

The impact of Covid-19 on the poorest

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ENDING
EXTREME POVERTY
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IT TAKES

Research Paper 2
MALAWI

Summary

As part of a multi-country initiative to examine the impact of Covid-19 and related policy responses on the Extreme Poor, Concern Worldwide Malawi have tracked changes in the lives and livelihoods of 12 of their programme participants between June and September 2020. Amongst this group, knowledge of Covid-19 and the means of preventing its spread was consistently high, however, people faced a variety of challenges in following guidelines, including breaking long held habits when it comes to hand washing, being able to afford soap and facemasks, and the need to access markets and attend religious services. We observe that the newly introduced guidelines on wearing masks are well understood, as are the penalties for not doing so. High initial levels of fear of Covid-19 have reduced as media reports show the reach and impact of the pandemic have not been as large as predicted. While the long-term economic impacts of Covid-19 are still unclear, differences can be seen between urban and rural areas in the way respondents describe changes in their livelihoods. Those in urban areas, who are dependent on casual labour, or anyone relying on trading, appear to be the most affected, though in Lilongwe the receipt of the government's cash distribution has been viewed positively. The impact of the closure of the border with Mozambique has been detrimental to a large number of people in Nsanje and Mangochi in terms of their ability to trade and farm. Although a common assumption is that people are reluctant to attend Health Centres, amongst our respondents Covid-19 does not appear to be affecting their decisions to do so. The expected reopening of schools in September has been viewed positively amongst all of those interviewed; however, the long-term impact of the prolonged closure of schools will be detrimental on children, both in terms of the quality of their education and their well-being. This has a disproportionately negative affect on girls.

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. By 12 October, there were 5,821 confirmed cases in Malawi and 180 deaths² (Figure 1 shows the cumulative number of cases and deaths since the start of April). These figures appear low when compared to the global total, but a number of factors make Malawi's population of 17.6 million susceptible to Covid-19, including its proportion of older people (5% are aged 60+) and its relatively high HIV prevalence (of 9.2%), while high rates of non-communicable diseases including diabetes, heart problems, and blood pressure compound the vulnerability. Additionally, Health System challenges such as insufficient health workers, chronic shortages of essential drugs, and basic medical equipment, means Malawi has limited capacity to deal with any increased burden on health centres.

The Government of Malawi declared a State of National Disaster on 20 March and launched a National Covid-19 Preparedness and Response Plan on 8 April several days after the first cases were confirmed in the country. 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. This was subsequently reversed to allow more consultation to prevent harm to the poorest and most vulnerable of society. In early August, a new government introduced several preventative 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.³ People found not to be wearing facemasks face a fine of up to MK 10,000.

