

The impact of Covid-19 on the poorest

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ENDING
EXTREME POVERTY
WHATEVER
IT TAKES

Research Paper 2: Malawi

Globally, the first case of Coronavirus disease (Covid-19) was identified in late December 2019; following rapid escalation 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. At the end of July there were 3,858 confirmed cases in Malawi and 107 deaths² (Figure 1 provides an overview of the number of confirmed cases and deaths since the start of April).

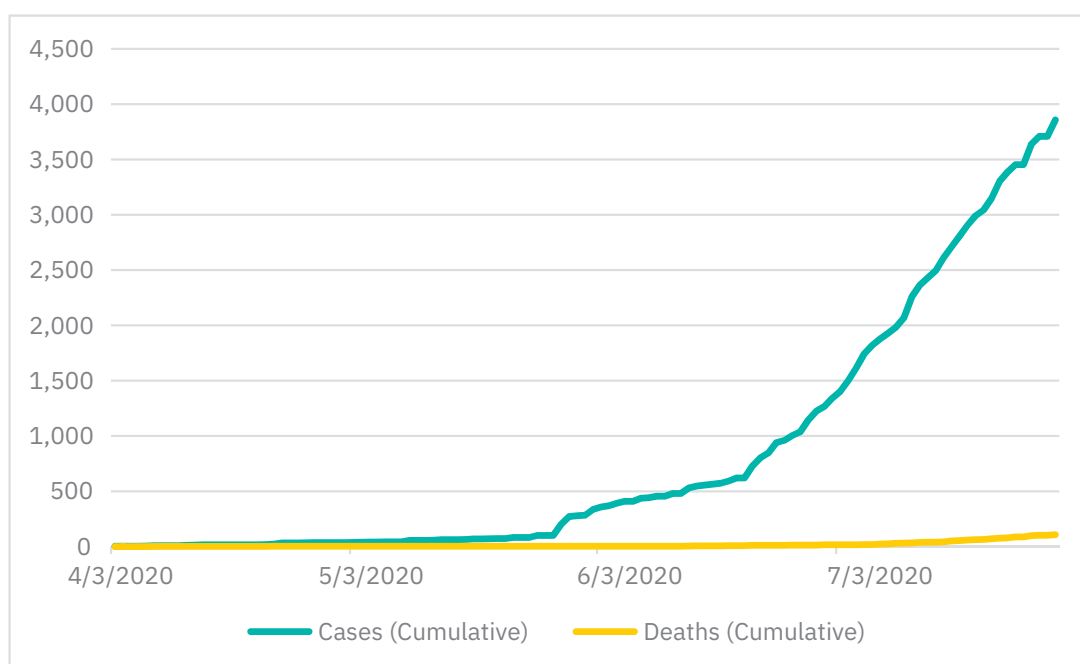


Figure 1 Number of confirmed cases and deaths from Covid-19 in Malawi

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 rise.

In response to the threat posed by the Covid-19 pandemic, 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. At the beginning of May, the Government of Malawi, UN agencies and leading

INGOs launched an Emergency Appeal that coordinated organisations' immediate response to Covid-19, supporting the Government's preparedness and response efforts through targeting 6.7 million people.

A global pandemic unfolds in different ways in different countries, and while immediate health impacts remain the primary focus of attention in many countries, the secondary impacts on food security, livelihoods, access to basic health services and the longer-term impacts on children's education and development are increasingly receiving attention. **In this Brief, we look at how the response in Malawi has affected some of the poorest households under each of these areas 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 have been included in the research in Malawi; 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 round took place between the 14th and 17th July. 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 Mgona; in Mangochi they come from Midala, Mpita and Mpoka Villages; in Nsanje they come from T/A Ndamera and T/A Chimombo.

