



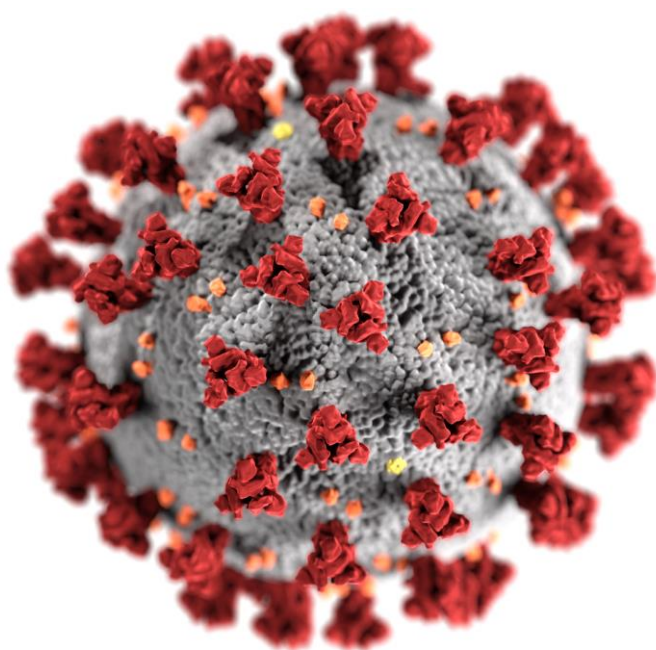
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COVID-19 PANDEMIC IN MALAWI
FINAL REPORT

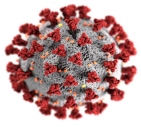
June 2020

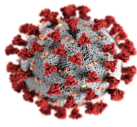
Volume 1: Main report



United Nations Development Programme Malawi







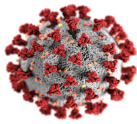
Foreword

The COVID-19 pandemic is the latest crucial global health crisis and one of the greatest challenges we have faced since World War Two. Since its emergence in China towards the end of 2019, the virus has not spared any continent to date. COVID-19 cases keep rising daily. UNDP Malawi and its partners are committed to providing support to deal with COVID-19 in Malawi. Drawing on our experience with other outbreaks such as Ebola, HIV, SARS, TB and malaria, UNDP is helping countries to urgently and effectively respond to COVID-19 as part of its mission to eradicate poverty, reduce inequalities and build resilience to crises and shocks. UNDP Malawi's three immediate priorities with respect to dealing with COVID-19 include: supporting the health response including the procurement and supply of essential health products; strengthening crisis management and response; and addressing critical social and economic impacts.

Recent research has improved our understanding of social and economic impacts of COVID-19 in other African country contexts but the localized Malawian context is still important in developing context specific strategies in addressing the social and economic impacts of COVID-19. Drawing from the Malawian specific context, I hope that this report on the "Study on the socio-economic impact of covid-19 outbreak in Malawi" will help us and our partners to develop and act on strategies aimed at achieving the third immediate priority, namely "addressing critical social and economic impacts" which ultimately improves our contribution to the advancement of human development.

The report shows that firstly, most of the Malawian COVID-19 cases are imported from mostly South Africa and case fatality is low. Secondly, some of the COVID-19 control measures are difficult to implement given the cultural and political context of Malawi. The report further shows that knowledge of the COVID-19 pandemic is scanty among Malawians. Additionally, the health system is not capable of and ill-prepared to handle COVID -19 cases because of lack of resources. There is also substantial loss of income due to loss of jobs and business, and inaccessibility of agricultural markets. The loss of income found across different groups of people points to a need for a comprehensive social protection system that works for all who may be affected by various shocks. The report also finds that the slow progression of Covid-19 cases dashes hope of a short-lived pandemic and therefore requires some adjustments in the containment and recovery strategies. Of particular importance is the delayed human development associated with the school closures. Cautious opening of schools is apparent more appropriate than waiting to have the disease under control. Likewise, developing a recovery plan now and starting its implementation is more likely to shorten the recovery period.

As support to developing countries is more critical than ever due to the COVID-19 pandemic, we look forward to continued support to women and men in Malawi as well as the global community, to build and sustain resilience to crises and shocks.



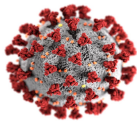
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UNDP Malawi express its gratitude to experts from Government, UN agencies, development partners, private sector representatives who spared their time to provide their expert opinions, data and documents on COVID-19 response activities their organisations were undertaking. In particular, UNDP appreciates the support provided by the National Statistical Office, the Ministries of Finance, Economic Planning and Development and Health, the Department of Disaster Management Affairs, ECAMA, MCTU and district level experts and traditional leaders in Karonga, Ntcheu, Machinga and Zomba District Councils. In the same vein, we appreciate the time spared and opinions expressed by the sampled Malawians across the country. Your participation made this study possible.

UNDP Malawi worked hand in hand with the Center for Social Research (CSR) to implement this rapid assessment. We commend the flexibility and professionalism of the CSR management namely Professor Blessings Chinsinga and Dr Chrissie Kantukule who facilitated the study in very difficult circumstances. We also commend the study team for its professionalism and hard-working spirit despite working under very difficult circumstances imposed by the COVID-19 containment measures. The CSR team worked tirelessly to ensure that required data necessary to complete the assignment is collected. In particular UNDP appreciates the flexibility shown when the COVID-19 containment measures required a radical change to the agreed approach. UNDP Malawi thanks Dr Maxton Tsoka, an Associate Research Professor at CSR who was the team leader; Dr. Levison Chiwaula, An Associate Professor of Economics who was responsible for macroeconomic modelling supported by Mr. Imran Chiosa of National Statistical Office; Dr Tiyesere Chikapa who was a gender expert for this study; Dr. Jacob Mazalale who is public health expert; Mr. Joseph Chunga who managed the survey together with Mr. Lameck Million from the National Statistical Office of Malawi.

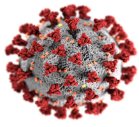
From the UNDP team, special mention should go to Mr. Patrick Kamwendo (UNDP Economics Specialist) for providing guidance, insights, necessary documents and contacts and Ms. Linley Kufeyani for her technical and administrative support. In addition, thanks should go to all the UNDP staff who took part, some behind the scenes, to make this work come this far.

Lastly but not least, UNDP would like to thank the UN Resident Coordinator, Mr. Shigeki Komatsubara for his insightful guidance and leadership. His vision of the future has been instrumental in having this report look forward rather than backwards.



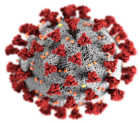
List of abbreviations and acronyms

AFAP	African Fertilizer and Agribusiness Partnership
BADEA	Arab Bank for Economic Development for Africa
CHN	Community Health Nurse
CHSU	Community Health Services Unit
COVID-19	Coronavirus disease of 2019
DPCs	Displaced communities
EA	Enumeration area
ECAM	Employers Consultative Association of Malawi
GBV	Gender-based violence
GDP	Gross Domestic Product
GOM	Government of Malawi
HDU	High dependency unit
HSAs	Health surveillance assistants
ICU	Intensive Care Unit
ILO	International Labour Organization
IMF	International Monetary Fund
IOM	International Organization for Migration
LCC	Lilongwe City Council
MARDEF	Malawi Rural Development Fund
MCCCI	Malawi Consolidated Chambers of Commerce and Industry
MCTU	Malawi Congress of Trade Union
MDAs	Ministries, Departments and Agencies
MK	Malawi Kwacha (Currency)
MoH	Ministry of Health
NC19PRP	National COVID-19 Preparation and Response Plan
nCoV	novel coronavirus
NPC	National Planning Commission
NSO	National Statistical Office
ORT	Other recurrent Transactions
PPE	Personal Protective Equipment
RCCE	Risk communication and community engagement
SARS-Cov-2	Severe Acute Respiratory Syndrome Corona virus 2
SDGs	Sustainable Development Goals
SGBV	Sexual and gender-based violence
SMD	Society of Medical Doctors
SMS	Short message service
UNAIDS	Joint United Nations Program on HIV and AIDS
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
US\$	United States Dollar (Currency)
WaSH	Water Sanitation and Hygiene
WHO	World Health Organization

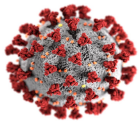


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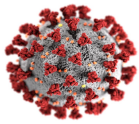


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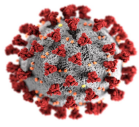
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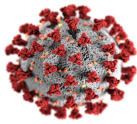
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Executive Summary

About COVID-19 Socio-economic impact assessment in Malawi

The novel corona virus which causes COVID-19 was diagnosed in December 2019. Since then, it spread rapidly across the world such that on 11th March 2020 the World Health Organization declared COVID-19 a pandemic. As of 14th June 2020, it had spread to 215 countries and territories causing disruption to normal life as countries attempted to contain it.

This socio-economic impact assessment of COVID-19 outbreak was commissioned to examine key drivers of the COVID-19 outbreak and its economic and social effects in Malawi. A mixed-methods approach was adopted to collect and analyse data. Primary data was collected through a phone survey of adult Malawians and in-depth interviews with experts. Secondary data was collected through document review and published statistics from government and international agencies.

Local transmission and mortality are relatively low the number of cases has recently started to accelerate.

From three cases on 3rd April 2020, the number of confirmed cases remained under 100 for two months. This was followed by a surge following repatriation of hundreds of Malawians from South Africa at the end of May. Between 29th May and 14th June 2020 cases soared to from 103 to 547. Case fatality is also very low, with 6 deaths in two and half months. The low numbers of local transmission and case fatality have so far created an impression among Malawians that COVID-19 is not very contagious and deadly. This perception has resulted in relaxed observation and enforcement of containment measures.

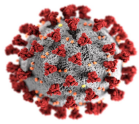
The slow progression of COVID-19 in the country enabled the health system that was ill-prepared to effectively handle the cases.

The COVID-19 management structure is centralised. Likewise, the National COVID-19 Preparedness and Response Plan did not factor in district-specific risk factors and requirements. On preparedness and capacity, a health facility assessment found significant human and material resource gaps. It took a strike by health worker for enough personal protective equipment to be provided and risk allowances to be increased. The slow progression of the pandemic has allowed the health system to prepare and stock up. However, despite some improvements in health facilities, the system is still short of capacity to meet the demand especially from less severe cases who are advised to stay home. There is, therefore, a need to put in place a home-based care system by urgently operationalizing the WHO protocol which the Malawi government adopted. This should include elaborate training and equipping local level trainers and case monitors. These would train family members with a COVI-19 patient and monitor the patients following the home-based care protocol.

Knowledge of the COVID-19 pandemic is scanty among Malawians

There is universal awareness of COVID-19 disease among Malawians but their knowledge of its symptoms, spread and prevention measures is scanty. This is also true of the various containment measure promulgated by the government. With 95% of Malawians saying they heard about the COVID-19 pandemic through radios, the challenge is more likely related to poor packaging of the messages or infrequent broadcast or length of the message. Generally, the poor knowledge may point to need for improved packaging of the messages, exploring other channels of information dissemination or the frequency at which people get the messages. A quick evaluation of the COVID-19 communication strategy is required given that some effective channels such as face to face presentation of information are limited due to containment measure prohibiting large gatherings. Improved COVID-19 knowledge is essential for improving COVID-19 prevention and advancing long-term changes in public health perceptions, attitudes and practices such as hand shaking and washing, coughing and sneezing.

Some of the COVID-19 control measures are difficult to implement given the cultural and political context of Malawi.



Adherence to COVID-19 control measures is constrained by cultural concerns. Handshakes and overcrowding during funerals and political rallies continue to be practiced. In the face of the dangers of COVID-19, the pre-eminence of the control measures over culture or any other consideration should lead to designating all practices contrary to the control measures as harmful. Without the pre-eminence of the control measures, management of pandemics becomes difficult and results in needless loss of lives. This calls for constant reminders, serious policing and penalties. This should be accompanied by meaningful rewards to traditional leaders and communities that abide by the containment measures.

Even with less stringent containment measures, livelihoods of formal and informal workers, farmers, small scale traders and producers of goods and services have been disturbed. Yet there is little support they are currently getting.

The necessity to minimise mass transmission of the corona virus necessitated the closure of some social and economic activities. So far this has resulted in the substantial loss of income due to loss of jobs and business, and loss of markets for agriculture produce. The loss of jobs has been due closure of businesses as demand for their goods and services dwindled on the weight of the COVID-19 induced demand. Buyers of agriculture and farmers are unable to transact due to restrictions on markets and limited income on the part of the buyers.

This calls for some comprehensive social protection to cater for the immediate and future needs of different groups. The National COVID-19 Preparedness and Response Plan and the announced Government measures on the support of the private sector do not include a business bailout plan. The response plan, for example, provides for workers on protecting jobs, workers compensation fund, skill, reskill and up skill the would-be laid off workers in immediate, medium and long term plan. However, there is nothing on the ground months after they were laid off. For farmers, there is need to facilitate agricultural produce markets.

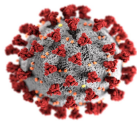
Likewise, small scale traders and producers of goods and services need immediate support to support their families and capital post-COVID-19 to rebuild their livelihoods. The government announced it would disburse loans through MARDEF. These would be more meaningful at the recovery stage. What is needed is an expanded social cash transfer programme that covers all these categories of the affected for their survival until the shock is over. The Response Plan provides for two separate social cash transfer programmes even covering the recovery period; one rural and another urban. The Government announced measures include a top-up for current beneficiaries and monthly wage for the affected urban traders but leaves out affected people in the rural areas. Just like in the other cases, the cash is yet to be transferred to the existing beneficiaries or urban traders.

Long term closure of schools is unsustainable given the evidence very high long-term costs and slow progression of COVID-19 in Malawi

The assumptions used in the design of the containment measures were borrowed from countries that had experienced the pandemic before Malawi. Despite warnings against ‘copying and pasting’ and with no better evidence, the Government instituted measures that assumed a shorter pandemic period. One of those measures was the closure of schools with the assumptions that the schools would be opened within few months. School closure in Malawi will be socially and economically costly and therefore ineffective and inefficient as a way of preventing the spread of COVID-19. The National Planning Commission of Malawi estimated the social cost of closing schools at around \$5.2 billion over the next 50 years. Therefore, a more viable option is to open schools with strict prevention measure in place (including face masks and hand washing facilities) at every institution of learning.

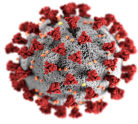
The contraction of the economy and unbudgeted COVID-19 expenditures are likely to increase the debt burden, which will require a recovery plan to bring the economy back on its feet

The increase in the need to spend and reduction in government revenue widens the fiscal deficit, thereby raising the need for the government to borrow. This will lead to increased debt burden. Coupled with the expected contraction in the economy, Malawi is likely to get into a recession if there is no plan to slow down the economic downturn and eventual economic recovery. The plan should directly support heavily affected



sectors such as manufacturing, hospitality and tourism, financial and insurance, and transportation. There is also need for rapid investment in digital technology to enable the sectors get into the recovering path even before the COVID-19 restrictions are fully lifted.

The starting point for the recovery of the affected businesses is a bailout plan. This bailout plan should be preceded by a comprehensive assessment of the impact of the COVID-19 on large scale as well as medium and small enterprises. The plan will ensure that the businesses are ready to run once the restrictions are removed within and outside the country. The comprehensive assessment should be part of a COVID-19 monitoring, evaluation and learning system. The Response Plan has activities like “Consolidate rapid assessment reports” and “Coordinate evaluation and review meetings” under the Inter-cluster Coordination and Assessment cluster. However, it is not clear regarding mechanisms and processes for monitoring and evaluation that would be responsible for these activities. It is, therefore, important that this Monitoring and Evaluation system be put in place. Given the financial limitations of the Government, this would best be picked up by development partners including the UN system in Malawi.



CHAPTER 1: INTRODCUTION

1.1 Background

The World Health Organization (WHO) declared the novel corona virus 2019 disease (COVID-19) outbreak a pandemic on 11th March 2020 (WHO, 2020). Indeed, by 15th June, 2020 the WHO had received over 7.9 million confirmed cases across 215 countries and territories (WHO Situation Report Situation Report 147)¹. Of these cases, 48% were recorded in the Americas, followed by Europe being with 31%. In terms of fatality, Europe and North America were still the worst affected, with 47% and 44% of all the deaths, respectively.

Just like many other countries across the globe, Malawi has responded with various measures. Even before a case of COVID-19 was declared the Government of Malawi declared a State of Disaster on 20th March 2020, which included promulgation of measures meant to contain the spread of the virus. Since then, with the increase in the number of cases, the country progressively increased the number and stringency of the measures. Finally, the government declared a 21-day national lockdown to take effect on April 18 (GOM, 2020) which was implemented because it was challenged in court. The country realising that the disease and its containment measures would have various effects and impacts on people and the economy developed a response plan. Following up the effects and impacts would provide requisite information to policy makers regarding the depth and breadth of the impact of the pandemic.