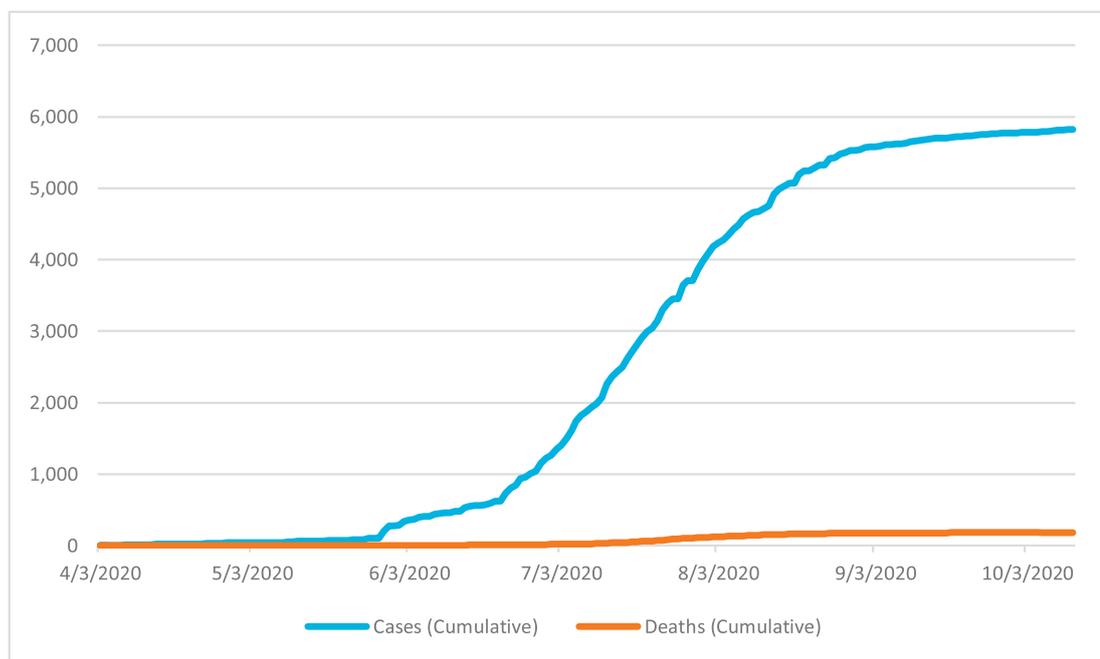


Figure 1: Number of confirmed cases and deaths from Covid-19 in Malawi

While these containment measures are limited by international standards, economic activity has slowed with some estimates for GDP growth being revised downwards from 4.8% to 2%, incorporating the impact of an 11.9% reduction in sales values in the tobacco sector and a large-scale downturn in tourism. The worst impact is expected in the informal economy, resulting in reduced income for many urban households, with poverty forecasted to increase by up to 4.9 percentage points in urban areas and 2.2 percentage points in rural areas⁴.

In this Brief, we examine how the response in Malawi has affected some of the poorest households in terms of their food security, livelihoods, access to basic health services and the longer-term impacts on children’s education in three geographic locations where Concern Worldwide works.

Methodology

Data has been collected using a qualitative checklist translated into the appropriate local language; responses were subsequently translated and transcribed into English. Interviews were conducted by phone in peri-urban areas and face to face in rural areas. Where this was the case, interviews followed strict social distancing guidelines. In total, 12 people were included in the research in Malawi and were interviewed in all rounds; all are participants on Concern Worldwide programmes. In Lilongwe, they are engaged in a specific Covid-19 response intervention, while in Mangochi and Nsanje, respondents were included on Concern's Graduation Programme.

The first round of Interviews were conducted between 30 June and 3 July 2020; the second between 14 and 17 July, the third between 7 and 10 August (as new restrictions were being introduced) and the final round between 28 August and 4 September, three weeks after the restrictions had been introduced. Respondents comprised eight men and four women, with the youngest being 30 years of age and the oldest 80. There were four respondents from each of Nsanje, Mangochi and Lilongwe Districts. Respondents in Lilongwe all live in the Peri urban area of Mgoni; in Mangochi they come from Midala, Mpita and Mpoka Villages; in Nsanje they come from T/A Ndamera and T/A Chimombo. Very little changes in the composition of the households were observed over the three months of the research.

This is part of a four-country study looking at the impact of Covid-19 and the various responses put in place in Somalia, Sierra Leone, Bangladesh and Malawi.

Findings

Knowledge about Covid-19, its symptoms, groups that may be most at risk and how to prevent its spread has been consistently high amongst the people interviewed, with no major differences apparent across the four rounds of data collection⁵. Those interviewed explained how they had heard the messages from public address vehicles, and from community meetings called by chiefs in more rural locations, how health workers have been advising them on washing hands with soap regularly to prevent the spread of this disease, with others highlighting how Concern caseworkers had been counselling them. Some in rural areas, who are part of Concern's Graduation programme and have been receiving regular information from these caseworkers, described how they were considerably better informed than others in the community, with one respondent explaining *"they just hear rumours and we are like heroes because we have a reliable source"*. One respondent in Mgoni spoke of how they felt empowered by the knowledge they had received *"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"*.

Messages have also been received through the radio, reinforcing the importance of this means of communication, with one respondent in Lilongwe highlighting how, in September *"The radio stations are still encouraging people to continue following the preventive measures. To continue with the social distancing and also wear face masks in public."* On the other hand, one of the respondents in Nsanje highlighted how *"since our radio got broken we have had challenges in receiving reliable updates about Covid-19"*.

“ Life is not normal we will be happy once Covid-19 comes to an end”

(Female Respondent, Nsanje, September 2020)

Information is also spreading through word of mouth and through people’s interactions at markets. Unfortunately, this can lead to the spread of misinformation, apparent in some of the responses received, with the opinion that the *“corona virus do not survive in hot weather, it dies”* being mentioned consistently by respondents across the various rounds of data collection.

In July and early August, respondents spoke of increases in the rate of transmission in certain districts, how they have heard of changes at national level on the news and how *“some famous people have been affected and others have died”*. At that stage, one respondent highlighted how *“this disease has claimed lives of more than 20 people in this country as it has no cure.”* However, by the fourth round of data collection in early September, respondents were speaking of how *“the number of new infected people has decreased significantly”*, with one relating how *“we are so hopeful that anytime soon we are going to have zero cases in Malawi.”*

