

Coping with Covid-19: The Impact on the Extreme Poor

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ENDING
EXTREME POVERTY
WHATEVER
IT TAKES

Research Paper 1 OVERVIEW OF FINDINGS

Summary

Although initially seen as a public health emergency, the secondary impacts of Covid-19 have been devastating for many of the poorest people in the world, often compounding existing underlying challenges. These impacts include large reductions in their income and food consumption patterns, the erosion of their ability to respond to shocks and stresses, changes in their ability to access health services and challenges for their children to attend school. Between June and September 2020 Concern Worldwide worked with 30 programme participants in Malawi, Sierra Leone, Somalia and Bangladesh to explore these challenges and their experiences over this period.

Throughout, awareness of Covid-19 remained consistently high. Information came from a variety of sources causing a great deal of fear early on. Over time, as restrictions were lifted and the expected levels of morbidity and mortality did not emerge, people have become less worried about Covid-19. However, they have faced a variety of challenges in following the guidelines. This includes adopting new behaviours such as mask wearing, being able to avoid crowded spaces – particularly in high density areas and often driven by the need to seek income generating opportunities – and most frequently, not being able to afford the materials, such as soap, water and facemasks, while prioritising other expenditures, such as basic food. The increasing perception that Covid-19 is over and no longer a threat to their health also works against people's willingness to follow the guidelines.

The impact on people's incomes has been devastating, particularly in urban areas where people are dependent on small scale trading and the informal labour market. Opportunities to make a daily living have dried up and potential customers have seen large reductions in their disposable incomes meaning there is nobody to purchase goods or services from traders. While some 'green shoots' could be seen in terms of a recovery in August and September, income levels remain considerably below where they were at the start of the year. Such substantial reductions in income led to changes in access to food – manifest in terms of quantity and quality. The pandemic has also contributed to price increases by reducing the mobility of people and food, increasing the costs of transport, causing disruptions to imports, and reductions in production, while weather related events such as flooding also affect prices. Such changes in price disproportionately affect the poorest. Well-targeted cash transfer interventions have been shown to have a positive impact on people's ability to cope.

Initial reluctance to attend at health centres, generally driven by fear but also restrictions placed on people's access, has slowly dissipated, with cost once again becoming the biggest impediment to accessing services. Schools, and other sources of education such as *Madrasa*, were closed fully, or partially, in the four countries for between 171 and 260 days. 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, studying less and showing signs of anxiety, while efforts to provide distance education to children do not appear to have been successful.

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1.0 Introduction

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 unfolded in different ways in different countries and it quickly became apparent that adopting a standardised set of interventions would have unexpected and disproportionate impacts on the poorest people in the poorest regions.

While immediate health concerns remain the primary focus of attention in many countries, the expected health impact has not materialised, for reasons that are still not completely clear. On the other hand, the secondary economic, food, nutrition and educational impacts have quickly come to prominence, requiring urgent attention. The loss of up to six months income and over 200 days of education have been devastating for the poorest and will take a long time to recover from; elsewhere the impact at a global level has been described as a *setback of about 25 years in about 25 weeks*². At the same time, attitudes towards Covid-19 in many of the countries Concern Worldwide works in are changing; shifting from early widespread fear to a perception that Covid-19 is finished, meaning people start to prioritise other issues and disregard the guidelines being put in place

It is expected that extreme poverty will rise globally by up to 150 million over the next year³, but those who were already the poorest will continue to fall further behind. If the world is to achieve the Sustainable Development Goals, a massive investment in these people's lives will be required. The pandemic has also shone a harsh light on many existing challenges such as the impact of conflict on the poorest; poorly functioning markets; badly targeted social protection systems; and elite capture of support, underlining the need to continue targeting systemic drivers of extreme poverty.

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 and water, 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.

2.0 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, even if there is a widespread perception that the virus is much more widespread⁴ and has been circulating within the population for quite a long time.