Studies on the impact of COVID-19 elsewhere have shown that the world economy would shrink, most likely worse than the 2008/2009 recession (UN Malawi, 2020). The evidence suggests that even in Africa where there were relatively few cases, economies would shrink due to the control measures adopted by European and American countries. This is because those countries are not only major consumers of exports from Africa but are also sources of raw materials, production machinery, consumer goods and tourists, among others. Malawi is no exception in this regard. The COVID-19 containment and response measures the country is implementing have the potential to limit social and economic activities. The country therefore bears consequences of these measures in the short, medium and long term. The United Nations Development Program (UNDP) therefore commissioned this rapid assessment to map these effects and impacts.

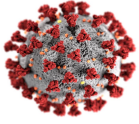
1.2 Objectives

The overall objective of the study was to comprehensively examine key drivers of the COVID-19 outbreak and its economic and social effects on Malawi as well as countries economically linked to the country. It was also set out to examine the implications of the outbreak on the SDGs and their realization and make policy recommendations aimed at reducing Malawi's vulnerability and strengthening its resilience to COVID-19 over the short-, medium- and long-terms. The study had eleven specific objectives namely:

- 1) Identify the magnitude and dimensions of the outbreak, with particular focus on marginalized communities (gender, religion, ethnicity) seriously affected by the outbreak.
- 2) Assess how Malawi's system governance and structure is COVID-19 ready in terms of capacity, policy governing the system and institutional factors.
- 3) Assess the economic and social issues that make the containment of the outbreak quite challenging and difficult to manage.

¹ https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200615-covid-19-sitrep-147.pdf?sfvrsn=2497a605_4

Accessed on June 16, 2020



- 4) Assess how the management of the COVID-19 pandemic is affecting people's trust in the service delivery agencies or government in general.
- 5) Examine the feasibility of the containment measures put in place in Malawi given people's sources of livelihoods and capacity of the social protection system.
- 6) Examine the readiness of the social protection system in dealing with the negative effects of COVID-19 on the poor's livelihoods.
- 7) Assess the immediate and medium-term effects of COVID-19 on the economy including strategic sectors such as agriculture, manufacturing, tourism, transport, mining, trade and especially cross border trade and the related activities.
- 8) Examine the socio-economic impact of COVID-19 outbreak in terms of loss in productivity and jobs, or disruptions of rural and urban livelihoods, and gender dimensions.
- 9) Examine the socio-economic impact of COVID-19 pandemic on long-term development as a result of diverted resources towards humanitarian and emergency spending.
- 10) Assess how the COVID-19 pandemic has negatively affected the possible achievement of SDGs.
- 11) Discuss how the COVID-19 outbreak will impact on the UN agencies programmatic engagements in the affected countries including how the UN could respond to the short- and medium-term impacts.

1.3 Methods employed

The assessment employed a mixed-methods approach with both qualitative and quantitative analysis. The main method of data collection was document review. In-depth interviews were conducted with various purposively sampled experts who also provided relevant documents. The study also employed a survey of a representative sample of adult Malawians. Lastly, estimation of impacts of COVID-19 on the economy via sectors was done through econometric analysis.

The document review and in-depth interviews were meant to collect data from experts with details of activities, response plans and their assessment of potential effects and impact of COVID-19. This also entailed constant monitoring of developments in and outside the country through the news media and online platforms of relevant institutions such as the WHO and Johns Hopkins University.

For econometric analysis, sector production functions were estimated with and without COVID-19 restriction measures-based data from the year 2000 to 2018 to predict output with and without COVID-19. The impacts for the individual sectors were then aggregated to form the impact for the whole economy.

The objective of the survey was to obtain people's knowledge and practices regarding COVID-19 and its effects. The survey questionnaires were administered through phone interviews in compliance with COVID-19 social distancing measure. Leveraging on the rich database of phone numbers in custody of the National Statistical Office (NSO), CSR teamed up with the NSO to implement the survey. NSO provided a random representative sample of the phone number owners. A team of enumerators were thoroughly trained online through the "Jitsi.org" platform. The training included piloting the tool and use of the tablets. The survey run from 29th April to 12th May, 2020 and was conducted in English, Chichewa and Chitumbuka depending on the respondent's choice. The captured data was immediately uploaded to an encrypted CSR server. A total of 2049 respondents were successfully interviewed drawn from 600 Enumeration Areas (EAs) across the country (see Map in Figure 1). With this sample size, the survey findings have an error margin of +/-2%.

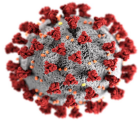
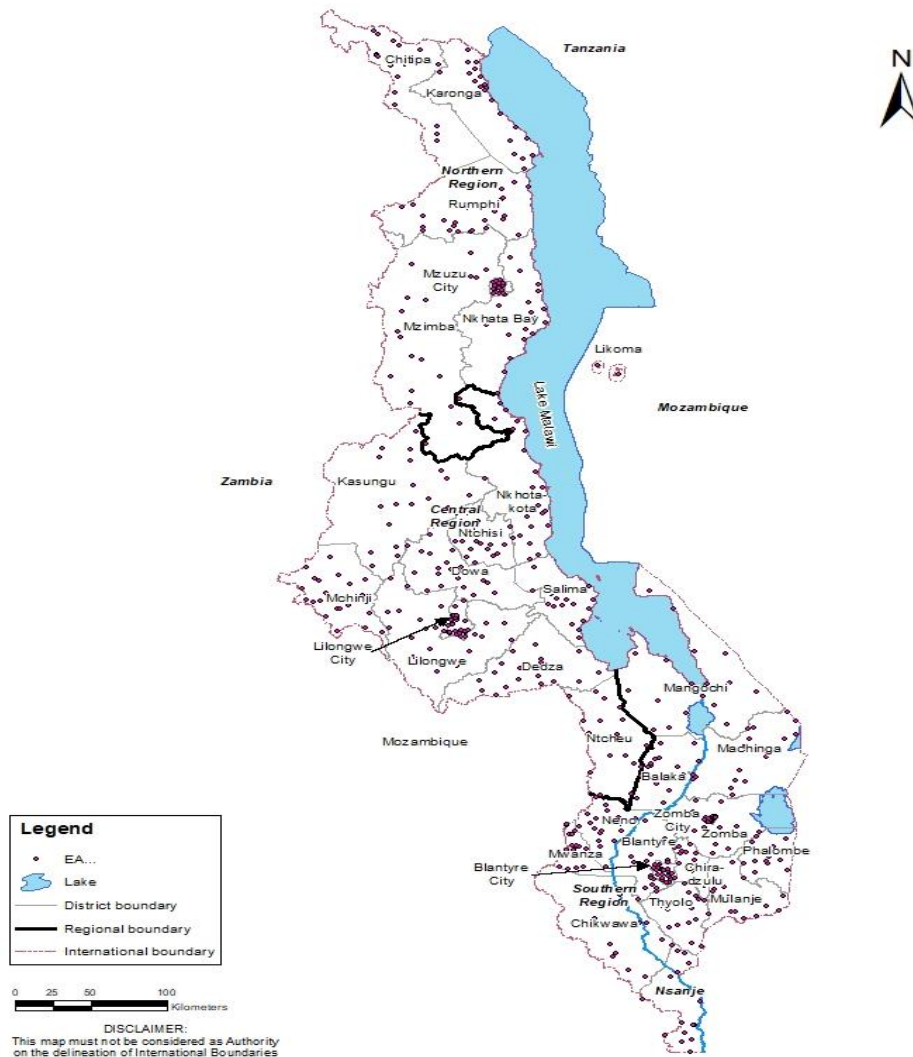


Figure 1: Map of Malawi showing where the data were collected



1.4 Characteristics of the sample

The respondents were from across all the three regions of the country but predominantly rural (80%). They comprised 45% youths (18-35 years) and 68% men. In terms of religion, they were mostly Christian (90%). The sample was relatively more education than normal; more than half had secondary or higher levels of education. The most dominant main economic activities among the respondents was farming (30% of all respondents) followed by paid household business (24%), paid employment (17%), casual labor (*ganyu*) 11% and 10% had no economic activity. See Figure 2.

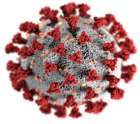
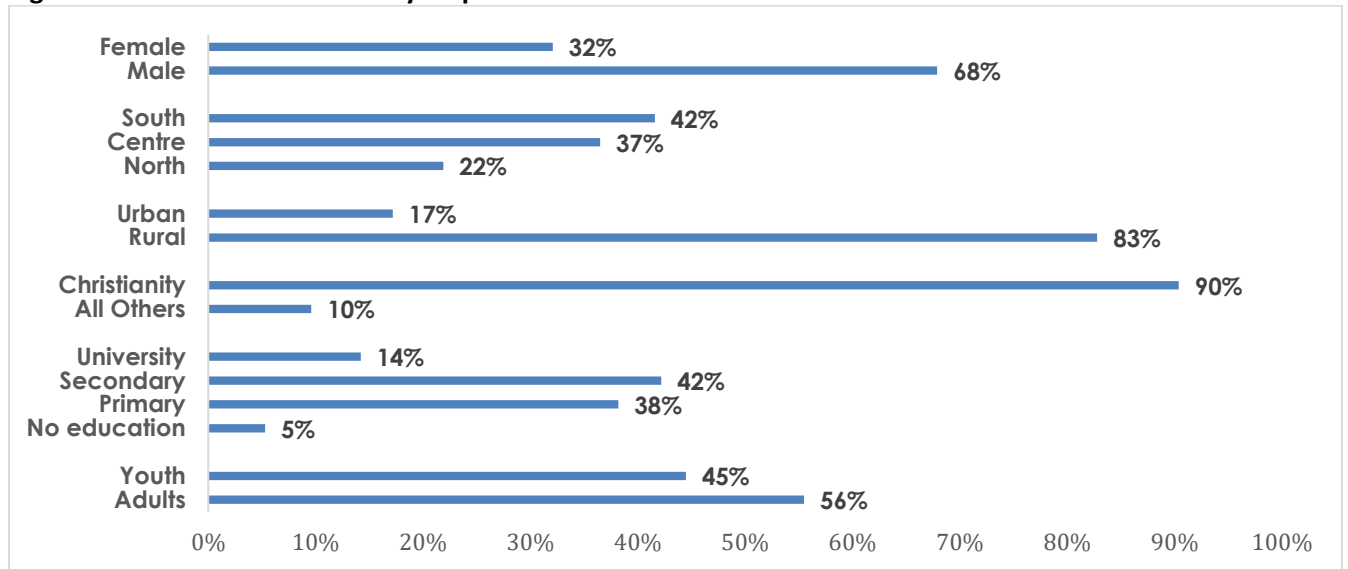


Figure 2: Characteristics of survey respondents



Source: CSR-NSO COVID-19 Survey

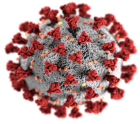
1.5 Limitations

The survey was conducted by phone. This poses a challenge of considering levels of ownership of phones in the country and that characteristics of the population with phones tend to differ from the rest of the population. According to the 2018 Population Census, just 51% of the households had a mobile phone. Integrated Household Surveys (IHS) conducted since 1997, have shown that those with mobile phones are generally economically better off. Indeed, comparing the survey sample and that of the 2016/17 IHS, the socio-economic characteristics of this sample are skewed towards the better off; there are more of the educated and men. For example, only 3% of IHS4 respondents had attained tertiary education and 16% had secondary education compared to the current sample's 14% and 42%, respectively. In this sample, there were less women (31%) than in IHS4 (54%).

The implication is that the level of knowledge of COVID-19 and related issues among the general population is likely lower than the results of the phone-based survey presented here. However, for the purposes of this study, considering that COVID-19 messages have been disseminated through various other ways, the bias is mitigated in the policy implications or recommendations.

1.6 Outline of the report

The report has seven chapters including this introduction (Chapter 1) and summary and policy implications (Chapter 7). The rest of the chapters, which present findings of the study, are organized in three parts. The first part (Chapters 2 and 3) presents the state of the pandemic covering its magnitudes, people's knowledge about the pandemic and measures taken to contain, mitigate and respond to it. The second part (Chapters 4 and 5) presents the social and economic effects and impacts of the pandemic. The third part, which is covered in Chapter 6, focuses on long-term development effects and impacts including Malawi's prospects of achieving Sustainable Development Goals.



CHAPTER 2: MAGNITUDE AND PUBLIC KNOWLEDGE OF COVID-19 PANDEMIC

2.0 Introduction

This chapter presents the progression of the COVID-19 since the first case was confirmed and the level of public knowledge of the diseases. After providing a global and African overview, the chapter characterizes the cases, recoveries, and deaths by age and sex in Malawi. In addition, the chapter presents data on public knowledge of the pandemic, how it spreads, and how it can be prevented. Understanding both the magnitude and levels of people's knowledge are critical to mapping prospects of arresting the spread and consequent effects and impacts of COVID-19.

2.1 Global picture of COVID-19 pandemic

From 31 December, 2019 to 14th June, 2020, over 7.8 million of COVID-19 cases have been reported to WHO. There have been 431,541 case fatalities, representing 6% of all reported cases. The Americas, as a region comprising countries in North and South America, has registered the highest number of cases and deaths. The Americas is closely followed by Europe, which was the epicenter after China. Africa has registered the least number of COVID-19 cases. See Table 1.

Table 1: Magnitude of COVID-19 pandemic by continent

Continent	Cases	Share	Deaths	Share
Americas	3,781,538	48%	201,848	47%
Europe	2,416,920	31%	188,350	44%
Eastern Mediterranean	778,200	10%	17,077	4%
South-East Asia	471,392	6%	12,927	3%
Western Pacific	198,995	3%	7,215	2%
Africa	175,503	2%	4,111	1%
Globally	7,823,289	100%	431,541	100%

Source: WHO Situation report 147 (15th June 2020)

Despite being the epicenter during the early days of the outbreak, China is not among the top ten worst affected countries. The worst hit country on the basis of registered cases is the United States of America (USA). Among the ten worst hit countries, there three countries from the Americas and five from Europe, one from the South East Asia and one from the Middle Eastern Region. The USA and Brazil still leads in terms of deaths. The UK, which was the fourth in terms cases is third. In terms of death per number of confirmed cases, the worst hit countries among the top ten countries are Italy, the UK and Spain in that order. See Table 2 for more details.

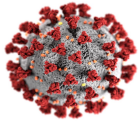


Table 2: COVID-19 pandemic: Top ten worst affected countries

Country		Cases	Deaths	Death per
		Cumulative	Cumulative	1000 cases
1	United States of America	2,057,838	115,112	56
2	Brazil	850,514	42,720	50
3	Russian Federation	537,210	7,091	13
4	India	332,424	9,520	29
5	The United Kingdom	295,893	41,698	141
6	Spain	243,928	27,136	111
7	Italy	236,989	34,345	145
8	Peru	225,132	6,498	29
9	Iran (Islamic Republic of)	187,427	8,837	47
10	Germany	186,461	8,791	47

Source: WHO Situation Report 147, 15th June 2020

2.2 Africa picture of COVID-19 pandemic

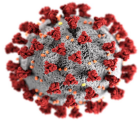
In Africa, the picture has been slightly different. COVID-19 has spread across the continent but at a relatively slower pace. From 25 February, 2020, when Algeria confirmed the first case on the continent, the pandemic has reached all 57 countries and territories. Table 3 presents the top 10 most affected countries.

