *"People believe the disease is over and they are not following the guidelines"*. In Bangladesh, one man described how he was *"not as cautious as I used to be. I have been alert for three or four months but I don't see any way to take care of my family that way."* Another man in Chattogram (Bangladesh) described how *"I think I follow these less than I did before. Before I would not eat without washing my hands with soap. Now I use soap only after using toilet. Now I don't spray mixture [made of Savlon disinfectant] on my hand or feet"*.

3.1 Access to Food

While reduced access to food – manifest in changes in quantity and quality – has been a core impact of the pandemic, it plays out differently across contexts, being less prevalent in rural areas in Malawi, changing considerably in parts of Sierra Leone across different rounds of data collection, but being a consistent challenge in urban areas and the IDP camps in Somalia. This has both supply and demand side causes, driven by reduced mobility, increased costs of transport and reductions in production on one hand and reduced purchasing power on the other. Unsurprisingly this hits net purchasers of food more, and

suggests the need for a strong understanding of how well the market is functioning before large-scale cash injections are made.

Throughout, respondents spoke about increases in prices in local markets, in Sierra Leone, one woman in Tonkolili explained how in June the price of 50kg of rice had increased from Le150,000 to Le200,000 (though others spoke of it being as high as Le270,000). At this stage, other key foodstuffs, such as fish, palm oil and pepper had also increased in price. Also in June, in Bangladesh, respondents described how the price of rice had almost doubled and other goods such as amaranth leaves, bitter gourd, potatoes, eggs and flour had increased. In Somalia, in June, people spoke in particular about increases in the price of vegetables, fruits and meat; one woman in Mogadishu described how *“1kg of potatoes was \$0.5 and now is \$1.4, you can see the difference, it increased double”*. In Malawi, respondents described how the price had not increased but vendors had reduced the quantities they were selling. One man described it as follows for fish and vegetables *“Instead of buying a bundle of 5 mustard leaves at 50 Kwacha, it’s now 3 mustard leaves at 50 Kwacha. The same fish we could buy at 200 Kwacha, we are buying it at 300 Kwacha”*. Another stated, *“Previously, 2 piles of fish could support a meal but now they cannot as sellers have reduced the sizes to maximize profits.”*

While this trend has broadly continued throughout the latter rounds of data collection, there have been a small number of dissenting voices. In July some respondents in Bangladesh highlighted how prices were falling slightly in the market, some of this driven by seasonal factors, with people being able to afford fruit, such as mangoes, and others speaking of how the price of onion, garlic and ginger had decreased. The seasonal dimension was also highlighted in the urban areas of Malawi though operating in the opposite direction, where some commodities, particularly maize by the August round of data collection, were starting to increase in price. In Sierra Leone, by the time of the third round of data collection in August, respondents identified how regular seasonal hardships have been compounded by the Covid-19 restrictions. The overall sense, as one respondent explained is that *“The price never goes down. All vegetable prices are on the rise as before”* and that these price increases are particularly problematic for the poorest.

“An increase of 5-10 taka has no effect on those who have money, but those like us who have to run a family with a small amount of money, if they have to pay even a fraction of a taka for no reason, it hurts their heart.”

(Woman Respondent, Dhaka, Bangladesh, August 2020)

Price increases can be partially attributed to Covid-19 related restrictions on travel. In Sierra Leone, respondents blamed the early inter-district travel restrictions, which made it costly to transport goods, for price increases passed on to the end consumer. However, once the restrictions were lifted, this did not automatically translate into a reversal of the price increases. As one respondent in Port Loko highlighted *“sellers said that, they too have been buying it at a very high cost from the producers in addition to moving the commodities through checks from security officers and higher transportation cost”*. Some respondents are hopeful that as *“traders dealing with rice can now move with their goods from one community to the other for sale”* prices will start to fall, though evidence of this remains scant. In July in Somalia the increased cost of transportation to get to the market, and for traders to bring food to the market, were seen as major contributing factors to price increases. In Malawi, respondents described how fish in particular had become difficult to access in the peri-urban area, attributing this to the distance people have to travel to bring this good to the market and increases in transport costs.

In two contexts, weather based shocks have also disrupted the market. In Bangladesh, one respondent explained how *“vegetables and fields have been destroyed due to floods in different parts of the country which has resulted in increase in prices of all types of vegetables”*. A similar situation was seen in Somalia where respondents described how *“vegetables cannot be imported from lower Shabelle where due to heavy rain and current floods the roads are blocked”*.¹² Though in rural areas in Malawi a particularly good harvest this year has meant that there has been a fall in the price of maize in the post-harvest period, while others were accessing more vegetables after the harvest.

This means the families are faced with two choices – to change either the amount or the type of food consumed. On the first of these, a frequent response across all contexts was how people have had to cut back on the number of meals they consume. In June a man in Chattogram (Bangladesh) described it as follows *“I can buy food for one meal a day; I can’t buy for another one. I am in a lot of trouble with the children. I can’t feed them what I could before, not even half”*¹³. Similarly, one man described how his household had *“reduced the number of meals eaten in a day, before we used to eat three times a day but now we eat one or two times a day and also we limited portion size at mealtimes”*. One of the women described how *“we restricted consumption by adults in order for small children to eat”*.

The second option was also quite common. In Somalia, one man described how his family now *“add more water for the milk of children to drink twice a day instead of once and we pay for less expensive foods”*. In Bangladesh, in June, one man told of how he *“used to buy meat once or twice a month, now I don’t anymore.”* Another man explained how he *“used to bring apples and oranges for the children but now ... I can’t feed them even half as much as before”*. This inability to provide food for their family was a great sense of shame for those interviewed. However, one major change that was apparent by the third round of interviews in both the Somalia and Bangladesh context was the increased availability of food (or more precisely meat) as part of the *eid ul adha* celebrations, with meat being distributed by a number of organisations and wealthy individuals. While in Lilongwe (Malawi) a recent cash transfer by the government has helped to address this.