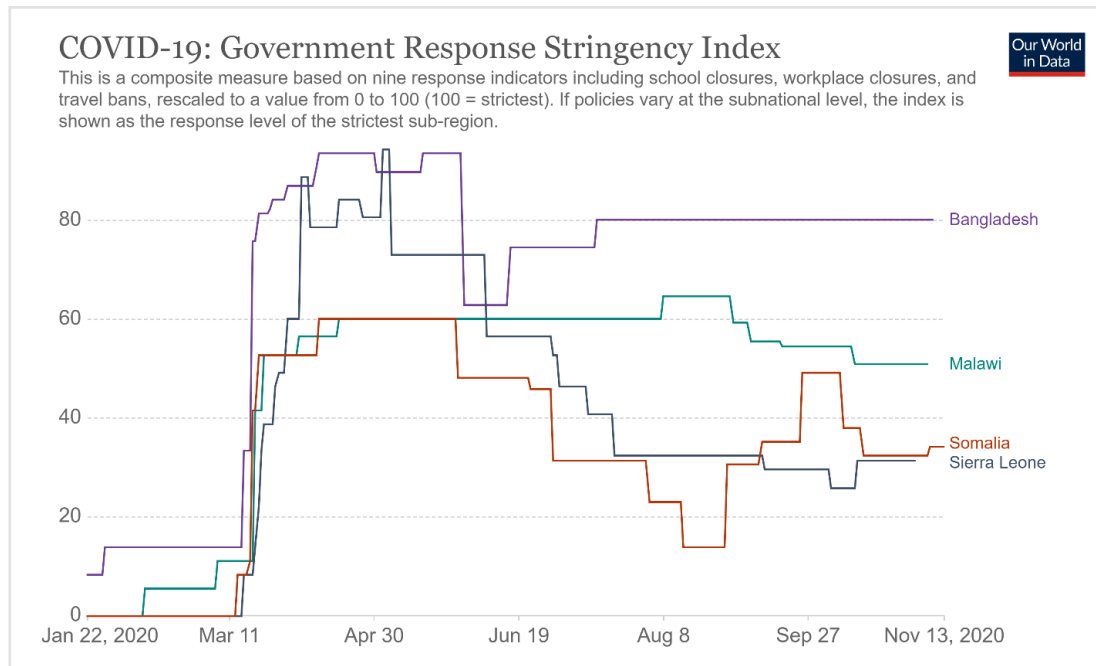
Table 1 Official Cases and Deaths from Covid-19

	# Cases	# Deaths	Population
Bangladesh	432,333	6,194	164,689,383
Malawi	5,965	185	19,129,952
Somalia	4,301	107	15,893,222
Sierra Leone	2,391	74	7,976,983

Note: Covid-19 data taken from <https://coronavirus.jhu.edu/map.html>. Population data taken from <https://www.worldometers.info/world-population/population-by-country/>. Both accessed on 16 November 2020.

In the four countries, the initial response was swift and followed a similar pattern, with various forms of lockdown and restrictions on movement introduced. However, using data from the *Oxford COVID-19 Government Response Tracker* shows quite a variation in their stringency over time, with Bangladesh's being consistently stricter than the other three countries, and with Sierra Leone easing considerably their initial restrictions over the last six months⁵. The following section contains a brief overview of some of the key policy initiatives put in place in each country and the expected macro level impact.

Figure 1 Covid-19 Government Response Stringency Index



Source: <https://ourworldindata.org/coronavirus/country/somalia?country=SOM~SLE~BGD~MWI#government-stringency-index> from Hale, Webster, Petherick, Phillips and Kira (2020), Oxford Covid-9 Government Response Tracker

Initially described as a nationwide holiday, the government in **Bangladesh** declared a 10-day shutdown effective from March 26⁶. 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.⁷ 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 covered⁸ 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 remittances⁹. Some estimates suggest that remittances, the second-largest driver of the Bangladesh economy, could decrease by 20 percent in 2020¹⁰. 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.¹¹ 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 areas¹².

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 left more than one million children with no access to education. **Schools have started to open for the new school year in late August.** 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 up to 2.1 million people across Somalia expected to face high levels of acute food insecurity through December 2020¹³. 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.¹⁴

The government of **Sierra Leone** has implemented what is perceived as a relatively well-organised national response. 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 became 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 activity¹⁵.

3.0 Methodology

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

Table 2 Distribution of Participants, by Gender and Location

	Male	Female	(Peri-) 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, the third in early August, and the fourth in early 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 and interviewer wore facemasks, gloves and carried hand sanitiser).

Table 3 Dates of data collection, by country

	Round One	Round Two	Round Three	Round Four
Malawi	30.06 – 03.07	14.07 – 17.07	07.08 – 10.08	28.08 – 04.09
Sierra Leone	29.06 – 13.07	13.07 – 17.07	03.08 – 18.08	01.09 – 07.09
Somalia	23.06 – 28.06	15.07 – 22.07	03.08 – 06.08	01.09 – 08.09
Bangladesh	24.06 – 27.06	09.07 – 14.07	27.07 – 15.08	03.09 – 11.09

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 (on 17 November, 2020)

	€1	US\$1
Bangladesh Taka (BDT)	100.4	84.6
Malawi Kwacha (MK)	898.0	756.3
Sierra Leone (Le)	11,861.2	9,990.0
Somalia (Shilling)	692.2	583.0