Table 3: COVID-19 pandemic: worst affected African countries

Country		Cases	Deaths per	Deaths per
		Total	Total	1000 cases
1	South Africa	70,038	1,480	21
2	Egypt	44,598	1,575	35
3	Nigeria	16,085	420	26
4	Ghana	11,422	51	4
5	Algeria	10,919	767	70
6	Cameroon	9,572	275	29
7	Morocco	8,793	212	24
8	Sudan	7,220	459	64
9	Senegal	5,090	60	12
10	Côte d'Ivoire	5,084	45	9

Source: WHO Situation Report 147, 15th June 2020

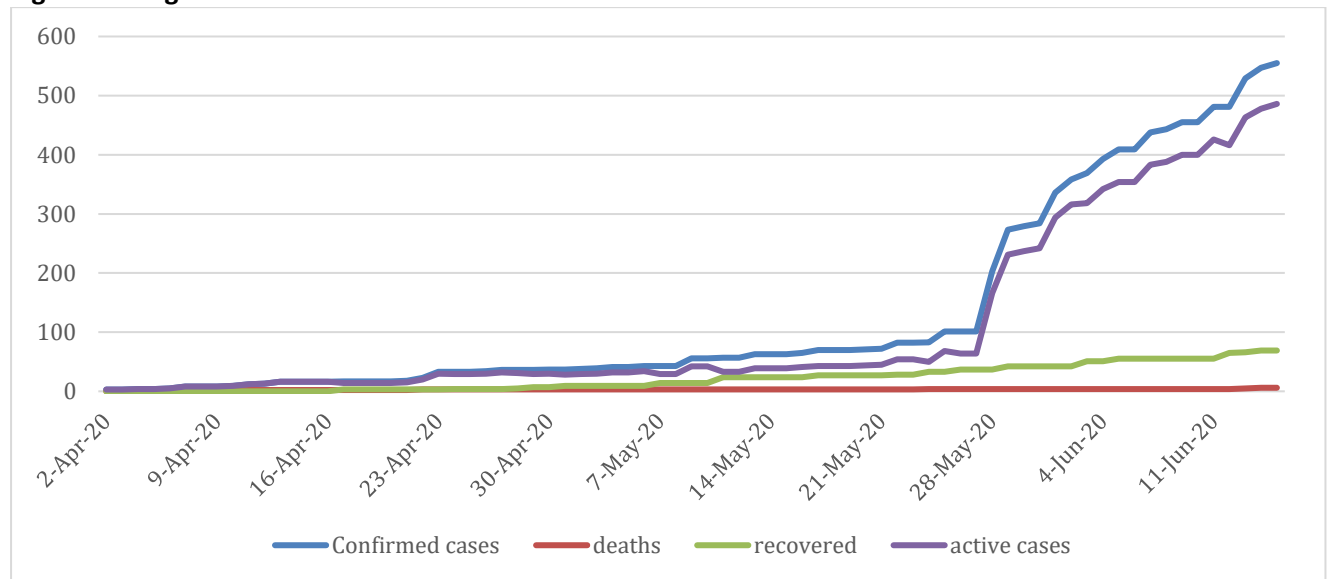
As shown in the table above, South Africa and Egypt are by far the worst affected countries in Africa in terms of both number of confirmed cases and deaths. Egypt has however, surpassed South Africa in the number of deaths. In terms of deaths per 1000 cases, the worst hit is Algeria followed by Sudan. Ghana, which has fourth highest number of cases has the lowest deaths per 1000 confirmed cases.



2.3 COVID-19 Cases in Malawi

Malawi confirmed its first case on 2nd April 2020. The number of cases has since increased to 555 as of 14 June 2020 according to COVID-19 situation report (PHIM 2020) by the Malawi Ministry of Health's Public Health Institute of Malawi (PHIM). The rise in confirmed cases was gradual until late May when Malawians repatriated from South Africa started arriving. From a low of 83 cases on 24 May, the number of cases surged to 101 (18 additional cases) on 25 May. Within three days the number rose to 203 (additional 102 new cases), then to 273 on 29 May 2020 (Figure 3). By 14 June 2020 Malawi had 555 cases with six deaths and 69 recoveries, and thus had 480 active cases.

Figure 3: Progression of COVID-19 cases in Malawi

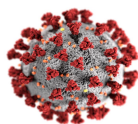


Source: John Hopkins COVID database on 14 June 2020

Of the cases recorded by 14th June 2020, 97 were locally transmitted while 443 were imported and 15 were still under investigation. With sixty-nine of the total cases recovered the total number of active cases is 480. Of the active cases, 258 active cases are being managed as outpatients and are under self-isolation while 13 cases are under institutional isolation and three are admitted at emergency treatment units. The average age of the cases was 32 years, the youngest case was aged 1 year and the oldest was 75 years. There were 478 cases below 50 years of age. In all, 168 (30%) cases were female and 387 (70%) male. See Table 4 for more details. Because it is likely that the COVID-19 pandemic will be around for some time, it is important that Government and all the relevant stakeholders should be closely monitoring the progression of the pandemic very closely.

Table 4: Malawi COVID-19 cases by gender, age, and location

Variable	Category	No. of cases
Age	0-17	30
	18-39	383
	40-59	87
	60+	14
	Not known	41
Gender	Male	387
	Female	168



Variable	Category	No. of cases
Reporting location	Central	128
	Northern	32
	Southern	395

Source: PHIM Malawi COVID-19 situation report, as of 14 June 2020

2.4 Public Knowledge of COVID-19

Public knowledge of COVID-19 was assessed through the survey by use of several questions that aimed at establishing levels of knowledge about COVID-19 issues among Malawians. The first set of questions aimed at gauging people's general awareness and identifying their sources of information. Other questions were on symptoms of COVID-19, how it is spreads and how people can protect themselves from contracting the virus.

2.4.1 Awareness of COVID-19 and sources of information

There was universal awareness of COVID-19 among Malawians as all the people interviewed said they had heard about it. The radio was by far the most common source of information on COVID-19 with about 91% of the people mentioning it. Mobile phone SMS was second (23%) and social media (22%) third. Others were friends (21%), television (18%), Church (17%), family member (8%), IEC campaign (8%), health worker (7%) and school (1%).

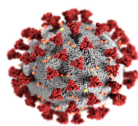
Rural folks were not very different from urbanites in terms of the sources of COVID-19 information except in the use of social media and television. Relatively, fewer women than men use the radio as a source of information. Contrary to expectation (considering that fewer women own phones) women are not particularly different from men in terms of accessing COVID-19 information through SMS and the social media. However, more women than men got information from the church and friends. As expected, the youth were particularly better than adults at getting information from the social media. See Table 5 for more details.

Table 5: Sources of information by location, sex and age group

Source of information	Rural (%)	Urban (%)	Male (%)	Female(%)	Youths (%)	Adults (%)
Radio	92	89	93	88	91	92
Phone SMS	24	18	24	19	24	22
Friends	20	23	18	26	20	21
Social media	19	35	24	19	31	15
Church	17	14	15	20	13	19
Television	14	38	17	19	20	16
Family member	9	7	8	9	8	8
Health worker	8	3	7	8	6	9

Source: CSR-NSO COVID-19 Survey

Most people had multiple sources of information with radio is key source. The most common combinations of sources of information included the radio and these were (i) radio and Phone SMS (ii) radio and social media (WhatsApp, Twitter, Facebook, Instagram, among others) and (iii) radio and IEC campaigns (mobile vehicles,



print material, public events including funerals and community meetings). The prominence of radio is boosted by the availability of radio facilities in mobile phones².

2.4.2 Knowledge of the symptoms of COVID-19

The findings also show that there is low knowledge of COVID-19 symptoms in Malawi. None of the respondents from the survey was able to mention all the eight major symptoms of COVID-19 (i.e. coughing, fever, sneezing, difficult with breathing, sore throat, tiredness, runny nose, and nasal congestion). Less than 10 people mentioned seven of these symptoms. Only 45% knew at least four of the symptoms and even fewer (30%) knew at least the three most critical symptoms (coughing, sneezing and fever). Thus, very few people had adequate knowledge of the COVID-19 symptoms. This suggests high risk of spread of the virus since a significant proportion of the population were unlikely to take necessary measures when COVID-19 symptoms start manifesting.

Among those who were able to mention, the most known symptoms were coughing (mentioned by 85%), fever (75%) and to some extent sneezing (51%) and difficulty in breathing (49%). The least known were nasal congestion (7%), runny nose (12%), tiredness (16%) and sore throat (29%).

2.4.3 Knowledge of how COVID-19 spreads and how it can be prevented

Knowledge of how COVID-19 spreads was also found to be limited among Malawians. About 5% of the respondents were unable to mention a single method through which COVID-19 spreads. On the other hand, only 3% were able to mention all the six methods. Those who knew only one method were 20% and those who knew two were 30%. In fact, the proportion declined to 21% for three, 11% for four and 8% for five methods.

Table 6 presents the proportion of the sample that mentioned the various methods COVID-19 spreads by location and gender. There were some significant differences between rural and urban as well as between men and women. The prominent differences between urban and rural dwellers were on handshaking and coughing but in general rural folks were more knowledgeable than urbanites. On the other hand, men were more knowledgeable than women in all methods although the differences were insignificant on touching mouth, eyes, nose and contaminated surfaces.

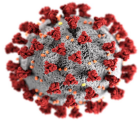
Table 6: Knowledge of how COVID-19 spreads, by location and sex

Method of spread	Urban (%)	Rural (%)	Male (%)	Female (%)
Handshaking	63	73	73	67
Coughing	52	62	61	58
Contact surfaces	37	34	35	34
Sneezing	16	25	25	20
Touching eyes	20	21	21	19
Touching nose	19	21	21	19
Touching mouth	22	19	20	18

Source: CSR-NSO COVID-19 Survey

There was also limited knowledge of how people can protect themselves from contracting Covid-19. For example, not one was able to mention the eight or seven or six methods of protection. Only 2% mentioned five and 10% mentioned four of the eight methods. The most frequently mentioned way was washing hands with soap or using hand sanitizers (mentioned by 95%). This was followed by avoiding overcrowded places (52%).

² The mobile phone ownership by household in Malawi was at 48% (IHS4 2016-2017) according to NSO (2017) Integrated Household Survey 2016-2017: Household socio-economic circumstances report, National Statistical Office, November 2017.



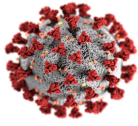
There were some differences in knowledge levels of the protection methods among rural and urban residents but not much between men and women (Table 7). Mirroring the knowledge of how the virus spreads, more rural folks than urbanites mentioned using soap or sanitizer, avoiding overcrowded places, avoiding touching the face, restricting travel and self-isolation. Urbanites had superior knowledge on the use of face masks only. Men and women differ significantly only on avoiding overcrowded places.

Table 7: Mentioned methods of protecting oneself from contracting COVID-19

Method of prevention	Male	Female	Rural	Urban	Malawi
Washing hands with Soap/using sanitizers	95%	96%	96%	93%	95%
Avoid overcrowded places	55%	48%	55%	41%	52%
Wear face mask	27%	26%	24%	39%	27%
Avoiding touching eyes/mouth/nose	27%	25%	28%	19%	26%
Restrict travel	16%	14%	16%	12%	16%
Turn aside when coughing/sneezing	13%	10%	12%	12%	12%
Self-isolation	9%	8%	9%	5%	9%
Disinfecting	4%	4%	4%	6%	4%

Source: CSR-NSO COVID-19 Survey

Poor knowledge of COVID-19 symptoms, how COVID-19 spreads and methods of protection limits efforts in dealing with the pandemic. This is worse when people in urban areas have inferior knowledge. Poor knowledge means that people fail to protect themselves from contracting the disease, know the disease manifests, and know how to prevent its spread if they are infected. This points to gaps in current communication strategy and therefore calls for an assessment of the strategy.



CHAPTER 3: CONTAINMENT MEASURES, CAPACITY AND FEASIBILITY

3.0. Introduction

This chapter focuses on what the Government of Malawi (GoM) and its development partners were doing to contain the virus, response plans, as well as feasibility of such measures and the capacity of the health system. It discusses containment measures that have been adopted; the National COVID-19 Preparation and Response Plan (NC19PRP); the health system governance, its preparedness and state in terms of being able to deal with cases using institutional and home-based care; and feasibility of the containment measures given the country's social, economic and political environment.

3.1 Containment measures instituted in Malawi

Malawi started with declaring a State of Disaster on 20 March, 2020 which included containment measures like closure of schools, colleges and universities; closure of borders; and suspension of non-essential air transport services. After the first four cases were identified in early April, government suspended all public sector meetings and restricted numbers in social gatherings like weddings and funerals. By mid-April, Government declared a national lockdown but did not take effect as it was challenged in court because the government had not put in place mechanisms for supporting the most vulnerable. By the time of writing the report, the measures implemented in Malawi focused on maintaining social distance and personal hygiene to limit transmission of the virus.

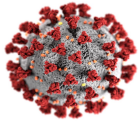
In the health sector, the number of testing facilities was increased and spread across all regions. The Government also opened institutional isolation and treatment centers in Blantyre, Lilongwe and Mzuzu. Likewise, protection of health workers was improved with the procurement of Personal Protection Equipment (PPEs) and gradual recruitment of additional health care workers.

3.2 Mitigation of possible effects of containment measures

The Government also instituted some fiscal and monetary measures to cushion Malawians from effects of the slowdown. These included reduction of fuel prices, waiving of fees and charges on electronic payments and money transfers and tourism levy to support the tourism industry, an MRA six-month voluntary tax compliance window to allow taxpayers with arrears to settle their tax obligations in instalments without penalty. Further, the Government increased loan funds to Malawi Rural Development Fund (MARDEF) by MK2 billion to support affected Micro, Small and Medium Scale Enterprises (MSMEs). Likewise, the Reserve Bank of Malawi (RBM) announced agreements with commercial banks and Micro-Finance Institutions regarding a three-month moratorium on interest and principal repayments for all loans contracted by MSMEs. Similarly, the Reserve Bank of Malawi (RBM) resolved to cut the Liquidity Reserve Requirement (LRR) on domestic deposits to 3.75% from 5.0% to release primary liquidity of about MK12 billion to the banking system thereby increasing availability of loanable funds to cushion liquidity constraints in the economy. RBM also put in place measures to ensure availability of enough foreign exchange to cushion businesses from foreign exchange rate volatility.

These measures were over and above what the government together with development partners and civil society organisation outlined in the National COVID-19 Preparedness and Response Plan (NC19PRP)³. The total budget of the plan is US\$213million and is for 267 activities in ten clusters. The bulk of this budget (58%) is for

³ Government of Malawi – National COVID-19 Preparedness and Response Plan, March, 2020



the protection and social support cluster. Distantly following are food security (10%) and health (10%) clusters. The plan, which was launched in April 2020, had a financing gap of 91%. However, according to the UN Malawi (2020), there were attempts to fill the gap by IMF (US\$91 million), World Bank (US\$37 million), US Government (US\$4.5 million), DFID (US\$2.2 million) and Ireland (US\$1.1 million).

Some cursory analysis of the plan shows that the top ten activities in terms of amount money allocated accounts for up to 69% of the entire budget. Further, seven of the ten are cash transfer-related and these seven take up 62% of the budget. This leads to the conclusion that the planners considered the need to cushion the most vulnerable population from the negative effects of the pandemic. The objective of the protection and social support cluster was to support economically vulnerable households affected by COVID-19 (GOM, 2020).

According to the experts who were interviewed, the Government, in collaboration with the funders of the Malawi Social Cash Transfers, developed an emergency cash transfer program which had two elements; vertical expansion and stand-alone urban cash transfer program. As part of the vertical expansion, each of the current 292,518 MSCTP beneficiary household would get a top up of MK 5,000 for four months. This translates to MK6 billion. For the urban cash transfer program, the plan was to provide MK 35,000 per month (current minimum wage) for four months to 185,246 affected small-scale traders in the cities of Blantyre (39%), Zomba (5%), Lilongwe (46%) and Mzuzu (10%). This translates to MK26 billion in transfers alone.

3.3 Malawi UN family COVID-19 response

The UN agencies in Malawi have played and continue to play critical roles in the response. All the UN agencies are relevantly distributed among the ten clusters of the NC19PRP to provide technical expertise in its design and implementation. Each of the NC19PRP's ten clusters is co-chaired by a UN agency. Eight UN agencies are participating in the Information and Communication cluster. There is also multiple cluster membership based on the UN agency's expertise. This is especially true of UNICEF which is a member of nine clusters and chaired three of the nine clusters. WFP and UN Women were members of four clusters each (See Table 8 for details).

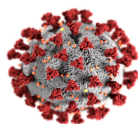
Table 8: Participation of UN agencies in the NC19PRP

	UNICEF	UN Women	WFP	UNFPA	WHO	UNAIDS	UNDP	FAO	UNESCO	IOM	ILO
Information	√√	√		√	√		√	√	√		
Health	√	√		√	√√	√					
Transport/logistics	√		√√								
WaSH	√	√			√√	√					
Protection	√√	√		√		√				√	√
Food security	√√		√					√			
Education	√		√√								
Nutrition	√		√√								
Empowerment	√						√√				

Source: UN Malawi (2020) Socio-economic Impact of Covid19 In Malawi: Discussion paper

√ - member of the cluster; √√ - Co-chair of the cluster

Further, the Humanitarian Country Team in Malawi launched an Emergency Appeal that urgently sought US\$139.2 million emergency funding for UN agencies and NGOs to complement the Malawi Government's plan. The objective of the Emergency Appeal for Malawi was to limit the secondary impacts of COVID-19 on vulnerable



groups by, among other channels of support, providing cash transfers for those who lost income due to the public health measures or were unable to access adequate food and water.