This level of knowledge and perceptions of the high mortality rates unsurprisingly led to high levels of fear amongst respondents. In the fourth round of data collection, we specifically asked whether people had been frightened by the information given, with the overwhelming response reflecting this was the case early on, but it has eased as people become better informed, and the health impact has not been as widespread as feared. One man in Lilongwe highlighted 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”*. One respondent from a rural area described how *“at first it was very painful to think of dying because of shaking hands and then touching your mouth and eyes but after we heard the measures we can use to prevent the virus, it very simple to follow you know people are always reluctant to change.”* This particularly affected people in the urban area of Mgoni (Lilongwe). One respondent here described how *“this is a highly populated area which is at a high risk of spreading the disease at a very high rate. After I had learnt how this disease is spread, I was very afraid that if only one person would contract the virus here, even if they would not show the signs, the whole area would be infected within a very few days. We would have many deaths here since the houses are so close to each other, our markets are congested and having a lot of people using the same borehole and many other community services.”*

However, having high levels of knowledge, does not equate to an ability to act on the messaging. Respondents have identified that while not shaking hands has been easier to implement, there are greater challenges in terms of washing hands frequently. Even when hand-washing facilities were available, people forget, with one man highlighting how his family *“were not used to it”*. However, by the third round of data collection, respondents did describe how they were washing their hands more frequently, though a number identified they have continuously struggled in getting children to do this. A similar situation existed in terms of adapting to wearing facemasks, with one man highlighting how *“some shun from wearing masks ... those that are shunning from wearing a mask are men, you know us men, we take time to accept a certain change”*.

Other challenges relate to cost, one respondent in Lilongwe described how *“We cannot afford to allocate a tablet of soap for only handwashing and the other options like, hand sanitizers are expensive “*. This was also the reason given in earlier rounds of data collection for not wearing masks, with one respondent explaining how *“there is an encouragement to use face masks. But these too are expensive. One disposable facemask is going at K500 and can only be used in a day. The cloth masks are fetching almost similar prices from the tailors”⁶*.

However, the compulsory wearing of facemasks, with substantial fines for not doing so, was introduced around the same time as the third round of interviews. This has helped to address their general acceptance, with respondents reporting large increases in the number of people wearing masks in their communities. One described it as follows *“With the new restrictions and guidelines, 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. Thus, seeing someone putting on a mask doesn’t give me any strange thoughts because It is just a normal thing”*. The issue of comfort is, however, a constant consideration in terms of the use of masks. One man told us *“this mask wearing thing is very discomforting, it’s hard to be wearing a mask all times you are walking and elderly people are really finding difficulty in breathing”*. One of the women interviewed in Nsanje described how *“People do not like wearing masks, saying it produces heat due to having 2 or 3 pieces of cloth.”*

Throughout, one of the key challenges identified has been in restricting movement and maintaining social distance, largely attributable to the need to earn an income or to access market places to purchase food. As early as July, one respondent in Mangochi described how the *“people here are moving as they used to move before the pandemic, the movement restrictions are not working here”*. Efforts are being made to make market places safer spaces however, one man who trades charcoal highlighted how *“strict rules have been put in place in our market by the market management team. ... We make sure that everyone washes their hands before entering the market premises.”* The resistance to restricting movement was re-emphasised in August, with one man describing how *“I haven’t been following some of the guidelines especially in movement restriction. I have been moving around a lot especially when ordering fish. Though I do it with fear and I always put on a mask. I know if I don’t this then I will not be able to provide fully for my family”*

Some respondents also identified a degree of fatalism amongst others in their community as they refuse to follow guidelines, observing how some are saying, *“those meant to die today cannot die tomorrow, everyone will still die one day”*. Another challenge has emerged as people see decreases in the number of cases and no longer see the need to follow the guidelines. As one man in Lilongwe explained in early September *“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. It is only in the public gatherings such as church services where you will see people observing the social distance.”*

Respondents were also asked whether they felt the restrictions were being implemented fairly. Across all respondents in all locations, there is a sense that this has been done equitably and with the best intentions of the population at the centre of the approach, with clear guidance and direction being given by community leaders. One respondent in Mangochi highlighted how they had been *“fairly implemented as the government wanted to save our lives“* and another in Lilongwe *“I believe the restrictions have been fairly*

implemented and I believe these restrictions are the ones that have helped the new cases' graph to drastically drop which for me, is a good development". Nobody interviewed identified people being fined or arrested for not following the regulations.

Livelihoods

The majority of our respondents depend on agriculture or small scale trading, and for most in rural areas there was a sense across all four rounds of data collection that there had not been a major impact on agricultural activities⁷. In the urban areas, respondents who have small businesses, such as charcoal vending or basket making, identified how their businesses are struggling as their customers either restrict their movements or no longer have any money to purchase from them, while transport related costs have increased considerably. This makes trading in distant markets more expensive and creates 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 end but with low profits."* Another woman highlighted how *"We buy Rice at Nsanje Boma where the transport costs are high due to covid-19, recently, motorbike taxi charged K2, 000 one way only a 14km distance instead of K1,000 they normally charge"*.