4.0 Findings

The following provides an overview of what was discussed during the interviews. It starts by showing how consistently high levels of knowledge translated into fear early on in the pandemic, but that this has more recently been replaced by a feeling that Covid-19 no longer presents a threat. It goes on to look at whether high levels of knowledge translate into changes in behaviour and some of the major impediments people faced in following the guidelines given. It then looks at the impact of the restrictions put in place on people's access to food, ability to earn incomes and access health and education services. The final sections look at

4.1 What do people know about Covid-19

Across all countries and all round of data collection awareness of Covid-19, its symptoms, and how to prevent its transmission, remained consistently high. Those interviewed received information 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; in other areas, people who did not have access to radios highlighted how they were not receiving the same level of information as their neighbours. On the other hand, where information is received on a regular basis it is seen as empowering. As one respondent in Mgoni (Lilongwe) described *“The Information about Covid-19 ... has given me knowledge on how I can take care of myself as well as my family so as to prevent contracting the virus ... without the knowledge, I was just living with assumptions which were scaring me”*. This underlines the need to ensure that messages are designed and delivered in a way that are accessible to all.

Unsurprisingly, the large volume of information about a global pandemic and its potential impact led to raised levels of fear amongst those interviewed. This was particularly apparent in the early responses received across all countries, for instance in June, in Somalia, one woman described 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, with one man explaining, *“I think if we do not tread carefully, or neglect this, then death will be inevitable, no one will live through this”*. This was often reinforced by the restrictions people saw; 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”*. In September, reflecting on how he felt early in the pandemic, one man in Lilongwe (Malawi) spoke of how *“When I first heard about the disease, I was very scared. Mostly because of the way they said it was being spread. It appeared as if you could catch it anywhere”*. These levels of fear have receded a little as people receive more information and the expected morbidity and mortality rates have not materialised, as one respondent in Malawi noted *“we are so hopeful that anytime soon we are going to have zero cases in Malawi.”* The lifting of restrictions has also assuaged people’s fears, as explained by one man in Bangladesh *“now that the lockdown has eased, the fear has decreased a lot as people are moving normally again. Now that people around me are moving normally, it gives me strength”*.

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” (in Sierra Leone) rather than quarantine. While the rumours and stories people hear also cause some confusion, in Malawi, respondents spoke about how a child had suffocated wearing a mask in a nearby village.



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

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”, and as shown below, in terms of a willingness to continue to follow guidelines in place.

4.2 Converting Knowledge in to practice

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 our 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”*.

“We do not have enough water for cooking or handwashing and we cannot afford to buy soap or hand sanitizer.”

(Female respondent, IDP Settlement, September 2020)

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, with many respondents seeing this as an option only for the better off. 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”*. In September, a woman who lives in an IDP settlement in Somalia described how they faced challenges accessing water and *“cannot afford to buy neither soap nor hand sanitizer”*. An older woman in Port Loko (Sierra Leone) explained how, when faced with a choice, she would *“prioritize her daily sustenance rather than buying a face mask”*. 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”*.

“Would I buy a bottle of disinfectant for 70 taka every day or feed myself. Poverty is a barrier to good habits, I guess.”

(Male respondent, Dhaka, September 2020).

A further 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)

There was an expectation early on that people wearing masks would be perceived as having Covid-19 and potentially spreading this through the community. When this was probed with those interviewed in September, some evidence of this was found in the responses in Somalia. One respondent identified how *“When I see someone with a face mask I think this is someone who is self-conscious and afraid of Corona Virus and I can understand; but most of the community thinks whoever is wearing face mask has Corona Virus.”* However, the general perception was that those wearing masks *“serve as an example for other in the community for safe practice”* (Sierra Leone) or *“believe they are ... protecting themselves from Covid-19 which is good”* (Somalia) and that *“seeing someone putting on a mask doesn’t give me any strange thoughts because It is just a normal thing”* (Malawi). This acceptance seems to have been generated through awareness sessions and (in Malawi) the introduction of substantial fines for not doing so. That is not to say there are not challenges associated with wearing masks, the issue of comfort is a constant consideration particularly for older people and in hotter environments, while the question of affordability for the poorest was frequently raised.

The widespread belief the pandemic is over also has a strong influence over people’s behaviour. One of the men interviewed in Bangladesh 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.”* Also in Bangladesh, a woman explained in September how she *“used to buy various protective items like masks and sanitizers during Corona. We are poor people. I used to buy masks and sanitizers without buying other necessities. But now I don’t buy them anymore. Instead of buying masks and sanitizers, I am buying necessary items for the family with that money.”* Similarly, in Malawi, in September one man in Lilongwe explained how *“Since the graph of the new cases is going down with each passing day, people are no longer serious when it comes to following the necessary guidelines. If you would come to Mgoni now, you will notice that people are no longer serious when it comes to protecting themselves from contracting the virus.”*

4.3 Impact on Livelihoods

Those 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 better-off. 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 was 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.

