

Covid-19 and Community Resilience



Marriam Jamali washes her hands after receiving soap as part of hygiene distribution to help prevent the spread of Covid-19 by Concern Worldwide in Lilongwe. On receiving the soap Marriam says 'this could not have come at a better time'. Photo: Concern Worldwide

Overview

Our survey was undertaken in Lilongwe in October / November 2020. The results show that a high level of knowledge does not automatically translate into action on COVID-19, and that people face challenges in being able to afford the follow the guidelines. Almost everybody interviewed identified that the restrictions put in place to deal with COVID-19 have had an impact on their ability to earn an income with three-quarters saying their income had gotten a lot worse. This appears to be particularly bad for those who depend on casual labour or petty trading. Looking forward, 86.2% of those interviewed were worried that COVID-19 was likely to further affect the financial well-being of their household. This in turn impacts their ability to consume food, with over three quarters of those interviewed eating less and poorer quality food. Fear of contracting COVID has meant that people have foregone attendance at health facilities, and still remains the main reason for people being reluctant to attend if anybody in their household were to become ill. The pandemic has also had an impact on school enrolment and indebtedness. There has been some support provided from external sources, but this seems to have largely by-passed the peri-urban areas included in our research.

Introduction

Malawi’s population of 17.6 million is highly susceptible to Covid-19, especially its older population; (5% are aged 60+). HIV prevalence is at 9.2 %, while additional non-communicable diseases including diabetes, heart problems, and blood pressure make Malawian communities particularly vulnerable to Covid-19. Health system challenges, including 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, should cases continue to



Shyreen Kamaliza with her sons Ramsy (in orange) and Leonard after receiving soap and COVID-19 fliers from Concern Worldwide. Photo: Concern Worldwide.

rise. As of November 2020 (the time of the survey) there were 5,933 recorded cases of COVID-19 in Malawi, with 184 official deaths. This had risen to 33,959 cases and 1,139 deaths by April 2021 (the time of writing the report).¹ The government of Malawi declared a State of National Disaster on 20th March 2020 and launched a National COVID-19 Preparedness and Response Plan on the 8th 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, that was subsequently reversed to allow for more consultation to prevent harm to the poorest and most vulnerable of society. Later response measures included limiting public gatherings to between 10 and 100 people, some school and workplace closures, comprehensive contact tracing, requiring facial coverings to be worn in all public spaces, coordinated public information campaigns and quarantine measures for those travelling from high-risk regions.

Methodology

Concern Worldwide collected data from 406 individuals in urban areas of Lilongwe between the 26th of October and the 2nd of November, 2020. Interviews were conducted in person, observing stringent precautions against the spread of COVID-19 including mask wearing, maintaining a distance of two metres between the enumerator and the respondent and avoiding physical contact. Data was collected on digital data gathering devices using the iFormBuilder platform. Respondents were drawn from participants on an ECHO funded COVID-19 project implemented within health facility areas of Lilongwe Urban. The respondents were predominantly female (72.2%) and had an average age of 44 years with 19.5% being 30 years and under, 49.8% being between 31 and 50 years and the remaining 40.8% being 51 years and above.

Knowledge of COVID-19

All of the respondents interviewed said they had heard about COVID-19, with knowledge of the main means of avoiding catching COVID also quite high. Amongst all respondents, 86.7% identified frequent hand washing with soap as one of the main precautions to take, a further 82.5% identified the importance of wearing a mask and 73.8% identified the need to maintain a physical distance.

However, of more relevance may be the challenges that people face in terms of following the guidelines on preventing the spread of COVID-19. In Lilongwe, Malawi, the main reasons given fall into two categories – it is difficult to socially distance and people cannot afford to follow the guidelines. From the long list of options people could have chosen, the most frequent responses given were it is hard to stay away from friends and neighbours (41.2%), that people cannot afford to buy soap (36.3%) and that they cannot afford to buy face masks (the response of 32.9% of people interviewed).

As the figure below shows, there were differences in responses across age groups – with younger respondents struggling more with their ability to afford soap or face masks, with those in the 31 to 50 years age group saying it was more difficult to socially distance from friends and neighbours and in the market place. There were also differences in terms of the sex of respondents with a greater proportion of female respondents facing challenges in terms of affording soap or face masks, and more men responding that it is harder to stay away from neighbours and that market places are crowded.

¹. Unless otherwise stated, all figures relating to COVID-19 caseloads and deaths are taken from the 'Our World in Data' dashboard at <https://github.com/owid/covid-19-data/tree/master/public/data>