In our second round of data collection, one man whose household depends on charcoal trade highlighted how *"People do not have money; they are not buying charcoal. People are resolving to going into the bushes and fetch firewood for cooking rather than buy charcoal."* Following this theme, one woman in Nsanje described the impact on her small business in the third round of data collection *"I used to sell Rice worth K3,000 per day but for the past two weeks business has not been going on well, I have been selling less than K2,000 per day. I remember the other day I literally sold nothing the whole day. I believe this situation is attributed to scarcity of money due to Covid-19"*. Similarly, another 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"*. This woman was quite positive during the fourth round of data collection that children's return to school in September would see an upturn in her husband's business.

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

(Rice Trader, Nsanje, August 2020).

In Mangochi, the drying up of access to labour opportunities in Mozambique in particular was mentioned by all respondents as a challenge, albeit for others in the community. In the earlier round of data collection, one man highlighted how *"our friends who get piece work from Mozambique our neighbouring country they are not going because the borders are closed"*. However in later rounds respondents explained how people are working around this, one woman described how *"Of course some are still going using their illegal paths but the risk is huge"*. This steady, but gradual, upturn in people travelling to Mozambique was also mentioned during the fourth round of data collection. A similar issue was raised in Nsanje, where respondents spoke of challenges they face in terms of their ability to move around freely and manage their trading business, a particular problem for those involved in any form of cross-border activity in Mozambique.

Those dependent on casual labour (*ganyu*) identified how opportunities for this are generally drying up; while there is greater competition for whatever piece work is available. In the peri-urban areas, it was highlighted how a number of companies are downsizing reducing opportunities for longer term or formal employment, while casual work is also reducing in availability with the number of shops in some areas closing. The precarious nature of employment and the impact of the restrictions was highlighted by one man in Lilongwe in the third round of data collection, *“I found a job a few weeks ago in area 49 as a gardener for a certain family. However, a few days after starting the job, there were rumours that someone in the neighbourhood had tested positive for Covid-19. This made my employer to make all his employees go home and wait until the situation changes. This has rendered me jobless again.”* By the time of the fourth round of data collection, this man had still not returned to work, but remained hopeful of starting that week, describing how *“My eyes were on my phone the whole of yesterday waiting for this call”*.

Migration

In two of the areas included in our work, Mangochi and Nsanje, economic ties to Mozambique are important, with much informal access being maintained, despite as one respondent noted, there being a much stricter lock down on the Mozambique side of the border. From a longer-term perspective, the limitation on people being able to migrate for work was identified as a potential challenge for many (though not directly in the households interviewed). One man highlighted *“a lot of men are just mingling in the community having nothing important to do because they used to go to Mozambique and South Africa ... now due to restrictions in movement and also the closure of borders a lot of men are here”*. Respondents also spoke of how they had heard that people were returning to their areas from South Africa, though nobody had been directly affected by this.

A number in the peri-urban areas of Lilongwe spoke about how people were returning to the rural areas, with one man in August describing 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 and they have been told that they will be called back later when the situation improves”*. Also in Lilongwe, one woman described how *“Some people have had to go to their villages because they can no longer afford the house rentals. There are also rumours of people who have returned from South Africa.”*

Access to Food

Across all four rounds of data collection, we asked about people’s access to food and whether there had been any changes in their consumption patterns. The answers varied considerably based on location. In Lilongwe, everybody highlighted how their eating habits had changed from early on in the pandemic and had not improved subsequently. This has manifest itself in reductions in the number of meals (a number spoke of how they are still not having breakfast), and the amounts included in them and is driven on one hand by reductions in people’s ability to earn an income and on the other by increases in prices in the markets. While this has become more pronounced across the different rounds of data collection, respondents did explain how the government’s cash distribution in Lilongwe was helping them in this regard.

“ Things are not like before, we have minimised our food intake especially at supper. In the previous weeks, we could have two pieces of *Nsima* for supper per person. However, since I am no longer working and we are only depending on the charcoal business, we now have one piece.”

(Male respondent, Lilongwe, September 2020).

The situation is a little more mixed in Nsanje. While all respondents interviewed in the first round of data collection stated that they have had to reduce the amount of food they eat, some highlighted in the second round how things were improving with a fall in the price of maize in the post-harvest period, while others were accessing more vegetables after the harvest. This point was reiterated in the third round of data collection, with one man describing how *“We are now harvesting beans. Some of the beans we are selling and some we are using as relish at our home. ... We are now eating a balanced diet and having three meals per day.”* Others described how their participation in the Graduation programme had helped them bounce back, one man describing how *“Things have changed because I am now doing business from the money that I have received ... We are now harvesting beans and maize. Some of the beans we are selling and some we are using as relish at our home. To add on that we also started a fish business”*.