The economic impact has been particularly strongly felt in urban areas

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 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 has shown 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 he had *“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 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 nighttime one when workers from garment factories and offices were 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.”*

“I can’t run a business if there is nobody to buy anything”

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”*. In August, she described how her situation continued to deteriorate *“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, a woman who runs a 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?”* Similarly, a man who runs a rickshaw repair business highlighted how before the lockdown *“Some days I got 600 taka, 1000 taka, 800 taka, 500 taka, but today my wife and I worked for 144 taka together. The rickshaw pullers do not get a lot of business, so the rickshaw pullers do not want to come to have work done for fear of paying money”*. 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).

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 was 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”*.

Things are getting better, but are not back to pre-pandemic levels

In August and September while the situation remained challenging for those interviewed, some ‘green shoots’ could 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 material from Hargeisa (in Somaliland) described how *“now the flights will be reopened, I think everything will get in to order”*. Another woman described how her son had recently found employment as a security guard, while one of the men interviewed man identified how *“we are going to work in the morning, expecting a salary at the end of the month. There is no movement restriction and things are getting to normal”*. In Bangladesh, a man who sold fruit near the train station has changed location and sells on the sidewalk targeting workers in the garment factories, as well as changing what he sells, prioritising *amlaki* (Indian Gooseberry) rather than a variety of fruit. This man has reported how his sales have increased, earning between BDT100 and 200 a day. One of the women 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 4,500 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.”*

“Things are getting better because, as I told you before, I did not have money to purchase food for my children, but now I am working and have some money to buy food for my family.”

(Male Respondent, living in IDP Camp Somalia, September 2020)

However, some of those interviewed had not seen any improvement since June, with regular seasonal hardships being compounded by the Covid-19 restrictions. It is also important to remember that even though there has been some progress recently, incomes have not returned to anything like pre-pandemic levels, underlining the continuous challenge the poorest face and the extent the economic shock caused by the pandemic and the in-country responses has affected them.

4.4 Access to Food

Reductions in income, particularly in urban areas, lead to changes in access to food – manifest in terms of quantity and quality and has been a core impact of the pandemic. It plays out differently across contexts, being less of an issue in rural areas in Malawi, changing considerably over time in parts of Sierra Leone, but being a consistent challenge in all 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.

In the June round of interviews, respondents spoke about increases in prices in local markets; in Sierra Leone, one woman in Tonkolili explained how the price of 50kg of rice had increased in one month 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 were also reported to have increased in price. 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, people spoke in particular about increases in the price of vegetables, fruits and meat; one woman in Mogadishu described how *“1kg of potatoes was \$0.50 and now is \$1.40, 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 observed, *“previously, two piles of fish could support a meal but now they cannot as sellers have reduced the sizes to maximize profits.”*

Seasonal challenges compound problems

The early price increases attributed to Covid-19 were compounded in later rounds of interviews by predictable seasonal challenges. While occasional examples of positive seasonal changes were given in the interviews, including to the price of fruit (mangoes) and vegetables (onion, garlic and ginger) in Bangladesh in July or fish in Malawi in September in most cases these were negative. This included increases in the price of Maize in August in Lilongwe (Malawi), and dried foods (described as rice flour and oil) in Mogadishu (Somalia) in September. In Sierra Leone the overall sense, as one respondent explained is that *“The price never goes down. All vegetable prices are on the rise as before”*. In Somalia, respondents described the triple blow to food prices caused by the *“pandemic of Covid-19, the lockdown of the country and that the vegetables cannot be brought in from Lower Shabelle where due to heavy raining and current floods the roads are blocked”*.¹⁶ Similarly, 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”*. Any such changes in price disproportionately affect 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.”

(Female Respondent, Dhaka, Bangladesh, August 2020)

The initial changes in prices can be partially attributed to Covid-19 related restrictions on travel. In Sierra Leone, respondents spoke of how the early inter-district travel restrictions, which made it costly to transport goods, saw 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 explained “*sellers said that, they too have been buying 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 were hopeful that as “*traders dealing with rice can now move with their goods from one community to the other for sale*” prices would start to fall, though little evidence of this happening could be seen. 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 the early rounds of interviews 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.

Coping – change quantity or quality

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*”¹⁷. 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 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 some of the challenges households were facing in terms of accessing food.