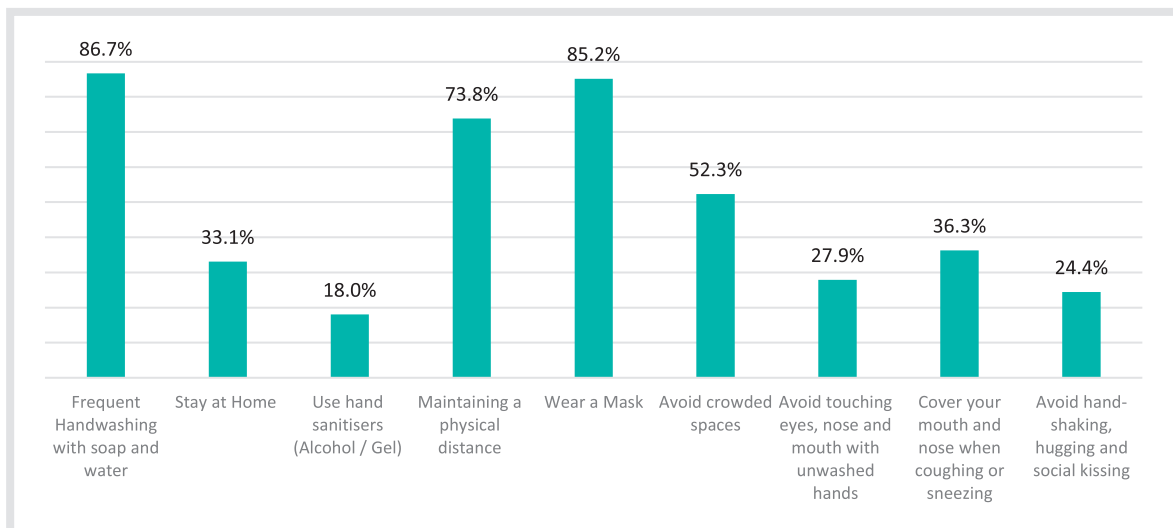


Figure 1 % of respondents identifying the main precaution to avoid COVID-19

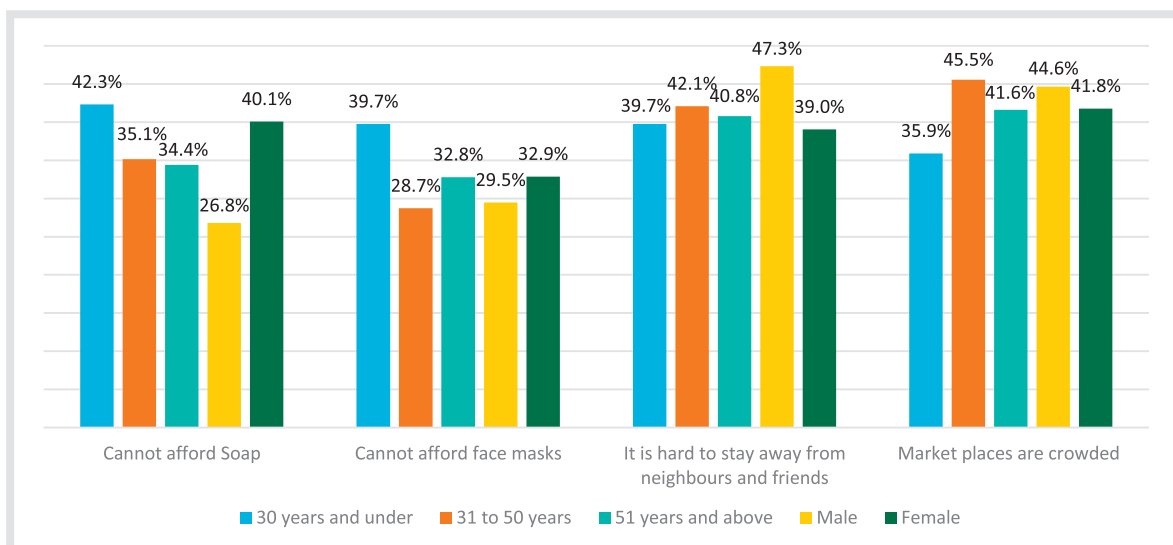


Figure 2 Why people cannot follow COVID-19 prevention measures

Income

Respondents were asked to identify their household’s usual primary source of income (before COVID-19). As the data was collected in peri-urban areas on the outskirts of Lilongwe it is no real surprise to see that agriculture was the primary source of income for only 5.2% of respondents, or that small scale (petty) trading was the primary income for 49.1% of people interviewed and casual labour for 23.5%. Formal employment was the main source of income for 15.1% of respondents, with ‘other’ which included remittance and support from external agencies being the primary source of income for 7.2%.

However, there are differences in terms of age and sex of respondent – women were much more likely to be engaged in petty trading activities when compared to men (53.4% against 37.5%). Older respondents and men were much more likely to have identified agriculture as the primary source of income for their household; younger people and men were more likely to identify formal employment as the primary source.

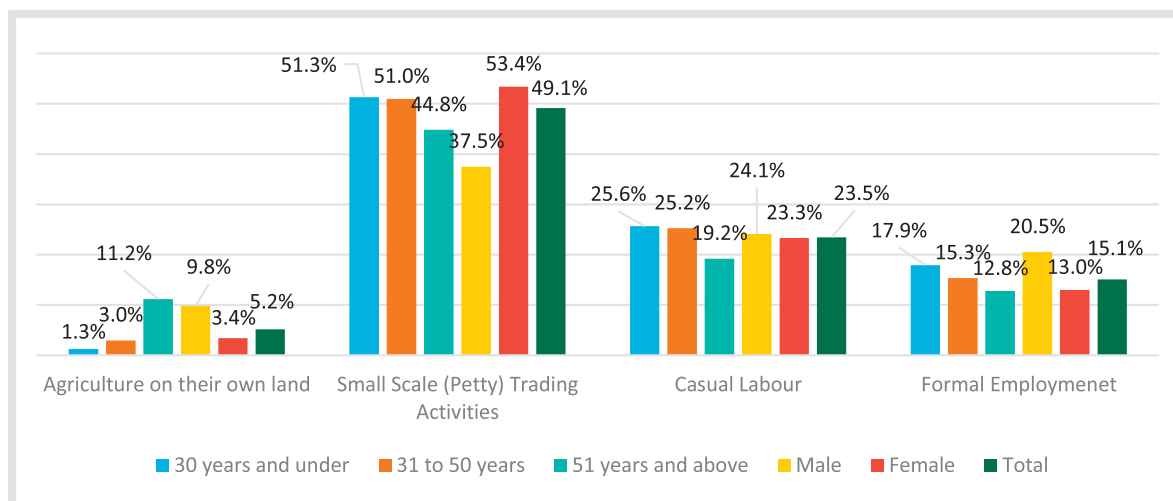


Figure 3 Primary Source of Income for the Household, by age and sex

Virtually all respondents (96.0%) said their ability to earn an income had been affected due to COVID-19, and while a very small proportion of these (2.6%) said their income had gotten better, most (74.6%) said that it had gotten a lot worse. Women were more likely to give this response than men (77.9% against 66.7%), while very little difference could be seen amongst age groups.