The United Nations Development System (UNDS) also switched to emergency mode for 12 to 18 months the following the declaration of the pandemic. In this mode, the UNDS would use the UN COVID-19 socio-economic framework, designed to help countries ‘shore up health systems, prevent a breakdown of food systems, restore and build back better their basic social services and other measures to minimize the impact of the pandemic on the most vulnerable populations’ (UN Malawi, 2020:20). In Malawi, the proposed COVID-19 Socio-Economic Response has a total of 24 priority areas in five pillars namely health first, protecting people, economic recovery, macroeconomic response and multilateral collaboration and social cohesion and community resilience.

Another way the UN agencies in Malawi used was to undertake a review of the 2020 United Nations Sustainable Development Cooperation Framework (UNSDCF) annual workplans. The objective was to determine their relevance in the current COVID-19 context in consultation with Malawi Government counterparts. Table 9 presents the projects whose resources were successfully re-allocated⁴.

Table 9: DPs resources re-allocated to COVID-19 activities

No.	COVID-19 activity	Amount (\$)	Source of Fund
1	Public health-worker recruitment	11,008,400 ²	GoM
2	Awareness among people living with HIV and AIDS	30,500 ¹	UNAIDS
3	Infrastructure support to remote operations	66,900 ¹	UNAIDS
4	Migrant relief activities	2,780,307*	GOM, UNDP, & BADEA
5	Monitoring & Support to Hospital Ombudsman	30,500 ¹	UNDP
6	MICF Economic Resilience and Recovery Funding window for private businesses	5,000,000*	UNDP
7	MICF Financial Outreach Funding window for private businesses	5,000,000*	UNDP
8	Support to Local Government and production and dissemination of COVID-19 messages	995,000 ¹	UNDP
9	Scaling existing core products and services for prevention/response to the COVID-19 pandemic	1,000,000*	UNDP
10	Knowledge and Awareness on the Rights of Persons with Disabilities and the Elderly	22,500 ¹	UNDP
11	Risk communication and community engagement (RCCE) in border line communities	305,000 ¹	IOM
12	Operational and facilitative support to DPCs (review of mandate and COVID-19 advocacy)	115,000 ¹	UNDP
	Total	26,354,107	

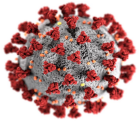
*: Not indicated whether resources are additional or replacing other old activities.

1: Resources have been reprogrammed from some other activities.

2: Resources are additional to existing activities.

Source: Compiled from interview notes and DP documents.

⁴ The study was conducted when the exercise was not complete in all the UN agencies. This is likely to have been updated.



3.4 Feasibility of the containment measures

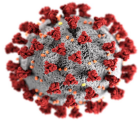
Feasibility of the instituted containment measures is dependent on the practicality of implementation and acceptability of the measures, among other factors. As the response plan clearly states, containment measures carry with them some significant financial requirements. The fact that 91% of the funding requirement was not available speaks volume of the practicality of the containment measures. According to the experts' interviews conducted and the data that followed the interviews, some development partners had earmarked \$42,322,967 for the response. If this included what was already indicated in the plan, this would cover only 20% of the plan's requirement. If this was additional to what was indicated in the plan as available funds, then the total comes to 29% of the plan. Looking at the planned DP activities (Figure 9), this amount does not include the MK32 billion (US\$ 44 million) planned for the emergency cash transfers. With this, the funded proportion comes to 49 percent⁵. This is a decent proportion given that some of the activities are for the long term (29%). It should be noted that this excludes earmarked contributions to the plan, if at all, from the Government and other development partners. The message is that at the time of developing this report, the funded proportion of the plan was over 50%. On this basis, it is reasonable to conclude that the measures are, to a large extent, financially practical.

Furthermore, acceptability of the measures by those who are supposed to implement them has implications on their feasibility. As Zhing and colleagues (2020) noted for China, people's adherence to control measures is determined by their knowledge, attitudes and practices. Knowledge is the first step towards dealing with a pandemic (Yap et al., 2010). For this reason, the study engaged Malawians to get their knowledge of the measures and their current practices. According to the findings, 84% of the respondents said they had heard of the containment measures. Measures known by over half of the people were include (i) ban on gatherings of more than a hundred people (65%) and (ii) frequent hand washing (53%). Less than half mentioned social distancing (47%), restricted social gathering (45%), school closures (44%), travel restrictions (35%), no handshakes (26%), market closures (21%), restricting funeral attendance to 50 people (20%) and closure of leisure centers (10%). In terms of completeness of knowledge, only 1% of the respondents were able to list all the ten measures and 28% were able to mention at least have of the measures. These findings show that a majority of people had not heard about most of the containment measures, which is a first clear signal that they would not practice these measures.

Indeed, few put into practice the control measures. Less than a quarter practiced restricted travel (23%), no face touching (21%) wearing face mask (16%), coughing or sneezing away (9%), self-isolation (9%) and disinfecting surfaces or objects (5%). However, almost all (95%) mentioned washing hands with soap or using sanitizer and 58% stayed away from overcrowded places (58%). Surprisingly most of the people do not practice basic hygiene like coughing or sneezing away. Based on these findings it is concluded that there is very low practice of containment measures in Malawi. This limits the extent to which the spread of COVID-19 can be contained. In general, experts thought that some of the measures were particularly not feasible culturally. They singled out restricting funeral attendance to fifty people. On this, one expert said:

“Malawi is a social cohesion country that comes from the cultural factors. For instance... during funerals, people don't go to the funerals just because they want to go there but the social setup requires everyone to attend the funerals...” (In-depth interview with a government official, Zomba, 29 April 2020).

⁵ This deliberately ignores the fact that the emergency peri-urban cash transfer project was not in the original response plan. If that is considered, then the share comes down to 33%.



In fact, as another expert argued, “we are yet to see people being chased away from a funeral for breaking this measure” (Ntcheu government official, 29 April 2020). This is because culturally people would want to support the bereaved family. Further, at such events hugging the bereaved and shaking their hands are the norm. Indeed, almost half of the survey respondents (49%) said that there are some cultural practices that were supposed to have stopped in line with the government-instituted practices but continue to be practiced.

The control of cultural aspects has been further complicated by the conduct of political leaders. Box 1 presents the dilemma chiefs, as conveyors of government messages on how to contain COVID-19, face.

Box 1: Chiefs dilemma- funeral versus campaign rally

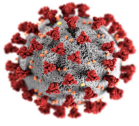
“It's our duty to advise people on what they can and cannot do, but it's left to them to see it through. People understand that, it's not the same now in the way we conduct our funerals. ... People are not supposed to have a night vigil at a deceased house but then you cannot force them not to, it's up to them. Then, people see whatever [political] leaders are doing out there. People are gathering [without adhering to containment measures]. When there is a funeral you tell them that attendance is restricted to only 50 people yet the next thing you see is a politician coming and calling people out for a rally... so, we are contradicting ourselves. You know the people ask, “What is more important here, to bury our friend, or attend the rally?” So, we are being put in a difficult position... (Interview with a Traditional Leader, Ntcheu, 15 May 2020).

Further, COVID-19 found Malawi in an unstable political environment. It came when some citizens wanted to demonstrate, gather at the court to listen to proceedings and ruling of the presidential election case, accompany their presidential candidates to present their nomination papers and attend campaign rallies. In all these scenarios, social distance was practically impossible. As Figure 4 indicates, both the ruling party alliance (left picture – May 20) and opposition alliance (right picture – May 6) fail to adhere to the social distance measure.

Figure 4: Social distancing and electoral campaign



Source: (left) Zodiak online, 08.03.2020, DPP-UDF rally, Njamba Park, Blantyre (right) Daily bouncer, 22.05.2020, MCP-UTM Alliance, after presenting nomination papers.



The failure to adhere to containment measures during these gatherings leaves ordinary people confused as to whether Malawi has COVID-19 cases. They do not understand why they cannot engage in economic activities and participate in social events when political leaders who announce the measures go against them (Masina, 2020). Worse still, as Pensulo (2020) argues, COVID-19 has come at a point in Malawi when people's trust on the Government is low. In such an environment government measures, even when they are reasonable and needful, are viewed with skepticism. This is consistent with what the UN draft Discussion paper anticipated when it argued that potential politicization of the Government's response to COVID-19 could increase political animosity. This had been made worse by the minimal involvement of the opposition in the fight against COVID-19.

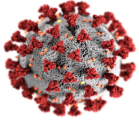
Beside the cultural and political context, the feasibility of containment measures faced challenges of economic realities of the general population. Some experts observed that markets were still congested (Box 2) despite the measures and controlling the numbers would be difficult other than just closing the markets, a measure likely to have been met stiff resistance.

Box 2: Mpondabwino market as a potential COVID-19 hazard

"Mpondabwino market is so congested. Although there are facilities for hand washing, it is still not safe. For instance, the seller has no mask on ... which can cause some saliva droplets to fall on you. ... We are losing the COVID-19 battle because of the situations in our markets. During the day Mpondabwino market is not that busy but at night ... there are a lot of people. Their argument is that things are cheaper at night. The other thing is that more people live below the poverty line, and they go to search for money during daytime in town, people ... live on hand to mouth... In Malawi, there are very few people who can go to Shoprite and buy vegetables and stock their refrigerators with food to eat for a week or so. Ideally, if we were all to buy from the Shoprite, then the social distance measures would have been adhered to easily..." (Interview with a government official, Zomba, 29 April 2020).

Thus poverty, as hinted in Box 2, is also a factor that can force the poor to fail to implement containment measures. These sentiments were echoed by a Zomba-based traditional leader who argued that some people may not frequently wash their hands with soap because they cannot afford to buy soap. For the same reason, compliance to restrictions on public transport were not being respected. It was established through interviews in this study that taxis and minibuses were still operating as before. In Karonga, for example, a traditional leader who was interviewed said taxis and minibuses were operating as if there were no containment measures announced. A Zomba traditional leader stated that it is not feasible to maintain social distance on motorcycle and bicycle taxis, but operators could not stop because they still had to earn a living.

Another challenge that was identified was limitations in enforcement of the measures. In some places, bars were still open and apparently local government officials or police were not enforcing the measures. In other cases, as one traditional leader stated, it was not feasible in rural areas to enforce social distance in public transport because there were not enough traffic police patrolling the roads. Others mentioned (see Box 3) that although minibuses and taxis were required to reduce the seating capacity, the distance between the passengers



is not a meter apart. In such cases chances are high that if one is COVID-19 positive others in the vehicle would be infected.

Box 3: Challenges to maintain social distancing in public transport

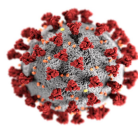
“In buses there is compliance of 2 people per seat, but we cannot say that the distance is 1 meter, [passengers] are still close to one another.... In the case of minibuses, during the day, they are able to comply with the 2 passenger per seat rule but at night you find they are not observing physical distance. During daytime, the minibus operators are afraid of traffic police officers and other road law enforcers [which are not there at night]. They would want to maximize their profits. And at night the other thing is that passengers don’t have a choice but to still board [minibuses that are not ensuring physical distancing].” (Interview with a government official, Ntcheu, 28 April 2020).

Another challenge relates to myths associated with COVID-19. One of them is that COVID-19 only affects white people. This makes Malawians ignore the containment measures and regard COVID-19 as a less serious disease. One government official argued in this regard (Box 4).

Box 4: Malawi needs a shock therapy

“There is a need for other ways of interventions such as audio visual on how COVID-19 sick people are suffering and once people see these, they will be able to understand why the government is insisting on the conditions that have been laid down. People don’t take it seriously and the myths associated with COVID-19 that people are saying, Corona only kills whites and not black people” (In-depth interview with a government official, Ntcheu 28 April 2020).

On the basis of the foregoing discussion, one could conclude that the containment measures are feasible if financial resources were the only consideration. However, based on Malawi’s circumstances like political environment, low capacity to enforce the adherence, slow local transmission of COVID-19, people’s knowledge and practices, economic circumstances, and myths associated with COVID-19), the conclusion is that the containment measures are not feasible to implement. This conclusion does not imply that it is not necessary to implement the measures but that their strict implementation would require investments in policing and innovative communication strategies.



3.5 Capacity and preparedness of the healthcare system

3.5.1 Governance structure of the health sector

Malawi's health system is a combination of public and private healthcare service provision and financing subsectors. The major providers of healthcare include the public health facilities, followed by private-not-for-profit faith-based health facilities, private health practitioners, traditional and complementary medical practitioners and the informal sector⁶. The public sector is mainly financed through taxes and donor aid although there are cases of cost sharing with service users.

The Ministry of Health oversees the health sector in Malawi⁷. The public health service provision has some of its functions decentralized with the Ministry of Health providing policy direction while health facilities provide care in a referral system. Central hospitals work autonomously in terms of budgeting, procurement of medical supplies and drugs. However, some human resource recruitment and deployment is still controlled by the Ministry of Health headquarters. Likewise, the running of district health offices and clinics are currently under the district commissioner and the head of the district hospital is part of the district council management team. Thus, budgets and running of the district health system is decentralized to the extent that its budget is part of the district budget and is executed at that level.

This system is not flexible enough to respond to crises effectively and efficiently. For example, the health cluster activities and budget in the national preparedness plan were not district specific and thus would be 'spearheaded' by the headquarters. This could have serious repercussions in cases of very infectious conditions such as the COVID-19 pandemic. It is unlikely that district-specific COVID-19 risk factors were considered when coming with the national requirements.

3.5.2 Capacity to deal with COVID-19 patients

3.5.2.1 Capacity of the public healthcare system

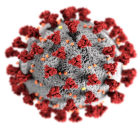
Table 10 presents findings of a capacity assessment study that interviewed 101 clinical staff and 13 administrators in 34 units across 13 health facilities (Sonenthal, et al, 2020). Based on these findings, it was concluded that the health system was not ready for COVID-19 because of the crucial resource gaps needed to treat COVID-19 patients in Malawi.

Table 10: COVID-19 facilities in district and central hospitals

Facility	District hospitals (Count)			Central Hospitals (%)		
	OPD*	Wards	ICU**	OPD	Wards	ICU
Infection control/PPE						
Isolation room	1	7	0	0	86	0
Handwashing facilities	6	3	6	33	0	33
Eye protection	2	1	1	50	0	0
N95 masks	7	10	4	57	70	0
Gowns	4	10	7	50	80	29
Gloves	13	13	8	69	69	38
Diagnostics						
Pulse oximetry	6	11	8	33	64	38
Arterial blood gas	1	0	1	0	0	0
Chest X-ray	12	11	7	67	73	43

⁶ Human Resources for Health Country Profile – Malawi 2017

⁷ The Malawi Health Sector Strategic Plan – 2017-2022 – Ministry of Health



Facility	District hospitals (Count)			Central Hospitals (%)		
Ultrasound	1	4	5	0	50	20
Treatment						
Oxygen	5	10	7	20	70	29
<i>* Outpatient or emergency department (OPD)</i>						
<i>** Intensive care unit (ICU) and high dependency unit (HDU). N=8, 3 for DHs & 5CHs</i>						
Source: Sonenthal, et al (2020)						

This shortage in facilities explains why one of the objectives of the health cluster in the National COVID-19 Preparedness Plan (GOM, 2020) is to “mobilize Corona virus supplies, equipment and pre-position them”. In fact, in addition to these, at some point, health workers in Malawi protested lack of Personal Protective Equipment⁸. Further, the Ministry of Health (MoH, 2020) noted that it needed to recruit at least 2,000 health workers urgently and open new testing sites. At the beginning of the pandemic, the Government quickly set up three testing sites at the Malawi Community Health Services Unit (CHSU) Reference Laboratory, the College of Medicine Laboratory, and the Malawi Liverpool Welcome Trust Laboratory. With the growing demand for laboratory services, the Government increased the testing sites from three to eleven by 21 May, 2020⁹.

During an interview with regard to preparedness, a health expert indicated that no country in the world was ready for the COVID-19 pandemic and Malawi was no exception. Just like many other countries, the point was how the system was coping with the pandemic. When the pandemic was declared, the Government adopted the WHO’s case management protocols to manage the COVID-19 pandemic. It was further reported that Malawi was working to adapt the protocols to suit the Malawi conditions.

3.5.2.2 Adequacy of COVID-19 health sector resources

The National COVID-19 Preparedness and Readiness Plan has 77 activities for the health cluster. The amount of money for the 77 activities is US\$20.7 million. At the time of the publication of the plan, only 40% of the budget was funded. It was not clear which of the activities, but the five topmost expensive activities cost 63% of the health cluster budget, 23% more than the available resources (See Table 11). Because of the inadequacy, stakeholders need to mobilise more resources. Of course, some of these bulky expenditures may be deferred should they not be fully funded.

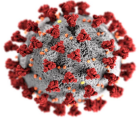
Although not sufficient, with a slow disease progression, proper planning can greatly help manage the pandemic if resources finance cost-effective activities and these activities and budget would be adequate to deal with the pandemic.