It is difficult to identify who suffers most in these circumstances. In Somalia, amongst some respondents, the reduction in the number of meals was seen to affect adults more, with one woman describing *“everyone in the household eats less than they ate before Covid-19, in the morning we only drink tea for adult and banana for the children”*. However, others in the same area described how *“almost all camp children are becoming malnourished due to hunger”*. At the same time, another respondent told how *“there are others selling plumpy nut for their malnourished children so as to get income to for the family to cook that day”*. In Sierra Leone, the changes in food availability have the potential to translate into changes in nutritional status over time, with one woman in Port Loko explaining how her *“children are fast losing weight due to insufficient food to eat”*. It was also highlighted how the burden of getting food falls on the women in the household with one woman describing how *“children always ask their mother for their needs and as a mother you have to dress and go out looking something for the children”*. In Bangladesh one woman in Dhaka described how, *“I don’t let my father-in-law, [husband and child] understand that there is less food. My husband sometimes eats a little less when he understands there is less food. I eat after feeding everyone in the family”*.

“I eat after feeding everyone in the family”

(Female Respondent, Dhaka, July 2020)

3.2 Impact on Livelihoods

The people interviewed as part of this exercise have basic livelihoods. In Bangladesh, one man runs a small business fixing rickshaws; another worked as a butcher on a daily contract; one sells fruit near the train station and another runs a tea stall with her husband (who also drives a rickshaw van), a number have close links to the garment industry with family members being employed there. In Somalia, respondents live in camps for Internally Displaced People (IDP) or in the urban areas of Mogadishu. Most of the men spoken to depend on casual work, such as masonry, or digging garbage-disposal holes (in the camp settings), many women depend on washing clothes and cleaning the houses of the rich. In Malawi, the majority of respondents depend on agriculture or small scale trading, particularly in the areas close to Lilongwe. In Sierra Leone, as most respondents live in rural areas, unsurprisingly farming is the main livelihood source, albeit often working as labourers for others rather than farming their own land. The other major source of livelihood is petty trading.

For some in rural areas in Malawi, there was a sense that there had not yet been a major impact on their livelihoods, though the continued cross-border movement restrictions with Mozambique is expected to have a major impact on some in the community. This has reduced their access to piecework (*ganyu*) and to their own plots of land. In Sierra Leone, the big challenge in rural areas came early on with the inter-district restrictions in movement. This situation had improved through July, with one respondent in Tonkolili highlighting how he is now able to *“transport our crops (sweet potatoes and corn) harvested and our palm nut that has being processed into palm oil to other communities (Freetown) for good sale price”*.

The biggest impact can be seen on those living in urban and peri-urban areas, particularly where they are dependent on small scale trading and the informal labour market. The former group have suffered as potential customers have seen large reductions in their disposable incomes, while the latter have observed reductions in the employment opportunities available. The impact of Covid-19 restrictions show how dependent the extreme poor are on others in the market for their livelihoods. As better off people fear the spread of the disease, lose their jobs or see a decline in their earnings and are no longer in a position to employ others, this affects the earning potential of the poorest. In Malawi, one man in Lilongwe highlighted how, *“I found a job a few weeks ago in area 49 as a gardener for a certain family. However, a few days after starting the job, there were rumours that someone in the neighbourhood had tested positive for Covid-19. This made my employer make all his employees go home and wait until the situation changes. This has rendered me jobless again.”* In Somalia, one woman we spoke to described how in the early rounds of data collection her daughter worked in the household of a family in the city and received a monthly salary of \$30; however, by August she had lost her job. There were also instances of employment drying up in factories in Bangladesh.

This has been compounded by challenges in terms of restrictions on opening hours for small-scale traders. In Sierra Leone the curfew has meant that those who sell foodstuffs in the urban areas, where the peak time for business is in the two hours before midnight,

have been forced to cease trading. In Bangladesh a man who sells fruit described how, essentially, he had been out of work for four months as his business was more of a night-time one when workers from garment factories and offices are leaving work. In Malawi (and elsewhere) the increased cost of transport made trading in distant markets more expensive, while the limited availability of transport has created an imbalance in supply and demand in local markets. In Nsanje, this was described as follows *“there is a lot of competition on the nearby markets since the same product is sold by many people hence the product is taking a lot of time to sell and with low profits.”*

The second element is that for those dependent on small scale trading, their potential customers have no money, and in some instances are not able to repay loans that they have already taken. In Somalia, one woman who trades vegetables described how *“people can’t afford to buy compared to before this outbreak, there are no customers”*. For this woman, there has been no improvement, outlining in August how *“because vegetables are more expensive than before I stopped purchasing them. If I buy them and bring to the IDP to trade, people will not be able to buy them”*. In Sierra Leone, a woman who sells soap described how she *“produces this soap which I give on credit to neighbours and other persons around. With the bad creditors, I can barely use the income to buy garri and other condiments to sustain the household.”* This woman further explained that the best she can hope for is to receive payment after two weeks. In Bangladesh, the woman who runs the tea stall pointed out how *“Our business is with the poor people. When the shop opens, the rickshaw pullers eat a little. People have no income, how will they eat?”* In Malawi, one woman reported how her *“husband operates a bicycle taxi. This has been greatly affected since people have reduced their movements. Previously, he could ferry children to school and back for a fee. But these days this is no longer possible”*.

The other day I literally sold nothing the whole day. I believe this situation is attributed to scarcity of money due to Covid-19

(Rice Trader, Nsanje, August 2020).

In August, while the situation remained challenging for those interviewed, some ‘green shoots’ can be seen. In Sierra Leone, the fact that traders can now travel between districts was identified as a major improvement, reducing the cost of purchased goods, with one man saying he was *“hoping for the better as restrictions are being eased up”*. In Somalia, a woman who operates a trading business bringing materials from Hargeisa described how *“now the flights will be reopened, I think everything will get in to order”*. In Bangladesh, a man who sells fruit outside the railway station described how he expected his business to improve, once the railway reopened, while one woman who worked in a garment factory identified *“Ever since the lockdown has been lifted, we are getting by quite well. I am getting a salary of 4500 taka at the end of the month by working in a garments house. My husband can earn 200-250 taka by selling cigarettes and betel leaves from a kiosk.”*

“Ever since the lockdown has been lifted, we are getting by quite well”

(Garment Factory Worker, Dhaka, August 2020)

3.3 Accessing Services

One of the first restrictions introduced in a number of countries was to curtail people's interaction with government services, in particular closing schools and introducing strict guidelines to prevent the spread of the virus in health facilities. Across the four countries it is possible to observe how an initial reluctance to attend at health centres, generally driven by fear but also restrictions placed on people's access, has slowly dissipated. On the other hand, we see how the prolonged extension of school closures has brought great frustration amongst people, and where these have been lifted at least for exam classes, people speak positively about this step.