Table 1 How has income been affected by COVID-19

	Got better	Got a little worse	Got a lot worse
Agriculture on their own land	25.0%	25.0%	50.0%
Small Scale (Petty) Trading	0.5%	17.4%	82.1%
Casual Labour	0.0%	26.9%	73.1%
Formal Employment	7.1%	21.4%	71.4%
Other	0.0%	52.0%	48.0%
Male	6.5%	26.9%	66.7%
Female	1.1%	21.1%	77.9%
30 years and under	0.0%	28.4%	71.6%
31 to 50 years	2.6%	21.9%	75.5%
51 years and above	4.2%	21.0%	74.8%
Total	2.6%	22.9%	74.6%

The impact on income has been particularly bad for those who were involved in small scale petty trading, where 82.1% of those who identified their income had been affected said it had gotten a lot worse. It has also badly affected those dependent on both casual labour and formal employment. For those in petty trade their biggest challenge has been that customers no longer have any money to spend (given by 76.3% of respondents) and that customers were no longer coming to the market because of COVID-19 restrictions (given by 50.0% of respondents).

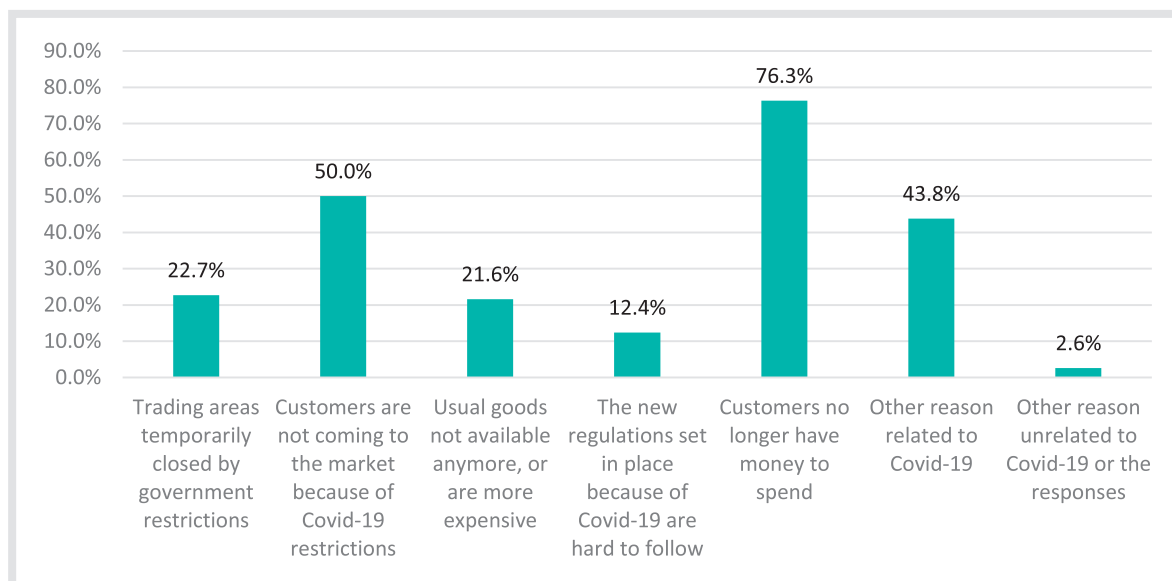


Figure 4 Main reasons for income declining for Petty Traders

For those depending on casual labour, 87.1% of those who considered it had affected their income negatively said this was due to a loss of opportunities and that people were not recruiting; with 60.2% highlighting that the amount they were being offered for their labour had declined. Amongst those relying on formal employment and who said their income had been negatively affected, this was mainly due to employers laying people off (given by 67.3% of respondents), with others reporting that the employer has reduced the work time and the pay (given by 28.8%)

Only a small proportion of those interviewed depended on agriculture as their primary source of income, and for those who faced a decrease in their income from this source, the main reason given was the loss of market for agricultural produce (86.7%) followed by a decrease in the acreage planted (33.3%).

We asked respondents, overall, since the start of the COVID-19 crisis ‘how would you describe the change in the financial situation of your household?’ In response, 23.0% said there had been a slight negative change with 70.4% saying there had been a significant decrease – again, this was more pronounced amongst the female respondents in the survey.