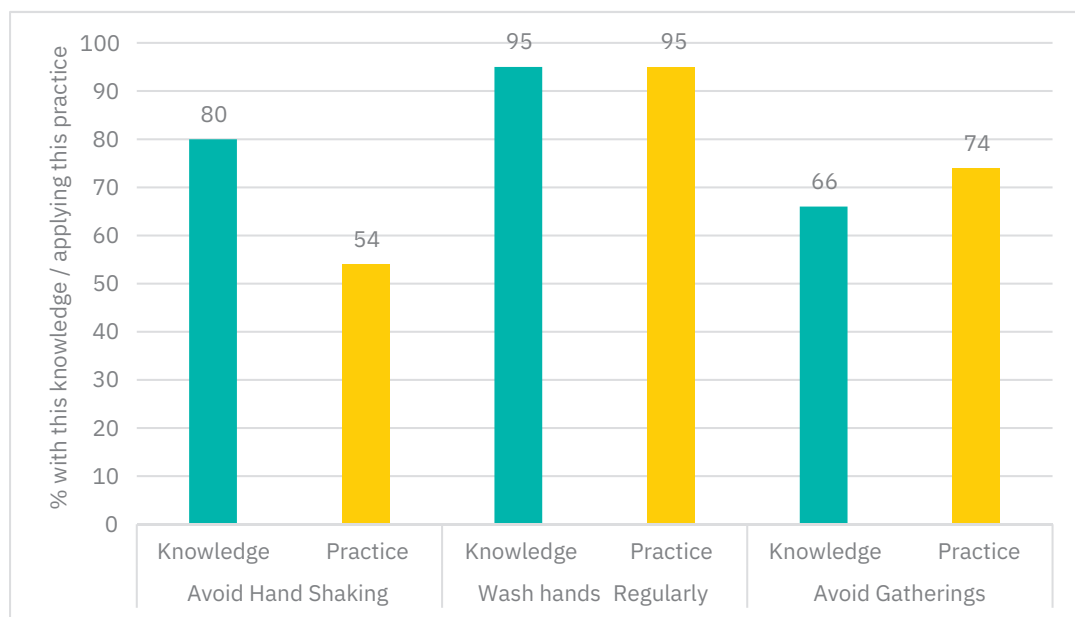
Two further rounds of data collection will be undertaken with the same households in early and late August to track changes in the lives and livelihoods over a two-month period. This is part of a four-country study looking at the impact of Covid-19 and the various responses put in place in Somalia, Sierra Leone, Bangladesh and Malawi.

Findings

Knowledge about Covid-19, its symptoms, groups that may be most at risk and how to prevent its spread was quite high amongst the people interviewed. A number of respondents explained how they had heard the messages from public address vehicles, and in more rural locations from community meetings called by chiefs, 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. Messages have also been received through the radio (respondents in Lilongwe in particular highlighting Zodiak as one source of information), reinforcing the importance of this means of communication. Information is also spreading through word of mouth and through people's interactions at markets, with a number of respondents saying how they had heard of people in neighbouring areas who had tested positive. However, some misinformation is also apparent in some of the responses received, with one respondent explaining to our team that "*corona virus do not survive in hot weather, it dies*".

Despite this, there were no major differences in terms of knowledge identified between the first two rounds of data collection, though respondents did talk about increases in the rate of transmission in certain districts and how “some famous people have been affected and other have died”, with another highlighting how “This disease has claimed lives of more than 20 people in this country as it has no cure.” One woman in Mangochi explained the situation as follows “I have heard that there are a lot of people who have the virus here in Mangochi and we are afraid now. There was a time which we were not really sure if it is real or not but now we are certain that it is there”. These high levels of knowledge are consistent with a piece of quantitative work undertaken by Concern in Lilongwe (see Figure 2).

Figure 2 Knowledge and Practice of Key Behaviours



Source: Community Survey in Mgona Community, Lilongwe, end-May

Despite these high levels of knowledge, the ability to act on this information varies. While not shaking hands has been easier to implement, there are greater challenges in terms of being able to wash hands frequently. Some, in rural areas, have been able to install hand-washing facilities near the gates of their homes, though as one man highlighted the frequent washing of hands was a challenge initially as they “were not used to it”. A similar response was given by a woman in Nsanje, who observed “we sometime forget washing hands frequently. This is also happens at community level where people only wash hands when coming from toilet sometime without soap”. Some households described how they have struggled in getting children to wash their hands more frequently – one respondent in Lilongwe noted “the greatest challenge now has been getting children more especially the youngest ones to get used to washing hands regularly; the culture of washing hands hasn’t been instilled in them which puts the whole household at risk.”