Table 11: Top 5 most costly health cluster activities

No	Activity	Share (%)
1	Construct PHIM Office Building	24
2	Construct all pathogen BSL3 laboratory	14
3	Procure 36 ambulances for rapid response teams	12
4	Renovate emergency operations center	7
5	Train 29 district contact tracing and burial teams	7
	Total for the 5 projects	63
	* Includes an emergency operation center	

⁸ <https://www.aljazeera.com/news/2020/04/malawi-health-workers-protest-lack-protective-gear-200414165616071.html>

⁹ Ministry of Health COVID-19 Malawi Situation Report as at 21 May, 2020



3.5.2.4 Home-based care of COVID-19 patients

The Ministry of Health released a guideline for the community management of COVID-19 titled “Operational Guide for Community Health Workers on COVID-19 in Malawi: Integrating health services and engaging communities for the next generation” in April 2020. The guideline provides direction on COVID-19 response at community level and provides for the control and prevention of COVID-19. It does not necessarily provide for home-based care. The protocol on home-based care was adopted but, as already indicated, was not yet operationalised at community level because of resource constraints. An interview with a public sector medical doctor revealed that while there were community guidelines, there was no home-based care that was being provided. Instead, when one was found with a mild condition of the COVID-19 disease, the patient was told to go and stay at home and was further advised to self-isolate. While in some few cases, health workers from the COVID-19 response team would go and visit the patient, this was ad hoc, because government did not have the funding for the home-based activities.

3.5.2.5 Views on health system capacity and preparedness

In addition to experts’ assessments and documented evidence, people rated various health institutions on their respective capacity and preparedness to handle the COVID-19 pandemic. The institutions included the Special Cabinet Minister’s Committee on COVID-19, district councils and closest health facilities. Respondents were asked (i) “How much do you think each of the following agencies are capable of dealing with COVID-19?” and “How prepared, do you think, each of the following agencies are to deal with COVID-19?” Figure 5 summaries the findings.

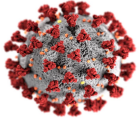
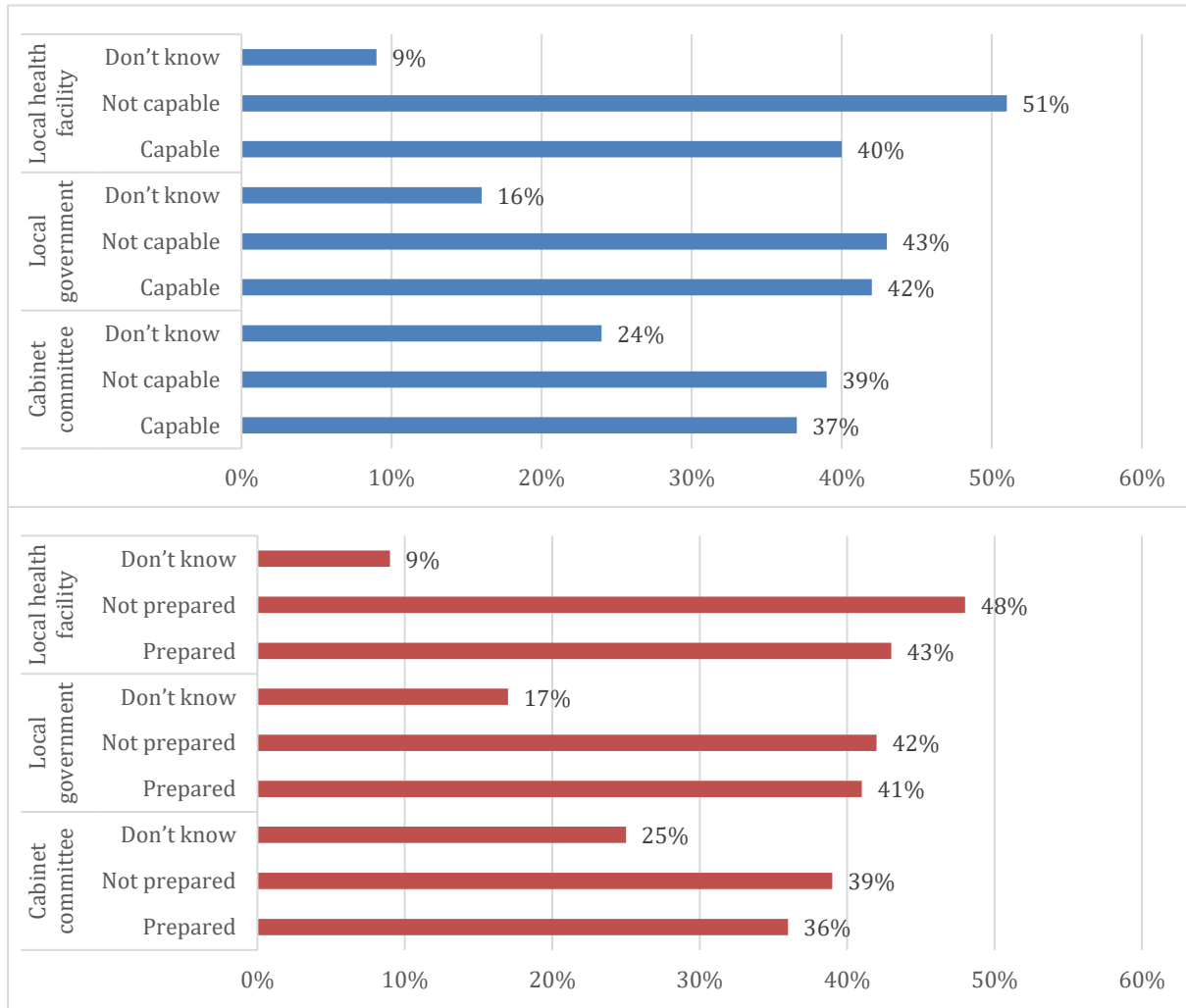
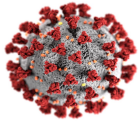


Figure 5: Rating of capacity and preparedness of agencies



Source: CSR-NSO COVID-19 Survey

As can be seen, a slight majority (51%) felt their local health facilities were not capable of managing the COVID-19 pandemic. They were evenly split in terms of view on capability of their local government councils and the special cabinet committee which was appointed by the President and mandated to stir national efforts against the pandemic. The picture seems to be mirrored on the question of preparedness of these institutions.



CHAPTER 4: SOCIAL EFFECTS

4.0 Introduction

This chapter presents social effects of the containment measures focusing on maternal and child health, women and child education, religion and culture. It discusses whether travel restrictions, diverted attention from mainstream social services or the slowdown in workplaces had negative effect on the groups that need the social services most. The chapter also presents some findings on gender-based violence and child abuse.

4.1 Gender-based violence and child abuse

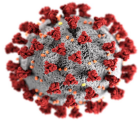
Pandemics tend to affect men and women differently and this is no exception in the Malawian context. As UN's draft Discussion paper observed, COVID-19 has a potential of increasing gender-based violence (GBV) incidences due to travel restrictions and spending more time at home with the perpetrators of gender-based violence (as well as child abuse). Studies from the UK, Brazil, Germany, Italy, Spain and the United States of America¹⁰ variously found increases in gender-based-violence as a result of COVID-19 pandemic.

In Malawi, causal studies on the impact of containment measures have not been conducted. What is available is GBV cases from Malawi Police Service which shows a 68% increase in reported cases of sexual and gender-based violence between 2019 and 2020 in the periods January to May (from 3424 to 5,067 reported cases). Further, data from a few selected districts also attest to this overall increase in cases of violence. For instance, in a five-week period from March to May 2020, Machinga registered 112 GBV cases, 16 defilement cases and one incest case, two abduction cases, one indecent assault case. Additionally, there were 41 reported cases of children in conflict with the law attributed to school closures. This totals 173 cases of violence in a five-week period after the declaration of the state of disaster. In comparison to a similar five-week period before the declaration of the state of disaster, a combined total of 62 cases of all different types of violence were recorded in Machinga. This represents a 36% increase in recorded cases of violence. Similarly, in Zomba, 54 cases of gender-based violence and 32 cases of child abuse were reported for a period of five weeks post the declaration of the state of disaster. The increase in cases of sexual and gender-based violence due to containment measures were anticipated by all the 14 experts interviewed under this objective. They share the view that:

“In our culture, staying together as a family for a long time is very new and a strange thing to us. When children, husband and wife are at home for long hours, it is easy for a husband to start a quarrel with the wife...Usually, a person goes to work from morning to noon, come for lunch and then get back to work in the afternoon, but now if you are home full time, it is obvious that small issues will lead to big issues and then there will be eruption of Gender Based Violence. GBV is even worse perpetrated by men who otherwise would go out to drink and stay away for long hours” (Interview with government official, Ntcheu, 28 April 2020).

This is supported by the results of the survey. For example, with 77% of the respondents married, 58% indicated that there were no changes in their relationship occasioned by the COVID-19 measures. To find out if these experienced any gender-based violence related to COVID-19, these were firstly asked the following question “how has the relationship between you and your spouse been since COVID-19 outbreak?” About 15% said that it has worsened and 4% indicated that it has improved. This may suggest that the worsening of the relationship is attributable to the containment measures as anticipated by the experts. However, the majority (76%) said

¹⁰ <https://www.ippf.org/blogs/covid-19-and-rise-gender-based-violence>



they experienced no violence from their spouses since the introduction of the containment measures while 2% said they experienced violence. These findings show that there is insufficient evidence to conclude with certainty that the increase in the reported gender-based violence cases was due to the COVID-19 containment measures. These findings are not in tandem with findings from elsewhere as already indicated above. The most likely reason is that the Malawi conditions are slightly different because there have been no lockdown or effective travel restrictions to provide the environment for the expected increase in gender-based-violence.

Similarly, the study has not established any increase in COVID19 related child abuse. While experts interviewed anticipated increased child abuse, the survey, found no evidence of child abuse. For example, almost all respondents (98%) said that children were not experiencing child abuse by parents. Just as in the case of GBV, the situation in Malawi is unlike elsewhere where adults and children are forced to stay at home.

4.2 Access to maternal health

The study did not establish any negative effects on the maternal and child health due to increased attention to COVID-19. This is contrary to the expectation that during pandemics reproductive health services suffer as maternity care workers are assigned away (UNFPA, 2020). One of the reasons could be the slow progression of the disease which gave room to health facilities to provide some non-COVID-19 services. Another possible reason is that the government embarked on an emergency recruitment of additional health workers such that by 19 April 2020, 755 workers had been recruited (Chilunga, 2020).

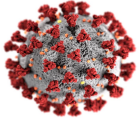
There was, however, a brief period when the media reported that pregnant women in the maternity ward were discharged as the health workers went on strike demanding availability of PPEs and meaningful risk allowances for working with COVID-19 patients (Pensulo, 2020). However, by 20 April 2020, the government had communicated the revision of risk allowances for health workers and that adequate protective gear had been provided (GOM, 2020). UNFPA also supported the Malawi government in drafting guidelines for managing women in the antenatal, delivery and postnatal periods in the face of COVID-19¹¹.

On pregnancy, experts posited that with travel restrictions the contact period between partners is high and therefore there is a high likelihood of unwanted pregnancies. Further, these experts also anticipated an increase in cases of unintended pregnancies among adolescent girls and young women due to closure of schools. But the exact data on these pregnancies is not yet known.

4.3 Effects on education

A majority of survey respondents (81%) bemoaned the interrupted learning. This finding is consistent with NPC's (2020) finding that closing schools for a particular period makes children receive education reduced by the same period, which translates into less productive children in their adult years. NPC (2020) further estimates that the social cost of closing schools for Malawi will be around \$5.2 billion over the next 50 years. One of the negative effects of the closure of schools cited by respondents (48%) is increased workload for those responsible for childcare, who are mostly women. Experts also highlighted that closure of schools is likely to negatively affect the social life of children who depend on interaction with other children to develop social skills. Indeed, the majority of survey respondents (52%) said that children are negatively affected because they do not socialize with their usual friends.

¹¹ <https://esaro.unfpa.org/en/news/unfpa-supports-pregnant-women-and-young-people-response-rising-covid-19-infections-malawi>



Further, closure of schools is particularly disadvantageous to children with disabilities because they miss the additional expert support they get at school (Box 5).

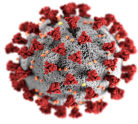
Box 5: School closure and children with disabilities

“These are places where these people feel to be accepted for instance, Mua school, because there are many disabled children, there is no segregation than when they are in a different society. For example, when they go back home from school, they will be exposed to a different society that may make them not very accepted. Somehow these children are like a burden to the parents and then when they go to school, parents feel to be relieved as now the child is in the care of another community.” (Interview with a government official, Zomba, 29 April 2020).

This leads to the need to open schools. Teachers and students interviewed had the view that schools should indeed open. However, they were quick to highlight what needs to be done before schools could be opened. For example, some stated that large classes should be split to ensure there is physical distancing and proper ventilation. It was further indicated that there is need to recruit more teachers to manage the additional demand for teachers. Universities should be encouraged and supported to adopt online, distance, and e-learning. In any case, hand washing gear and face masks should be provided. The face masks could be instituted as part of the uniform for those required to wear uniforms. For others, simple cloth masks should be encouraged.

4.4 Effects on Religion and Culture

The overwhelming majority of the people (89%) said that the containment measures had affected religious activities. The affected religious activities most affected were regular meetings (mentioned by 78%) and sitting close to each other where adjacent congregants could share a Bible or Songbook (60%). Similarly, on the effect on culture, 77% said that some cultural practices had been affected. The cultural practices most affected were social or cultural gatherings (93%) and ways of greeting each other (37%). Experts interviewed stated that limiting people in weddings and funerals affects social cohesion as people believe in being there for one another in both celebratory and bad situations.



CHAPTER 5 ECONOMIC EFFECTS AND IMPACTS OF COVID-19

5.0 Introduction

The strategies employed to control the spread of and mitigate for the effects of COVID-19 have generally slowed down the global economy. The impact of this slowdown on a country's economy is partly dependent on the country's openness, magnitude of COVID-19 and adopted containment measures. This section presents findings on economic effects on the household economy, government revenue and expenditure, and economic growth from the containment measures.

5.1 Effects on household economy

The effect on a household's livelihoods is through the effect on source of household incomes by employment, businesses and agricultural production. On employment the focus was on what studies, experts and individuals have said. On income, households indicated the impact of COVID-19 and the ways the COVID-19 pandemic has affected their various sources of income.

5.1.1 Effect on employment

As indicated by the Malawi Confederation of Chambers of Commerce and Industry (MCCCI, 2020) and a labor expert interviewed, the slowdown has led to layoffs in a number of sectors namely hospitality, transport, commerce and manufacturing. In fact, a Nyasa Times article titled "Unemployment in the hospitality industry" stated that hospitality sector laid off over 35,000 workers due to closures and slowdowns¹². Further, a labor unionist indicated that 1.5 million jobs would be lost due to the COVID-19 pandemic¹³. The loss of jobs was confirmed by 12% of the people who said that their household income dropped.

5.1.2 Effect on income sources

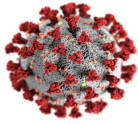
COVID-19 has affected the income of the majority (77%) of Malawians. This has been through low demand (39%), closed markets (20%), closed business (17%) and being laid off (12%). There were few others whose income was affected positively as demand for their products increased (6%). Table 12 presents more details, including marked areas where rural folks and urbanites, youths and adults and between men and women differ significantly.

Table 12: Effect of the COVID-19 on sources of income by demographics

Effect	Overall	Residence		Age		Gender	
		Rural	Urban	Youth	Adult	Male	Female
No effect	23%	24%	17%	20%	24%	22%	24%
Market banned	20%	22%	10%	19%	20%	19%	21%
Laid off	12%	11%	17%	15%	10%	13%	10%
Low demand	39%	39%	41%	35%	42%	39%	40%
Low supply	5%	5%	3%	5%	4%	4%	5%
Business closed	17%	16%	21%	18%	16%	16%	19%

¹² <https://www.nyasatimes.com/more-than-35-000-lose-jobs-in-malawi-tourism-amid-covid-19-crisis/>

¹³ Interview with a trade unionist



Effect	Overall	Residence		Age		Gender	
		Rural	Urban	Youth	Adult	Male	Female
On shift at work	6%	5%	8%	6%	6%	6%	6%
High demand	6%	6%	2%	6%	5%	6%	5%

Source: CSR-NSO COVID-19 Survey

More and large differences are between rural folks and urbanites with the highest difference (12%) being on the effect of market closures. More rural people felt this more than urban people. The highest difference between the youths and adults was on the effect of low demand (6%) with the adults feeling it more than the youths. The differences between men and women were relatively small, highest being 3% on the effect of being laid off where more men felt this and market closures where more women felt it.