Table 2 How would you describe changes in the financial situation of your household since the start of the pandemic

	Significant positive change	Slightly positive change	About the same	Slight negative change	Significant negative change
Male	2.7%	3.6%	8.0%	23.2%	62.5%
Female	0.3%	0.3%	2.7%	22.9%	73.3%
30 years and under	0.0%	0.0%	3.8%	25.6%	70.5%
31 to 50 years	1.0%	1.0%	4.0%	21.3%	72.8%
51 years and above	1.6%	2.4%	4.8%	24.0%	66.4%
	1.0%	1.2%	4.2%	23.0%	70.4%

We also asked respondents whether they were worried that COVID-19 will (further) affect the financial situation of their household over the next six months. Amongst all respondents, 86.2% said they expect this to be the case. Women were slightly more likely to give this response than men (87.0% compared to 83.9%) and younger respondents were more likely to give this answer than older (88.5% in the 30 years and under age group compared to 83.2% in the 51 year and above age group). Those engaged in casual labour (at 92.6%) or petty trade (at 86.4%) were much more likely to be worried about their financial future than those engaged in agriculture (76.2%). Respondents were then asked to identify what their main fears would be, with increases in the prices of basic commodities being the one most frequently identified.

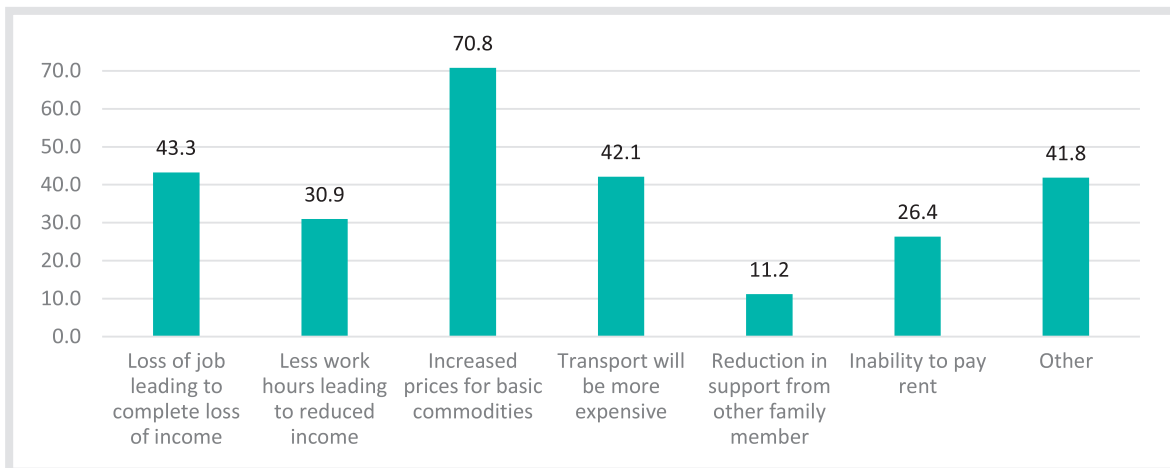


Figure 5 What are the main financial fears for the future

Food

We also asked respondents to compare the situation at the time of the interviews to the period before COVID-19 in terms of the quantity and quality of food. Overall, 81.2% of those interviewed said they were eating less now, with 14.6% saying it had remained the same and 4.0% saying they were eating more. In terms of quality, 75.8% said it had gotten worse, with 20.2% saying it was the same, and again, 4.0% saying it had improved. Female respondents were more likely to say their household was eating less or that the quality had gotten worse than men were. There were very little differences seen across the age groups in response to these questions.

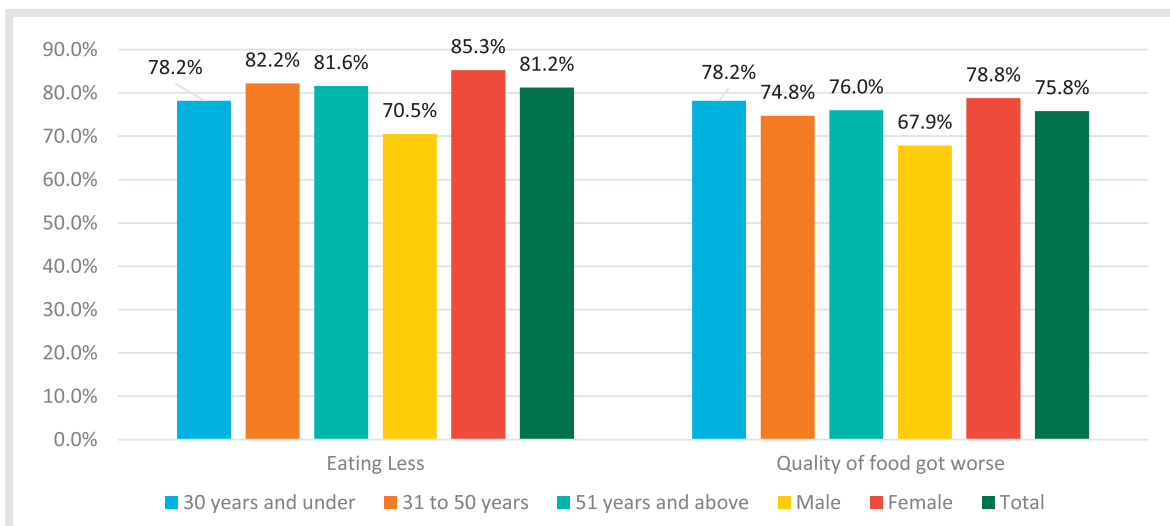


Figure 6 % of respondents saying they were eating less and the quality of the food was worse

Health

Respondents were asked to describe the health and well-being of their family members compared to the period before COVID-19, with 66.2% saying that it had gotten worse (with very little difference between age or sex of respondents in this sense).