3.3.1 Health Care

Across the four countries, slight differences were observed in terms of people's willingness to attend at health facilities, although this has changed in each context over time. This was predominantly driven by a fear of contracting Covid-19 by going to a health facility, even though cost features prominently in terms of people's decision-making on whether to seek health care.

In the earlier rounds of data collection, people's fear of contracting the virus at the health facility clearly influenced their decision making process. In Dhaka (Bangladesh) one woman explained how *"many do not go to the hospital for fear of getting sick"* similarly, a man in Chattogram highlighted how he did not take his daughter for her vaccinations in June *"for fear of Corona"*. In July, in Sierra Leone, one man in Tonkolili highlighted how a sick relative had refused to go to the hospital fearing *"he will contract the Covid-19 in the hospital"*. A woman in the same area described how *"the lockdown affected my ANC [ante-natal care] visit. I was supposed to visit the hospital at that time but because of the lockdown I was unable to go"*. In Somalia one person described how *"we don't go for treatment at the hospitals because we got scared. Everyone is telling us that coronavirus can be transmitted by touch and it's everywhere, for example at doors, windows, chairs, table, everywhere, so this made us avoid going to hospitals, if you are sick then one takes a pain reliever to get better"*.

If you stay at home fearing Corona, your suffering only increases; the doctors in the hospital are seeing patients regularly, now the tendency of suspecting any patients as corona patients has gone.

(Female Respondent, Dhaka, August 2020)

However, this had clearly changed by August the man in Chattogram (Bangladesh) explained, *"If children need vaccination, people are going out to get it"*; the woman who was not able to attend her ANC visit in Tonkolili explained how now *"every month I go to the hospital for my ANC"*.

In Somalia, there was a sense that people were starting to attend facilities more when they needed to. One woman described in detail how she had taken her sick father to a private hospital. That is not to say that the fear has completely gone away; even in August respondents were explaining how *"Everyone is afraid that they will get Corona if they go to the hospital."*



Waiting area at Digital Booth - Concern Bangladesh in collaboration with local partners, have launched New Digital Booths in Dhaka, for screening and testing of Covid-19. Following a digital consultation with a doctor, patients showing symptoms are guided to a booth where samples are taken to test for Covid-19. Patients receive results within 48 hours, additional advice and preventative supplies such as masks, if required. Photo: EHD / Concern Worldwide

Restrictions in place at the health facilities also had a negative impact on the poorest attending. In Malawi, people spoke about how they were being sent home for not following the guidelines, with one woman in Mangochi explaining how her daughter told her *“whenever they go for under five clinics, they are supposed to wear masks and observe social distance. Everyone who comes without a mask is sent back.”* Respondents in Nsanje also told of how *“When preventative measures are not adhered to medical personnel, decline to assist us”*. Following the guidelines can be a challenge for some, particularly the wearing of masks for older people, which forces them to stay away.

In Somalia across all rounds of data collection, it was apparent that cost was a major barrier to the poorest accessing services when needed. In the first round, one respondent described how despite the lack of government facilities there was no option to access private health care, saying there is *“no visiting private clinics to get treatment due to lack of money to use to pay for medicine”*. The woman whose father was taken to a private clinic explained how she had already paid \$100 to admit him, and how she had borrowed the money from other women who trade vegetables alongside her. Another woman described how she had to pay \$6 for an antenatal visit at a private facility. In Bangladesh, respondents identified how the ability to pay is a major driver in the decision not to attend health facilities; one woman in Dhaka explained, *“If I go they will give tests and I can’t afford that now. I don’t have that kind of money so I am not going to see a doctor”*. This suggests that while the poorest were facing challenges before in accessing health care, the recent decreases in income is also affecting health seeking behaviour, and an increase in purchasing medicines from pharmacies.¹⁴

3.3.2 Education and Children

In each of the areas where data was collected, schools were closed early on as part of the pandemic response. While these have slowly started to open, particularly for exam classes, a great deal of frustration can be observed amongst parents alongside a worry that their children will never go back to school, or will have forgotten what they had already learned. The impact on children themselves can be seen in terms of their behaviour, while a number of respondents drew attention to increases in teenage pregnancies in the areas where they live, attributing this to school closure.

In Bangladesh and Malawi in early August, respondents still did not know when the schools would reopen, even though in Bangladesh, they were reporting how Imams at the mosques had restarted their Arabic lessons, and that children were being enrolled in Madrassas so that they would start to study again. However, as one respondent highlighted they *“don’t know when the government schools will open. Nobody called from school or anything to let us know.”* In Malawi, an initial re-opening date of 13 July was missed with people still not clear by the third round of data collection when schools will resume, as one man described, *“we are simply waiting”*. There is a sense of frustration emerging over this uncertainty, with one respondent observing, *“it was communicated that the children would return to school on 13 July 2020, but the decision has been reversed. Due to this, the children will continue loitering around.”* A similar sense of frustration had been identified amongst respondents in Somalia in mid-July, when nobody knew when schools would re-open, however, in early August, with the re-opening of the schools promised later that month, discussions on the subject were considerably more positive, with one man explaining how *“all children are discussing this and they are very happy”*. A similarly positive assessment can be seen in the following statement from one of the men interviewed in Tonkolili (Sierra Leone) in August *“The reopening of school has impacted our kids positively as they are all getting to engage with school work and they are occupied with preparing for the exams.”* Another man identified how *“my children have started going to school again and I am no longer worried because I know where they are now”*.

The rapid nature of the school closures and the extended lockdown in some contexts affected children’s behaviour and routine. In Bangladesh, in June, one man described how, now the schools were closed, his boys were watching a lot more TV. While one woman from Dhaka spoke of the challenges she has in getting her daughter to study, stating she *“doesn’t want to study like before because the school is closed”*. Another man in Chattogram described how his children were now *“playing around more”*, this man explained how while they received some instruction in Arabic at the Mosque, he feared that with school related studies halted and the school closed, previous lessons would be forgotten. A similar perspective was seen in Sierra Leone with one woman in Port Loko highlighting how her *“children are just seated at home without having someone to take them for lessons”*. In Malawi in July, one woman spoke of how her *“children have lost focus on education. They no longer study and I don’t remember the last time I saw them touching their school books”*

“Children are living without hope; thinking things will never go back to normal”

(Male Respondent, Lilongwe, July 2020)

Amongst some respondents, the changes in behaviour are viewed quite negatively. In Malawi, people spoke of how children were misbehaving, one commented on how they were loitering around compared to the time when they were preoccupied with education. Another highlighted how *“kids are doing anything that they want because they are not going to school”*, while in the second round of data collection one respondent in Nsanje spoke of how *“a lot of boys are involved in the theft of goats and chickens and they are using the money to get drunk and buy chamba [marijuana]”*. A similar theme was seen in the responses in Somalia, where some highlighted how challenging it was to keep children at home. In the second round of data collection, one man who is an IDP, described how *“there are changes in boys they make groups and they fight every day and cause insecurity in the camp, everyday there is physical violence”*.