Other challenges relate to cost, one respondent in Lilongwe highlighted “We cannot afford to allocate a tablet of soap for only handwashing and the other options like, hand sanitizers are expensive “. In our second round of data collection, one man in Mangochi who is a participant on Concern’s Graduation programme reported how his household has been able “With the consumption support which we received last week ... to buy some soap for washing hands but we are not really sure how long it will last as I said before that the family is big”.

Other challenges have been faced in restricting movement and maintaining social distance, largely attributable to the need to earn an income or to access market places to purchase food. One respondent in Mangochi in our second round of data collection described how the *“people here are moving as they used to move before the pandemic the movement restrictions are not working here”*. Once at a market the risk is seen to increase considerably – as one person we spoke to in our first round of data collection in Lilongwe highlighted *“the markets are still full of people and this has made social distancing difficult”*. However, people are making efforts to maintain some distance, and in the second round of data collection, one man who trades charcoal highlighted how *“strict rules have been put in place in our market by the market management team. We have placed water buckets as well as soap at all the market entrances. We make sure that everyone washes their hands before entering the market premises. Adding to that, no one enters the market premises without a mask; if a person is not putting on a mask, we ask him/her to go back and put on one.”*

While face masks are recommended by the Government, and our respondents do speak of a noticeable increase in the amount of people wearing them, it has presented a number of challenges for people – firstly in terms of being able to afford enough for the entire household, and secondly in terms of knowing how to use these. One respondent in Lilongwe highlighted how *“there is an encouragement to use face masks. But these too are expensive. One disposable face mask is going at K500 and can only be used in a day. The cloth masks are fetching almost similar prices from the tailors”*³. A second person in Lilongwe described how *“it’s so hard for us here to afford the masks and the gloves”*. A third highlighted how *“the greatest challenge is that my children do not have face masks and they are just walking around without putting on a face mask which is contrary to the government’s guidelines as we are advised to always put on face masks to protect ourselves and others around us”*.

As well as challenges in terms of health, the non availability of masks for some means they are not able to access government services, with one respondent mentioning how *“All government departments are asking people to wear masks if they are to be attended to”*. In Mangochi, three of the four people identified that people in their community had received face masks in July from the government (though further probing suggests this is actually from the *Masks for All Malawi* initiative), with a number describing how people are not wearing them all the time. One man highlighted how *“we are told everyone should wear a face mask to be allowed to enter the hospital gate and 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”*.

Impact on Livelihoods

The majority of our respondents depend on agriculture or small scale trading, and for many in rural areas, who are predominantly dependent on agriculture, there was a sense that there has not been a major impact on their livelihoods.

However, those who have small businesses, such as charcoal vending or basket making, have identified how their businesses are struggling as their customers either are restricting their movements or no longer have any money to purchase from them. In our second round of data collection, one man whose household depends on Charcoal trade highlighted how *“my business is still struggling and it’s now even worse than it was the last time we talked. People do not have money, as such they are not buying the charcoal as much. People are resolving to going into the bushes and fetch firewood for cooking rather than buying charcoal.”*

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. One man highlighted how *“our friends who get piece works from Mozambique our neighbouring country they are not going because the borders are closed”* though one woman did highlight *“Of course some are still going using their illegal paths but the risk is huge.”* A similar issue was raised in Nsanje, where a number of respondents spoke of challenges they face in terms of their ability to move around freely as part of their trading business, a particular problem for those involved in any form of cross-border activity in Mozambique.

Those who are 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 meaning they are not providing new opportunities for more long term or formal employment to people like our respondents.

“ We are no longer moving freely as we used to do and that has disturbed our ability to earn a livelihood ...[from]... crop trading that requires going to different places to buy goods and sell to surrounding communities”
(Respondent, Nsanje).