We further asked whether they, or any other person in their household delayed, skipped or been unable to complete needed health care visits since the start of the COVID-19 pandemic, with 28.6% of respondents saying this had been the case, amongst female respondents this was 26.4% and amongst males 33.9%. For those who had foregone assistance, the two main reasons given for this were a fear of contracting COVID-19 at the facility (given by 39.7% of respondents) and cost (given by 35.3% of respondents). As the following shows, fear of contracting COVID-19 at the facility was higher amongst male respondents and those in the 31 to 50 age group, while cost as a constraint was more equally given across groups. Other reasons given were that the clinic has a long wait time (by 23.3% of respondents), it has restricted waiting times (given by 19.8% of respondents) and it was not accepting people (given by 15.5%).

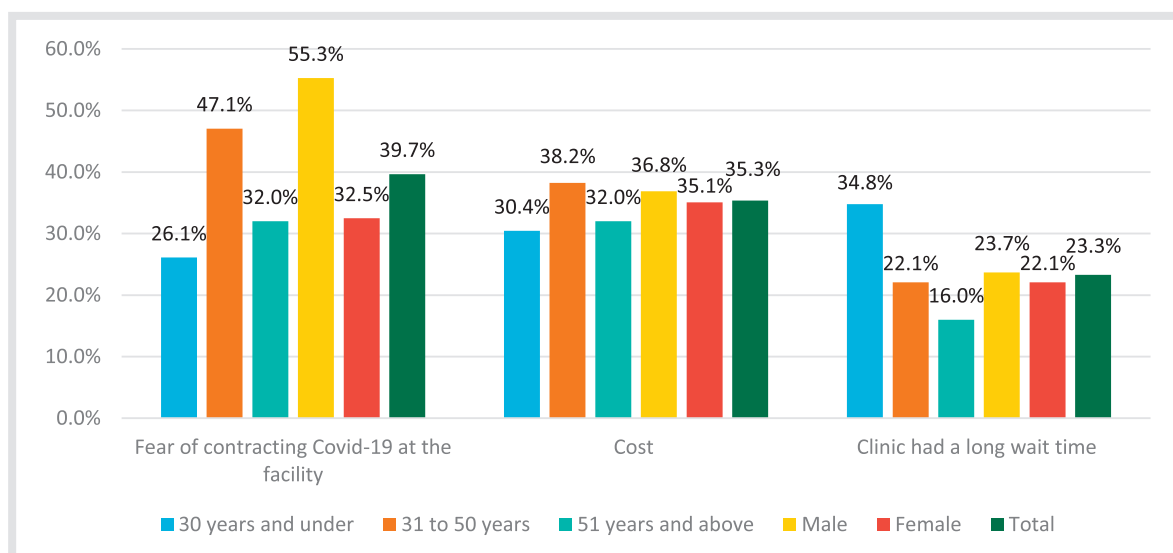


Figure 7 Main reason for not attending at health facility

Respondents were also asked ‘If anybody in your household fell sick this week would you feel comfortable taking them to the health facility?’ The vast majority (88.6%) said that they would take them to the facility. Amongst the small number who said they would not, the main reason given was a fear of contracting COVID, given by two thirds of respondents.

Well Being

We also asked people if, during the pandemic period, they had experienced a selection of (negative) feelings more than usual. Virtually all respondents (95.8%) said that they had felt worried more than usual over the previous months, with a very high proportion (91.9%) saying they had felt sad. Just over half (53.6%) report having sudden mood swings (such as anger or crying easily), while 60.7% said that they has experiences trouble sleeping. In all instances a greater proportion of women gave this response than men, while no clear trends emerged in terms of age group.

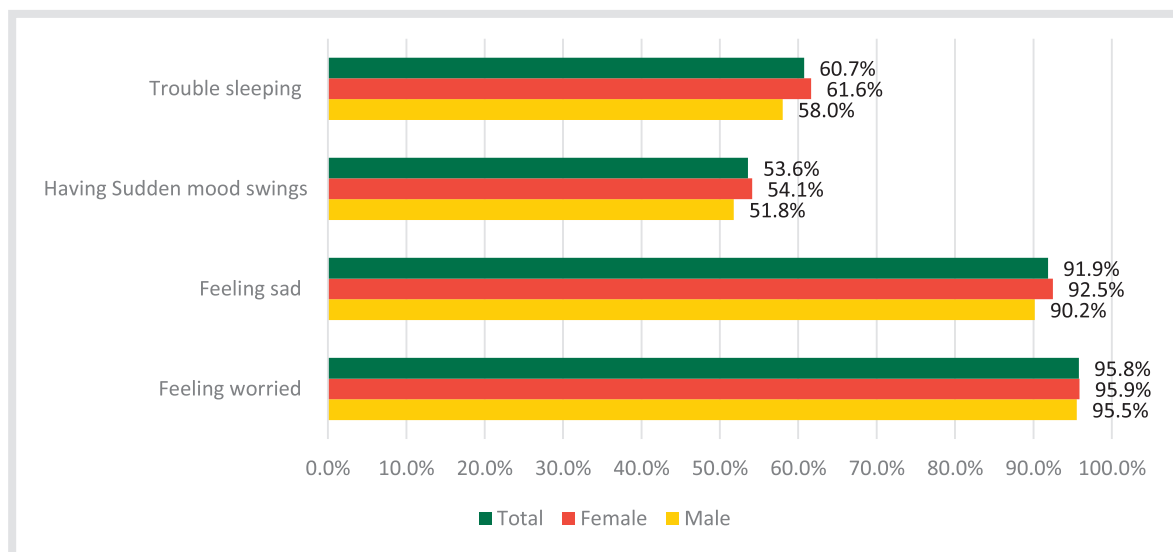


Figure 8 % of respondents saying that had experienced a selection of (negative) feelings in the previous months