“They [children] do nothing, just sitting in the house and fight most of the time”

(Male Respondent, IDP Settlement, Somalia, June 2020)

Some respondents were also able to identify potential longer-term impacts on children. One man in Bangladesh explained how his children *“are having a little physical or mental problem, not being able to go out, not being able to play sports, not being able to talk to someone, not being able to chat, not being able to meet anyone outside, isn’t that a problem?”* This man also explained that the children were sometimes upset, as they cannot go out. One of the women in Dhaka described how her daughter is now *“not waking up before 9 or 10 am. Before the school was closed, she used to wake up in the morning and go to school; now she eats breakfast at noon. Which is why she doesn’t study in the morning at all.”* In Malawi, one respondent highlighted how children *“are no longer going to church, cannot go play netball and football. Children are disappointed they have lost interest, stopped studying. Socially, they are no longer interacting with their friends as they used to do”*.

A number of initiatives to maintain access to education during the lockdowns have been adopted. Even though these have been implemented with different degrees of success, a common challenge across all contexts has been in ensuring the poorest have equal access to these. As one man in an IDP settlement in Somalia highlighted *“Schools are closed, we are IDPs and our children don’t have Facebook or computers. Other children in the town receive their notes through Facebook from the teachers and read using computers”*. Similarly, a man in Tonkolili (Sierra Leone) described how *“he cannot provide radio or internet for them to learn more.”* In Malawi, while education materials have been made available by Government during the school closure, a number of respondents spoke of how their children have struggled to access these. In reference to the radio programme *“Tikwere”* one explained *“what makes things worse is that many households here in Malawi are extremely poor such that they cannot afford to buy a radio let alone batteries for the radio”*.¹⁵ Parents also expressed concerns over the effectiveness of these approaches, one man in Sierra Leone explaining how *“it is normally difficult to teach children when they are in the classroom with blackboards in front of them. Radio learning is less effective”*. Similarly, in Malawi, parents spoke about how accessing education through the radio programs is not helping the children as they are not used to this and cannot ask questions on topics they do not understand.

While better off families may be able to hire private tutors, this again is not an option for the people included in this study, one woman in Sierra Leone highlighted how *“not every parent is capable of affording a private teacher to tutor pupils”*. A man in Somalia described a similar situation and how once the schools were closed he had tried to take *“them for tuition but I was unable to pay the tuition fees, for now they just stay at home”*. One of the women interviewed in Dhaka explained how before the schools closed her daughter *“had private tuition but not anymore because it is not possible to earn the money that is needed to pay the teacher.”* Some parents have tried to fill this gap and provide support to their children, but face challenges in terms of their own level of education, one woman explained, *“I have been studying with them with my little knowledge that I gained in class six as my highest education level”*.

In three of the countries, people we spoke to identified an increased incidence of teenage pregnancies in their areas. In Sierra Leone, the issue was raised frequently by female respondents (men, even when probed, did not identify this as a major issue). One woman described the inequitable power relation between younger girls and older men, and how

“the girl child is vulnerable to [older] men who seek them out”. Another woman highlighted how *“Parents fear their female daughter to be a victim of early teenage pregnancy ... once the caregiver goes out to make ends meet, the girl child will be persuaded by their male counterpart to engage in sexual activities”*. In Malawi, a number of people interviewed were able to cite examples of students in their area becoming pregnant during school closures and in the more rural areas of them being married. One man in Lilongwe described how *“it’s so sad to learn that some school going children in my community are getting married at a very young age as they have nothing to do since schools are now closed.”*¹⁶ In Somalia, interviewees highlighted how they had heard of an increased incidence of teenage pregnancies in the areas in which they live, though nobody identified this had happened in their household.

3.4 Impacts at Household Level

The pandemic is also affecting intra household relationships and workloads, with two important points emerging. Firstly, the burden on women has increased in terms of finding food, supporting children’s education and generating income for the household, and while there has been some examples of men taking on greater domestic responsibility, these are not commonplace. The second is a noticeable increase in reports of domestic tension, which spills over into violence.

In Sierra Leone one woman in Port Loko highlighted how men *“try to go out and relax leaving the rest of the household members in a hungry state. Women are left with the children with plenty of questions to answer from the kids such as “grandma, when are we going to cook today”*. Another woman from the same district highlighted *“Before, my husband was championing the bread winning but since the Covid-19, everything collapsed except me that goes around to find means of survival ... They just leave the house in the morning and come in the evening leaving us with the stress from children”*. In Bangladesh, interviewees were told of how women have taken on the additional tasks of home schooling children, where their own education levels allow. In addition to fulfilling their traditional roles this means there is a substantial additional demand on their time, as one man in Dhaka described *“My wife still does all the work in my house. When we come home from work, I stay in bed. She cooks and does all the work in the house. When the cooking is done, I eat. My wife cleans the house, and I don’t do anything.”*

Though by no means commonplace, it is possible to identify some small changes in gender roles amongst the responses received. In Somalia, one woman drew attention to the fact that *“before the lockdown men were responsible for the family income but now due to the lockdown men have become jobless and women are trying to take the responsibility. They go to the town for washing clothes or construction or others beg to get some money to support their family. When a woman leaves to work for casual labour the man takes care of the children.”* Similarly, in Malawi a small number of respondents highlighted how, with the man not being able to leave the home for business, they are more able to help with the chores. Probing further, in terms of potential community disapproval where men had taken on roles normally associated with women, respondents stated *“People understand that things changed ... It’s just a group of very few people in this community that would see this as abnormal”*. Similarly, in Dhaka, one of the women who works in a garment factory explained *“because of my current job the pressure has increased on [my daughter] and her father. I wake up in the morning, cook, go to work, and come home for an hour to have lunch, and my work ends after eight o’clock at night. Before joining the work, I used to go grocery shopping;*

now my husband has to go for shopping. Although I cook in the morning, [my daughter] and my husband cook in the afternoon. Apart from cooking, they also do the sweeping and cleaning together. “