Fortunately, in August and September, there was some evidence of an improvement in the situation in a small number of the interviews undertaken, particularly as people started to return to work. In Bangladesh, one man described how “*I am fine with Allah’s mercy. I am doing well, I have some income, Allah is looking out for me and feeding me with pulses and rice. I am in a better situation now than before*”.

“I don’t let my father-in-law, [husband and child] know that there is less food. My husband sometimes eats a little less when he understands. I eat after feeding everyone in the family.”

(Female Respondent, Dhaka, July 2020)

It is difficult to identify who suffers most within the household 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 eat a banana for the children*”. However, others in the same area described how “*almost all camp children are becoming malnourished due to hunger*”, with one respondent explaining “*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, one woman in Port Loko spoke of how her “*children are fast losing weight due to insufficient food to eat*”. Other respondents 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 women in Dhaka described how, “*I don’t let my father-in-law, [husband and child] know that there is less food. My husband sometimes eats a little less when he understands. I eat after feeding everyone in the family*”.

4.5 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, 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.

4.5.1 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 at a health facility, even though cost also features prominently in terms of people’s decision-making on whether to seek health care.



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

In June and July, responses clearly showed a widespread fear of contracting the virus at the health facility, influencing people's decision-making. At this time one woman in Dhaka (Bangladesh) 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 Sierra Leone, one man in Tonkolili told of 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) who had not taken his child for a vaccine explained, *"If children need vaccination, people are going out to get it"*; while the woman who was not able to attend her ANC visit in Tonkolili (Sierra Leone) 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 health facilities, while in September in Sierra Leone one of the men interviewed explained *"People are not frightened to visit the health facility anymore. Initially there was low hospital attendance but now there are sick people visiting the centre especially during the rains."*

However, amongst some respondents, a certain level of fear lingers, one man in Dhaka explained, *"everything is going back to normal due to the easing of the lockdown but I am still afraid to seek medical treatment at the hospital"*. In Somalia, in September, one respondents spoke of how *"people are afraid of getting the disease when they visit the health centres since many people with various diseases are coming to the hospital and no one knows if they have Covid-19 or not. People do not go to the hospital unless there is an emergency."*

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.

While Covid-19 did influence people's health seeking behaviour, it would appear that cost continues to be one of the biggest impediments to access. In Somalia across all rounds of data collection, respondents described the challenges they faced in this respect; in June one respondent spoke about how they could not access health care, as they lacked *"money to use to pay for medicine"*. A woman whose father was taken to a private clinic explained

how she had already paid \$100 to admit him, borrowing the money from other women who trade vegetables alongside her. In September, one of the men in the IDP camp described how *“one of my neighbours was injured. We then took him to the private hospital, they took \$70 not including medicine, we worry about our financial ability to treat them if a person becomes sick.”* A similar situation prevailed in Bangladesh, 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.¹⁸

4.5.2 Education and Children

In each of the areas where data was collected, schools were closed early on as part of the pandemic response. In the four countries in question schools were partially or fully closed in 2020 for between 171 (in Somalia) and 260 days (in Bangladesh). 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 early August in Bangladesh and Malawi, respondents complained that they still did not know when 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 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 no explanation, this uncertainty was causing a great deal of frustration, 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 continue loitering around.”*

By September, this situation had changed in Malawi, with school re-opening imminent. This was seen as a positive development by all of those spoken to taking away much of the frustration observed earlier associated with the continued uncertainty around the length of school closures. As one respondent identified *“school children are now filled with hope and they are happy that soon they will be going back to school. After a very long time I have seen children getting back to their books getting themselves prepared for the reopening of schools”*. However, respondents spoke of the restrictions that will have to be followed, with a high level of awareness that children will have to wear a mask to attend school. As one respondent identified *“parents will have a task sensitising their children about these guidelines”*. This will also add an additional cost to children attending school, which may disadvantage further the poorest, while a number of respondents spoke about the worries people face in terms of purchasing school uniforms and books for children to return.

“School children are now filled with hope and they are happy that soon they will be going back to school.”

(Male Respondent, Lilongwe, September 2020)

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 were 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 had been to keep children at home. One man, 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)

Potential longer-term impacts on children were also identified. 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. 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"*.

The poorest did not get to access online or other materials

In all countries, a number of initiatives to maintain access to education during the lockdowns were put in place, and while these were implemented with different degrees of success, a common challenge across all contexts was in ensuring the poorest had 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 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".*¹⁹ Parents expressed concerns over the effectiveness of these approaches; one man in Sierra Leone explained 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 programmes was not helping the children, this was a new experience for them and they were challenged by not being able to ask questions on topics they did not understand.

While better off families were able to hire private tutors, this again was 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 tried to fill this gap and provide support to their children, but faced 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"*.

Teenage Pregnancy

In three of the countries, respondents spoke of 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."*²⁰ 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.