Education

Respondents were asked ‘compared to the period before COVID-19, how would you describe the access to school for the children in your household?’ In response, 84.0% said it had gotten worse. We refined this further by asking whether there were children between the age of 4 and 16 in the household. In total 81.5% said this was the case. All of these respondents said that the schools had been closed at some stage but that they were now reopened. They were further asked if the children between the ages of 4 and 16 in their household were accessing some form of education. In response, 3.9% said no, none of them were, 13.6% said some of them were, 6.0% said most of them were and 76.4% said all of them were. The main means of accessing education was through attendance at schools, with only very small proportions saying they had access to education television programmes (4.2%) or educational content on the internet (1.5%).

Amongst respondents who did not say all of the children in the household were now attending school, one quarter (25.6%) said they had not been attending school before the pandemic, while 39.7% said there were financial difficulties (children need to work to support the family).

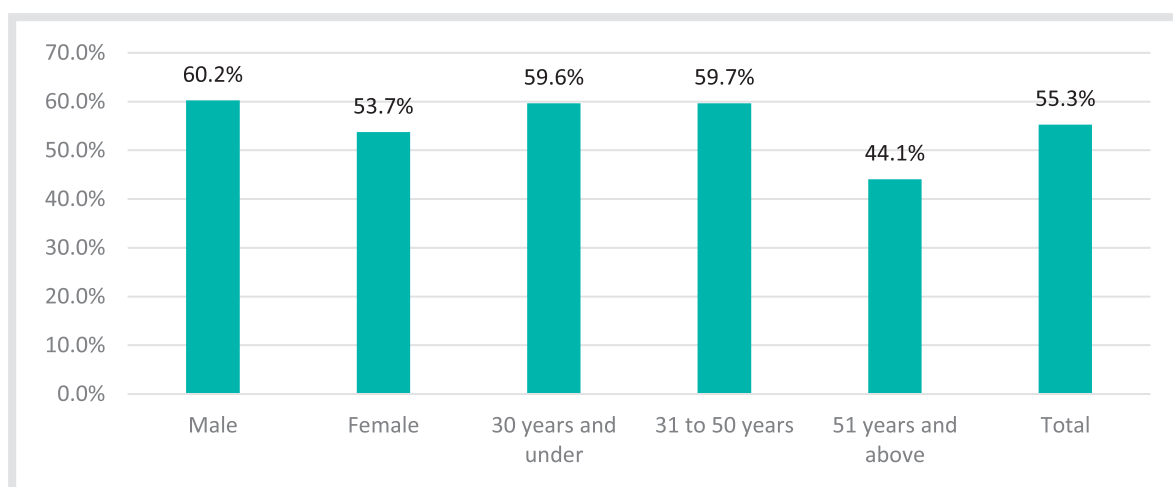


Figure 9 Proportion of Respondents who felt girls had suffered the most in terms of their education

We also asked all respondents whether they thought girls or boys suffered the most – overall 55.3% said girls suffered more, 7.6% said boys had and 36.9% said they had suffered the same. Interestingly a great proportion of men said girls had suffered more, while those in younger age groups were more likely to give this response.

Coping

Respondents were asked to identify which of a series of strategies they had used to cope with the situation since the start of the COVID-19 pandemic. 47.4% said they had to borrow money (much more prevalent amongst the younger age group); 38.0% said they had to sell household items (more prevalent as a response amongst male respondents than females), 39.3% said they took goods on credit in the local store (again more prevalent amongst men than women), and 65.7% said they had asked for help from neighbours (a much more frequent response amongst women than men).

Table 3 Most frequently used Coping Strategies

	Borrow Money	Sell Household items	Take goods on credit in the local store	Ask for help from neighbours
Male	46.4%	44.6%	46.4%	59.8%
Female	47.6%	35.3%	36.3%	67.8%
30 years and under	59.0%	44.9%	42.3%	66.7%
31 to 50 years	52.0%	41.6%	40.6%	64.9%
51 years and above	32.8%	28.0%	35.2%	66.4%
	47.4%	38.0%	39.3%	65.7%

Those who borrowed money predominantly did this from neighbours or friends (60.4%) or community groups (31.8%), even though a substantial number turned to money lenders (15.6% of all who borrowed), but with a very small number accessing microfinance institutions (MFIs) or banks or other financial institutions (3.1% and 0.5% respectively). Respondents were also asked whether they felt they would be able to repay this loan in the agreed time frame. Only 40.6% answered yes to this question, 43.2% said no and 16.1% said they did not know, suggesting households will become further indebted as a result of the COVID-19 crisis. In terms of selling off household assets, overwhelmingly the items sold were material goods, such as televisions or radios, with almost 91% of those who sold goods feeling they did not get a fair price for what they sold.

People were also asked whether they or anyone in their household received a cash or goods transfer from any government, international organisation, or NGO assistance programme since the beginning of the COVID-19 pandemic with 94.6% saying that had not been the case. Amongst the very small number who did receive assistance, only two-thirds said this had been helpful in increasing their ability to deal with the effects of COVID-19. A further question was asked in terms of whether the respondent knew if anyone in the community received any food, cash or other support from government, international organisation, or NGO assistance in the past three months that is related to the COVID-19 pandemic with 21% saying they were aware of this. These respondents were further asked if they thought the assistance had gone to those most in need to which 32.9% said they thought it had gone to those who needed it the most, 44.7% said this was partly the case and 14.1% categorically said no it had not gone to those who needed it most.