5.1.3 Effect on income levels

From March to early May 2020 some people (61%) felt some income change; 58% felt income loss while 3% felt income gain. Among those who suffered loss, the overall median income decrease was MK 100,000. Men experienced higher losses than women; MK 100,000 and MK 80,000, respectively and urbanites experienced higher losses than rural folks; MK 140,000 and MK 100,000, respectively. There were no significant differences between the youths and adults. Income gain was way below income loss. The overall median increase was MK 2,500 and it was MK 2,000 for women compared to MK 2,500 for men. The youth had a median income increase of MK 3,000 compared to MK 2,000 for adults.

The majority of people (61%) further expected to income changes in the days between the day of the interview (mostly early May) to the end of the month. Most of them expected losses (57%) with MK 200,000 as the median anticipated income loss. The highest difference was between men and women (MK 250,000 and MK 150,000 respectively). The median anticipated income gain was MK 150,000 with the highest difference being between urbanites (MK 500,000) and rural folks (MK 150,000). Experts interviewed also indicated that COVID-19 would result in income loss, reduced productivity and profits. The result, they said, would be poverty and inequality. They did not expect households to have any gains from the conditions imposed by the pandemic.

5.1.4 Effects on Malawi businesses

There has been one study on the impact on businesses undertaken by the Malawi Confederation Chambers of Commerce and Industry (MCCCI). The study was undertaken in March 2020 and found that economic growth of the economy would be affected because of disturbed trade links with the rest of the world, disrupted global value chains, reduced world demand of Malawi's export products, and reduced tourism services (MCCCI, 2020). When businesses were asked whether COVID-19 had any impact on their businesses' turnover, production, availability of inputs and products or their services, at least 30% said there was no impact or had no idea. Some said the impact was mild. The highest negative impact was on turnover where 36% said the pandemic had significant (28%) and extreme (8%) impact. Production was said to have been affected the least with 20% saying the impact was either significant or extreme. Figure 6 presents the details

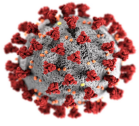
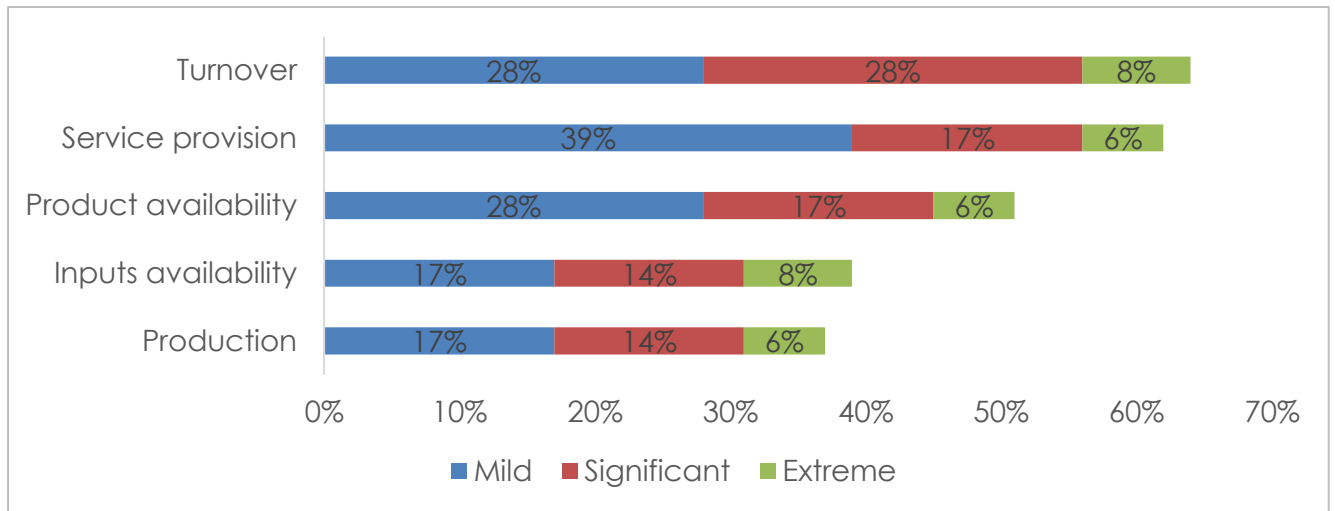


Figure 6: Effects of the COVID-19 pandemic on businesses

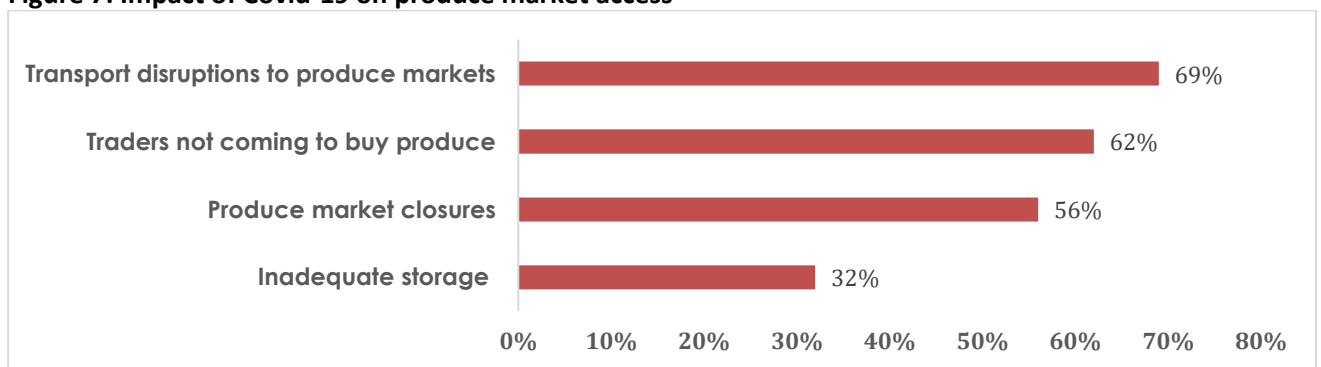


Source: CSR-NSO Covid-19 Survey

5.1.5 Effects on agriculture

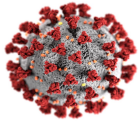
The COVID-19 and its control measures also have some impacts on Malawi farmers. The study by the African Fertilizer and Agribusiness Partnership (AFAP), which was conducted to establish the impact of COVID-19 on the farming communities of Malawi, found that the pandemic adversely impacted market access, among other indicators¹⁴ (AFAP, 2020). The findings show that access to produce markets was most affected because of transport disruptions (69%) (See Figure 7), seconded by reduced number of produce buyers in the community (62%) and produce market closures. When survey respondents were asked about the overall impact on produce farm gate prices, 24% said the pandemic had a negative effect while 10% said it had a positive effect.

Figure 7: Impact of Covid-19 on produce market access



Source: AFAP, 2020

¹⁴ The study followed up five indicators namely agricultural production or livelihoods; agricultural production processes; market access; changes in land preparation for planting; and household food security. We have chosen to concentrate on market access given the timing of the study, which was close to or during marketing season.



5.2 Impacts on economic growth and strategic sectors

5.2.1 Modelling approach and data

The impacts of COVID-19 economic growth were measured through the estimation of production functions of select sectors and aggregating the sectoral impacts to derive economy wide impacts. Based on knowledge of the country and the pandemic, as well as data availability, the study measured impacts in the following sectors; agriculture, manufacturing, transportation, distribution (wholesale and retail), tourism and accommodation services, and financial and insurance services. The remaining sectors were aggregated as other sectors at the estimation stage¹⁵.

COVID-19 impacts the real sector through morbidity and mortality, as well as disruptions of economic activities due to lockdown measures and disruptions in global supply chains. As such, the impact of COVID-19 was modelled by analyzing impacts of economic restrictions that have been imposed by the Government as also used by NPC (2020) and McKibbin and Fernando (2020). These impacts are modelled as a reduction in labor in the production function.

Following NPC (2020), the analysis assumed that the restrictions will last for 9 months. As regards to the level of reduction in labor activity, it was assumed that labor activities in most sectors will reduce by 20%, the hospitality (tourism and travel) industry will reduce labor activity by 60%, while the agricultural sector reduces labor activity by 10%. The assumption that labor activity in most of the sectors will reduce by 20% is based on the Malawi Confederation of Chambers of Commerce and Industry (MCCCI) who reported that the turnover of 8.3% of businesses they interviewed were extremely impacted, while 27.8% reported that they were significantly impacted and another 27.8% reported that they were mildly impacted (MCCCI, 2020). The assumption in the hospitality industry is based on the media report that over 35,000 individuals lost their jobs due to the pandemic and the ILO data that shows that Malawi employs about 55,000 individuals in the sector. Additionally, a lower disruption in the agricultural sector is assumed because the slowdown in economic activities have largely affected the non-agricultural sectors since the main growing season has been almost completed and the next growing season will likely coincide with normalcy to the economy. Therefore, it was assumed that the reduction in agricultural activities will be 50% of the reduction in most of the sectors.

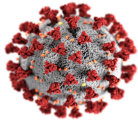
The analysis was based on data that was collected from the National Statistical Office, Reserve Bank of Malawi, the International Monetary Fund, World Bank, the Food and Agriculture Organization, the International Labor Organization. The Ministry of Finance and Economic Planning, and from their websites. To generate a series on capital stock, the analysis followed the procedure that was used by Cappelen, Choudhury and Harding et al. (2006). For employment, data from ILO website that presents estimates of employment in all the sectors of our economy were used although this data is only available from the year 2000. This implies that the data used in this study was from 2000 to 2017.

5.2.2 Estimation results

5.2.2.1 Short term impacts of COVID-19

In 2020, the analysis predicts that GDP for Malawi would have been MK 1,540 billion without the COVID-19 pandemic. However, with the pandemic the output loss is about MK86 billion, which represents 6.69% of GDP.

¹⁵ Estimation and forecasting were implemented in a vector autoregressive framework because of the results of unit root and cointegration tests.



Comparing the impacts on selected sectors, the findings show that the greatest output loss is expected in the wholesale and retail sector (MK29.60 billion) and the manufacturing sector (MK28.92 billion). The lowest output loss is expected in the agricultural sector where the pandemic is expected to lead to an output loss that amounts to MK2.72 billion. See Table 13 for more details.

Table 13: Estimated output loss and growth rates

Sector	Lost output in 2020 (MK billion)	Projected growth rate in 2020 without COVID (%)	Growth rate in 2020 with COVID (%)
Agriculture	2.72	4.21	3.61
Manufacturing	28.92	5.86	-16.85
Wholesale and retail	29.60	7.87	-3.99
Transportation	7.93	7.73	-10.84
Accommodation and food	5.36	5.35	-13.23
Financial and insurance	11.86	10.35	-2.61
Overall GDP	86.39	5.68	-0.32

Source: Authors' estimations

In terms of economic growth, it is estimated that GDP growth rate for 2020 would have been 5.68% without COVID-19, which is slightly higher than the Government's projected growth of 5.50%. The projected growth for 2020 with the COVID-19 economic disruptions factored in is -0.32% which means that the economy will shrink. This is lower than the 1.0% projected by IMF¹⁶ and much lower than the 3.2% projected by the World Bank¹⁷. Comparing the impact on output growth for the selected sectors, it is shown that the worst affected sector is the manufacturing sector, which is estimated to shrink by 16.85%. This is followed by the food and accommodation sector (-13.23%) and transportation (-10.84%). The agricultural sector is projected to be the least affected in terms of growth rate as it is projected to grow by 3.6% instead of 4.2% that has been projected without COVID-19.

5.2.2.2 Medium term impacts of COVID-19

Medium term impacts for the selected sectors are presented in terms of output loss and growth rates in outputs and the findings are presented in Figures 9 and 10, respectively.

¹⁶ Based on <https://www.imf.org/en/C, countries/MWI> extracted on 8 June 2020.

¹⁷ Source <http://pubdocs.worldbank.org/en/395451492188166005/mpo-mwi.pdf>

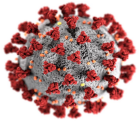
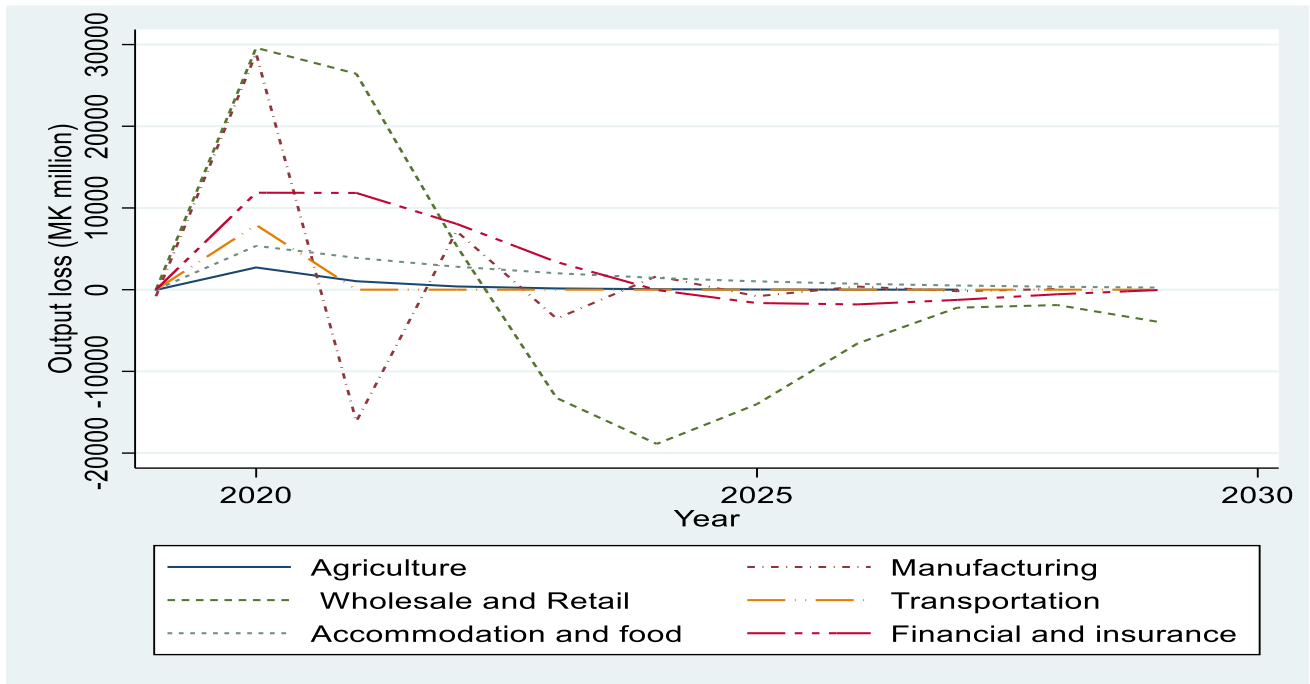
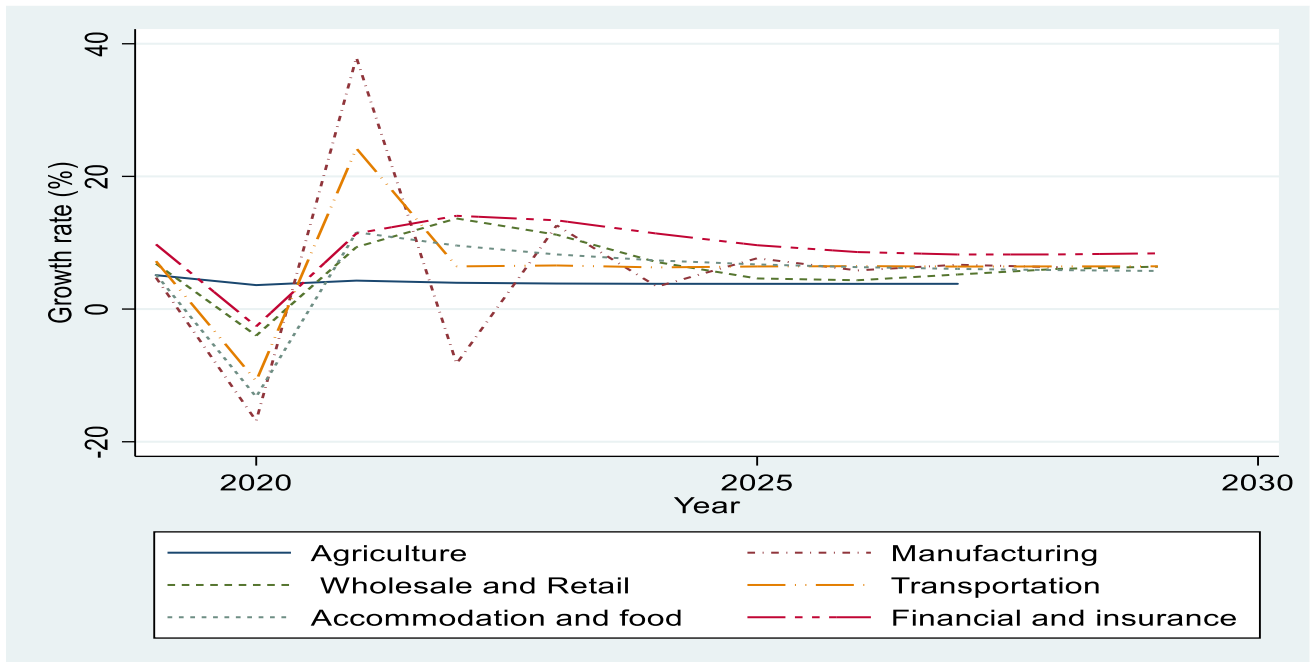