The second element of this is increased domestic tensions and violence in the home. One of the female respondents in Somalia highlighted how “*married men and women always fight in the house due to lockdown and lack of enough food in the house*”. In the July interviews, a woman from Dhaka (Bangladesh) explained how “*The house rent is due for three months; I have not been able to pay the rent of the shop. My husband also has a lot to worry about. When I try to talk to him about rent due or about shopping from the market he ... gets angry at me from time to time and speaks in a threatening tone.*” Not just women highlighted this as a problem. In Sierra Leone, one of the men interviewed described how “*the home is no longer peaceful*”, which he attributed to the stress of having no income or food in the house. In Somalia, another man acknowledged “*I am affected because I am jobless and can't provide for my family and my wife, they are just staying in the house waiting for me to provide so there comes misunderstanding. The children don't go to school and we fight in the house*”. In Bangladesh, a man from Chattogram highlighted “*there is a lot of shouting in the houses; the husband has no income, so he gets in trouble with the wife*”. Issues of violence between parents and children were also mentioned frequently, as illustrated in the statement from one man in Chattogram (Bangladesh) “*I slapped my middle son because he got into mischief with his older brother He gets into mischief instead of listening to his mother that's why I slapped him.*” One of the women interviewed described how her frustration with her daughter had led to a situation whereby “*If I say something to her, she talks back at me and that's why I beat her up the other day.*”

3.5 Impact at Community Level

Those interviewed identified a number of changes in community life attributable to the pandemic and the actions taken to stem its spread. People spoke about how the restrictions had affected community level activities, restricted opportunities to meet their friends and socialise, and in the way people interact with each other.

In Malawi, one of the key changes identified early on in rural areas was the restriction of sporting activities and the need to adhere to social distancing during community meetings and trainings. In later rounds, respondents drew attention to how this affected attendance at religious services with one man identifying “*at our mosque we are observing physical distances and a lot of people now prefer to stay home than going to the mosque. Community meetings are no longer happening here*”. Other respondents stressed how restrictions were affecting their ability to attend funerals. However, it seems that people were able to get around this. One respondent in July described how “*in the first interview, I said that the way people interact has changed including cultural events stopped but now I am surprised that people have started conducting cultural events without adherence to preventative measures and this is so because some people are taking this disease lightly*”. Similarly in Somalia women highlighted how their *abaay abaay* meeting still went ahead (these are “*gathering for women over the age of 25 who are married, or have been married before, to pray together and have tea, dates and popcorn*”). In Somalia and Bangladesh, in August respondents spoke of how people were now “*visiting each other's houses and moving freely without restrictions, specially during the Eid days when they celebrated as a group and prayed together in one place*”.

“Due to this pandemic, everyone is doing their own thing with their families. We no longer have moments where people come together for example like we used to do with village meetings”

(Male Respondent, Lilongwe, July 2020)

Across all contexts, respondents initially spoke of the breakdown of the sense of community. In Somalia, a number of people described the collapse of traditional support systems, with one man explaining, *“people used to depend on each other but everyone got affected so we don’t have support now”*. Others spoke about changes in how people interact, with one describing it as follows *“we are not gathering all the community, to practice social distancing; this has caused community separation and lack of consultation to one another”*. In Malawi, attention was drawn to a similar phenomenon explained by one person as *“the spirit of unity is no longer there and people are living in fear”*. Another expanded on this, saying *“people no longer give each other handshakes and there is a sense of mistrust where people treat their neighbours as potential carriers of the virus.”* In Sierra Leone, respondents spoke about how traditional community support systems are being put under pressure. One woman spoke about how *“community members do not have enough let alone to support other neighbours. Due to the hard conditions, no one cares about their neighbour as everyone is busy fending for daily survival.”* In Bangladesh, similar changes were spoken about in the context of the *eid-ul-adha* celebrations with four of the five respondents identifying things as being a little different this year. One described how friends who usually gave meat were not able to do so as *“their financial condition isn’t good either”* in a similar vein, another man said how *“in previous years, the rich people of the community used to help the poor with money or other means during Eid but this year the picture is different.”*

Despite initial restrictions on travel, the pandemic has led to large-scale movements of people out of urban areas, partially driven by the sudden loss of employment opportunities. This was particularly noticeable in Bangladesh, where those who could afford to, left the cities early on to return to rural areas, leaving the poorest behind. One of the respondents, a woman who runs a small shop in Dhaka mentioned how, when she was interviewed in June, she had about 250 customers a day, but in July this had dropped to 200, as *“many have gone to their village homes due to lack of work”*. This point was re-emphasised by one man in August who identified how he *“used to see a lot of people around me, but not anymore. I heard that they have gone to the village”* even though another respondent identified how *“we are seeing people from the village starting to return to Dhaka. Compared to the last three to four months, the volume of work has increased a little”*. Similarly, in Lilongwe (Malawi) respondents spoke of how people were returning to the rural areas; although some were not sure of why people had left one man described how *“Just last Sunday, we had between 13 and 15 church members at our church bidding farewell. These people were working with Tobacco companies and they were staying here in Mgoni. However, due to the situation now, the companies have sent them back to their home villages”*. One of the women interviewed described how *“Some people have had to go to their villages because they can no longer afford the house rentals.”*

Population movements were also observed in Somalia, though not necessarily because of Covid-19, with large numbers of people displaced by floods in the Lower Shabelle region. However, some respondents did identify isolated incidents of people leaving the city because of a fear of Covid-19 and in one case of a household returning from Djibouti.

Similarly, in Sierra Leone, respondents in rural areas were able to identify how *“a few people returned from the big town and another district to be with their family to help them sustain their livelihood during this difficult time”*.

3.6 Engaging with Officialdom

In the initial stage of country level lockdowns respondents spoke of the, at times, heavy handed enforcement of the regulations. This has very clearly eased in later rounds of data collection, though there is now a sense that regulations, such as wearing a mask to access a government office, or the potential fining of people for breaches of legislation put the poorest at a disadvantage.