4.6 Impacts at Household Level

The pandemic has also had an effect on 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 even though there was some examples of men taking on greater domestic responsibility,

these were not commonplace. The second is a noticeable increase in reports of domestic tension, which spills over into violence.

In Sierra Leone, one woman interviewed in Port Loko highlighted how *“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”*. This was coupled with a poor understanding of women’s workloads by men, with some feeling this had actually decreased during the lockdown. One man explained it as follows *“Before the chores are done by the mothers and it takes time to complete them because they have to do everything now they delegate chores to the children.”* In Bangladesh, interviewers were told of how women have taken on the additional tasks of home schooling children, where their own education levels allow. This represents a substantial demand on their time when added to their traditional roles; in this case, one of the male respondents in Dhaka highlighted *“My wife still does all the work in my house. When we come home from work, I stay in bed. She cooks and does 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 was possible to identify some small changes in gender roles within 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 cooking for construction workers, 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 were 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”*. 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. “*

However, there are some questions over the extent these changes have been sustained once life starts to become ‘more normal’. In Somalia, in September one respondents spoke of how *“at first my husband was not working due to the lockdown but he used to help me caring children, household chores when am cooking and cleaning. For the children, they used to help me in selling but now my husband goes to work early in the morning and my children go to school, am left alone and do everything in the house at the same time work in my kiosk.”*

The second element was an increase in domestic tensions and violence in the home. One woman in Somalia noted, *“married men and women always fight in the house due to lockdown and lack of enough food in the house”*. A woman from Dhaka (Bangladesh) explained how in her case *“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 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 told of how *“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.”*

4.7 Impact at Community Level

Those interviewed also identified a number of changes in community life attributable to the pandemic and the actions taken to stem its spread. People spoke about the impact on 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 rather than go 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 not everyone adhered to the restrictions, particularly in later rounds of interviews. In July, one respondent in Malawi 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 and existing support networks. In Somalia, a number of people focussed on the impact on 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 how *“we are not gathering all the community; this has caused a lack of consultation with 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 were being put under pressure. One woman spoke about how *“community members do not have enough to support 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 a majority of respondents identifying how things were different this year. One man described how friends who usually gave meat were not able to do so as *“their financial condition isn’t good either”* and 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 did lead 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”*. In September, when respondents were probed on this further, one woman identified that *“In the last 15 to 20 days a lot of people have come to Dhaka from their villages”*. One man expanded on this, explaining, *“Those who can work or make some earning in Dhaka are basically returning. And those who have no opportunity to work or earn even after returning to Dhaka are still staying in their village. In the village they survive by living off of their savings or relying on relatives.”* However, one man explained how the variety of opportunities for those who returned were not as great as before, with many who used to work as labourers now resorting to driving rickshaws.

Similarly, in Lilongwe (Malawi) respondents spoke of how people were returning to rural areas; 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 and Middle Shabelle regions. 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”*.

4.8 Engaging with Public Officials

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

In Bangladesh, respondents identified a number of problems early on, 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 business²¹. 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. A woman who runs a small business in Dhaka told how earlier she felt she *“would be beaten and scolded by the police if the shop was open at that time, so I did not open out of fear of the army”*. By the second round of interviews she spoke of how she was opening at six 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 occasionally violent enforcement of regulations was also flagged in Sierra Leone. Here 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”* and were able to relate stories of people being arrested while being on public transport without face masks or being brought to *“the police station or made to pay a fine of Le 20,000”* for various infractions of the regulations. However, none of those interviewed said that this had happened to them. Similarly, in Somalia, a number of respondents related stories of violent enforcement of the regulations. One described how during Ramadan *“anyone who was seen outside in the late afternoon around 7:00 pm was arrested, beaten and since then there was a curfew from afternoon till morning”*. Another highlighted how they had *“heard and seen people being beaten and arrested by the local authority”*. In Malawi, while nobody related stories of strict enforcement of regulations, a number of those interviewed were worried about of the potential impact of strict enforcement by the government of the rules around wearing masks or gathering in large groups.

Respondents also spoke about challenges the pandemic was bringing in terms of their interaction with public services. In Malawi, one man described how *“putting on a mask has become the order of the day and it has become a new normal. There is no way one can get assisted in a shop or anywhere else if they are not putting on a mask”*. While for many this is not an issue, for some, particularly older people the need to wear masks to access government services, including health facilities, means 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”*.