Figure 8: Projected impact of COVID-19 on sectoral output losses

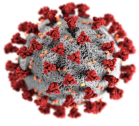


Source: Authors' estimations

Figure 9: Impact of COVID-19 on growth rates of sectoral outputs



Source: Authors' estimations



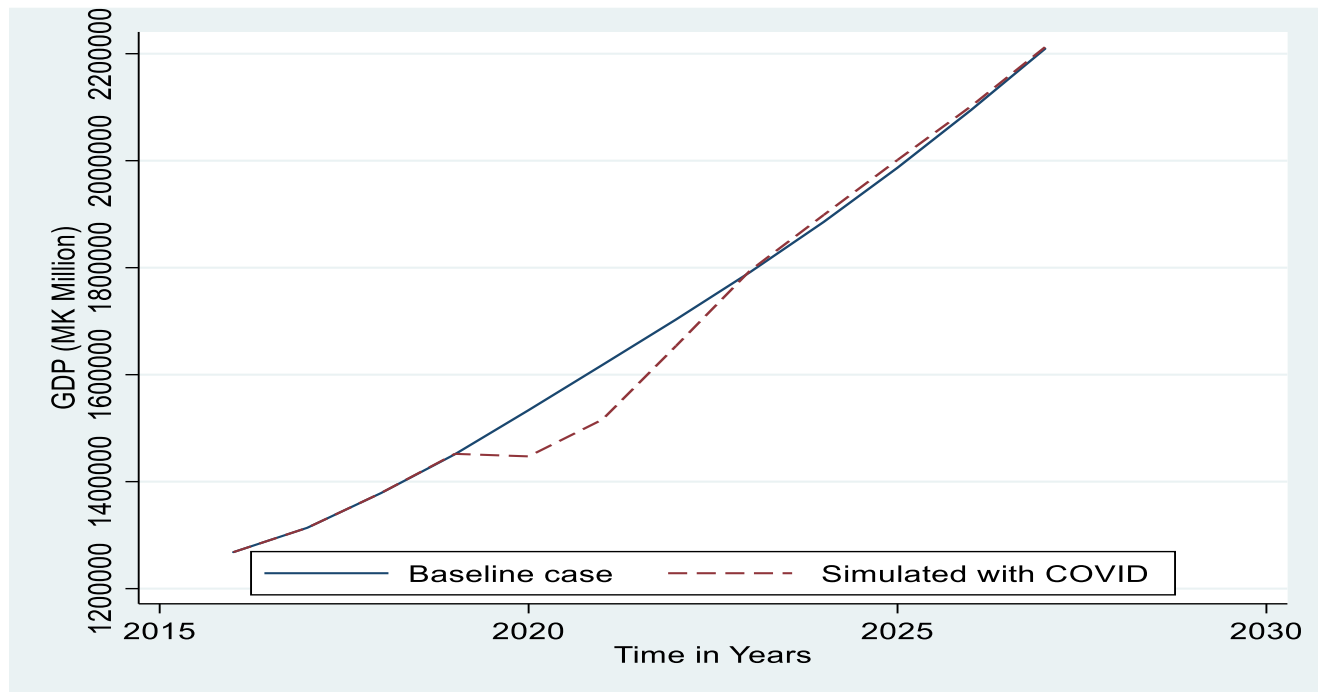
In general, the findings show that the impact of COVID-19 on the selected sectors will stay beyond 2020. For the manufacturing sector, the lower output is projected to be observed beyond the projection period although it is also expected that output from this sector will be higher than what was expected. These cyclical changes which have been ignited by COVID-19 are also reflected in growth rates, but the sizes of the cycles diminish with time. For the wholesale and retail sector, it is shown that economic recovery will be achieved in 2023 because after that year output will not be less than what it was supposed to be. After the negative growth of 3.99% in 2020, the wholesale and retail sector is projected to grow by 9.34% in 2021 before it reaches the highest level in the coming ten years of 13.66% and then slowing down to converge to its normal growth path. Similar trends are expected in the financial and insurance sector.

In the agricultural sector, the results show that the impact on loss in agricultural output will persist in the economy beyond the projection period. Although the impact is lower in this sector in terms of magnitude, the findings project the sector to continue to experience lower output levels beyond 2027. The growth rates in agricultural output are also projected to be away from the normal path until 2027 when growth rates for the COVID scenario will be the same as the growth rate for the no-COVID-19 scenario at 3.81%.

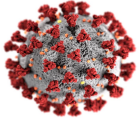
The impact of the pandemic on the accommodation and food sector is expected to decline gradually, and the sector will not get back to its expected output level for at least 10 years. After 2020, output growth rates in the sector are projected to be greater than what they would have been without COVID-19, but these will not be large enough to eliminate the impact of the pandemic completely.

The aggregated medium-term impact of the pandemic is presented in Figure 11 which presents projected GDP with and without COVID-19.

Figure 10: Predicted impact of COVID-19 on GDP in Malawi



Source: Authors' estimations

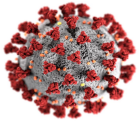


As stated above, the projection is that COVID-19 will lead to a GDP loss of MK86 billion in 2020. In 2021, a greater loss of MK102 billion is projected before the loss declines to MK49 billion in 2022. Beyond 2022, the economy is expected to fully recover. Cumulatively, the GDP loss is estimated at MK237.9 billion in the next three years. Assuming that the restrictions will be eased by the end of the year, the economy is expected to grow by 4.75% in 2021 before it registers another higher growth of 9.10% in 2022, which will take it to its course to the pre-COVID growth path.

5.3 Impacts on other macroeconomic aggregates

As has been stated in Chapter 2, the Malawi Government instituted a number of fiscal measures which includes waivers on fees and charges on electronic payments and money transfers, tourism levy, and the six-month voluntary tax compliance window to allow taxpayers with arrears to settle their tax obligations in instalments without penalty. Coupled with reduced level of economic activity which will reduce direct taxes and closure of borders which reduces import duties, this will reduce government revenue. Interviews with the treasury approximates a 19% reduction in tax and non-tax revenues. Unfortunately, the government is also implementing the response plan that has been costed at US\$213 million. The reduced revenue base and increased need to spend will therefore widen the fiscal deficit gap. This may force the government to increase its borrowing which will result in raising the debt burden.

In terms of the current account balance, no big changes would be expected since the reduction in international trade is expected to lead to reserve forex. Additionally, the flow of money in terms of grants and loans to support the COVID-19 response will also improve the current account. As the result, no significant impact on foreign reserves and exchange rate is expected.



CHAPTER 6: LONG-TERM DEVELOPMENT IMPACT

6.0 Introduction

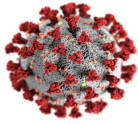
The chapter answers three questions. The first is whether the containment measures as implemented in Malawi undermine the country's long-term development. The second is whether the response plans also undermines the country long-term development. The third is whether the Covid-19 pandemic would jeopardize the achievement of the SDGs. As the UN draft discussion paper posits, the "diversion of national focus from national priorities towards containing the spread of the pandemic may likely undo progress made so far on sustainable development, and the country will witness people falling back into poverty and widening inequalities." (UN Malawi, 2020:14) Further, Chapter 3 shows how development stakeholders in Malawi like the government, development partners (IMF, World Bank, US Government, DFID and Government of Ireland) and the UN family are jointly and separately pooling resources for the immediate, short-term and long-term requirements of the Covid-19 response. This points to the need to assess the long-term development impacts of both the measures and the resources allocated to the response in case some are diverted from activities meant to achieve long-term development of the country.

6.1 Long-term development impacts of Malawi's containment measures

A study conducted by the Malawi National Planning Commission (NPC) examined medium and long-term opportunity costs of different Covid-19 pandemic control strategies in Malawi (NPC, 2020). The study estimated lives saved/lost by implementing the measures. It also looked at the education loss due to the closure of academic institutions. The study estimated that the measures would reduce the physical death toll by about 12,000 if implemented for 9 months and 16,350 over the next five years. On the other hand, the measures would lead to more deaths from malaria (3,700), from TB (4,000) and from child mortality (1,700) along with about 100 extra maternal deaths due to less health outreach and more malnutrition. Given that older lives would be saved while younger lives lost, the study estimated that the measures would lead to 397,000 life years gained and 423,000 life years lost, thereby presenting a net loss in life years.

They estimated that the value of the net life years saved at US\$228 million. When the lost learning is factored in the analysis (i.e. the present value of income loss for 6 million children over the next 50 years), the cost of the measures rises to US\$5.2 billion. This gives a net social cost \$5 billion (being US\$5.2 billion – US\$ 228 million). This costing has not included the cost of lost income due to reduced demand of labor, produce and other goods and services.

The study concludes that costs of the measures vastly outweigh the benefits and that a strict lockdown would mean increased costs since that would not mean increased number of saved lives but increased number of lost lives and learning. While not pushing for immediate reopening of schools to avert these losses, we recommend that the government should come up with a strategy for gaining the lost time without necessarily compromising on quality of education. These may be in form of reduced holiday periods and extended learning hours. The learning hours can be extended by integrating online learning with physical learning. It should be mentioned that because the pandemic will apparently remain for some considerable time, there is need for continued monitoring efforts by the Government of Malawi and all the relevant stakeholders both on the progress of the pandemic, its containment and mitigation measures, and the resulting socio-economic impacts. It will be very helpful if monitoring of these impacts is institutionalized and thus made routine.



6.2 Long-term development impacts of the response

The National COVID-19 Preparation and Response Plan (NC19PRP) has a price tag of US\$213 million with 267 activities. Out of the 267 activities, 27 are recovery activities (medium and long-term). These are spread in six of the ten clusters namely health, WaSH, protection and social support, employment, education and food security. The top five recovery activities include the following:

- 1) Provide immediate food/cash assistance to urban and peri-urban vulnerable households affected by COVID -19.
- 2) Implement recovery cash transfers to additional rural households.
- 3) Implement recovery cash transfers for existing SCTP household beneficiaries.
- 4) Construct PHIM Office Building which includes Emergency Operations Centre.
- 5) Construct All Pathogen BSL3 laboratory.

These take up 85% of the entire recovery budget and 26% of the plan budget. Looking at these top five activities, it is clear that the country would benefit in terms of development if these were funded and implemented as additional to plans already put in place. If it happens that these resources were earmarked for some other development activities, the net development impact would be the difference between the development value of these activities and development value of the forgone development activities. Further, the UNDS program is yet to be fully budgeted for. What is possibly clear at the moment is the allocation of the HCT's Emergency Appeal. Regarding the appeal the assumption is that the appeal resources are additional and therefore not subject to the assessment per se. It follows, therefore, that only when the UN agencies resources are sourced from activities that were planned prior to the advent of Covid-19 can there be a discussion of their long-term impact.

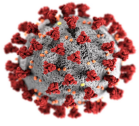
Unfortunately, most of the activities in the response plan are to mitigate the effects of the pandemic and not necessarily reigniting the productive sectors of the economy. Without reinvigorating the productive sectors of the economy, the pandemic's impacts on long-term development will be grave. We, therefore, recommend that the country should come up with a recovery plan that should not only aim at containing the impacts but moving the country out of the impending recession.

6.3 Long-term development impact of UN's response

Currently, the UN family's resource allocation to the Covid-19 response is not complete. Again, UN agencies are yet to propose their specific contributions towards the recovery, which would be after they undertake a more comprehensive reprogramming of the UN Sustainable Development Cooperation Framework 2019-2023 (UN Malawi, 2020). Although UN agencies' programme reviews of the 2020 annual plans are yet to be finalised, there are some activities that have been re-looked. These are presented in Chapter 3 (Table 8). Out of the 12 projects that had been looked at by the UN agencies, seven were said to have been funded by resources meant for planned development activities. Project documents of the replaced activities were unavailable. This meant that it was not possible to get the expected development outcomes and therefore unable to assess the long-term development impacts of the 'diverted' resources. Without that information, it is difficult to assess the long-term impact of the UN family's response.

6.4 Impact on the achievement of SDGs in Malawi

There are seventeen sustainable development goals and 169 targets that state parties of the United Nations signed up to. State parties were encouraged to domesticate these. Malawi has domesticated these into the



national vision, medium-term development plans, as well as district development plans and translating them into three local languages (GoM, 2020b)¹⁸.

In terms of progress towards achieving the SDGs, Malawi was said to be making significant progress on most of the targets in health (SDG3) and education (SDG4). In fact, Malawi made poor progress on 48%, moderate progress on 35% and significant progress on 17% of the 169 targets. It is reported that the significant progress was on indicators for SDG3 (significant decline on under-five mortality rates) and SDG 4 (Gender Parity in primary schools and Net Enrolment in primary schools). The most affected are the poverty indicators. With COVID-19, the Malawi 2020 Voluntary report (GoM, 2020b) gives low investment in economic empowerment of the poor as one of the reasons there is little or no progress on poverty eradication. The overall picture is that there is little progress towards the achievement of the SDGs. The NPC (2020) report already shows huge losses in education and health which implies the momentum the country had in attaining SDG3 and SDG4 is being slowed.

One of the reasons Malawi SDGs achievement are limited is the susceptibility of the country to shocks. With a tight budget, shocks derail the country away from its planned course. This is mostly likely true of the current COVID-19 shock. With already high levels of deficits, the shock is likely going to force the government to shelve some activities to respond to the shock. Such likelihood therefore justified the need to examine the possible impact of the COVID-19 response on the achievement of the SDGs in Malawi.

The UNDESA developed a conceptual map of COVID-19 disease and its control measures can affect the achievement of SDGs. Using this map (Figure 12), likely effects of the containment measures implemented in Malawi are discussed.

¹⁸ (Source MALAWI 2020 VOLUNTARY NATIONAL REVIEW REPORT FOR SUSTAINABLE DEVELOPMENT GOALS (SDGs) April 2020 – GoM, 2020b).

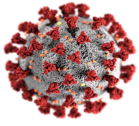


Figure 11: Map of possible effects of COVID-19 on SDGs



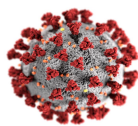
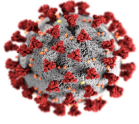


Table 14: Covid-19 and achievement of SDGs in Malawi

SDG	Covid-19 impact
SDG1: No Poverty	The findings of the study show that households have lost income and livelihoods. Those households on the margins are likely going to fall into poverty. The findings on the impact on agriculture marketing as well as small scale businesses imply that Covid-19 has contributed to the failure of Malawi to ensure no poverty. Likewise, the shrinking of the Malawi economy is likely going to impact on consumption therefore poverty.
SDG2 Zero hunger	Covid-19 broke out after most of the crops were already matured such that agricultural production has not been affected much. If there will be any hunger, it will apply to those who depend on food purchases. However, our observations are that sell of produce is taking place almost everywhere. There is, therefore, minimal impact on this goal
SDG4: Good health and wellbeing	This SDG has been compromised greatly and it is unlikely that it will be achieved. Covid-19 itself has overwhelmed health care facilities to the extent that other diseases are being neglected some of which will lead to poor health and compromised wellbeing. It is noted, however, that the severity of the compromise is not high.
SDG5: Gender equality	Some of the containment measures have negative impact on women. Due to the low severity of Covid-19 and relaxed restrictions, the negative impact on women is far reduced. The increased GBV experienced this year compared to last year is suspect and may compromise the achievement of gender equality.
SDG6: Clean water and sanitation	The need to wash hands has highlighted the need to have adequate water in homes. This has resulted in the urgency to provide water to as many communities as possible in order to facilitate the washing of hands. This SDG is not likely going to be compromised. If anything, Covid-19 may have improved the chances of it being achieved
SDG7: Affordable and clean energy	This SDG has not been affected in Malawi. Slowdown of activities has in fact reduced the number of hours of electricity blackouts. The low demand has been a blessing in disguise for home users of electricity
SDG8: Decent work and economic growth	Covid-19 has compromised the achievement of this SDG. Jobs have already been lost. Further, our model shows that economic growth in almost all the sectors have been affected negatively. This therefore is one of the SDGs that is likely going to be compromised this year.