In Bangladesh, respondents identified a number of problems, in particular in terms of interactions between the police and those pulling rickshaws, an important livelihood mechanism amongst the poorest. One man explained how the *“police do not allow you to stand at corners. About a month ago, a police punctured the wheels of my rickshaw”*. Another woman in Dhaka highlighted how her husband drove a rented rickshaw during the lockdown, but that the police beat him up for taking the rickshaw out and that she had to pay a substantial fine out of the savings she had put aside from her business¹⁷. However, across June, July and August a greater understanding of why regulations were being put in place and a more empathetic approach to the enforcement were apparent. One lady from Dhaka (Bangladesh) told how earlier she felt *“she would be beaten and scolded by the police if the shop was open at that time, and she did not open out of fear of the army”*. By the second round of interviews she spoke of how she was opening at 6 in the morning and closed at four in the afternoon, in August, she identified that *“Now even if I keep the store open all night, no one would say anything.”* The issue of violent enforcement of regulations was also flagged in Sierra Leone where respondents spoke of how they had heard that *“the police and soldier men are flogging people around town who do not wear their face masks”*. In Malawi, the fear was more that strict enforcement by the government of the rules around wearing masks or gathering in large groups, one respondent claimed *“People will have to stay in their homes for more hours than usual for fear of the fines. Being in a public place in a grouping of more than 10 people will attract a fine of MK100,000 and a jail term.”* While others spoke of the potential fines of MK10,000 for not observing the rules around wearing face masks.

Respondents also spoke about challenges the pandemic was bringing in terms of their interaction with public services. In Malawi, a number of older respondents described how the need to wear masks to access government services, including health facilities, meant they were choosing to stay at home. In Bangladesh, a different challenge was identified, with a number of respondents being highly critical of their interaction with local government and leaders as they tried to access support. One man in Dhaka explained how officials *“have taken their cards, saying they will give them [assistance] later again and again. But they have not yet received anything. I think the distribution wasn't done in a fair way, many poor got left behind, in many cases I have seen landlords getting it.”* This point was also made by a respondent in Chattogram in July who claimed, *“political leaders ... give that support to their relatives and friends. Four leaders in our area got monetary support from an organization, but they didn't distribute those among us. And they have instructed us to say that we have gotten the help if anyone calls us and asks us about this”*.

3.7 How do people manage?

In addition to reducing the quantity and quality of food consumed, the loss of income earning opportunities means that people have had to -

- a) Take on new lower paid jobs or try to sell small quantities of low value goods, such as vegetables.
- b) Use up their savings, with potential longer term impacts on investing, while some have gone so far as to start to divest their capital assets from their small businesses
- c) Sell household assets, at a price well below what they consider they are worth and
- d) Borrow money, generally from neighbours that will not incur any form of interest payment, or from local shops and grocery stores

Across all contexts, selling household assets was one of the most important ways of coping with the economic shock of Covid-19 and the restrictions. In Somalia, these included farmland and motorbikes, livestock in rural areas, housing materials such as iron sheets or beds, jewellery, and small scale productive assets such as chickens. In rural areas of Malawi, exchanging goats and chickens for maize was identified as being commonplace. In Sierra Leone, those interviewed had sold solar lights and batteries, radios and traditional garments; and by August were increasingly starting to sell what they had previously harvested. Respondents also explained how the prices they received were considerably below what they considered fair. In Somalia, one man who sold his motorcycle did so at \$350 having purchased it four months previously at \$750. In Sierra Leone, respondents went further saying even if they wanted to sell something there is nobody to buy anything from them in the community. One important difference was noted in Malawi, where an expected upturn in the distress sale of assets did not materialise. This seems to be attributable to the government's distribution of MK 36,700 to all the households included in the exercise in Lilongwe, and the on-going cash support from Concern as part of the Graduation programme in Nsanje and Mangochi.

Borrowing money, or in certain contexts taking goods on credit in the local store, was a major means of coping for the people interviewed, though this is less widely accessible than before as there is an increase in demand for this type of support. In Somalia, while few spoke of being expected to pay interest on this, a number of respondents spoke about how their debt is increasing in size, which in turn causes stress as to how this will be repaid. Others are waiting on cash transfers to come from Concern to clear their debts, and some are waiting to cash out on their *Ayuuto* (saving scheme). Respondents also spoke about how the safety net of borrowing is not even available, as one woman highlighted "*No one will give money at the moment even a kilo of sugar is hard to get at credit, hence I didn't borrow money*". In Malawi, those who were borrowing money did this from friends at interest rates that varied between nothing and 50%. In Sierra Leone, money was being borrowed from Village Savings and Loans Associations (VSLAs), to be repaid once harvests come in, as well as from neighbours, in general without any interest, though one woman interviewed highlighted how she is expected to pay up to 80% in interest.

3.8 Support from outside

Support has come from a number of sources, including in the early stages from better off members of the community and local informal organisations. Initial responses from government and NGOs focussed on providing assistance in the form of hand washing materials and information on how to avoid contracting Covid-19. This has slowly been replaced by support in the form of cash transfers or in-kind distributions, though a number of respondents have spoken about how they feel they have been excluded from this.

In June, during the first round of data collection, respondents in Sierra Leone highlighted how they had received some support in the form of food from a community philanthropist; in Somalia, people described how richer people in the community gave foodstuff in exchange for work and assistance during the holy month of Ramadan. In Bangladesh, respondents spoke about how initial assistance came on an *ad hoc* basis from neighbours and community members. One man in Chattogram noted how the shopkeeper who had provided him goods on credit told him he could pay him back slowly; another how his former employer had given him help. One of the women from Dhaka described how the better-off women from her daughter's school gave "15 kg of rice, four lifebuoy soaps, 1 kg of salt, 2 kg of pulses, 2 kg of sugar, 2 kg of oil and 2 kg of flour" (this is equivalent to €17 and would support a family for around two weeks). This form of community level support was also apparent in the August round of interviews, particularly in Somalia and Bangladesh where there was increased availability of food (or more precisely meat) as part of the *eid ul adha* celebrations, with meat being distributed by a number of individuals and organisations.

“I have not received any support from anybody including my relatives as they are in fact staying far away from me.”

(Female Respondent, Port Loko, July 2020)

Although remittances are huge sources of income in the countries included, it is not clear that changes in this directly affected the people interviewed, who came from the poorest elements of society. In Somalia two people spoke of how they received support from family living overseas, in the first round of interviews both had said this had stopped, though in later rounds of data collection one acknowledged it had started again¹⁸. A somewhat similar situation existed in the rural areas of Sierra Leone where respondents spoke of receiving help from extended families and relatives living outside the community, working in urban areas or the mines. One respondent in Tonkolili highlighted how his "*brother used to send money for us but because of Covid-19, he has being laid off from work*", another woman from Tonkolili highlighted that "*our relatives that stays in the big towns that used to send support from us are no longer sending because they are out of jobs now*".