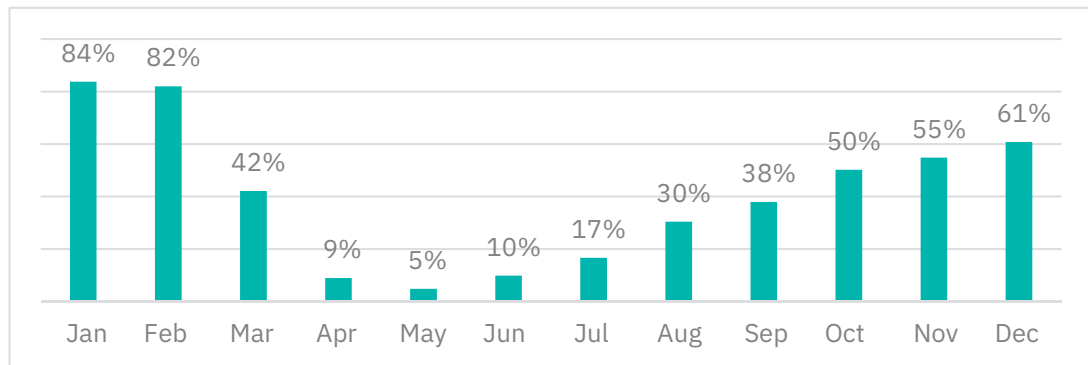
The increase in transport costs was flagged as a challenge by a number of respondents, not only does it make trading in markets more expensive, the limited availability also creates an imbalance in supply and demand. In Nsanje, the impact of this was described as follows *“there is a lot of competition 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”*.

Access to Food

We asked about people’s access to food and whether their consumption had changed, with the answers varying considerably based on location. In Lilongwe, everybody highlighted how their eating habits have changed (including reducing the number of meals, and the amounts included in them). This is driven on one hand by reductions in their own ability to earn an income, and on the other by increases in prices in the markets.

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. Our respondents in Nsanje do still face challenges however in terms of being able to vary their consumption where they depend on the market, in particular to eat rice, meat and fish.

Figure 3 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 identified any change to this by the time of the second round of data collection. There are two important points to mention here, the data has been collected in late June / July, which 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 3 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 other households included on the Graduation programme suggests that despite suffering large scale covariate shocks they are more food secure than households with similar levels of consumption before enrolling on the programme⁴. Speaking about other households in his community, one man in Mangochi highlighted how *“If the border will still remain closed for the coming 3 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 changes in some commodities, and for others reductions in the amount of a given foodstuff they can purchase with the money available. One man described it as follows for fish and vegetables *“Instead of buying a bundle of 5 mustard leaves at 50 Kwacha, it’s now 3 mustard leaves at 50 Kwacha. The same fish we could buy at 200 Kwacha, we are buying it at 300 Kwacha”*. Another stated *“Previously, 2 piles of fish could support a meal but now they cannot as sellers have reduced the sizes in order to maximize profits.”* Fish in particular has become difficult to access in the peri-urban area, attributable to the distance that people have to travel to bring this good to the market and increases in transport costs. Other respondents spoke of how *“a lot of people are afraid to go to the markets and sell various food items. Therefore there is low supply of commodities and on the other hand the demand is high. This in turn has forced the suppliers to increase prices for certain food items as they know that people do not have a choice but to buy”*.

In Nsanje, changes have been seen 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 in the second round highlighted how they are *“unable to buy Fish because now a small bundle of four fish is at MK500 but before with the same amount money*

we were buying a bundle of seven fish” a similar experience was related by a man in our group who man observed how “this time last year used to buy one kilogram of Rice at MK400 but now it is at MK 600”. Another respondent, who had highlighted in the first round that these price increases were because “Some people are just taking advantage of the situation, this has changed accessibility of food” re-emphasised his point in the second interview, explaining how “for us to be able to buy will wait until the prices have reduced”.

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. 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.

Accessing 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 our first round of data collection, none of the respondents felt that Covid-19 would stop them attending health facilities, 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 that *“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”.*

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 fear 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. In our second round of interviews, one man in Mangochi 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 are also aware of new processes and procedures for entering the hospital in Lilongwe, where patients have to wait outside for their number to be called, another in Mangochi spoke about how her daughter told her *“whenever they go for under five clinics, they are told that 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”.*

The willingness of people to attend health facilities is quite different to what we have 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 in other countries.