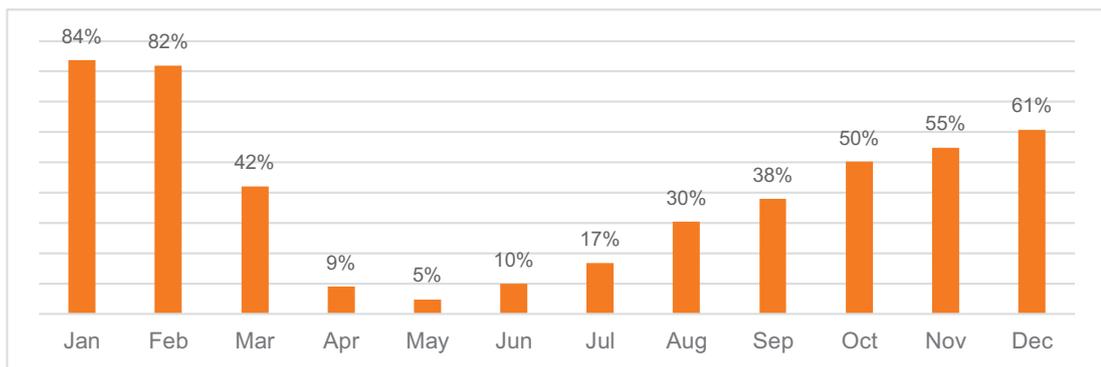


Figure 2: Proportion of Population saying they have a food deficit in a given month [Hunger Gap]

Source: Concern Worldwide Programme Monitoring, based on four years data in Mangochi and Nsanje Districts

On the other extreme, in the first round of data collection none of the respondents in Mangochi identified that they had to reduce their food intake; and none had identified any change to this by the time of the fourth round of data collection. One man described the situation as follows *“we are still eating as we always do. We normally eat twice per day and this is still the case. We are still able to buy relish at the markets “*. There are two important points to mention here. Firstly, June to August is not a period of particular food shortage in rural areas in Malawi (Concern has collected regular data from households over the past four years in both Mangochi and Nsanje to identify months when people are food insecure, this is shown in Figure 2 above). The second is that these households have all been included in Concern’s Graduation programme, and analysis of the impact of Cyclone Idai on similar households on this programme suggests that despite suffering large scale covariate shocks they are more food secure than households who had similar levels of consumption before enrolling on the programme⁸. Speaking about other households in his community, one man in Mangochi highlighted how *“If the border remains closed for the coming three months a lot of families will not have food in their households”*.

Changing Prices

Closely related to the question of access to food are changes in prices in the markets. In the peri-urban area of Lilongwe, respondents clearly identified how some commodities, particularly maize by the August round of data collection, were starting to increase in price though this is seen to be following usual seasonal variations. On a more positive note, the seasonal production of vegetables has seen a slight decrease in prices in the markets, as one man described, *“vegetables are now very cheap. For example, vegetables worth 150 MWK are enough to feed my whole family for lunch as well as supper which was not the case in the past weeks as vegetables were not in season”*. By the fourth round of data collection in September, respondents also highlighted how *“The prices for dried fish have also decreased ... this is because the weather has changed and fishermen are now killing a lot of fish since the weather is now favourable.”* This reversed the earlier trend where respondents had identified how fish in particular has become difficult to access in the peri-urban area, and has been assisted by the fact *“vendors are no longer scared of travelling to various places to purchase fish and sell”*.

In Nsanje, changes were seen between the first two rounds of data collection in the price of fish, maize and cooking oil; with the price of maize dropping between the two rounds of data collection, and other goods increasing in price. One woman spoke of how they were *“unable to buy fish because now a small bundle of four fish is MK500 but before with the same amount of money we were buying a bundle of seven fish”*. A similar experience was related by one of the men interviewed who observed how *“this time last year [he] used to buy one kilogram of Rice at MK400 but now it is at MK 600”*. Respondents highlighted very little change in the subsequent rounds in Nsanje, though there was a sense that the initial price increases were because *“Some people are just taking advantage of the situation, this has changed accessibility of food”*.

In Mangochi, a number of people drew attention to increases in the price of maize in the market, partially driven by the closure of the border with Mozambique. In September, one man described how *“Maize prices have gone up last two weeks it was 3,000 but today it’s 4,000 per 20 kilograms and for beans it was 3,000 but now its 4,500 per 5 kilograms.”* Here, attention was also brought to increases in the price of transport, which makes it more expensive for producers to sell, and for consumers to purchase goods.