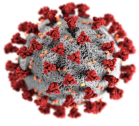


SDG 10: Reduced inequality	Covid-19 infection has so far been blind to class of people. However, the containment measures hit the poorest more. Market restrictions, layoffs, and travel restrictions affect the poor more than the rest. Although the magnitude of the problem is not very high, Covid-19 has contributed somehow to the country's failure to reduce inequality
SDG 11: Sustainable cities and communities	So far, there has been little that would significantly affect the achievement of this SDG
SDG 13: Climate action	So far, there has been little that would significantly affect the achievement of this SDG
SDG16: Peace, Justice and strong institutions	So far, there has been little that would significantly affect the achievement of this SDG

6.5 Future Outlook

The analysis in this report has shown that the threat of COVID-19 in Malawi is currently low but is surely growing. There is all likelihood that the disease will linger longer than expected. Although it is, In fact, accelerating there is no possibility of making the current restrictions tighter. If anything, the country needs strategies that consider 'living with the disease' until all acquire immunity through infection or an acceptable vaccine is found. That may require improved enforcement with requisite intrinsic incentives for those who practice the measures; strengthening the health system to manage COVID-19 cases including strengthening the home-based care protocol; and plans to revive the economy. This requires a conscious effort to draw up a recovery plan. The NPC, in collaboration with key development partners like UNDP, has to start developing an outline of the plan. After the outline is developed, it should then collaboratively work with all relevant development partners, civil society organisations and the private sector to fully develop it.

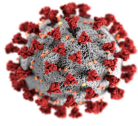
The first area of focus for the recovery plan should be the economy. The simulations show that some sectors will recovery at different times. The plan should aim to find strategies that would shorten and synchronise the recoveries. For evidence-based planning, there should be data showing exactly how each of the sectors have been affected. This calls for an immediate development of an evaluation of the impact of COVID-19 on all relevant sectors. Data from the evaluation will assist in the re-building of an economy that grows and is at the same time resilient and shock resistant. The data will also assist in the development of a bailout plan that would accelerate the recovery of the sectors. With concrete data on how a particular sector has been affected the recovery plan will provide sector-specific bailout and indeed recovery plans that would not only restore lost jobs but possibly improve the quality of the goods and services. It is also likely that the M&E data will show the tremendous potential of digital technology in improving the efficiency and effectiveness of some services in the



private and public sectors. Apart from the evaluation exercise, the response requires a comprehensive system of monitoring and learning. The urgency required to have the monitoring and evaluation system in place calls for the development partners to quickly work together with the NPC to have this set up as quickly as possible.

The recovery plan should also consider the lessons so far learnt. One of these is the need for a shock-sensitive social support system. Such a system would be designed to rapid response and, in the spirit of leaving no one behind, be comprehensive. In contrast, it would not take more than two months to register small scale traders for social support or include laid off workers. Such a social support system would go beyond the current ultra-poverty and social welfare thinking. It would, instead, use both poverty and vulnerability as risk factors. If workers can be laid off, then workers need to be in that system as workers. If small scale traders lose their businesses, then they need to be registered in that system as small-scale traders. This is true for farmers who face climate change shocks, or any one whose livelihood can be affected by covariate shocks. This then calls for a platform like the Universal Beneficiary Register where everyone is registered by 'livelihood' and set up as a potential beneficiary of relevant social support when need arises. The NPC together with the Department of Economic Planning Development can develop a skeleton system which can then be fully developed together with other stakeholders. Until such a system is developed the country will continue to be in fire-fighting mode and fail to move forward. With such a system, development partners would only join in fighting fires that are large.

Malawi will continue to need external technical and financial support in the foreseeable future due to its narrow resource base. This is exacerbated by frequent climate-related shocks that have become frequent and almost predictable. Of late, health shocks are becoming frequent as well. These factors mean that external support, as offered by UN agencies and development partners in general, is permanently required. In the interest of limiting the fire-fighting characteristic of both the Government and development partners, there may be a need for development partners to develop a shock-response support system for the Malawi as a country. As a first step, they need an 'agency' that mirrors the Ministry of Disaster Management Affairs. That agency can be a section or department in an organisation like UNRCO. That agency should be capacitated so that it can promptly deal with any type of shock Malawi faces. Such an agency would be responsible for 'agitating' for needed actions in readiness of shocks. The agency would be expected to be advisors therefore more alert and move ahead of the Government. This agency, if structured by all UN agencies, would do away with the need for UN agencies to re-look at their already agreed annual and medium-term development plans as a response to a shock as has been the case with the response to the COVID-19. Such an approach undermines the work done in preparation of the plans and may give the impression that the plans were not very important.



CHAPTER 7: CONCLUSIONS AND POLICY RECOMMENDATIONS

7.0 Introduction

This assessment set out to assess the socio-economic impact of the COVID-19 pandemic. The assessment examined the magnitude of the pandemic, economic and social issues that make the containment of the outbreak quite challenging and difficult to manage. Although the number of cases in Malawi, by the date of the data collection, was relatively low compared to the global trends –the threat of the pandemic is not unfounded. This chapter, therefore, presents conclusions drawn from the findings of the study. Further, deriving from the conclusions, the chapter presents policy recommendations to different stakeholders in relation to the COVID-19.

7.1 Conclusions

The study has found that local transmission of the COVID-19 pandemic in Malawi has been low. The increase in number of cases especially from the end of May is due to imported cases, mainly from Malawians who were repatriated from South Africa. There are very few cases who died (only 6) since the first cases were reported in early April. In this context, dissemination and enforcement of containment measures become difficult.

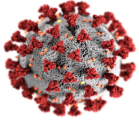
Feasibility of some of the COVID-19 containment measures is very uncertain due to the cultural context of Malawi. It has been found that avoidance of handshaking and restricting number of people attending funerals are among the least adhered to measures. Further, a lockdown seems infeasible given the context. It should be noted that there is high poverty incidence in Malawi which makes people more worried of finding food for the day than be concerned with contracting a virus that is rarely affecting people and killing even fewer.

Knowledge about the COVID-19 pandemic is erratic with respondents showing that they know about the COVID-19 pandemic, in that they have ever heard about it, but they are not very much aware of its symptoms and prevention methods which makes adherence to the containment measures problematic. The result is that very few people are practicing the COVID-19 control measures. It is also apparent that the low knowledge levels come from poor communication strategies given the restrictions. An evaluation of the strategy is needed to improve the packaging of the messages.

The health care system was ill-prepared for the COVID-19 pandemic. The system was not only inflexible to plan and handle cases at local levels but also incapacitated in terms of human and material resources. Provision of PPEs and testing space and equipment followed the diagnosis of cases, yet Malawi was one of the last countries to have a case.

In terms of economic effects of the pandemic, businesses, farmers, workers and households have lost some income. This has been due to reduced demand of goods and services, closure of businesses and loss of jobs. Supply chains have been affected by containment measures in trading partner countries. Farmers have depressed produce markets and traders have depressed markets as well.

Schools were closed as one of the measures to control the spread of the COVID-19 pandemic in Malawi. With the slow progression of Covid-19, and the resultant uncertainty of whether and by how much the pandemic will grow, given the social cost of keeping schools closed, the proposal to have schools opened is supported as long



as learning institutions put in place basic containment measures like hand washing or sanitising and wearing face masks.

There seems to be no link between COVID-19 containment measures and gender-based violence. However, there has been a recorded increase in gender-based violence between 2019 and 2020. This lack of causal relationship does not discount the need to reverse the situation. Understanding the cause is still paramount.

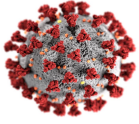
There are good social support plans in the National COVID-19 Preparedness and Response Plan. Further, the Government announced concrete social support measures as part of the response to the impact of containment measures. However, months after these there has been no cash transfers to the affected. Further, the current plans excluded affected others like laid off workers and tradesmen whose markets collapsed, among others. Any meaningful social support system would therefore need to accommodate all that may be affected by any covariate shock.

The economy is slowing down resulting in deterioration of economic aggregates. The fiscal deficit is widening because of the increased spending and will likely lead to increased debt burden. Further, the slowed level of economic activities is projected to reduce GDP by 6.5% and GDP growth by -0.32% in 2020 with different sectors being affected differently with the manufacturing, accommodation and food, and transportation sectors being the most affected sector.

These negative impacts of COVID-19 on the economy are projected to persist for more than 10 years. Given that collapsed businesses implies reduced employment and output, putting up a recovery plan would not only boost the economy but also reduce the need for social support or human suffering. The economic effects and shrinking economy requires a recovery plan that would shorten the economic recovery period.

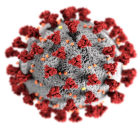
7.2 Policy recommendations

1. With the threat the pandemic is posing on Malawi, there is need to enforce adherence of the control measures despite the strong cultural constraints. Effective communication strategy is therefore needed to ensure that the people appreciate the importance of the measures. The enforcement would need to be accompanied by some social support.
2. The low knowledge and practice levels requires re-packaging of the COVID-19 messages. That re-packaging needs to be preceded with a rapid evaluation of the communication strategy to ensure that the re-package is effective even with COVID-19 sensitive delivery.
3. The increase in gender-based violence between 2019 and 2020 although not necessarily related to COVID-19 deserves some follow up. As a first step, it is proposed that further analysis of the cases be undertaken and follow up be done so that the causes of the violence, if they are general, be dealt with through policies or legislation.
4. The increase in the cases implies that at some point the health facilities will be overwhelmed. To complement the resource-constrained health facilities, there is need to strengthen home-based care. Government should adapt the WHO home-based protocol and train local level teams to train home care givers and monitor the patients and the care givers.
5. With high social cost of school closures, schools should be opened but with basic protection materials like handwashing equipment and face masks. It is clear that insisting on social distancing means no school opening because Malawi has failed for many years to achieve the required classroom sizes in



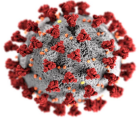
junior classes and urban schools. However, innovations like online, distance, and e-learning in universities should be encouraged and supported.

6. The conduct of political rallies has greatly undermined the importance of the containment measures. To show that Government and the Malawi Electoral Commission are serious about COVID-19 pandemic, all voters should observe the basic protection measures namely social distancing, handwashing and wearing of masks. The polling stations should stock the face masks for those without and hand washing facilities.
7. Malawi is almost always affected by covariate shocks. COVID-19 is just one of them. As a result, Malawi is always in 'firefighting' mode. This is true of the Government and permanent development partners. With regular and almost predictable shocks, Malawi needs to develop a comprehensive social support system. That development should be inclusive and the target groups should be inclusive as well. All those who can be affected by covariate shocks should be registered in a system that can be used to channel support when need arises.
8. The UN agencies as permanent features of countries development sphere have to play an active role in ensuring a country's preparedness for shocks, which are becoming frequent and large in their effects. To avoid panicking when a shock takes place, the UN family should have an agency designated to lead when a shock takes place. That agency should have a comprehensive plan of how the UN family would respond when different types of shocks take place without jeopardising their existing plans. That would minimise the need for individual agencies to 'fire fight' in support of the Government.
9. The recovery of the economy is paramount given the likely time the pandemic would take. As a matter of urgency there is need to have in place a comprehensive recovery plan. That recovery plan can only be comprehensive if there is in-depth information on how the pandemic is affecting various sectors and businesses. A monitoring, evaluation and learning system would provide the necessary data for the development of the recovery plan. Malawi can use that plan to shorten the recovery period. The NPC should take a lead in this exercise. Development partners, especially UNDP, need to work with NPC and Ministry of Finance, Economic Planning and Development in setting up the groundwork for the recovery plan.



REFERENCES

- AFAP (2020) Covid-19 impact assessment on the farming community of Malawi, African Fertilizer and Agribusiness Partnership
- Chauluka, J.,(31 March 2020) *City councils move on COVID-19*. Available online at <https://times.mw/city-councils-move-on-COVID-19/>. Accessed on 20 May, 2020.
- Chimanya, C.,(30 March, 2020) *LCC takes a step further to prevent COVID-19*. Available online at <https://www.manaonline.gov.mw/index.php/national/health/item/13868-lcc-takes-a-step-further-to-prevent-COVID-19>. Accessed on 20 May, 2020.
- Chilunga, Z., (19 April, 2020) *Malawi Government Recruit 755 Health Workers - Other Interviews in District Councils From April 22*, Available online at <https://allafrica.com/stories/202004200490.html>. Accessed on 20 May, 2020.
- GOM.,(2020) *On Additional Measures on the Coronavirus*, Statement by the Minister of Health, Hon Jappie Chancy Mtuwa Mhango, M.P. Lilongwe.
- GOM.,(2020) *Revision of Risk Allowance for Health Workers*, Lilongwe.
- Guta, W., (5 April, 2020) *Lilongwe City Council In Coronavirus-Sweep and Spray Campaign*. Available online at <https://www.zodiakmalawi.com/nw/national-news/65-news-in-central-region/1610-lilongwe-city-council-in-coronavirus-sweep-and-spray-campaign>. Accessed on 20 May, 2020.
- Kakande, A.,(30 March, 2020) *COVID-19 : Blantyre City bans street vending, night clubbing, weddings*. Available at: <https://www.mbc.mw/radio-2/item/9291-COVID-19-Blantyre-city-bans-street-vending-night-clubbing-weddings>. Accessed on 20 May, 2020.
- Leone, M., , Enrica Lapucci,E., De Sario,M., Davoli, M., Farchi, S.,Michelozzi, P., (2019) *Social network analysis to characterize women victims of violence*, BMC Public Health, 19 (494), 1-11
- Lilongwe City Council Public Notice (12 May, 2020), *COVID-19 Protocols in Lilongwe City Markets*. Lilongwe.
- Masina, L(19 May, 2020) *Malawi Politicians Ignore COVID-19 Measures for Elections*. Available online at <https://www.voanews.com/africa/malawi-politicians-ignore-COVID-19-measures-elections>. Accessed on 20 May, 2020
- Mlanjira D.,(9 April, 2020)*Zomba City Council opts not to close bars and clubs* Available online at: <https://www.maraviexpress.com/zomba-city-council-opts-not-to-close-bars-and-clubs/> Accessed on 20 May, 2020
- NPC. 2020. *Medium and long-term impacts of a moderate lockdown (social restrictions) in response to the COVID-19 pandemic in Malawi: A rapid cost-benefit analysis*. Lilongwe. (11 May, 2020)
- Pensulo, C.,(14 April, 2020) *Malawi health workers protest against lack of protective gear*. Available online at <https://www.aljazeera.com/news/2020/04/malawi-health-workers-protest-lack-protective-gear-200414165616071.html>. Accessed on 19 May, 2020
- Pensulo, C.,(21 April, 2020) *Of protests and polls: Malawi's very political pandemic*. Available online at: <https://africanarguments.org/2020/04/21/malawi-political-pandemic-protests-coronavirus-lockdown/>. Accessed on 21 May, 2020
- PHIM. 2020. *COVID-19 daily situation report 7 June, 2020*. Lilongwe
- UN Malawi (2020) *Socio-economic impact of Covid-19 in Malawi: Discussions Paper (Draft)*, United Nations in Malawi
- UNDP.,(2020)*Gender based Violence and COVID-19 UNDP Brief*, UNDP
- UNFPA.,(2020) *COVID-19 Technical Brief for Maternity Services*, UNFPA



- UNFPA.,(2020) *COVID-19 Technical Brief for Maternity Services*. Available at: https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_MNH_guidance_04.pdf. Accessed on 19 May, 2020.
- Yap, J., Lee, V.J., Yau,T.Y, Ng, T.P., Tor, P(2010) *Knowledge, attitudes and practices towards pandemic influenza among cases, close contacts, and healthcare workers in tropical Singapore: a cross-sectional survey*, BMC Public Health, 10(442), 1-8
- Zhong, B., Luo,W., Li, H., Zgang, Q, Liu, X, Li, W, Li, Y.,(2020) *Knowledge, Attitudes, and Practices Towards COVID-19 Among Chinese Residents During the Rapid Rise Period of the COVID-19 Outbreak: A Quick Online Cross-Sectional Survey*, International Journal of Biological Science, 16(10), 1745-1752.
- Sonenthal PD, Masiye J, Kasomekera N, Marsh RH, Wroe EB, Scott KW, et al. COVID-19 preparedness in Malawi: a national facility-based critical care assessment. *The Lancet Global Health*. 2020 May 25