Education and Children

Across all areas, there is a sense that children are the ones to suffer most and with all children currently out of school the potential impact on their education appeared to be well understood. An initial re-opening date of 13 July has been missed with people not clear when schools will resume. There is a sense of frustration emerging over this uncertainty, as one of our respondents in the second round of data collection highlighted *“In fact the reopening of schools has been postponed. Earlier, it was communicated that the children would return to school on the 13th of July 2020. But the decision has been reversed. Due to this, the children will continue loitering around.”*

This theme of ‘children misbehaving’ is quite prominent amongst some respondents, one commented on how they are now 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 theft of goats and chickens and there are using the money to get drunk and buy chamba”*.

While education materials have been made available by Government during the school closure, a number of respondents spoke of how their children have struggled to access these. One described how it is hard for them to access the online materials, another spoke about how accessing education through the radio programs isn’t 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”*.

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

(Male Respondent, Lilongwe)

This is having a negative impact on 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”*. In the second round of data collection in Lilongwe 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”*. In Mangochi, in our second round of data collection, it is becoming apparent that some parents are taking advantage of children being out of school to help with household chores and wetland garden work. One respondent highlighted how *“last week you found the boys constructing a grass fence. It could have been me but since they are home, they helped.”*

On top of the negative impacts felt by all, the impact on some girls is completely life changing. A number of people we spoke to were able to cite examples of school girls in their area becoming pregnant during the school closure or in the more rural areas of them being married. The expectation being with these changes they would not return to school.

Other Impacts

In terms of 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.

Firstly, 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 (1m LLW; 1 f Ns), however in the Lilongwe case, the woman in the household is the one attending the market to sell charcoal, which represents a substantial change in roles. Probing further, in terms of potential community disapproval, 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”*.

Secondly, in Mangochi, 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 were used to go to Mozambique and South Africa to do piece works and also some have big farms there in Mozambique and as of now due to restrictions in movement and also the closure of borders a lot of men are here”*.

Thirdly, two respondents in our small sample also highlighted how it is difficult for a man and women to have sex because they are observing social distance, with another highlighting *“we fear to sleep together as a man and a woman because we hear that we can catch it through breath.”*

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.

We are living a disappointed life, things are not normal. When children are crying for something we simply shout at them because we have inadequate or nothing to support them with”

(Couple, Nsanje)

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.”*

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 meeting. 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 Nsanje, the biggest impact at the community level appears to be the difficulty in participating at community level events, such as funerals and cultural events. People do still attend church where hand washing facilities have been installed, though some respondents highlighted a drop off in the number of attendants. One respondent in Nsanje also highlighted how people are conducting some cultural event without the knowledge of community leaders, while another highlighted how things had changed between our two interviews *“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. Experiences were varied, with a number saying they had not had to resort to selling of assets or borrowing money. However, amongst those who were borrowing money, many were doing this 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, however this money will need to be repaid in December.

Others were selling 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”*.

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

In our first round of data collection, we saw that the 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 cash has 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 (this payment was not mentioned by our respondents in Mangochi or Nsanje, either being received by them or others in the community). 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”*.

In terms of the future support, a number of households asked for masks, and others who had not received the government cash payment in Lilongwe asked for this to be extended. 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,

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 somewhat different to what has been delivered previously and this needs to be explained with the Covid-19 messaging re-emphasised. Efforts to dispel common myths and misinformation need to be maintained.
2. 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.
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.
4. Strengthen and expand programmes that ensure families have the means to feed their children to prevent them from becoming malnourished and to protect their health. The cost of doing nothing will be seen in a rise in malnutrition, rolling back recent progress. Here cash transfers can provide a viable option.
5. 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 is an area that requires careful monitoring.
6. There is going to be a great need to ‘catch-up’ on certain key services, such as vaccinations (in health) and the loss of four 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
7. 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.
8. In the longer term, 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>

The research has been supported by the Irish Government, however all opinions expressed are those of the authors. The views expressed herein should not be taken, in any way, to reflect the official opinion of the Irish Government.

(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. At the time of writing the exchange rate was €1 = MK 873
4. The full report is available at <https://www.concern.net/insights/impact-of-cyclone-idai>

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