In September, the interviewers asked respondents how fairly they thought the restrictions had been implemented. Generally, people were positive about this, even if they felt it had affected them directly. In Sierra Leone one respondent described how *“The previous inter district lock down was worth it, it has prevented the community spread of the virus”*. In Malawi, one person interviewed in Mangochi highlighted how they had been *“fairly implemented as the government wanted to save our lives”*. In Dhaka, interviewers were told of how the police *“are just doing their job I have not seen them go overboard”*. However, some issues were raised, in Sierra Leone, people spoke about how some *“were moving from one district to another as long as they have a pass issued to them by Government Officials”*. In Somalia, a number of people explained how they felt they should have received distributions of food and hygiene materials, such as masks, gloves and soap as part of the restrictions.

4.9 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 -

- α) Take on new lower paid jobs or try to sell small quantities of low value goods, such as vegetables. This was particularly prevalent in Bangladesh, where a number of men had started to work as rickshaw drivers as employment opportunities in more lucrative areas (such as building work) dried up. This is forced by the need for *“everyone to do something”* in the face of no formal support system to help deal with such a shock.
- β) 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. In Sierra Leone one women described how she had been forced to *“use my capital or money from my business to support our consumption.”*
- χ) Sell household assets, at a price well below what they consider they are worth and
- δ) 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 caused by 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 was less widely accessible than before with increased demand for this type of support. The experiences of one woman in Dhaka related across the four rounds of data collection is illustrative of how central being able to borrow small amounts of money is to being able to survive. In June, she described how she had borrowed BDT 1,500 from a neighbour. Once this was repaid, in July, she had to borrow money "here and there", including BDT 2,000 from a friend of her husband and BDT 500 from a different neighbour. In August, her husband borrowed BDT 2,000 from a friend to buy goods for the shop, of which he was able to repay BDT 1,000 that month.

In Somalia, 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 were waiting on cash transfers to come from Concern Worldwide 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..

4.10 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 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 was not clear that changes in this directly affected the people interviewed, who were amongst the poorest. 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 for one it later started again²². 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 stay in the big towns that used to send support to 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 and cash transfers, in Malawi they spoke of how they had received soap (in Lilongwe) and counselling and support (for those included on Concern’s 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 businesses²³. 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 September, one of the women interviewed highlighted how “in VIP areas, hand washing is being provided on the streets or sidewalks or in certain places ... but there are no such arrangement in poorer areas”.

Another woman, also from Dhaka explained, “if something comes from the government, it gets distributed secretly. Those who distribute give it to their acquaintances, so those who are in need do not get it. ... Brother, in these times, those who have people inside the system, only they get things.” 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”. In this instance, one of the women interviewed explained how she knew “people who have received it” going on to say, “In my opinion, this is not fairly implemented as there are people whom they took photos of and registered but did not receive the money. Three of these people are my close friends.”

“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)

When people were asked what type of support would help them in the future, 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.

5.0 Looking to the Future

It is clear that between June and September 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 or cope with many of the secondary 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 poverty levels²⁴, food security²⁵ and vaccination

rates²⁶. 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, though it seems likely that these will disproportionately affect the poorest. 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 are least able to deal with the shock and in some instances 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 and Somalia, can help people overcome some of the short term challenges faced.

As the use of crude lockdown measures change to more flexible and localised approaches, based on a greater understanding of how the virus spreads and the population movements that contribute to this, it is time to look at how we cope and adapt to Covid-19. One year on from the emergence of the virus, governments must develop appropriate responses to address the long-term, drawn out, social and economic impacts. 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. COVID-19 will be with us for the near future. Once vaccines are available, universal access will take time. In the target countries, official infection and death rates are lower than the universal average, however continuous awareness-raising campaigns on Covid-19, its transmission, prevention and treatment are essential. Complacency will cost lives.
2. While the world continues to learn how to live with the virus national communications campaigns need to distinguish between being able to live with the pandemic and the frequent belief that 'the pandemic is over'. Efforts to dispel common myths and misinformation, such as the impending end of the pandemic, need to be maintained. Messages should be in a language that people can understand (an over-reliance on messaging in English excludes some members of the community, similarly, child-friendly formats should also be considered).
3. In addition to raising awareness, governments must guide local authorities and community groups to recognise and respond to the difficulties of the poorest people to follow guidelines and protect themselves and their families.. Access to information and supplies to improve hygiene practices, 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.