Formal support, from government or NGOs, initially took the form of messaging on how to prevent the spread of Covid-19 and the delivery of support to help hand washing. In Somalia, some spoke of Concern Worldwide providing water, in Malawi they spoke of how they had received soap (in Lilongwe) and counselling and support (for those included on the Graduation programme) in other areas. This was subsequently replaced by food distributions – in Sierra Leone respondents identified that this came the national food basket programme. In general, this form of support was seen as being welcome, but insufficient. More recently, support has been provided in Lilongwe (Malawi) and the urban centres of Bangladesh in the form of cash. In Malawi, respondents in Lilongwe had received

a payment of MK 36,700 from the government, with one man highlighting the positive impact this had *“It seems people are now happy in my community. They have looked at the pandemic as an opportunity. If you go around the community you will see happy faces, even very small children are so happy”*. In Bangladesh, respondents identified they had received cash assistance from organisations such as the Sajida Foundation, Nari Maitri and SEEP. This money has been used for consumption and supporting small businesses¹⁹. One woman descried how *“After talking the last time, we were provided with financial assistance of 3000 tk from the SEEP, so that we can survive and do business by compensating the loss caused by Corona.”* In Sierra Leone, in August, a number of interviewees identified the proposed interventions of the National Commission of Social Action, identifying that this is to be given to help *“people to start up business”*.

During the interviews, a number of respondents highlighted how they felt that they, as the poorest, were being excluded from assistance packages. One person in Bangladesh stated *“I don’t understand why the government doesn’t provide any help in our slum! If the government does not give us, can we insist”*. While another woman in Dhaka described how *“There is no one in the city to provide support or assistance. Nobody asks, even if you starve to death. When your corpse will start rotting and smelling then they will realize what has happened. I have struggled a lot during Corona”*. In Sierra Leone, respondents identified how nobody had benefitted from the National Commission of Social Action complaining of how *“the support has not yet been given to the community people”*

“There is no one in the city to provide support or assistance. Nobody asks, even if you starve to death.”

(Woman Respondent, Dhaka, August 2020)

In terms of the type of support requested, there were some isolated requests for assistance to help prevent the spread of Covid-19: in Malawi, a number of households asked for masks, even though the responses received suggest this has much to do with the fact their use has become compulsory, with non-compliance attracting a hefty fine. Otherwise, requests for assistance falls in to two broad categories – help to get over the immediate shock of increasing prices and the loss of employment opportunities and longer-term support to help people re-build their livelihoods. In Somalia, the request for immediate support was particularly focussed on recent arrivals into the IDP settlements, while in Bangladesh, the clear preference was to provide this support in the form of cash, rather than in-kind, allowing people to buy what they want and even to support their small businesses. In all contexts, respondents spoke of the need for longer-term assistance that would help them build up a livelihood, generally starting a small business, while others hoped to receive assistance to keep their small businesses going.

4.0 Looking to the Future

It is clear that between June and August the nature of the Covid-19 crisis has changed – moving from what was perceived as an immediate health emergency to a chronic social and economic one where people start to learn to live with the virus and address many of the challenges the initial responses have caused. While residual levels of fear of the virus can be seen amongst the people interviewed this is increasingly tempered with a sense that the threat is no longer as relevant to them, other priorities have come to the fore and amongst some there are signs of optimism that things will return to normal.

The secondary impact of the Covid-19 pandemic and the policy responses put in place by governments in an effort to address the health crisis vary across contexts. In many cases, these compound existing weaknesses and seasonal challenges. Globally, there have been warnings about the potential impacts on food security²⁰ and vaccination levels²¹, while the economic impacts described by our respondents as people lose their current employment, opportunities for short-term work are curtailed and returns on small-scale trading businesses decline, are yet to be fully understood. The long-term impact on children of increased levels of malnutrition and the non-accessibility of education for such a long period will have repercussions for many years, with the impact of the pandemic on education, in particular for girls, having the potential to damage irrevocably their longer-term opportunities.

Within this, it is the poorest, despite high levels of knowledge, who face the greatest challenges in terms of following guidelines, often having to make decisions that entail a trade-off between meeting their immediate needs and protecting themselves from the pandemic. While many people face economic hardship, it is the poorest who were least able to deal with the shock and who are being excluded from government responses, partially driven by their lack of voice. Children from the poorest families have been least able to continue their education through accessing lessons on radio and the internet, and who report being excluded from government services due to their inability to wear masks, or demand the support that has been promised.

On a positive note, the interviews do show how even small, but well targeted interventions, such as the cash payments to the urban poor in Malawi by the Government and similar payments made through Concern's partners in urban areas of Bangladesh, can help people overcome the challenges people face in the short term.

As the lockdown phase of the Covid-19 response ends globally, a response to address the long-term, drawn out, social and economic impacts needs to be considered. While each country report produced as part of the research contains recommendations specific to that context, it is possible to identify some common recommendations based on the experiences from Malawi, Somalia, Sierra Leone and Bangladesh:

1. Even with official death and infection rates lower than initially expected, across all countries and contexts there is a need to undertake continued awareness-raising campaigns on Covid-19, its transmission, prevention and what to do if one thinks they have contracted it. This must distinguish between being able to live with the pandemic and the frequent belief that 'the pandemic is over'. Messages should be in a language that people can understand (an over-reliance on messaging in English excludes some members of the community, similarly children friendly formats should also be considered).
2. In addition to raising awareness, the poorest need to be supported in their ability to follow the guidelines. Access to materials to improve handwashing, such as soap and water and face masks need to be increased and targeted towards those who continue having to make life altering decisions on whether to spend their meagre resources on protective equipment, like masks, or food.
3. Continue to provide support to ensure families have the means to feed their children to prevent them from becoming malnourished and to protect their health. The cost of doing nothing will be seen in a rise in malnutrition, rolling back recent progress globally. Cash assistance to urban and peri-urban communities with no other means of earning a living must be prioritised. At the same time the potential impact of cash transfers on the market need to be observed, particularly in the context of on-going travel restrictions, closed borders and natural disasters.