Finally, respondents were asked whether, compared to before the COVID-19 pandemic, they felt that they and their family could manage and adapt successfully. Slightly over half (56.3%) said this was the case, with more women and older people giving this response.

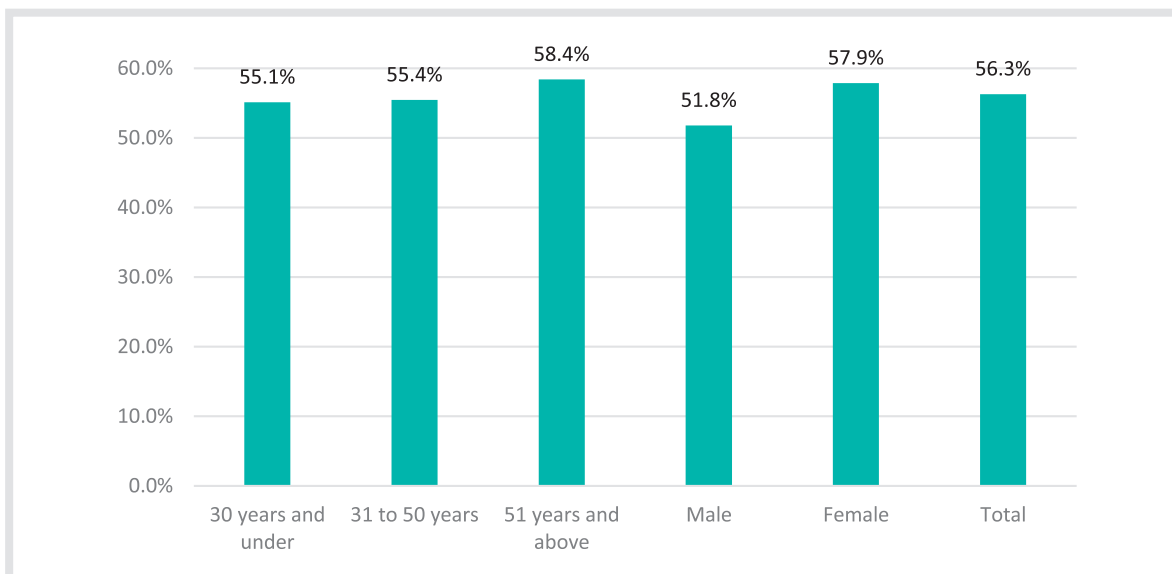


Figure 10 % of respondents saying they were able to cope

Community

Just over one in five respondents (21.0%) said they felt people in their community were helping each other more since the start of the COVID-19 pandemic. This was slightly higher amongst female respondents, when compared to male respondents (21.2% against 19.6%) and was higher among the older age group.

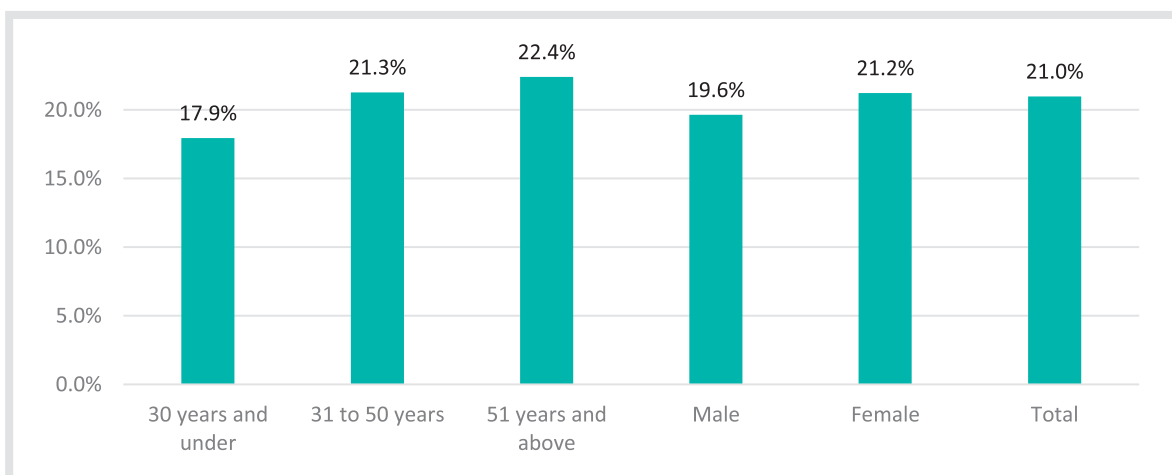


Figure 11 % respondents saying people in the community are helping each other more since the start of the pandemic

Respondents were also asked if they thought people in their community were arguing more than before the COVID-19 pandemic – which 55.8% said they thought was the case. The proportion giving this response was higher amongst male respondents than females, and amongst younger age groups. We also asked if those interviewed felt that people were arguing more within families since the COVID-19 pandemic with 64.9% saying this was the case. Again, more men than women gave this answer and younger respondents were more likely to give this response.