4. COVID-19 is exacerbating other vulnerabilities. Poor families are making difficult choices to cope. Women eat last in the family, while parents struggle to feed their children and maintain a sense of normality. Targeted support is needed to ensure families have the means to feed their children and themselves, to stay healthy and resilient as the fallout from the pandemic will continue into 2021. The cost of doing nothing will be a rise in malnutrition, rolling back recent progress globally.
5. Social protection has saved lives and livelihoods as people adapted to the impact of COVID-19. Cash assistance to urban and peri-urban communities with no other means of earning a living must be prioritised, particularly in the context of functioning markets as earlier travel restrictions and closed borders are lifted. Economies will recover with the right investment that will increase employment and opportunities.
6. In the longer term, countries need 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.
7. In all contexts, 2021 will be a year of 'catch-up'. The multiple social, economic, cultural and educational losses will continue to emerge and policies must be adapted to accommodate and respond to the severity of these. In all countries, public and private sector plans must make sure those already furthest behind are not further disadvantaged,
8. The negative impact of Covid-19 is an opportunity to rethink assumptions on sustainable livelihood and robust economies as part of the economic recovery and focusing on 'decent work'. Now is the opportunity for governments, international organisations and research institutions to rethink assumptions and consider new ways to provide vulnerable groups with support to develop new skills and livelihoods; .Interventions such as Graduation Programmes are a proven means of doing this.²⁷
9. In the face of a global recession and increasing need around the world, it is time to take stock of how vulnerable the extreme poor are to shocks on a global scale over which they have no control and no means to protect themselves. Governments must look at how our interconnected world responds collectively to shocks such as the Covid-19 pandemic, and strengthen solidarity and response capacity .For low-income countries; the international community must continue to support government led plans rather than scaling back their assistance in the face of increased domestic needs. Now is the time to recommit to making sure no one is left behind.

This report has been consolidated from country reports produced by Isaac Gahungu and Liam Kavanagh (Sierra Leone), Zakir Ahmed Khan and Gretta Fitzgerald (Bangladesh), Gift Mwembe (Malawi), Andrea Solomon, AbdiRashid Hussein Leyla Hassan and Feisal Alinoor Mohamed (Somalia) and Chris Pain (of the Strategy Advocacy and Learning 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. See <https://www.gatesfoundation.org/goalkeepers/report/2020-report?download=false>
3. <https://www.worldbank.org/en/news/press-release/2020/10/07/covid-19-to-add-as-many-as-150-million-extreme-poor-by-2021>
4. One recent newspaper report in Bangladesh referred to a study that showed half of Dhaka dwellers had virus by July', and that this was as high as 74% of people in slums - <https://www.aa.com.tr/en/asia-pacific/bangladesh-half-of-dhaka-dwellers-had-virus-by-july/2005125>
5. The Covid-19 Government Response Stringency Index is a composite measure based on nine response indicators including school closures, workplace closures and travel bans. It is rescaled to a value of 0 to 100 with 100 being the strictest. It is not, however, a measure of the appropriateness or effectiveness of a country's response. More data on the approach taken by OxCGRT is available at <https://www.bsg.ox.ac.uk/research/research-projects/coronavirus-government-response-tracker>
6. <https://www.dhakatribune.com/bangladesh/2020/03/23/govt-offices-to-remain-closed-till-april-4>
7. 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. <https://www.frontiersin.org/article/10.3389/fpubh.2020.00154>
8. <https://reliefweb.int/sites/reliefweb.int/files/resources/COVID-19-Synthesis-report-Exec-Sum-Final.pdf>
9. <https://www.imf.org/en/News/Articles/2020/06/11/na-06122020-helping-bangladesh-recover-from-covid-19>
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. <https://www.nyasatimes.com/malawi-brings-in-strict-new-curbs-on-life-to-fight-covid-19/>
12. 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>
13. FAO and WFP. 2020. FAO-WFP early warning analysis of acute food insecurity hotspots: July 2020. Rome. <https://doi.org/10.4060/cb0258en> and <http://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1152883/?iso3=SOM>
14. FAO and WFP. 2020. FAO-WFP early warning analysis of acute food insecurity hotspots: July 2020. Rome. <https://doi.org/10.4060/cb0258en>
15. FAO and WFP. 2020. FAO-WFP early warning analysis of acute food insecurity hotspots: July 2020. Rome. <https://doi.org/10.4060/cb0258en>
16. 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>
17. 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.
18. 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)
19. This is consistent with the results of work carried out by the NSO with support from the World Bank in Malawi, which 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>

20. Similar findings have been seen 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/>
21. 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
22. 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>)
23. 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.
24. <https://www.worldbank.org/en/news/press-release/2020/10/07/covid-19-to-add-as-many-as-150-million-extreme-poor-by-2021>
25. <https://insight.wfp.org/covid-19-will-almost-double-people-in-acute-hunger-by-end-of-2020-59df0c4a8072>
26. <https://www.who.int/news-room/detail/15-07-2020-who-and-unicef-warn-of-a-decline-in-vaccinations-during-covid-19>
27. More information on Concern's work on Graduation is available at <https://www.concern.net/insights/research-graduation-model>