Health Care

We asked whether the Coronavirus and the restrictions put in place to manage its spread were affecting people’s decision on whether to attend health facilities. In June, none of the respondents felt that Covid-19 would stop them doing so, this remained the case in the second round, though some respondents did mention how they were increasingly afraid to attend facilities, fearing they would contract Covid-19. One man in Lilongwe observed *“just the environment of the health facility on its own stirs up the fear in me that I would end up contracting the virus right there”*. While all respondents in the two later rounds of data collection also stated they would still access health services, one woman described how at the start of the pandemic *“people were afraid to go to hospitals as they thought they would be found with the disease and they would die but overtime this changed.”*

There have been changes observed at the health facilities however. In the first round of data collection, some respondents in Nsanje identified that medical staff were reluctant to provide services because they feared contracting the virus themselves; in others,

the challenge remains having to pay a fee to be assisted. Respondents in all areas also highlighted how it was taking longer for patients to be treated, one man in Mangochi in our second round of interviews highlighted how he had heard *“people take a longer time to meet a doctor than before and this is also making a lot of people not to attend the health centre”*. Respondents in Nsanje also told of how *“When preventative measures are not adhered to medical personnel, decline to assist us”*, similarly one woman in Mangochi spoke about 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.”*

Those interviewed in Lilongwe were also aware of new processes and procedures for entering the hospital, where patients have to wait outside for their number to be called. One man interviewed in early September explained how *“the only changes at the hospital were that we had to wait for our turn outside the gate which was in contrast to what was happening previously.”* Respondents also noticed some of the physical changes put in place, for example in Nsanje this included reductions in the waiting space available, with one woman describing how the *“patient waiting chair used sit about 7 people but now only 4 people are allowed”*.

The willingness of people to attend health facilities is quite different to what has been observed in other countries, and may well be attributable to the fact that messaging on people not going straight to health facilities when sick was not as strong in Malawi as elsewhere.

Education and Children

The biggest change identified by respondents in the fourth round of data collection was the imminent reopening of schools. This was seen as a positive development by all of those spoken to and takes away much of the frustration observed in earlier rounds of data collection brought by 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.

“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)

Despite this positive change, the long-term effect of over six months school closure will need to be carefully monitored. For many, school closure has meant a complete loss of access to education, even though materials were made available by Government during the school closure, a number of respondents spoke of how their children have struggled to access these. One described how it was hard for them to access the online materials, another spoke about how accessing education through the radio programmes was not helping the children, as they are not used to this and cannot ask questions on the topics

that they do not understand. In our second round of data collection, one respondent in Lilongwe described how *“The Government has introduced a radio program called “Tikwere” for primary school children to use to access some education materials. However, this doesn’t seem effective as I have never seen a single child in my house and even in the community listening to such programs. It’s also hard for these children to ask questions hence this isn’t helping at all. 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”*.⁹

Across the earlier rounds of data collection, respondents identified behavioural issues amongst children, with one respondent highlighting how *“they are no longer going to church, cannot go play netball and football. Children are disappointed they have lost interest, stopped studying. Socially, no longer interacting with their friends as they used to do”*. Others spoke of 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 theft of goats and chickens and there are using the money to get drunk and buy chamba”*.

On top of the negative impacts felt by all, the impact on some girls is completely life changing. As one woman interviewed in September highlighted *“We heard on the radio that here in Mangochi a lot of girls have married and other got pregnant during this long break which is true, I told you also in one of the meetings that some of the girls in the village have also got married and others are pregnant”*. This was identified as an issue across all areas, with one man in Lilongwe explaining, *“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.”*¹⁰

Other Impacts

When asked about the other impacts of Covid-19, some respondents, particularly in Mangochi, felt there had been very little impact on their lives. However, a number of interesting points were raised at the household level. A small number of respondent highlighted how, with the man not being able to leave the home for business, they are more able to help with the chores. In one instance in Lilongwe, the woman in the household is now the one now attending the market to sell charcoal, which represents a substantial change in roles. Probing further, in terms of potential community disapproval where men had taken on roles that are normally associated with women, we were told that *“People understand that things changed ... It’s just a group of very few people in this community that would see this as abnormal”*. However, some more conservative views were still expressed, such as the following from one man in Mangochi *“I am the head of this household and that will not change, women do what they are supposed to do and boys also do what they are supposed to do”*.

We also asked whether the interviewees were seeing changes at community level because of the Coronavirus and the interventions put in place to slow its spread. Responses varied considerably across location.