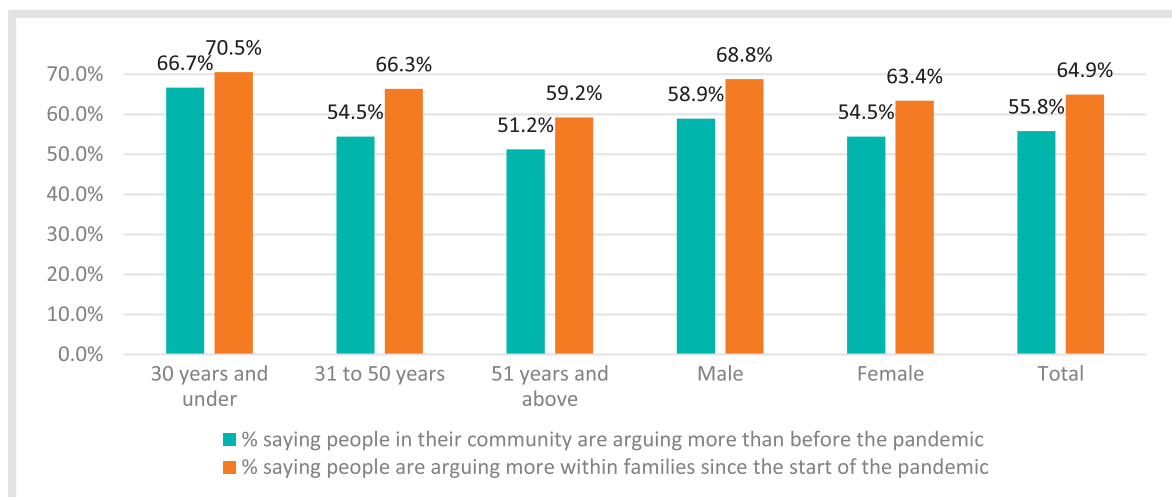


Figure 12 % respondents saying there is more arguing in the community and in families

We also asked did the respondent think that some people in the community have suffered more during the pandemic than others, with 44.8% saying this was the case. Amongst all respondents, 43.1% said the elderly had been most affected, followed by people living with disabilities (41.1%), children (41.1%) and women headed households (40.4%)

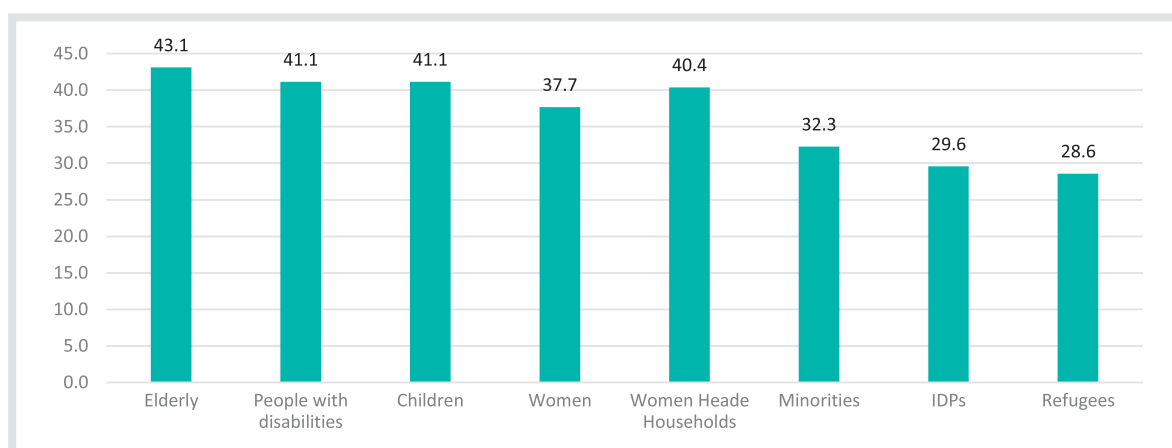


Figure 13 % identifying specific groups as suffering the most since the start of the pandemic

Recommendations

Our data was collected in one of the poorest areas of Lilongwe, an often neglected peri-urban area. If we are to achieve the SDGs it will be important for any and all recovery programmes to focus first on these areas, and on countering inequalities made inexcusably starker by the pandemic and the limited responses to them. In particular

- Address the challenges presented by declines in food quantity and quality, being cognisant of the potential long terms impact
- Ensure that Social Protection interventions, such as the government’s social protection scheme reaches people living in these areas in a clear and transparent manner.
- Focus on restoring the livelihoods and income of the extreme poor who have been so severely impacted by the pandemic. This may include providing targeted assistance to those who have become indebted
- Strengthen primary, community-based health care services and local care workers who play a crucial role in controlling the spread of COVID 19

Alliance 2015

Alliance 2015

towards the eradication of poverty

Alliance2015 is a strategic network of eight European non-governmental organisations engaged in joint humanitarian and development action to achieve greater scale and quality of impact. Originally constituted to strengthen its contribution to the Millennium Development Goals (MDGs), Alliance2015 joins forces to achieve greater impact on poverty reduction and disaster preparedness and response in the framework of the Sustainable Development Goals (SDGs). Based on this work on the ground, Alliance2015 also strives to influence development and humanitarian policies in Europe, and globally. Alliance2015 is a unique partnership that relies on its members' inputs and shared interests. While focusing on joint impact, the partnership is designed to enable its members to retain their own identity, brand and philosophy.

Alliance2015 members have identified Community Resilience as their common shared vision. The pandemic is testing the resilience of communities globally, across all regions and socio-economic groups. It is also having very differentiated impacts on people across regions of the world and within countries, exacerbating existing inequities and inequalities and creating new ones. Alliance2015 members have adapted their programmes and have initiated new activities to address the crisis. We have been collecting qualitative and quantitative data to inform and shape our interventions right from the start of the pandemic.