4. There is going to be a great need to ‘catch-up’ in all contexts on certain key services, such as vaccinations (in health) and the loss of six months education. In all countries response plans need to start identifying how this is going to be done and to make sure those already furthest behind do not become even more disadvantaged, including looking at ways of addressing cost-related barriers to service access. Globally, the international community need to look at ways of supporting these plans rather than scaling back their assistance in the face of increased domestic needs.
5. Beyond the immediate response, there is now an opportunity in each context to focus on scaling up activities to promote sustainable livelihoods as part of the economic recovery and focusing on ‘decent work’. There is an opportunity now to provide vulnerable groups with support to develop new skills and livelihoods, interventions such as Graduation Programmes are a proven means of doing this.
6. In the longer term, countries needed to be supported to develop shock responsive social protection systems that provide regular, needs based cash assistance in a clear and transparent manner to all of those who need it.

This report has been consolidated from country reports produced by Isaac Gahungu and Liam Kavanagh (Sierra Leone), Zakir Ahmed Khan, Gretta Fitzgerald (Bangladesh), Gift Mwembe (Malawi), Andrea Solomon, AbdiRashid Hussein (Somalia) and Chris Pain (of the Strategy Advocacy and Learning Department Directorate in Concern.

More information on this programme of research and country specific reports are available at <https://www.concern.net/insights/covid-19-research>

(Endnotes)

1. WHO Timeline – Covid-19 available at <https://www.who.int/news-room/detail/27-04-2020-who-timeline---covid-19>
2. <https://www.dhakatribune.com/bangladesh/2020/03/23/govt-offices-to-remain-closed-till-april-4>
3. Anwar Saeed, Nasrullah Mohammad, Hosen Mohammad Jakir (2020) COVID-19 and Bangladesh: Challenges and How to Address Them in *Frontiers in Public Health*. Vol 8. URL=<https://www.frontiersin.org/article/10.3389/fpubh.2020.00154>
4. <https://reliefweb.int/sites/reliefweb.int/files/resources/COVID-19-Synthesis-report-Exec-Sum-Final.pdf>
5. <https://www.imf.org/en/News/Articles/2020/06/11/na-06122020-helping-bangladesh-recover-from-covid-19>
6. FAO and WFP. 2020. FAO-WFP early warning analysis of acute food insecurity hotspots: July 2020. Rome. <https://doi.org/10.4060/cb0258en>
7. <https://www.nyasatimes.com/malawi-brings-in-strict-new-curbs-on-life-to-fight-covid-19/>
8. For more information on the potential economic impact see <https://www.worldbank.org/en/country/malawi/publication/malawi-economic-monitor-in-times-covid-19-protecting-lives>
9. FAO and WFP. 2020. FAO-WFP early warning analysis of acute food insecurity hotspots: July 2020. Rome. <https://doi.org/10.4060/cb0258en>
10. FAO and WFP. 2020. FAO-WFP early warning analysis of acute food insecurity hotspots: July 2020. Rome. <https://doi.org/10.4060/cb0258en>
11. FAO and WFP. 2020. FAO-WFP early warning analysis of acute food insecurity hotspots: July 2020. Rome. <https://doi.org/10.4060/cb0258en>

12. This is similar to findings from a report produced by UNHCR and WFP who identified that Covid-19 related interruptions accelerated seasonal price increases remarkably in Somalia, and that high transport costs and the difficult macroeconomic situation will likely sustain elevated staple commodity prices. See <https://www.wfp.org/publications/east-africa-impact-covid-19-livelihoods-food-security-nutrition-urban-august-2020>
13. This is broadly in line with FAO’s food security situation reports which found in urban areas food prices for essentials continue to rise, reducing consumption, having a devastating effect on poor households who struggle to afford the basic food basket.
14. A recent article in the Lancet highlighted how the Bangladesh Government’s approach to testing and surveillance, including charging patients a fee, is hampering the response. In late June, the government decided to charge 200 taka for testing done at government facilities and 500 taka for samples collected from home to “avoid unnecessary tests”. The private sector charges 3500 taka per test. Since the decision, testing rates have fallen to around 0.8 tests per 1000 people per day, with a low of just 0.06 tests per 1000 people in August. This means that the poor are excluded. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31819-5/fulltext?dgcid=raven_jbs_etoc_email](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31819-5/fulltext?dgcid=raven_jbs_etoc_email)
15. This is consistent with the results of work carried out by the NSO with support from the World Bank in Malawi, that found that while only 25% of households in the richest quintile are participating in any type of learning activity, the comparable figure was 7% in households in the bottom 20 percent of the pre-COVID-19 wealth quintile. (more details on these surveys are available at <https://www.worldbank.org/en/programs/lsms/brief/lsms-launches-high-frequency-phone-surveys-on-covid-19#4>
16. This is consistent with findings in other countries, for instance in Kenya, one estimate is that over a period of three months in lockdown due to Covid-19, 152,000 Kenyan teenage girls became pregnant – a 40% increase in the country’s monthly average. Public health officials and women’s rights advocates worry that the ongoing pandemic is delaying an adequate response to a growing sexual reproductive health crisis. <https://www.globalcitizen.org/en/content/rise-in-teenage-pregnancies-during-kenya-lockdown/>
17. Early criticism of the initial response came from a number of quarters, including Information Minister Dr Hasan Mahmud (see <https://www.dhakatribune.com/bangladesh/2020/03/27/covid-19-police-action-during-social-distancing-draws-flak>) it was also strongly identified in an earlier paper produced as part of this research that report is available here
18. In a similar vein a study from WFP produced in early July 2020 suggested that COVID-19 related containment measures reduced by 48% remittance flows into the country. This study estimated that nine in every 10 families in Somalia use remittances to buy food. (WFP Dataviz, 2020 and quoted in <https://www.wfp.org/publications/east-africa-impact-covid-19-livelihoods-food-security-nutrition-urban-august-2020>
19. This was supported by Concern Worldwide and a post distribution monitoring survey revealed that while 29% of respondents spent some of the money received on food, 77% spent some money on water, sanitation and hygiene products but 98% invested in small businesses.
20. <https://insight.wfp.org/covid-19-will-almost-double-people-in-acute-hunger-by-end-of-2020-59df0c4a8072>
21. <https://www.who.int/news-room/detail/15-07-2020-who-and-unicef-warn-of-a-decline-in-vaccinations-during-covid-19>