“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)

In the first round of data collection in late June in Mangochi there seemed to be a feeling that nothing much had changed, with only one respondent highlighting that the *“chief advised us that there will be no more sporting activities like football and netball and there is social distancing during community meetings and trainings”*. By mid July, there was evidence of some more substantial change, with one man identifying *“at our mosque we are observing physical distances and a lot of people now prefer to stay home than going to the mosque. Community meetings are no longer happening here the chiefs would rather tell someone to tell, us the important messages at night in a loud voice while going around the village.”* Even though another man did highlight how *“The sporting activities have started again but the people are practicing social distances when watching. The social distancing is also happening even at the mosque and we are even advised to wear masks if one has it.”* This was becoming more widespread by the time of the fourth round of data collection in September.

On the other hand, all the respondents in Lilongwe suggested that everyone is suffering in some shape or form, one person described it as follows *“It seems the spirit of unity is no longer there and people are living in fear”*. Another expanded on this, explaining, *“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 our second round of data collection, one man went further and described how *“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. Thus, this is slowly moving the community apart as now everyone is just thinking of themselves and their families. Therefore, for me I look at it like the spirit of togetherness is slowly fading”*. Another man highlighted *“somehow the spirit of unity and love is slowly dying in the community as people are discriminating each other, they cannot come close to each other, they cannot visit each other even if the other person is not feeling well; not alone shake hands. It’s so sad to see this happening in the community but there is nothing we can do about it; it’s for our own good. And I doubt If we will go back to our old ways even after the pandemic.”* In the third round, one man identified how opportunities to socialise were decreasing *“people no longer go to pubs and various drinking places. Such places used to be flooded with crowds of people who could come and drink together and even from the same cup. However, this is no longer happening”*.

In Nsanje, the biggest impact felt at community level appears to be the difficulty in attending funerals and cultural events. Even before the restrictions in numbers allowed to attend services were introduced, some respondents highlighted how there had been a drop off in the number of attendants. However, others described how events were still being held, albeit sometimes without the knowledge of community leaders. One man told of how things had changed between our first two interviews with him *“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”*.

How are people coping?

We also asked people how they were coping with the current restrictions or the challenges they were facing. As described in the earlier section some people have been reducing their food consumption in terms of the number of meals, however, outside this, experiences were varied, with many saying they have not had to resort to selling of assets or borrowing money. This may be driven by the fact that many of those interviewed are participants

on Concern's graduation programme and could be reasonably expected to cope with the challenges better, with a number highlighting how others in their community have had to sell property and get loans to survive.

However, amongst those who were borrowing money, this is mainly from friends at interest rates that vary between nothing and 50%, or in areas where Concern has helped establish VSLAs they were borrowing from them. Others sold some of their household assets, in Nsanje in particular, people interviewed felt that they had not received a fair price for the chickens and goats they sold. In Mangochi, a number of our respondents highlighted how other households, those who were dependent on travelling to Mozambique to farm, were being forced to "*exchange goats and chickens with maize just to have enough food for their families*". In terms of both borrowing and selling assets, we have not seen a major upturn in this amongst the people we have spoken to across the three rounds of data collection. This seems to be attributable to the government 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 elsewhere

One traditional means of coping, to seek out piecework, is becoming increasingly challenging with fewer people offering this and greater competition for what is available.

Support

In the first round of data collection, external support had mainly come from NGOs, like Concern, and had been in form of soap (in Lilongwe) and counselling and support (for those included on the Graduation programme). Others had received some support from the government in terms of masks while the only respondent who had formal employment had also received hand-washing material from his employer. At this time, in the urban areas around Lilongwe, the call was for a cash distribution that would help cushion the household as their access to money had been significantly reduced.

This had changed considerably for a number of households by the time of the second round of data collection. In Lilongwe, two (of four) had received a payment of MK 36,700 from the government, and by the time of the third round of data collection all four had. One man highlighted 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*". Respondents were also asked whether they thought this had been fairly distributed. In Mgoni (Lilongwe), this was generally seen to be the case, with respondents highlighting that while "*The support has not reached everybody but it has been helpful*" and another clarifying that "*I think it is being distributed fairly as it is reaching to the people who are really in need of such support*".

This payment was not mentioned by our respondents in Mangochi or Nsanje, being received by either them or others in the community. Respondents in Mangochi highlighted how nobody in their community had received any additional support while those interviewed in Nsanje said they had heard "*people in other villages will be receiving money after doing piece work like roads construction*".

In terms of future support, a number of households asked for masks – especially now their use has become compulsory. In Mangochi, a number of people highlighted how information on how to use the masks that had been distributed was also important; as was the need for follow up messages around how to protect oneself from Covid-19. Otherwise, people who were not included in the Graduation programme (in Mangochi and Nsanje) spoke of the

need for assistance to help reconstruct their livelihoods. With the imminent re-opening of schools, unsurprisingly assistance to help cover costs related to this, such as face masks, school uniforms and books was requested.

Conclusion and Policy Asks

While there is some impact of the Covid-19 pandemic and subsequent government actions in Malawi, this has not been as pronounced as in other countries. In that sense, our recommendations are to:

1. Continue with the delivery of clear and easily understood messages on how people can protect themselves and prevent the spread of Covid-19. The messaging in terms of handwashing, for example, is different to what has been delivered previously and needs to explain why these changes are necessary to prevent the spread of Covid-19. At the same time, there is a need for massive sensitization on the importance of mask use, rather than people seeing this as something they have to do to avoid being fined. Efforts to dispel common myths and misinformation, such as the impending end of the pandemic, need to be maintained.
2. Continue to address issues of fear and mistrust at the community level, and work on preventing stigma for Healthcare workers or people testing positive or returning from neighbouring countries. The compulsory use of masks has a potentially positive impact in this sense and has already changed people's attitudes towards those who wear them.
3. Expand the cash transfer support amongst the poorest households. This will help to overcome some of the financial challenges that have been identified, particularly in terms of purchasing soap and masks. It will also provide the means to allow families to feed their children, preventing them from becoming malnourished and to protect their health, while facilitating their return to school.
4. For any cash based response ensure this is done based on a solid understanding of the potential impact this may have on local markets that may not be functioning at full capacity because of travel restrictions – particularly from rural to urban areas, or in terms of 'informal' cross border trade. This area requires careful monitoring.
5. There is going to be a great need to 'catch-up' on certain key services, such as vaccinations (in health) and the loss of six months education. Response plans need to start thinking these through with a particular focus on reaching the furthest behind first, as well as considering the psychological effect of school closures on children, and the need for psychosocial support initiatives including targeted counselling for those who have lost family members. Particular attention will need to be paid to making sure girls are able to return to school.
6. Beyond the immediate response, ensure a focus on scaling up activities to promote sustainable livelihoods as part of the economic recovery. There is an opportunity now to provide vulnerable groups with support to develop new skills and livelihoods, though interventions such as the Graduation programme. This could be particularly targeted at urban areas to help tackle the disproportionately large impact in those areas.
7. In the longer term, the positive impact of the cash transfers in Lilongwe, underline why the establishment of a social protection system that provides regular, needs based cash assistance in a clear and transparent manner to all of those who need it must be strengthened.

This report has been produced by Gift Mwembe and Chris Pain of Concern Worldwide Malawi and the Strategy, Advocacy and Learning Department. It has been produced as part of a series of briefings on the impact of Covid-19, and the responses implemented in a variety of countries, on the world's poorest. More information on this programme of research is available at <https://www.concern.net/insights/covid-19-research>

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(Endnotes)

1. WHO Timeline – Covid-19 available at <https://www.who.int/news-room/detail/27-04-2020-who-timeline---covid-19>
2. <https://coronavirus.jhu.edu/map.html>
3. <https://www.nyasatimes.com/malawi-brings-in-strict-new-curbs-on-life-to-fight-covid-19/>
4. 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>
5. These observations are consistent with other data collected by Concern in Lilongwe in Mgoni Community in May and data collected by other organisations, see for example <https://www.worldbank.org/en/programs/lsm/brief/lsm-launches-high-frequency-phone-surveys-on-covid-19#4> which found that knowledge of Handwashing with soap as a measure to help reduce the risk of contracting COVID-19 was known by 99% of respondents, and 76% knew to maintain enough distance of at least 1 meter, with almost none of the respondents reporting no knowledge of measures to help reduce the risk of contracting the virus.
6. At the time of writing the exchange rate was €1 = MK 873
7. It is important to note that many of those included in this research are participants in Concern Worldwide's Graduation programme, and a more detailed piece of research looking at the impact of Covid-19 on people on this programme, compared to others in the community, will be produced by December, 2020.
8. The full report is available at <https://www.concern.net/insights/impact-of-cyclone-idai>
9. This is consistent with the results of work carried out by the NSO with support from the World Bank in Malawi, that found that while only 25% of households in the richest quintile are participating in any type of learning activity, the comparable figure was 7% in households in the bottom 20 percent of the pre-COVID-19 wealth quintile. (more details on these surveys are available at <https://www.worldbank.org/en/programs/lsm/brief/lsm-launches-high-frequency-phone-surveys-on-covid-19#4>).
10. This issue has been highlighted elsewhere as well, see for example <https://face2faceafrica.com/article/over-7000-malawian-teens-as-young-as-10-and-14-pregnant-since-covid-19-school-closure1>

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